



Principles for Communicating with Next of Kin during Medicolegal Investigations

When a death requiring a medicolegal death investigation occurs, families will have many questions and concerns as they assimilate and accept information about the death of their loved one. Families of individuals who died in situations requiring an investigation experience additional challenges and emotions not faced by families following “normal or anticipated” deaths. Sudden deaths exacerbate the experience of grief and loss- regardless of the manner of death. The investigation generally delays mourning rituals, and thus has the potential to create uncertainty and additional frustration.

How medicolegal professionals communicate with families in the aftermath of a death will have a direct impact on their ability to cope, their view of the medicolegal system, and their willingness to cooperate with the investigation and future proceedings.

Medical Examiners’ and Coroners’ offices vary widely with regard to capacity, resources, and statutory mandates. The principles included here can be adapted by any office in their approach to interacting with Next of Kin (NOK) in any manner of death whether it is: natural, accidental, suicide, homicide or undetermined.

Principle 1: No two individuals grieve alike. Sensitivity and respect for cultural, religious and individual preferences should be pursued and accommodated to the extent that the investigation allows.

- Do not assume that ALL NOK will prefer communication in the same way.
- Understand that the detailed experience the NOK has with medicolegal professionals during this traumatic time will become part of their personal and family history forever.

Principle 2: Medical Examiners, Coroners, Medicolegal death investigators and all other Medicolegal Professionals who have the potential to interact with NOK should receive training appropriate to their duties. This training should include but not be limited to: death notification, interacting with people in crisis and trauma, grief education and the management and return of personal effects.

- Local resources for possible trainers who may support these training needs include: victim assistance programs, mental health providers who are involved in trauma

- 32 intervention, bereavement programs, hospice programs, and various organizations
33 dealing with sudden death.
- 34 • Specific topics for training content include, but are not limited to, the basics of effective
35 crisis intervention, communication basics with individuals in crisis (verbal and non-
36 verbal), understanding the basics of grief and loss, and responding to angry
37 reactions/managing hostile situations.
 - 38 • Recognize that guilt can be a major factor for the NOK in many causes and manners of
39 deaths.
 - 40 • Appendix A covers some well-intentioned but potentially hurtful statements that
41 medicolegal professionals should be sensitive to avoid.

42 **Principle 3: Provide information in multiple formats (verbally, brochure and website) on**
43 **the basic death investigation process, including why it is necessary and required. Keep the**
44 **language as simple as possible. Anticipate questions in advance. If a significant segment**
45 **of your population is non-English speaking, offering similar brochures in commonly**
46 **spoken languages for your area is appropriate. Access to non-family translators, including**
47 **sign language for deaf families, should be available.**

- 48 • Grieving families have difficulty processing information verbally and remembering
49 details. Information may need to be repeated. Provide important information in writing,
50 including but not limited to:
 - 51 ○ A point of contact and their contact information for follow up questions.
 - 52 ○ Why a death investigation is recommended/required
 - 53 ■ Include information about organ/tissue retention (when/where, how, why)
 - 54 ○ What to expect during the death investigation process and time expectations
 - 55 ○ How/when the final cause of death will be communicated
 - 56 ○ How to obtain reports and/or records involving their loved one and the
57 appropriate contact information (e.g., autopsy report, death certificate)
 - 58 ○ Resource List (e.g., for financial assistance, coping with their loss/grief)
 - 59 ■ List Local and National Resources
 - 60 ■ See Appendix C: Abbreviated Listing of National Advocacy/Family
61 Support Programs
 - 62 ■ Note: Do not promote any specific faith-based group
 - 63 ○ Include statutory requirements for investigating sudden deaths
 - 64 ○ How to obtain personal affects
 - 65 ○ See Appendix B: Frequently Asked Questions.
- 66 • Provide information in multiple formats as soon as possible (i.e., at scene, during
67 interview...)
- 68 • See Appendix D for the following brochure examples/templates
 - 69 ○ Miami-Dade County Medical Examiner Department

- 70 • English and Spanish
- 71 ○ The SUDC Program
- 72 ○ Clark County Office of the Coroner/Medical Examiner

73 **Principle 4: Prepare NOK for the condition of the remains.**

- 74 • Many people expect to receive an intact body and may not be prepared for
- 75 decomposition, severe damage, or fragmentation.
- 76 • It is important for Medical Examiner/Coroner personnel to take responsibility for
- 77 addressing the viewability of their loved one with the NOK. Taking time to prepare the
- 78 NOK for what will be/will not be viewable will allow them to craft realistic expectations.
- 79 ○ The funeral home chosen by the family may be an additional resource in fostering
- 80 this communication to NOK. In cases of trauma, some reconstruction may be
- 81 possible by funeral home professionals. The extent of reconstruction possible
- 82 may be difficult to assess by many medical examiners/coroners. The medical
- 83 examiner/coroner may direct the family to work with the funeral home to
- 84 optimally set expectations.

85 **Principle 5: When possible and requested by NOK, medicolegal professionals should**

86 **consider allowing the NOK to view the decedent prior to transportation. Separate policies**

87 **should be created to handle requests to view the decedent after transportation to morgue.**

88 Considerations may include:

- 89 • The condition of remains- Is it appropriate for NOK to view the decedent? Most
- 90 traumatic deaths are best viewed after some funeral home preparation. This is
- 91 particularly true with head trauma or traumatic injury in children, where family members
- 92 may want to hold or touch their loved one. It is very difficult (at times impossible) to
- 93 stop blood or other fluids (including brain tissue) from flowing from a body with
- 94 significant head trauma prior to funeral home preparation. The family may also be
- 95 unprepared for dislocation / fractures of long bones or other significant traumatic defects.
- 96 These can readily be ameliorated with simple preparation by funeral home professionals
- 97 and avoid additional emotional trauma to the family.
- 98 • Maintaining Integrity of the Investigation- Determine if allowing the family to view or
- 99 have contact with the decedent **legitimately** jeopardizes the integrity of the investigation.
- 100 Ensure the integrity of the investigation while remaining sensitive to the needs of NOK.
- 101 ○ Ex: If trace evidence is not being collected, then compromising trace evidence is
- 102 not sound rational for preventing NOK to view the decedent.
- 103 • Environment that is safe and conducive to viewing- Due to the emotional crisis that
- 104 sudden deaths create, creating an environment that is safe and conducive for viewing by
- 105 the NOK can vary due to the location itself. NOK should be assessed for their ability to
- 106 follow the directions of MDI professionals in viewing the decedent to ensure the integrity

107 of the investigation (i.e., “you can see your loved one, but cannot touch them” or “you
108 can hold your baby, but for safety, you need to stay sitting in this chair while you do so”,
109 etc.)

