

# Cremation Authorization

## Southern Minnesota Regional Medical Examiner's Office

### Completed By Funeral Home

Decedent		Birth Date (Month DD, YYYY)	
Death Date (Month DD, YYYY)	Death Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Death <input type="checkbox"/> Witnessed <input type="checkbox"/> Found	Death Place
Type <input type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Hospital <input type="checkbox"/> Other			
County <input type="checkbox"/> Olmsted <input type="checkbox"/> Dodge <input type="checkbox"/> Goodhue <input type="checkbox"/> Houston <input type="checkbox"/> Fillmore			
Physician Name <input type="checkbox"/> MD <input type="checkbox"/> DO		Phone	Fax
Funeral Home		Phone	Fax
City	Contact	Is SMRMEO Pathologist <b>OR</b> Mayo Physician signing death certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, complete <b>all</b> physician information below.	

### Physician-Complete and Fax to Medical Examiner at 507-266-6658

Date Last Seen or Last Clinic Visit (Month DD, YYYY)		
<input type="checkbox"/> Yes <input type="checkbox"/> No Were there any significant traumatic events during the last 6 months which would have contributed to the death? (Falls, Motor Vehicle Crash, Surgical Procedures, Fractures, etc.) <b>If Yes</b> , please describe: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes</b> , was the death reported to the Medical Examiner?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Is the manner of death natural? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If No</b> , was the death reported to the Medical Examiner?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Any reason to postpone cremation? <b>If Yes</b> , please explain: _____		

### Cause of Death as it Will Appear on the Death Certificate

Line 34a
Line 34b
Line 34c
Other Significant Conditions
Physician Signature

### For Medical Examiner's Office Use Only

Investigator Authorizing	Date (Month DD, YYYY)
Okay to Cremate <input type="checkbox"/> Yes <input type="checkbox"/> No	Time