

The Coroner is a county peace officer acting under the authority of provisions of the California Government Code, the Health and Safety Code. There are specific laws which define the Coroner's powers and which vest him with the right and duty to investigate certain classes of deaths.

A review of these laws permits the following general statements in regard to their application and in regard to the responsibilities of certain persons in reporting Coroner's cases.

It is the duty of anyone having knowledge thereof, to report to the Coroner any death which falls into the classes herein listed. This duty applies equally to physicians, hospital house officers, morticians, embalmers, ambulance attendants, police officers, nurses, as well as lay persons.

Any death reported to the Coroner shall be subject to an inquiry which shall be properly recorded, after which the Coroner will proceed with a full or limited investigation as the circumstances warrant. If, from the preliminary investigation, the case does not prove to fall within the Coroner's jurisdiction, the Coroner will so advise the person reporting the case or the physician last in attendance.

Accordingly, reportable cases are to be distinguished from Coroner's cases. While the duty to report certain cases continues, the decision on whether there shall be a full investigation rests with the coroner, and a full investigation is not required of the Coroner purely by virtue of the case having been reported.

The Coroner encourages reporting of cases and will give any interested party his basis for accepting or rejecting any case reported. (Government Code Section 27491)

DEATHS REPORTABLE TO THE CORONER

1. Known or suspected homicide.
2. Known or suspected suicide.
3. Accident: Whether the primary cause or only contributory; whether the accident occurred immediately or at some remote time.
4. Injury: Whether the primary cause or only contributory; whether the injury occurred immediately or at some remote time.
5. Grounds to suspect that the death occurred in any degree from a criminal act of another.
6. No physician in attendance. (No history of medical attendance.)
7. Wherein the deceased has not been attended by a physician in the 20 days prior to death.
8. Wherein the physician is unable to state the cause of death. (Must be genuinely unable and not merely unwilling.)
9. Poisoning (food, chemical, drug, therapeutic agents).
10. All deaths due to occupational disease or injury.
11. All deaths in operating rooms.
12. All deaths where a patient has not fully recovered from an anesthetic, whether in surgery, recovery room, or elsewhere.
13. All solitary deaths. (Unattended by physician, family member, or any other responsible person in period preceding death.)
14. All deaths in which the patient is comatose throughout the period of physician's attendance, whether in home or hospital.
15. All deaths of unidentified persons.
16. All deaths where the suspected cause of death is Sudden Infant Death Syndrome (SIDS).

DEATHS REPORTABLE TO THE CORONER (continued):

17. All deaths in prisons, jails, or of persons under the control of a law enforcement agency.
18. All deaths of patients in state mental hospitals.
19. All deaths where there is no known next of kin.
20. All deaths caused by a known or suspected contagious disease : constituting a public health hazard, to include AIDS.
21. All deaths due to acute alcoholism or drug addiction.

DETAILED DESCRIPTION OF CLASSES OF DEATHS REPORTABLE

Experience demonstrates that some elaboration upon the listed reportable cases is desirable.

1-2. HOMICIDE OR SUICIDE

These must be reported for evidenciary and medicolegal reasons, and when there is even the slightest suspicion, the person having knowledge of such death is expected to notify the Coroner immediately. (10250 H&S, 27491 Government Code)

3-4. ACCIDENT OR INJURY

Whether these caused the death immediately or even at some considerably later time, the case is reportable. Whether the accident or injury was of grave nature or only slight, so long as it is the opinion of the attending or reporting physician that it might have contributed to the death in any degree, the death is reportable.

If the injury is to be listed anywhere on the death certificate (as contributory even though not the immediate cause of death), the case must be reported to the Coroner, and in such instances, the mortician should not be told that the physician will supply him with a certificate. If the certificate is to list a contributing injury the certificate can be provided only by the Coroner. When, in the opinion of the physician, the injury is so slight that he does not believe that it likely contributed, it is best to report such death nonetheless, in order that the Coroner may decide whether any criminal, civil, or other legal considerations enter into the case such as to properly require his further investigation. Particularly, where a second party may have liability for the occurrence, the Coroner will weigh the circumstances to ascertain whether any authorized public purpose or any aid to the administration of justice between parties will be served by his full investigation. (10250 H&S, 27491 Government Code)

5. SUSPICION OF CRIMINAL ACT OF ANOTHER

This group in the main revolves around instances where there is gross evidence or suspicion of a criminal abortion (self-induced or by the act of another), euthanasia, the late result of auto accidents (there may be a criminal charge if death occurs within one year), as well as less frequent episodes of other misadventure.

