

AGONAL STATE FORM

(Information needed immediately following death)

Information Provided by: _____

Name of Coroner/Pathologist Responsible for Case:

Phone Number or Contact Information:

Address: _____

Case No: Name

Male/Female _____ Race _____ Height _____ Weight _____

Date of Death _____ Time of Death _____

Place of Death: In custody, EMS, Hospital

Last Temperature _____ Time _____

Describe Delirium Episode/ Behavior:

Psychological autopsy/ Psychiatric history:

Please attach Investigative Report