- 110 • Supporting the grief process- Allowing the NOK, when they request to view the decedent
111 immediately after death, allows them to begin to face the reality of the death and promote
112 healthy grieving. It also allows them the opportunity for goodbye rituals that contribute to
113 a healthy grieving process. This is especially important in child deaths, where parents are
114 faced with the unanticipated and unnatural order of death by surviving their own children
115 and the tremendous disbelief that ensues.
 - 116 ○ Allowing the NOK to be with the deceased for even a short time, and even with
117 supervision, can be a lasting benefit to them that can reduce additional trauma
118 maladaptive coping behaviors and more complicated grief.
- 119 • There may be cultural or religious rituals and ceremonies important to NOK that
120 traditionally should be performed as soon as possible following death. Accommodation
121 of these practices should be a goal while maintaining case investigation integrity.
122 Families should be aware and counseled on the need/rationale for investigation protocols;
123 families should also be heard and cultural/ritual ceremonies accommodated to the extent
124 possible in an individual case.

125 **If the decedent has already been transported to the morgue**, a request to view the decedent
126 by NOK can create hardships on the medicolegal office. It may interrupt and delay the
127 medicolegal investigation process, and offices are often not set up to easily accommodate this
128 request.

- 129 • However, if viewing is a policy or available practice in a particular jurisdiction, or
130 utilized on a specific case, consider the following:
 - 131 ○ When feasible, a small and private room should be set aside for families. The
132 room should be furnished comfortably and can be equipped with a closed circuit
133 monitor for viewing.
 - 134 ○ Brochures and other literature explaining the benefits of the autopsy process, legal
135 issues, and grief assistance resources can be available in the room.
 - 136 ○ The areas of the body to be seen or touched may be limited.
 - 137 ○ Time should be allowed afterwards for families to ask questions.
- 138 • Encourage families to postpone viewing remains until it can be done at the funeral home.
139 However, staff should not assume NOK will agree to delay viewing the remains; each
140 family’s request should be considered individually and with cultural sensitivity.

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147 **Principle 6: Provide NOK with reasonable expectations**

148 Initially the NOK can be informed that an “investigation” will be conducted. However, on some
149 cases, what that investigation will specifically entail (i.e., external, toxicology, autopsy) may not
150 be known at that time.

- 151 • Convey what is known and not known, what may occur, how they will find out and who
152 they can contact if they have questions.

153 **Principle 7: Avoid direct visual identification of remains by next-of-kin whenever possible.**
154 **Although a forensic or contextual identification is preferred; there are some cases when a**
155 **visual identification may be necessary. It is not uncommon for NOK to assume they must**
156 **identify the decedent or directly observe the body to do so. This misconception can be**
157 **avoided by explaining the medical examiner’s or coroner’s protocols for identification.**

- 158 • Information should be provided to the NOK about how the identification was accomplished.
159 • When necessary, consider showing the NOK a photograph at a neutral or separate location.
160 • NOK can also play a role in obtaining information useful in the identification process (e.g.
161 dental records, medical records, etc.), so consideration should be given to discussing the need
162 for such information and how it will be used.
163 • Be aware of what can and cannot be legally communicated to NOK among decedents whose
164 identities have not yet been confirmed, especially those involving victims of crime.
165 • Refer to SWGMDI Decedent Identification Committee for additional information about this
166 topic

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168 **Principle 8: Provide information on resources available to the NOK to assist them in their**
169 **grief early in investigation.**

- 170 • Develop and maintain resource networks with local and national advocacy/family support
171 programs, to include crime victims’ assistance, bereavement counseling and support
172 groups, crime victims’ compensation and burial assistance, COD specific organizations
173 and community crisis intervention programs.
174 • The individual(s) in the medical examiner’s or coroner’s office who interacts most with
175 NOK should liaise with these organizations and maintain a resource file, including
176 brochures or applications for these programs. Some programs may provide volunteer
177 support on-site on a regular or as needed basis.
178 • Refer to Appendix C for an introductory listing of national advocacy/family support
179 programs. Many of these national organizations will have local chapters or may act as
180 clearinghouse to refer to known local resources.

181 **Principle 9: Ensure that families understand their rights to access the final autopsy report,**
182 **that they understand how to obtain the autopsy report, and that the reports are provided**
183 **in the most meaningful and compassionate manner.**

- 184 • NOK should be informed how to obtain a copy of the autopsy report and to whom they
185 should address questions about the contents of the report.
 - 186 ○ Unsolicited mailing to NOK of autopsy reports/cause of death information/final
187 death certificate is highly discouraged.
 - 188 ○ Autopsy reports are best understood when explained by the pathologist or another
189 medical expert.
 - 190 ○ NOK may also ask for photographs, and a policy should be developed to handle
191 such requests if statutory requirements do not already exist

192 **Principle 10: Inform NOK regarding issues related to public information and the media**

- 193 • Inform the NOK what is considered public record in your jurisdiction
 - 194 ○ Autopsy reports? Photographs?
 - 195 ○ If appropriate, explain what an open records request is.
 - 196 ○ Include how they might affect what is released by an open records request (i.e.,
197 court orders or other means to stop release). Consider effects of special
198 populations or poorer populations who may not have access to legal counsel in
199 this regard.
- 200 • Inform the NOK of media relations issues before made public
 - 201 ○ If press release is generated or information released to media- communicate
202 information to NOK beforehand.