DETAILED DESCRIPTION OF CLASSES OF DEATHS REPORTABLE (continued):

6. NO PHYSICIAN IN ATTENDANCE

Such instances include those where there is no history of medical attention or what attention there has been was so very remote as to afford no knowledge in relation to the death. This includes fetal deaths in which the fetus has advanced beyond the 20th week of uterogestation and a physician was not in attendance, or, fetal deaths involving such circumstances that are otherwise reportable to the Coroner (i.e. criminal abortion, trauma, or feticide). (10250 H&S)

7. IN THE CONTINUED ABSENCE OF THE PHYSICIAN

This is variously interpreted throughout the state. In this County it has been the policy that if a physician has not seen a patient during the 20 days before the death, such cases are reportable. As a rule, the Health Department will not accept a certificate signed by a physician who has not seen the deceased within the 20 day before the death, unless the death has been reported to the Coroner. They will require that the Coroner's Office be notified. The physician will spare annoyance to himself, as well as great inconvenience and expense to the mortician and surviving family members, if he takes care that when he has not visited the patient in the 20 days before death, the Coroner is notified before the mortician is advised that the physician will sign the certificate.

When the physician notifies the Coroner, the Coroner will decide whether he will investigate fully or note, depending on the nature and gravity of the illness preceding the death, and upon the physician's opinion of the patient's actual life expectancy at the time of the physician's last visit.

The 20 day period was arrived at partly of necessity and partly on the basis that any person whose physical condition does not require medical observation for a 20 day period is probably not dangerously ill.

To be sure, there are many instances of persons dying of grave illness on whom the physician does not call but at long intervals. It is important to keep in mind that persons gravely ill and whose death might reasonably be expected, nonetheless at times do die of causes other than that producing the illness. It is for this reason that the Coroner may require a Coroner's

DETAILED DESCRIPTION OF CLASSES OF DEATHS REPORTABLE (continued):

investigator to have examined the body at the scene after death, when the physician has not been in attendance for the 20 days before death.

When a physician last in attendance is not and will not be available within a reasonable period of time to sign the death certificate, he may authorize a physician's assistant under his supervision, associate, or another physician so designated, to sign the death certificate in his absence. The only other requirement being that the physician signing the death certificate have access to the attending physician's medical records and act in consultation with him. (Section 10225, H&S)

8. PHYSICIAN UNABLE TO STATE THE REASONABLE CAUSE OF DEATH

When the physician states, and the evidence supports, that the physician is unable to establish the cause of death, the Coroner will proceed. Frequent problems arise in the matter of what may be termed inability to state as compared to unwillingness to state the cause of death.

The Coroner's office of this County is willing to accept for full investigation any case which bears sufficient ground to legally authorize it doing so. In the borderline cases, the Coroner will refuse when the states and case law, with which he is familiar, indicate that to proceed would be illegal, improper, or unnecessary. The Coroner will make a decision in such questionable cases by consulting the physician, by examining the case history and, in part, by learning whether the investigation is requested solely for the physician's scientific interest or actually for authorized public purposes. (10250 H&S)

9. POISONING (FOOD, CHEMICAL, DRUG, THERAPEUTIC AGENTS)

Deaths wholly or in part due to industrial agents or toxins, ordinary food poisoning, household medicaments, prescribed pharmaceuticals and biologicals, etc. are reportable if they in any way contribute to the death, or when there is sufficient evidence to reasonably suspect that they contributed. (27491 Government Code).

