

## COLUMBIA COUNTY CORONER'S OFFICE

### BODY EXAMINATION CHECKLIST

Name of Deceased: \_\_\_\_\_ Age: \_\_\_\_ Case No. \_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Investigating Coroner: \_\_\_\_\_

- 1. This Report is for Cremation Permit Only  Yes  No
- 2. Personal Property Receipt Completed and Witnessed
- 3. Personal Property Information Recorded in Report
- 4. ID & Photo Taken and Properly Recorded in Report; ID Type  DL  Family  Other
- 5. Other Photos Taken  Yes  No If Yes, Number Taken \_\_\_\_ Format:  Digital  35mm  ISO
- 6. Fingerprints Taken and Properly Recorded  N/A
- 7. Specimens Taken  None Taken  Blood  Urine  Vitreous  DNA Card
- 8. Time Specimens Taken: \_\_\_\_\_
- 9. Specimens Recorded in Report
- 10. Specimens Labeled and Refrigerated  N/A
- 11. Toe Tag Completed and Attached to Body  N/A
- 12. Embalming Permit  Yes  No

### BODY EXAMINATION

12. Sex: \_\_\_\_ 13. Race: \_\_\_\_ 14. Height: \_\_\_\_ ft \_\_\_\_ in Weight: \_\_\_\_ lbs

16. Hair Color: \_\_\_\_ 17. Hair Length: \_\_\_\_ 18. Iridis: \_\_\_\_

19. Conjunctivae:  Pale  Red  Petechial Sclera:  Congested  Clear Pupils:  Fixed  Unequal  Dilated \_\_\_\_ mm

20. Teeth Uppers:  Natural  Dentures  None Lowers:  Natural  Dentures  None

21. Temperature by: Liver \_\_\_\_ F/Rectal: \_\_\_\_ F/C To Touch:  Warm  Cool

22. Time Temperature Taken: \_\_\_\_ AM/PM

23. Rigor:  Not Present  Present Location:  Jaw  Upper Extremities  Lower Extremities

24. Describe Lividity:  Dependent  Consistent with Position Found If not describe:

\_\_\_\_\_

25. Describe any Clothing:  Collected  To Funeral Home  To Family

26. Other Observations (Trauma, Scars, Birthmarks, Tattoos, etc) See Reverse for Outline