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205 **Principle 11: Recognize and respect that families have a right and need to understand how**
206 **and why their loved one died. The worst news can be delivered with sensitivity and**
207 **compassion. The method of communicating the final COD to the NOK should be**
208 **communicated early on in the investigation. If the NOK has a specific preference for this**
209 **method (i.e., scheduled call vs. unanticipated call, letter, or meeting etc.), considerations**
210 **should be given to attempt to comply with their wishes.**

- 211 • Most people will visualize the death and surrounding circumstances and create a narrative
212 in an attempt to make sense of it. What families imagine is often worse than the reality.
213 Even when the facts are terrible, the majority of people can eventually accommodate or
214 come to terms with them.
- 215 • Family members who lack information on how their loved one died tend to experience
216 maladaptive coping behaviors and more complicated grief. Families undergoing a
217 “pending investigation” are at great risk for additional stress and anxiety. Communicating
218 timelines and a liaison to the office for these families are especially important to deal

- 219 with their ongoing need to try to understand the death, and their long anticipation of the
220 investigation findings.
- 221 • Delivering the Final Cause of Death (FCOD) and Manner of Death (MOD) to the NOK:
222 When the FCOD an MOD are NOT already known to the NOK due to the circumstances
223 of death, they should be delivered to the NOK via the established point of contact at the
224 office, or by a staff member most appropriate to answer the NOK’s questions and
225 respond to their anticipated concerns.
 - 226 ○ How? - In a manner that has been outlined to the NOK early on in the
227 investigation.
 - 228 ▪ A form letter or phone call via the NOK’s point of contact stating the
229 FCOD/MOD is available and who they can contact via phone or to set up
230 meeting to discuss is appropriate and usually adequate.
 - 231 ▪ An additional option is to have the autopsy report sent to a personal
232 physician. NOK could then review the report with their doctor, who
233 would also be prepared to help the family members cope with distress and
234 answer their questions. However, all personal physicians may not be able
235 to decipher all autopsy information or answer all the family’s questions
236 and therefore the pathologist should be available to the family or personal
237 physician in this instance.
 - 238 ○ When? – As soon as possible after the FCOD/MOD is determined.
 - 239 ○ Exception: Unless the NOK has communicated they do not want to be informed
240 of the FCOD, or if the initial COD/MOD has been communicated and is already
241 known to NOK.
 - 242 • NOK should be given the option to meet or communicate with the pathologist to improve
243 their understanding of the final cause of death.
 - 244 • Inform the family when a situation exists where the cause and manner cannot be released
245 (i.e., homicide of child)
 - 246 • The pathologist should communicate in their reports and during any conference with
247 NOK and/or their personal physician:
 - 248 ○ If the FCOD/MOD or autopsy findings have any potential health implications for
249 surviving family members
 - 250 ○ What the limitations of the investigation and autopsy include to ensure optimal
251 medical care and follow-up of surviving family members (and/or during
252 subsequent pregnancies).
 - 253 ▪ What known disorders were NOT ruled out (in an unexplained death)? Ex:
254 Cardiogenetic arrhythmias

256 ***Best Practice*: Offering a Post Autopsy Family Conference**

- 257 ○ Early on in the investigation, the NOK is offered the option of a “Post Autopsy
258 Family Conference” with the pathologist of record to discuss the FCOD/MOD

- 259 when it is determined. The conference also serves to address any concerns or
260 questions of the NOK. Upon determination, the NOK is contacted with the
261 FCOD/MOD and again offered the service of the post autopsy family conference.
262 ○ The NOK’s timelines will vary for those who choose this service. Some will
263 want the conference to be held ASAP, others may wait several months or perhaps
264 around a significant date (ex: anniversary of death).
265 ○ During the conference, the Pathologist will lead the conference but additional
266 staff can be present as appropriate to support the NOK’s understanding and
267 coping of the information provided (i.e., Coroner, Death Investigator, Primary
268 Care Physician, Social Worker or counselor who has been supporting the family).
269 The conference is held in person or via telephone when necessary or preferred by
270 NOK.
271 ○ Conferences can be very effective in relaying accurate information about the
272 FCOD/MOD in an understandable way to the NOK. They are also extremely
273 helpful in allaying feelings of guilt by the NOK and responding to their specific
274 concerns that may/may not be specifically addressed in the autopsy report. The
275 benefits of dealing with these concerns directly with the pathologist can be
276 immeasurable to the NOK.
277 ▪ “Did they suffer?”
278 ▪ “If I had found them sooner, could they have been saved?”
279 ▪ “She had a little cough and I think if I would have taken her to the Doctor
280 I could have prevented this. I know the cough killed her.”
281 ○ Reference: Hirsch CS. Talking to the Family After an Autopsy. *Arch Pathol Lab*
282 *Med* 1984; 108 :513-14

283 **Principle 12: Ensure that families receive personal effects in a sensitive and timely**
284 **manner.**

- 285 ● Ensure that families know how to retrieve their loved one’s personal effects, whether it is
286 from the medical examiner or coroner, law enforcement, military officials, funeral home
287 or hospital.
288 ● Ensure that families understand if some personal effects are held for legal reasons or
289 evidence and the expected timeframe / processes needed to return these to the families.
290 Provide the family with an office or individual contact for personal effects that are
291 retained for evidentiary reasons.
292 ● Specific contact information should be provided to NOK to streamline the personal
293 effects retrieval process.
294 ● Maintain a list of local companies that clean and decontaminate personal effects
295 following death.

296 **Principle 13: Ensure that families ALWAYS have a single point of contact at the**
297 **medicolegal office and that questions/calls are responded to in an efficient manner**

- 298 • In the event that NOK requests for communication are excessive and/or repetitive to
299 information provided, consider utilizing local or national resources to assist the family in
300 their grief and cope with the investigation process. See Appendix C for some resources.

