**Section 500.APPENDIX G Death Records**

**Section 500.ILLUSTRATION B Necropsy (NEC)1**

NEC 1 **CORONER**

(Rev. 3/69)

**Report of Coroner's Physician to the**

**Coroner of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County, Illinois**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | have examinedhave made a necropsy on the |
| I,  |  | M.D.,  |
|  |

body identified to me by the coroner of this county as being:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Death (city, village, or twp.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Examination (city, village, or twp.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In my opinion, the cause of death was as follows:

|  |  |  |
| --- | --- | --- |
|  | [Enter only one cause per line for (a), (b), and (c).] |  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. | IMMEDIATE CAUSE |  |
| (a) |  |
| DUE TO, OR AS A CONSEQUENCE OF |  |
| (b) |  |
| DUE TO, OR AS A CONSEQUENCE OF |  |
| (c) |  |

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITIONS GIVEN ABOVE.

My conclusions are based on the following observations and findings.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  | Signed: |  | M.D. |
| Coroner's Physician |

INSTRUCTIONS: 1. Prepare this form in triplicate. Use typewriter for all entries except signature.

2. Sign original and first copy in pen and ink.

3. Mail original and first copy to the coroner. Retain last copy.

(Source: Added at 15 Ill. Reg. 11706, effective August 1, 1991)