

**HOSPITAL REPORT OF DEATH**

ME-103 (new 6/19)

State of Connecticut  
**OFFICE OF THE CHIEF MEDICAL EXAMINER**  
 11 Shuttle Road, Farmington, Connecticut 06032  
 (860) 679-3980

M.E. Case No.
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<b>DECEASED</b>	Name (First, Middle or Maiden, Last)			Age	Race	Sex <input type="checkbox"/> male <input type="checkbox"/> female	
	Last Residence (No., Street)			Town		State	Zip Code
<b>HOSPITAL INFORMATION</b>	Admitted to (name of hospital)		On (date)	Time	Private Physician		Date last seen
	Brought to hospital from (include no. & street, whether public place, residence, etc.)					Brought by	
	Examined on admission by (M.D.)		Death pronounced by (M.D.)			On (date)	At

**This section to be completed by REPORTING PHYSICIAN**

Chief Complaint
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History of Present Illness –if injury, give location and number of injuries when first examined; state whether in shock, conscious, or unconscious. You do NOT need to list all the steps of ALS protocol. Toxicology results?
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COURSE IN HOSPITAL – Include pertinent clinical, laboratory, and x-ray findings.
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OPERATIONS & PROCEDURES – List names and dates of all pertinent operative, diagnostic, and therapeutic procedures. If there are injuries: describe any alterations to wounds (e.g., chest tube placed through bullet hole) and any bullets recovered.
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<b>REPORTING PHYSICIAN</b>	Name:	Signature	Date
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