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References:

- 301
302
303 Hirsch CS. Talking to the Family After an Autopsy. *Arch Pathol Lab Med* 1984; 108:513-14
304
305 Baker A, Crandall L. To Hold or Not To Hold. *Forensic Science Med Pathol* Nov 2009
306
307 Valdez-Dapena M., The Postautopsy Conference With Families. *Arch Pathol Lab Med* Vol 108
308 June 1984
309
310 Adelson L. The Forensic Pathologist “Family Physician” to the Bereaved. *JAMA* 1977; 237:
311 1585-8
312
313 Vanezis P, Leadbetter S. Next of Kin Clinics: a new role for the pathologist. *J Clin Pathol*
314 1999;52: 723-724
315
316 Drayton J., Ellis P., Purcell T., Letter to Editor: Next of kin clinics. *J Clin Pathol* 1999

317 **Appendix A: “WHAT NOT TO SAY...”**

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319 Avoid well-intentioned but potentially hurtful statements by NOT saying:

320

- “I know how you feel...”

321

- “This will help you get closure...”

322

o Although the process may eventually provide the family with information that

323

helps them cope with their loss, insinuating that it will “help them get closure”

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is inappropriate and insensitive to many.

325

- “I know what you’re going through...”

326

o There is no such thing as true empathy. No two losses are alike.

327

- “It could have been worse...”

328

- “It is God’s will...”

329

o Do not bring up religion unless they bring it up first. (Hirsch 1984)

330

- “Sometimes it’s hard to understand the bigger plan for us...”

331

- “You will be ok”

332

- “They are in a better place”

333

- Never refer to the decedent as “the body”

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- When describing autopsy procedures, use plain language

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o But be careful to avoid insensitive analogies (Ex: “Microscopic studies are when

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we chop up an organ and look at it under the microscope.”)

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338 **What TO Say:**

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I am so sorry for your loss.

340

I am here to help.

341

I have some resources that might be of help. They have been helpful to others.

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344 **Appendix B: FREQUENTLY ASKED QUESTIONS**

- 345 1. Where is my loved one?
- 346 2. Can I see him/her?
- 347 3. Do I need to identify him/her? How will they be identified?
- 348 4. What do I do now? Include information on final dispositions i.e. embalming, cremation,
349 funeral home
- 350 5. Why is the ME/C involved?
- 351 a. ME/C legal requirements
- 352 1. Homicide, suicide, accidental, traumatic, abuse, suspicious, unattended, in custody,
353 overdose, abortion, medical facility death within 24 hours, surgical death.
- 354 2. Manner of Death
- 355 a. Homicide
- 356 b. Suicide
- 357 c. Accident
- 358 d. Natural
- 359 e. Undetermined
- 360 6. Is an autopsy always performed and is there a charge?
- 361 7. Can I refuse an autopsy?
- 362 8. Why are autopsies performed and who performs them?
- 363 9. What are the benefits of an autopsy?
- 364 a. Death Certificate
- 365 b. Cause of Death
- 366 c. Hereditary medical condition
- 367 10. How do I recover personal effects and clothing collected by ME/C?
- 368 11. When will he/she be released?
- 369 12. Who has the responsibility of making arrangements?
- 370 13. Who can I contact with questions?
- 371 14. How do I learn the COD/MOD?
- 372 15. If the identification of my loved one is pending, what information can be shared with me?
- 373 16. What does it mean for case to be “pending”?

374 **Appendix C: Abbreviated Listing of National Advocacy/Family Support Programs**

375 Compassionate Friends, Inc.

376 www.compassionatefriends.org

377 877-969-0010

378 CJ Foundation for SIDS

379 www.cjsids.org

380 888-8CJ-SIDS

381 The Dougy Center for Grieving Children

382 www.dougy.org

383 866-775-5683

384 (Materials tailored to children and adolescents, will refer to local support resources)

385 First Candle

386 www.firstcandle.org

387 800-221-7437

388 Mothers Against Drunk Driving (MADD)

389 www.madd.org

390 800-GET-MADD

391 National Organization of Parents of Murdered Children, Inc

392 www.pomc.com

393 888-818-POMC

394 National Center for Victims of Crime

395 www.ncvc.org

396 202-467-8700

397 National Organization for Victim Assistance

398 www.trynova.org

399 800-TRY-NOVA

400 SADS Foundation

401 www.sads.org

402 800-STOP-SAD

403 Sudden Unexplained Death In Childhood Program

404 www.sudc.org

405 800-620-7823

406 Tragedy Assistance Program for Survivors (TAPS) – (for military families)

407 www.taps.org

408 800-959-8277

409 **Appendix D: BROCHURE EXAMPLES AND TEMPLATES**

410 Miami-Dade County Medical Examiner Department FAQ brochure (page 1)

Autopsy
Frequently asked questions

What does the law require in regard to an autopsy?

Florida law requires that certain categories of death must be investigated by medical examiners. F.S. 406.11 includes deaths in any of these circumstances as requiring such investigation:

- Of criminal violence
- By accident
- By suicide
- Suddenly, when in apparent good health
- Unattended by a practicing physician or other recognized practitioner
- In any prison or penal institution
- In police custody
- In any suspicious or unusual circumstances
- By criminal abortion
- By poison
- By disease constituting a threat to public health
- By disease, injury, or toxic agent resulting from employment

In these cases the district medical examiner is authorized by state statute to conduct whatever autopsy, examination, or investigation is necessary to determine both the cause and the manner of death. The cause of death refers to the disease or injury that results in the person's death. The manner of death includes the classifications of homicide, suicide, accident or natural.

What is an autopsy?

An autopsy is a thorough external and internal examination of a human body after death, using surgical techniques. The procedure is performed by a forensic pathologist, a medical doctor who is specially trained in this type of procedure to recognize the effects of disease and injury in a body.

During the autopsy samples of certain body fluids, such as blood and urine, will be collected from the body as well as tissue samples from the organs. Tests will be conducted on the specimens to identify the presence of any drugs, chemicals, or toxic substances. Some of the tissue samples will also be prepared for microscopic study.