DETAILED DESCRIPTION OF CLASSES OF DEATHS REPORTABLE (continued):

10. OCCUPATIONAL DEATHS

When a death is clearly known to be due to an occupational disease, or where there is reasonable ground to suspect that the death resulted in whole or in part from the occupational disease, that death is reportable. (27491 Government Code)

11. OPERATING ROOM DEATHS

Whether the death might be expected or not, the case is reportable. Depending upon the nature of the patient's condition for which he is being operated, the time and manner to death, etc., the Coroner will determine whether the case is to be investigated fully. The ramifications of the responsibilities in such deaths are extensive. The Coroner, by virtue of repeated experience with such matters can, with the cooperation of the physician and after investigating the non-medical aspects of the case, best determine whether any authorized purpose can be served by a full investigation. (27491 Government Code)

12. ALL DEATHS WHILE PATIENT STILL UNDER EFFECTS OF ANESTHETICS

It is wholly improper and equally unwise to remove a patient from the operating room to pronounce death. Under this provision, such deaths are nonetheless reportable, as are recovery room deaths, etc. When the nature of the death or the legal implications warrant, the Coroner will proceed. (27491 Government Code)

13. ALL SOLITARY DEATHS

Whether a person has been under medical care or not, he is said to have died a solitary death if neither his physician nor a responsible family member has been on the premises during the time that death occurred.

Thus, in instances where persons are found dead in hotels, rooming houses, etc., such deaths are reportable despite that a physician may know of some pre-existing illness.

DETAILED DESCRIPTION OF CLASSES OF DEATHS REPORTABLE (continued):

Similarly, if a person should be found dead in his own home, and no family member has been on the premises during the time that death occurred so as to assure that no mishap or misadventure transpired, such death is reportable despite that a physician may know of some pre-existing illness. (10250 H&S, 27491 Government Code)

14. ALL DEATHS IN WHICH THE PATIENT IS COMATOSE THROUGHOUT THE LAST PERIOD OF PHYSICIAN'S ATTENDANCE, WHETHER IN HOME OR HOSPITAL

When a physician is called to a home to find a person comatose or in such condition as to be unable to himself give the physician an accounting of the events leading to his being in this state, the case should be reported unless the physical findings of the examination at the scene reveal to the physician's satisfaction that the coma or non-responsive state results from a known natural disease process.

It is not proper, in the absence of conclusive immediate clinical signs, to presume that a person found in a profound coma came to be in this condition as a result of some previous long-standing disease or ailment.

When a person apparently unattended by a family physician is admitted to any hospital and remains comatose or non-responsive to questioning, so that no history has been gained from the patient himself or events leading to his being a coma, such case should be reported to the Coroner. In the Coroner's preliminary investigation of such hospital cases he will inquire of the hospital staff physician whether there were signs or tests to assure that the coma resulted from natural disease processes and, in addition, the Coroner will seek information elsewhere on possible medical attendance before admission. (27491 Government Code)

15. ALL DEATHS OF UNIDENTIFIED PERSONS

Deaths of persons whose identity is not immediately known or who were admitted to a facility under the names "John or Jane Doe" and whose identity has not been subsequently determined are immediately reportable to the Coroner. The Coroner has at his disposal a vast network of interacting agencies whose sole purpose is the identification of unknown or deceased persons. (27491 Government Code)

DETAILED DESCRIPTION OF CLASSES OF DEATHS REPORTABLE (continued):

16. ALL DEATHS WHERE THE SUSPECTED CAUSE OF DEATH IS SUDDEN INFANT DEATH SYNDROME (SIDS)

Sudden Infant Death Syndrome (SIDS) is a definite disease entity that is the major cause of death in infants between the ages of one month and one year, accounting for approximately one-third of these deaths. The most consistent and characteristic features of SIDS cases are the age distribution (peak death rate occurs between the second and sixth month) and the absence of any significant findings at the time of autopsy. Immediate notification of the Coroner is vital in the investigation of SIDS or possible SIDS death cases because the diagnosis of SIDS is arrived at primarily by ruling out all other possible causes. The Coroner also plays an important part in assisting surviving family members to cope with the grief of these particularly tragic events. (10253 H&S, 27491 Government Code)

17. ALL DEATHS IN PRISONS, JAILS, OR OF PERSONS UNDER THE CONTROL OF A LAW ENFORCEMENT AGENCY

18. ALL DEATHS OF PATIENTS IN STATE MENTAL HOSPITALS

NOTE: the above two requirements are mandated by Section 27491 of the California Government Code with the intent of providing independent investigation in the death of an inmate.

