

**GREG L. SHORE, D-ABMDI**  
**CORONER**  
301 CAMSON RD. ANDERSON, SC  
29625



PH: (864) 260-4057  
Fax: (864) 260-1019  
24 Hr. (864) 224-4444  
Email: accoroner@andersoncountysc.org

**OFFICE OF THE CORONER**  
**MEDICAL FACILITY/MEDICAL ATTENDANCE DEATH NOTIFICATION REPORT**

Date: \_\_\_\_\_ Time/Notification: \_\_\_\_\_ Notification By: \_\_\_\_\_

Medical Facility: \_\_\_\_\_

Medical Facility Address: \_\_\_\_\_  
Address City State Zip

Date of Facility Admittance: \_\_\_\_\_ Admitting Physician: \_\_\_\_\_

**Decedent Name:** \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Next of Kin Address: \_\_\_\_\_

Family Notified: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Pronounced By: \_\_\_\_\_

Time of Death: \_\_\_\_\_ Certifying Physician: \_\_\_\_\_  
(Decedent's Physician)

Traumatic Injury: Yes: \_\_\_\_\_ No: \_\_\_\_\_

EMS Transport: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Physician Will Sign Death Certificate: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Cause of Death:** \_\_\_\_\_

**PMHX:** (Check All That Apply)

\_\_\_ DNR Patient    \_\_\_ Alcoholism    \_\_\_ Asthma    \_\_\_ Cancer    \_\_\_ Cirrhosis  
\_\_\_ COPD    \_\_\_ CVA    \_\_\_ Diabetes    \_\_\_ Dementia    \_\_\_ Depression  
\_\_\_ Renal Failure    \_\_\_ Hypertension    \_\_\_ Heart Disease    \_\_\_ Mental Illness    \_\_\_ Seizures  
\_\_\_ Smoking    \_\_\_ Other: \_\_\_\_\_

Mortuary/Funeral Home: \_\_\_\_\_

Mortuary/Funeral Home Address: \_\_\_\_\_  
Address City State Zip

\*\* If the death of the decedent is ruled other than natural, The Anderson County Coroner's Office must conduct a full investigation.