Why perform an autopsy?

In many cases, an autopsy is mandated by state statute or is necessary for the medical examiner to make an accurate determination of the cause and manner of death. Determination of the cause of death often requires the medical examiner to correlate the autopsy findings with other sources of information, including the person's medical history (if available), a police scene report, and toxicology and laboratory findings. Because many medical examiner cases will be tried in civil or criminal court, autopsy findings and certification of cause of death must be conducted carefully and accurately under controlled conditions.

What are the benefits of an autopsy?

- May fulfill a legal mandate
- May provide the next of kin with important information in subsequent legal proceedings and in settlement of insurance claims and death benefits
- May bring to light inherited or familial disease that will benefit other members of the family
- May alleviate family concerns and questions by confirming the cause of death
- May protect the community by providing the Department of Health with information regarding communicable diseases

Will I be able to view my loved one at the Medical Examiner Department?

The Medical Examiner Department exists to investigate the cause of death and is not a viewing facility. Many bodies are brought to and are stored in the Morgue each day. Because it is impossible to know what diseases may be present in any of these bodies, biohazard precautions must be strictly observed. Until the police release a case from investigation, the body and all that arrives with the body (e.g., clothing) are considered to be evidence in a police case. For these reasons, next of kin may not view a body at the Medical Examiner Department.

The Medical Examiner Department will expedite its work in order to release the body as quickly as possible to the designated funeral home, where the family can view the body under appropriate conditions.

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Will an autopsy affect funeral plans?

The performance of an autopsy will generally not delay a funeral. Where this may be a concern, family members need to speak with representatives at the Medical Examiner Department so that scheduling can be coordinated.

Are there religious conflicts?

In cases where family members have religious concerns, the medical examiner will explain what considerations can be made.

Where may I obtain a death certificate?

- Respective funeral home
- Florida Department of Health, Office of Vital Statistics
(305) 324-2489 (local)
(904) 359-6900 (Jacksonville)



Miami-Dade County
 Medical Examiner Department
 305-545-2400

<http://www.miamidade.gov/medexam/>

The mission of the Medical Examiner Department is to provide accurate, timely, dignified, compassionate and professional death investigative services for the citizens of Miami-Dade County, together with education, consultation and research for local and national medical, legal, academic and law enforcement communities.

This brochure was prepared by the Miami-Dade County Medical Examiner Department, which serves the 11th Judicial District of the state of Florida and is accredited by the National Association of Medical Examiners (NAME).

Autopsy and Death Certification

Frequently Asked Questions



PRC

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431 Miami Dade County "Who will help me when a loved one dies" brochure (page 1)

305-358-HELP (4357)

305-358-HELP (4357)

305-358-HELP (4357)

305-358-HELP (4357)

305-358-HELP (4357)

24 hour hotline
(Línea especial con servicios durante las 24 horas)
(24 sou 24 ijans)



MIAMI-DADE COUNTY
 Medical Examiner Department
 Number One On Bob Hope Road
 Miami, Florida 33136-1133
 Tel: (305) 545-2400 Fax: (305) 545-2418
www.miamidade.gov/medexam

**WHO WILL HELP ME
WHEN A LOVED ONE
DIES?**

**¿QUIÉN ME
AYUDARÁ SI MUERE
UN SER QUERIDO?**

**KIYÈS KI PRAL
EDE MWEN LÈ
YON MOUN
MWEN RENMEN
MOURI?**

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MIAMI-DADE COUNTY
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305.545.2400

PRIVATE AND RELIGIOUS ORGANIZATIONS
Organizaciones Privadas O Religiosas
Organizasyon Prive E Relijye Yo

Camillus House
www.camillus-house.org
(Ayuda a desamparados) (Ed pou sarzabri)
305.374.1065

Catholic Community Service
www.ccadm.org
(Servicios Comunitarios Católicos) (Sivis Kominote Katolik)
305.754.2444

Covenant House (Runaways)
www.covenanthouse.org
(Menores fugados) (Pou ti moun ki sove)
1.800.999.9999

Crime Stoppers
www.crimestoppersmiami.com
(Vigilancia contra la delincuencia) (Vijlans kont krim)
305.471.8477

Family Counseling Services
www.familycounseling.org
(Servicio de asistencia psicológica para familias) (Sivis asistans psikolójik pou fami)
305.271.9800

Jewish Family Service of Greater Miami
www.jfsmiami.org
(Servicios familiares de la comunidad judía del gran Miami) (Sivis pou fami jwif nan tout Miami)
305.445.0555/305.758.1971

Lutheran Ministries of Florida
www.lmfnct.org
(Ministerios Luteranos de la Florida) (Misyon Literyen Florid)
305.567.2511

MADD (Mothers Against Drunk Drivers)
www.MADD.org
(Madres contra choferes ebrios) (Manwan Iní Kont Chofo Sou)
305.383.5500

Miami Bridge (Runaways)
www.miamibrIDGE.org
(Sobre menores fugados de su hogar) (Ti moun ki sove)
305.635.8953

Miami Rescue Mission
www.miamirescuemission.com
(Misión de Rescate de Miami) (Misyon Sekou Miami)
305.571.2273/573.4390

United Way
www.unitedwaymiami.org
(Servicios múltiples) (Divès Sivis)
305.860.3000

NATIONAL ORGANIZATIONS
Organizaciones Nacionales
Organizasyon Nasyonal Yo

Compassionate Friends (death of a child)
www.compassionatefriends.org
(Para familiares de un menor fallecido) (pou fami ki pèdi yon ti moun)
1-877-969-0010

Center for Missing and Exploited Children
www.missingkids.com
(Casos de menores desaparecidos o explotados) (Sant pou timoun Pèdi ak okipivate)
1-800-843-5678

Depression and Bipolar Support Alliance
www.dbsalliance.org
(Asociación nacional para personas deprimidas o maniacodepresivas) (pou moun ki fè depresyon)
1-800-826-3632