19. ALL DEATHS WHEREIN THERE IS NO KNOWN NEXT OF KIN

If no next-of-kin is known, the death is required to be reported to the Coroner even though no other reporting criteria are met primarily in order to facilitate locating next-of-kin or in the absence of any family, to safeguard and protect the property or interests of the deceased until such time as it can be turned over to either the Executor of the Estate (when there is a will) or to the Public Administrator's Office (when there is no will). (7100, 7104 H&S)

20. ALL DEATHS CAUSED BY KNOWN OR SUSPECTED CONTAGIOUS DISEASE AND CONSTITUTING A PUBLIC HEALTH HAZARD

NOTE: The reporting of AIDS is included in the requirements for reporting of contagious diseases constituting a public health hazard which is mandated by Section 27491 of the California Government Code.

DETAILED DESCRIPTION OF CLASSES OF DEATHS REPORTABLE (continued):

21. ALL DEATHS DUE TO ACUTE ALCOHOLISM OR DRUG ADDICTION

This, also, is mandated by the Government Code for the purposes of identifying the alcohol and drug related deaths.

PRACTICING PHYSICIAN AND CORONER

When there has been no physician in attendance, there obviously is no one other than the Coroner who can legally sign the certificate, and the Coroner thus has clear authority to proceed.

When there has been previous medical attendance, it is incumbent upon the Coroner to inquire of the physician to such extent that the Coroner shall have sufficient legal grounds to authorize his further investigation, and particularly, his autopsy, if one is to be done. It will be upon the sum of the facts learned that his decision to accept or reject the case will be based.

It is important to bear in mind that any query by the Coroner or his deputy into the manner or mode of treatment is almost invariably to ascertain whether there are sufficient legal grounds for the Coroner to proceed, and not to judge or evaluate the adequacy or propriety of any particular treatment.

Cases which the Coroner finds by law to be clearly not in his jurisdiction will be referred to the physician whose responsibility it would be to sign the certificate.

When a physician last in attendance is not and will not be available within a reasonable period of time to sign the death certificate, he may authorize a physician's assistant under his supervision, associate, or another physician so designated, to sign the death certificate in his absence. The only other requirement being that the physician signing the death certificate have access to the attending physician's medical records and act in consultation with him. (Section 10225, H&S)

PRACTICING PHYSICIAN AND CORONER (continued):

When the Coroner is being urged to perform an autopsy to ascertain the cause of death, yet, from the history the cause of death is so apparent to the Coroner that he cannot find legal basis upon which to proceed, then the Coroner might reasonably anticipate that it would be equally apparent to the physician reporting the case. Invariably, when these differences of opinion arise, a discussion between the reporting physician and the Coroner reveals that some facts relating to the case were not known to one or other other party and the difference is quickly and satisfactorily resolved. Since the Coroner is legally and solely responsible that the autopsies he performs or orders performed, shall be authorized within the law, he must therefore be the ultimate judge of whether he shall proceed with an autopsy or not. (27491 Government Code)

The Coroner is not required to permit the physician last in attendance to be present at the autopsy, since Coroner's autopsies are not necessarily done with permission of the family. When the physician does wish to be present, a phone call to the Coroner almost always provides the permission (27491.4 Government Code, 18 Op Atty. Gen. 155)

The Coroner cannot provide interested physicians with tissue specimens without written permission of the nearest next of kin. Any slides or reports that the Coroner has taken for his own duly authorized purposes are public record, however, and may be examined at the Coroner's office by an interested physician. (27491.45 Government Code, 7151.5 H&S)

When any physician has special interest, and if he will notify the Coroner of this interest, the Coroner will make and note any observations requested, provided these do not require his exceeding his legal duty.

Many persons mistakenly believe that the Coroner's duties revolve solely around the ascertaining criminal deaths or serving in the prosecution of criminals. In practice, and as provided by the several California codes, the Coroner inquires into all deaths impartially and solely to prepare a record of facts are available to anyone whose lawful purposes require them, whether these be criminal or civil, whether these serve the public or the individual. Furthermore, within certain limits prescribed in the Health and Safety Code, the Coroner is charged with providing causes of death accurate and acceptable for purposes of vital statistics.