National Domestic Violence Hotline
www.ndvh.org
(Línea nacional para víctimas de violencia doméstica) (Liy jans pou vyolans adoméstil)
1-800-799-7233

Parents of Murdered Children
www.pomc.org
(Organización nacional de padres de menores asesinados) (organizasyon pou fami ti moun yo touye)
1-888-818-7662

STATE OF FLORIDA
Estado de la Florida
Eta Florid

Coalition Against Domestic Violence Hotline
www.cadv.org
(Línea de la Florida para víctimas de violencia doméstica) (Liy jans Florid Kont Vyolans Adoméstil)

Department of Children & Families
www.dcf.state.fl.us/cf/web/
(Departamento de menores y relaciones familiares) (departman Tinoun ak Famii yo)
305.377.5000

Florida Abuse Hotline
www.dcf.state.fl.us/abuse/
(Línea de la Florida para víctimas del maltrato) (Liy jans Abi pou Florid)
1-800-962-2873

Florida HIV/AIDS Hotline
www.211hivbend.org/hotlines/hiv/
(Línea de la Florida sobre el vih y el sida) (Liy jans Florid HIV/AIDS)
1-800-545-2437, 7432 (en español), 7101 (en Kreyòl)

Office of the Attorney General Crime Victim Compensation Program
www.myfloridalegal.com
(Oficina del procurador general programa de indemnización para víctimas de delitos) (Kompansasyon pou Viktim Krim Biwo Avoka Eta)
1-800-226-6667

State Attorney's Office
www.miamiso.com
(Procuraduría general del estado) (Biwo Avoka Eta)
305-547-0100

Public Defender's Office
www.pdmiami.com
(Oficina del Abogado de Oficio) (Biwo Avoka Defans Públik)
305-545-1600

OTHER ORGANIZATIONS
Otras Organizaciones
Lit Organizasyon Yo

Child Support Assistance
www.singlemom.com/resources/children_resource/child_support.htm
(Asistencia para el cobro de pensiones alimenticias para menores) (Ed pou jwenn Sipò pou ti Moun)
1.800.622.5437

Crisis Help Line
www.switchboardmiami.org
(Línea de ayuda para personas en crisis) (Liy pou ede nank krizik)
305.358.4357

Crisis Line
www.mhbc.org
(Línea para personas en crisis) (Liy moun anka krizik)
305.774.3300

Alcohol/Drug Helpline
www.adhl.org
(Línea de ayuda para adictos a las drogas) (Liy pou ede nan ka abogé/Tajtabé)
1-800-562-1240

Family and Victims Services
www.miamidade.gov/dhs/youth_domestic_violence.asp
(Servicios para víctimas y sus familias) (Sivis pou Viktim ak Famii yo)
305.633.1634

Parent Helpline
www.211hivbend.org/hotlines/parent/index.htm
(Prevención del maltrato infantil) (Liy jans pou Famii)
1-800-352-5683

Griefnet.org (47 e-mail support groups including kids)
(47 grupos de apoyo por correo electrónico, con servicios para menores) (47 grup de apò imel enklà ti moun yo)

Health Crises Network
www.cancerresource.net
(Para personas que sufren de SIDA) (Pou moun ki soufri Sida)
305.573.5411

Missing Children Information Clearing House
<http://www3.fille.state.fl.us/MCICSearch/>
(Centro de intercambio de información sobre menores desaparecidos) (Sant Echanj Enfòmasyon pou Ti moun ki pèdi)
1-888-356-4774

University of Miami Family and Child Treatment Services Child Protection Team
www.doh.state.fl.us/AlternateSites/CMS-Kids/CPT/cptmiami/bro.pdf
(Equipo de servicios de protección infantil y tratamiento de menores y familias) (Ekip Pwotekyon Sivis Tretman pou Famii ak Ti moun Inivèsite Miami)
305.243.7550

- 436
 437 SUDC Program's "Help for families when an infant or child dies" brochure (page 1)
 438 * Contact info@sudc.org if you would like this brochure created for your office.

Important Contact Information

(_____) **INSERT YOUR PH NUMBER HERE**
 Your County Coroner/Medical Examiner's Office
 Phone Number

 Your Medicolegal Investigator's Name

 Your Medical Examiner or Pathologist's Name

 Your Coroner's Name

 Your Child's Coroner/Medical Examiner Case
 Number is

To obtain a copy of the final autopsy report

- Call your Coroner/Medical Examiner's Office (at the phone number listed above).
- When you call, inform the staff of your child's name, their Coroner/Medical Examiner case number (listed above), and that you are their legal next of kin.
- Specific instructions from the staff to obtain the report may include you submitting a letter to them with this request.
- There may or may not be costs associated with this request.

Reading the autopsy report can be an overwhelming experience. Before doing so, discuss the report findings with your Medical Examiner/Coroner. When you do receive the report, it may be most helpful for you to read it with your child's pediatrician or other medical doctor known to you. They can assist you with medical terminology you may not be familiar with and explain the significance of the findings. If you still have questions, contact your Medical Examiner for further clarification.

Where to Go for Help

You are not alone.
Information, support and guidance are available.

Below are some resources to help you.

Local Resources

INSERT YOUR LOCAL RESOURCES HERE

Book List for grieving families can be found
 at www.sudc.org/books/default.aspx

National Resources



Compassionate Friends, Inc.
 877-969-0010
www.compassionatefriends.org

Assists families worldwide toward the positive resolution of grief following the death of a child of any age and cause.



CJ Foundation for SIDS
 888-8CJ-SIDS www.cjsids.com

A nationwide voluntary health organization dedicated to the special needs of Sudden Infant Death Syndrome (SIDS) through support, awareness and research.



The Sudden Unexplained Death In Childhood Program (SUDC)
 800-620-SUDC www.sudc.org

A centralized resource for sudden unexplained death in children older than 12 months of age. Offers support, information, advocacy and research information for sudden unexpected toddler death.



First Candle
 800-221-7437 www.firstcandle.org

National non-profit health organization addressing SIDS, other infant death infant death, still birth and miscarriage.