PRACTICING PHYSICIAN AND CORONER (continued):

It is not enough to feel certain that a death is due to natural causes, but the cause must be stated with a given degree of accuracy as prescribed by the State of California Department of Health. On the other hand, it is neither required nor permitted that an autopsy shall be performed to establish the cause of death to the ultimate degree of academic exactness.

The attending physician has the responsibility, pursuant to section 10204 of the Health and Safety Code, to complete the medical and health section data within fifteen (15) hours after death. This, however is not applicable where coroner jurisdiction is present.

While it does not happen frequently, it is improper and equally unwise, when the hospital record and the progress reports to the family have given evidence of a natural death from known causes to conclude the chart with "Cause of death unknown." It is similarly unwise for the physician or house officer to state "possible injury" or "possible drug ingestion" or "possible transfusion reaction," or any similar uncertainty in the hope of creating sufficient doubt to force an autopsy, when there is not sufficient evidence to justify such statement. The Coroner will expect the records actually to bear out the source of such conclusions. Simply stated, the eager house officer or the curious physician, however the scientific his purposes, cannot and should not fabricate doubt-casting conclusions in order to force a legally unauthorized autopsy and one to which the family may have already shown opposition. This is frankly dishonest and extremely dangerous.

The pathologist should assure, from the review of the history, whether any case he is about to autopsy is not perhaps properly in the Coroner's jurisdiction.

When the progress of an autopsy reveals that the case should have properly been in the Coroner's jurisdiction, the autopsy shall be stopped at that point and the Coroner's office consulted.

When a homicide, suicide, accident, or injury occurs in a hospital and results in sudden and immediate death, the body shall not be removed from the position or place of death without permission of the Coroner. (27491.2 Government code)

PRACTICING PHYSICIAN AND CORONER (continued):

Under no circumstances should the hospital staff take upon themselves to notify any hotel operator, apartment house, or rooming house owners of the death of a tenant. So doing may lead to the property of the deceased being disturbed, misplaced, or even lost to the rightful heirs.

If on admission, the patient listed a next-of-kin, he or she may be notified and will likely take charge.

If no next-of-kin is known, the Coroner will, in Coroner's cases, go to the residence and in the presence of witnesses take charge of property and make a search for names of next-of-kin, and thereafter seal the room. In non-Coroner cases, when no next-of-kin is known to the hospital staff, the Coroner should be notified, whereupon he will take charge of property at the residence, search for next-of-kin, or arrange for burial as may be required. (27491.3 Government Code)

By adhering to the above procedure, you will assure that a properly authorized person will be the first to enter and search the premises of the deceased's residence, done in the presence of witnesses, etc.

MORTICIAN AND CORONER

The mortician may not remove a body from the place of death without permission of either the physician last in attendance or the Coroner. Also, a body may not be moved from the position or place of death, if such death is reportable to the Coroner. (27491.2 Government Code 10, Ops. Atty. Gen. 240)

It is improper and unlawful, and frequently will cause inconvenience, to make a removal on the mere verbal opinion of the family that the doctor can or will sign the death certificate. This fact should be learned directly from the physician.

The physician last in attendance must have visited or have attended the patient without the 20 days before death and this should be carefully ascertained before making the removal. In addition to his own observations, the mortician should inquire of both the family and the physician whether there was any accident or injury associated with the death.

MORTICIAN AND CORONER (continued):

Officials of Vital Records, Health Department, when presented with a certificate by the mortician, may judge the circumstances of the death as warranting reporting to the Coroner despite that a physician did see the patient within the 20 days preceding death. In such instances they will contact the Coroner's office.

If, for any reason, it is impractical or inadvisable for the mortician to attempt to contact the physician, the Coroner's office may be called upon to assist in contacting the physician for purposes of inquiry into his position with regard to the case. It is frequently easier for the Coroner to make the contact.

The mortician can do much to minimize those instances where, in the midst of preparation for or in the actual course of funeral services, it is discovered that the physician cannot properly provide a death certificate, despite that he had previously and mistakenly said he would. The mortician can spare himself as well as the families he serves much inconvenience and annoyance by assuring beforehand that the case does not fall in the Coroner's jurisdiction.