National Center for Victims of Crime
 800-FYI-CALL www.ncvc.org

Provides crime victims with information, resources, and referrals to existing victim assistance groups. Comprehensive services for crime victims.

Email info@sudc.org for your custom brochure

Help for Families

When An Infant Or Young Child Dies

INSERT YOUR JURISDICTION NAME HERE

Created By



A program of the CJ Foundation For SIDS

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There is no greater loss than the death of your child.

When a baby/child dies suddenly a team of professionals investigate their death. Emergency Medical Personnel, Police Officers, Medicolegal Investigators, Medical Examiners and Coroners are just a few of the professionals who may be involved on this first day. It can be confusing to understand what is happening during this very overwhelming tragedy.

This brochure was developed to help provide you with a framework of what to expect in the days, weeks and months ahead, as well as provide you with contact information on where you can go for help.

The Medicolegal Authorities involved can be...

Medicolegal Investigator

On the day of your child’s death, you may have met a Medicolegal Investigator. The Medicolegal Investigator collects information to assist the Medical Examiner/Coroner. He/she will investigate the scene where your child lived and died. He/she will interview the parents/caregiver to gain a better understanding of the child’s life and the events that occurred up to the time of their death. The Medicolegal Investigator is generally not a police officer. He/she generally works in the Medical Examiner/Coroner Office.

Medical Examiner

The role of the Medical Examiner is to determine the exact cause of your child’s death and why it occurred. To do this, he/she evaluates the information gathered by the Medicolegal Investigator and performs an autopsy. The Medical Examiner is a medical doctor, with a specialty in forensic pathology (he/she is especially trained to evaluate the cause of death and its relation to justice).

Coroner

The Coroner works with pathologists to investigate deaths and determine why and how they died. Coroner may be trained as a physician but does not have to be. Often they are an elected official and act as the lead administrator of their respective office. The Coroner may be a member of law enforcement in a sheriff/coroner situation.

What Happens Now...

Your child will be transported to the Medical Examiner/Coroner office for the autopsy and is cared for with respect. The autopsy is an external and internal examination of a body. Licensed physicians, specifically forensic pathologists, acting as medical examiners, will perform forensic autopsies to determine cause of death. After examination, the body is closed. Specimens of body fluids and tissues are retained for diagnostic testing.

When necessary, an organ, such as a brain or heart, may also be retained for further tests. None of these tests will prevent the body from being released to the family for funeral arrangements and the autopsy will not interfere with

funeral viewing. If organs are held for further testing and should you desire the return of those organs after testing, you should advise the office that performed the autopsy of this request. Otherwise, within a reasonable period, the specimen and organs will be handled consistent with standard practice. Once the Medical Examiner completes the autopsy, the funeral home is contacted. Your child is released to the funeral home of your choice and the process of a funeral can begin.

The Medical Examiner/Coroner’s office may contact you soon after the autopsy is performed. Sometimes he/she will have specific information to share with you or request additional information. Often, the Medical Examiner/Coroner will explain that more tests need to be performed to understand why your child died. Under this circumstance, their initial cause of death on their death certificate may read "pending further investigation." This will be amended when further testing and the final report are complete. Further tests will include examining small tissue samples (collected during the autopsy) under a microscope. The health or disease of an organ can be evaluated in this way. It is important that the Medical Examiner/Pathologist do a thorough evaluation of your child to understand their death.

The full investigation will take several weeks and frequently a few months before the Medical Examiner/Coroner is ready to complete his/her assessment. At that time, a final autopsy report is completed and can be obtained (as per instructions on back).

If your child is under one year of age and the final cause of death could not be determined,

it may be classified as Sudden Infant Death Syndrome (SIDS). If your child is over the age of 12 months and a cause could not be determined, it may be classified as Sudden Unexplained Death in Childhood (SUDC). The Medical Examiner will make this determination.

Autopsy Report Conclusions

The report will list a "cause of death" as well as a "manner of death". It is the role of the Medical Examiner/Coroner to determine both. The Cause of Death is something that is found by autopsy; an infection, cancer or injury that is responsible for the death. In terms of describing the Manner of Death (or how the death occurred) the Medical Examiner/Coroner has 5 options for coding purposes: Natural, Homicide, Suicide, Accidental and Undetermined. The use of "undetermined" manner may be used when environmental and autopsy findings cannot clearly distinguish the manner of death.

Family Services/Child Protective Services

Family Services or an agency of child protective services may be involved to evaluate the safety of other children in the environment.

State Laws

Most states have laws concerning the investigation of all deaths that are sudden and unexpected. Visit your state government’s website to find out about specific laws in your state and how they may pertain to your situation.



DEATH CERTIFICATES

Death certificates are generated by mortuaries and cremation services. Consequently, your funeral director or cremation services director will assist you in obtaining them.

Certified death certificates may also be obtained from the vital records department which is located at the Southern Nevada Health District.

There is a nominal fee for each certified death certificate and you may need more than one depending on the various aspects of the decedent's affairs.

For more information regarding death certificates, contact the vital records department at 702-759-1010 or your local funeral home.

COPIES OF REPORTS

The legal next of kin may obtain copies of the coroner's investigative reports, medical examination/autopsy reports and toxicology reports from the coroner's office. Copies of reports may be obtained in person or by written request. There is a nominal fee for each report and they are only released to the legal next of kin. For additional information call 702-455-3210.

To obtain copies of police reports, you should contact the law enforcement agency involved with the case.

MISCELLANEOUS INFORMATION

Positive Identification: The decedent will not be released from the coroner's office until they have been positively identified. Depending upon the condition of the body, the family may be asked to view a photograph of the body. The identification can also be made by scientific means such as fingerprints, dental or body x-ray comparison. Our office does not have viewing capabilities. We work as quickly as possible to expedite the release of a loved one to the funeral home where a viewing can be scheduled.

Veterans: Persons who have served in the armed forces and were honorably discharged may be entitled to a Veteran's burial. For more information, contact your local Veteran's Affairs office and/or your local funeral home.