It is the duty of the mortician and any of his employees to be aware of the type of cases reportable to the Coroner. Whenever, in the course of their contact with the case, it becomes apparent that such a case is reportable, it is incumbent upon the mortician or embalmer to report the case to the Coroner at once, if it has not already been reported. This must be done before embalming, if embalming has not yet been done. These cases should be reported despite that the physician may have agreed to sign the death certificate. So doing will prevent the instances when, during the preparation for funeral services, it is discovered, because of the physician's lack of familiarity with the laws pertaining, that the Coroner will now be obliged to investigate the case and thus must disturb or inconvenience both the mortician and the family in their conduct of the funeral.

AMBULANCE ATTENDANTS AND CORONER

It is unlawful for anyone to move a dead body from the position or place of death without permission of either the physician last in attendance or the coroner. (27491.2 Government Code)

AMBULANCE ATTENDANTS AND CORONER (continued):

To be certain, the ambulance attendant may take any steps his judgment dictates for purposes of ascertaining whether medical care might be needed in any instance. When it is apparent that medical attention would be of no avail, or when this can be clearly determined by simple inspection, the body should not be disturbed nor should any of the surroundings be disturbed. Furthermore, ambulance attendants shall not search the body, clothing or premises. It is not the ambulance attendant's duty to notify next-of-kin or to conduct a search to seek any other information. He need only report the case to the Coroner. If there is evidence that an ambulance attendant has conducted a search or has willfully and unnecessarily disturbed evidence, the Coroner's deputy is required by his department rules to note this. (27491.3 Government Code)

If the body is not attended by immediate family members, the premises should be secured if possible and all onlookers, present or nearby, should be warned against entering the premises. In such instances the police should at once be notified so that they may stand by pending arrival of the Coroner's representative. In obvious criminal, accidental, or suicidal deaths, the Coroner's office and police should be notified at once.

The attendant must use his judgment as to when, for the purpose of public relations, the family physician should be notified simultaneously with the Coroner. While it may prove necessary on occasion, calling the physician should be avoided if possible, since it will be investigated by the Coroner.

While there is a normal tendency to want to move a body to a natural position, or what in life would be a more comfortable position, there is no purpose in doing so. It is imperative, in order to allow the Coroner to judge the nature and degree of investigation required, that the body and any surrounding be left untouched. If necessary, the family may be excluded from the room where the body lies until the coroner arrives..

POLICE AND CORONER

Police officers should be aware of the various types of death which are reportable to the Coroner. (See page 2)

POLICE AND CORONER (continued):

In any death due to violence or contributed to by violence, the police officer should ascertain and assure that the coroner has been notified.

In any death (other than auto accident cases) in which there is clear evidence of the criminal act of another person, the homicide detail or investigator's bureau should be notified at the same time as the Coroner. Lacking clear evidence of the criminal act of another, the officer should wait for the coroner's deputy, and together they may determine whether the investigators should be called to the scene.

When a police officer has gone to the scene of a violent death he should remain there until the arrival of the Coroner's deputy.

When the police officer has gone to the scene of a non-violent death, he should remain at the scene until the arrival of the Coroner's deputy or until she/he has talked to the Coroner's investigator by phone and has received a release number.

It is unlawful for anyone to move a dead body from the position or place of death without permission of either the physician last in attendance or the Coroner. In practice, no matter where the body lies, no police officer may move or disturb a body. Ambulance stewards may move a body to ascertain whether medical aid would be of avail. Beyond this, the Coroner, his deputy, or someone specifically authorized by the Coroner, are the only persons who may move a dead body or take possession of property at the scene of a known coroner's case. (27491.2 Government Code)

Under no circumstances should a police officer disturb evidence or surroundings at a scene of death.

The police officer has no responsibility to search for identification to notify the next-of-kin, or to take charge of any property at the scene of a death, and he shall not search the body, clothing, or premises of the deceased. The only exceptions to this are during traffic collision. A police officer may search for a driver's license to determine if the deceased is an organ donor, or with the consent of the Coroner, take charge of any evidence relating to a known or suspected homicide.

POLICE AND CORONER (continued):

When there is evidence that an officer has made an unauthorized search of the body or premises, the Coroner's deputy is required by his department rules to list on this property slip the names of those known or found making such search. Such conduct will then be called to the attention of appropriate superiors by the coroner.