Insufficient Funds: If the decedent's estate does not have sufficient funds to cover the cost of the funeral/cremation and you are unable to assume the financial responsibility, you may apply for assistance from Clark County Social Service. This office can be reached at 702-455-4270. Your funeral director or cremation services director will be able to assist you in this process.

RELATED AGENCY LISTINGS

Agencies that may provide assistance or information to make arrangements are listed below for your reference.

- Las Vegas Metropolitan Police Dept. 229-3111
- North Las Vegas Police Dept. 633-9111
- Henderson Police Dept. 267-5000
- Boulder City Police Dept. 293-9224
- Mesquite Police Dept. 1-702-346-5262
- Nevada Highway Patrol 486-4100
- Clark County Dept. of Vital Statistics..... 759-1010
- Clark County Social Services 455-4270
- Clark County Public Administrator 455-4332
- Nevada OSHA Office..... 486-9020
- Veterans Administration 636-3000
- Southern Nevada Health District 759-1010

On behalf of Clark County and the staff of the Office of the Coroner/Medical Examiner, we would like to extend our condolences to you and your family during this most difficult time. We have provided this pamphlet to you in an effort to make things easier. We assure you that your loved one will be treated with the utmost respect and dignity.

If you should have any questions or feel that this office can provide you with any further assistance, please don't hesitate to contact us at the address and telephone number listed on the front of this pamphlet.



Information Guide

P. MICHAEL MURPHY, D.B.A.
CORONER

JOHN FUDENBERG
ASSISTANT CORONER

1704 PINTO LANE
LAS VEGAS, NEVADA 89106
(702) 455-3210

ADMINISTRATION FAX
(702) 455-0416
INVESTIGATION FAX
(702) 455-3101

The purpose of this pamphlet is to provide basic information about the Clark County Office of the Coroner/Medical Examiner to assist you with the necessary procedures following a death.

LEGAL REQUIREMENTS

State and county laws make it the duty of the coroner to inquire into and determine the cause and manner of deaths that occur under the following circumstances:

- Violence:** To include homicides and suicides.
 - Accidental:** To include vehicular, industrial, drowning, fire, falls, etc.
 - Abuse:** Any death suspected to be related to abuse or neglect.
 - Suspicious:** Any death occurring under circumstances, which do not appear to be natural.
 - Unattended:** Any death occurring without a physician present at the time of death outside of a medical facility.
 - In Custody:** Any death occurring while incarcerated, to include during an arrest or while in any county, city or state correctional facility.
 - Overdoses:** Any death suspected to be related to the use of illegal or prescribed drugs.
 - Abortion:** Any death resulting from criminal or self-induced abortion.
- Other cases that are reviewed to determine if they should be accepted by the coroner's office are as follows:
- Emergency Room Deaths:** Any death occurring within an emergency room of a medical facility is investigated and a determination is made as to whether or not the death warrants the involvement of the coroner's office.
 - Surgical Deaths:** Any death occurring during surgery is investigated and a determination is made as to whether or not the death warrants the involvement of the coroner's office.

Once a death has been reported to the coroner's office, an investigator will respond to the scene and conduct an investigation. As part of this process, the decedent may be taken to the coroner's facility pending further investigation and/or examination by a medical examiner to determine the cause and manner of death.

The final determination of a person's death is based on the following information:

1. **Initial Investigation:** Information collected at the scene of the death and through follow up investigation that will clarify medical history and circumstances surrounding the death.
2. **Medical Examination:**
 - a. **External Examination:** A complete physical examination is conducted on the decedent. The findings and any known medical history are combined to determine the cause and manner of death. Although an external examination is noninvasive, it is sometimes necessary to obtain samples of body fluids to aid in determining the cause of death and/or contributing factors.
 - b. **Autopsy:** A complete physical examination, internally as well as externally, is conducted on the decedent. This includes a thorough examination of each organ and if necessary, microscopic examination of the organs. The findings of this examination, investigative findings and any known medical history are combined to determine the cause and manner of death. Although an autopsy is an extensive examination, it is sometimes necessary to obtain samples of body fluids to aid in determining the cause of death and/or contributing factors. The final determination of cause and manner of death may be delayed depending on toxicology and/or laboratory analysis.

It should be noted that the autopsy procedure does not prohibit anyone from viewing the body at the funeral home.

PERSONAL PROPERTY

The coroner is responsible for the property that is either on the decedent or under the immediate control of the decedent. Property on the decedent may or may not be removed by the coroner/investigator at the scene of death, depending upon policy. Property that is removed will be released directly to the legal next of kin.

Property that is left on the body and removed at the coroner's office during examination will either be turned over as evidence to the law enforcement agency involved or released to the legal next of kin. The property custodian can be contacted at the coroner's office during normal business hours of 8:00 a.m. - 4:30 p.m., Monday through Friday. For additional information call 702-455-3210.

CLARK COUNTY PUBLIC ADMINISTRATOR

In the event that the legal next of kin is not immediately available to secure the decedent's residence and/or personal possessions, the Clark County Public Administrator's Office may be called to secure the belongings. This is done to protect the interest of the decedent and the legal next of kin. If the legal next of kin is available to take possession of the decedent's belongings, there is no need for the involvement of the public administrator. The public administrator does charge a fee for their services. It is suggested that you contact them for an appointment prior to arriving at their office. For more information call 702-455-4332.

CHOOSING A MORTUARY/CREMATION SERVICE

The Clark County coroner has a system in place that utilizes some of the local mortuaries on a weekly rotating basis. When the legal next of kin has no mortuary preference or is not immediately available to choose a mortuary or there isn't any evidence of a pre-need designation by the deceased, the "duty mortuary" will be utilized. This by no means obligates the legal next of kin to use that mortuary for their funeral arrangements. However, if after the medical examination has been completed and the legal next of kin has not contacted the coroner's office regarding their choice of mortuary or cremation services, the decedent will be released to the "duty mortuary" pending final disposition. Arrangements can then be made through that mortuary or any other mortuary or cremation service.