In cases of apparent suicide the Coroner's deputy is to take charge of any suicide notes and wills, as well as the instrument with which the suicide was effected. (27464 Government Code)

Coroner's deputies do not search the body or premises except in the presence of witnesses, and police officers may be asked to witness the search and sign the property slip as a witness.

RELATED LAWS

10250. Notification of Coroner

A physician, funeral director, or other person shall immediately notify the coroner when he has knowledge of a death which occurred or has charge of a body in which death occurred:

- (a) Without medical attendance;
- (b) During the continued absence of the attending physician;
- (c) Where the attending physician is unable to state the cause of death;
- (d) where suicide is suspected;
- (e) Following an injury or an accident; or
- (f) Under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another. Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.
(Added by Status. 1957, c. 363, p. 1184/2)

GOVERNMENT CODE

27491. Classification of Deaths Requiring Inquiry; Determination of Cause.

It shall be the duty of the coroner to inquire into and determine the circumstances, manner, and cause of all violent, sudden or unusual deaths; unattended deaths; deaths wherein the deceased has not been

GOVERNMENT CODE (continued):

attended by a physician in the 20 days before death; deaths related to or following known or suspected self-induced or criminal abortion; known or suspected homicide, suicide, or accidental poisoning; deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent; deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome; death in whole or in part occasioned by criminal means; deaths associated with a known or alleged rape or crime against nature; deaths in prison or while under sentence; deaths known or suspected as due to contagious disease and constituting a public hazard; deaths from occupational diseases or occupational hazards; deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health; deaths of patients in state hospitals servicing the developmentally disabled and operated by the State Department of Developmental Services; deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another, and any deaths reported by physicians or other persons having knowledge of death for inquiry by coroner. Inquiry pursuant to this section does not include those investigative functions usually performed by other law enforcement agencies.

In any case in which the coroner conducts an inquiry pursuant to this section, the coroner or a deputy shall personally sign the certificate of death. If the death occurred in a state hospital, the coroner shall forward a copy of his or her report to the state agency responsible for the state hospital.

The coroner shall have discretion to determine the extent of inquiry to be made into any death occurring under natural circumstances and falling within the provisions of this section, and if inquiry determines that the physician of record has sufficient knowledge to reasonably state the cause of death occurring under natural circumstances, the coroner may authorize that physician to sign the certificate of death.

For the purpose of inquiry, the coroner shall have the right to exhume the body of a deceased person when necessary to discharge the responsibilities set forth in this section.

Any funeral director, physician, or other person who has charge of a deceased person's body, when death occurred as a result of any of the

GOVERNMENT CODE (continued):

causes or circumstances described in this section, shall immediately notify the coroner. Any person who does not notify the coroner as required by this section is guilty of a misdemeanor. (Amended by Stats. 1985, Ch. 304)

10204. Completion of Certificate; Time; Delivery.

The medical and health section data and the physician's or coroner's certification shall be completed by the attending physician within 15 hours after the death, or by the coroner within three days after examination of the body.

The physician shall within 15 hours after the death deposit the certificate at the place of death, or deliver it to the attending funeral director at his place of business or at the office of the physician. (Added by Stats. 1957, Ch. 363)

10225. Responsibility of Attending Physician.

The physician and surgeon last in attendance, or in the case of a patient in a skilled nursing or intermediate care facility at the time of death, the physician and surgeon last in attendance, or a licensed physician's assistant under the supervision of a physician and surgeon last in attendance, on a deceased person shall state on the certificate of death the disease or condition directly leading to death, antecedent causes, other significant conditions contributing to death and such other medical and health section data as may be required on the certificate; he or she shall also specify the time in attendance, the time he or she last saw the deceased person alive, and the hour and day on which death occurred, except in deaths required to be investigated by the coroner. The physician and surgeon or physicians assistant shall specifically indicate the existence of any cancer as defined in subdivision (e) of Section 211.3 of which the physician and surgeon or physician's assistant has actual knowledge.

A physician and surgeon may designate one or more other physicians and surgeons who have access to the physician's and surgeon's records to act as agent for the physician and surgeon for purposes of the performance of his or her duties under this section, provided that any person so designated acts in consultation with the physician and surgeon. (Amended by Stats. 1989, Ch. 925)