Please complete, print and submit. Reset Form

Hospice Death Reporting

Southern Minnesota Regional Medical Examiner's Office

Instructions: This form should be filled out upon death of a pre-registered hospice patient. This form applies to home hospice deaths only.
Fax this completed form to: SMRMEO, 507-266-6658, within 12 hours of death.

Hospice Agency	Nurse Reporting
Decedent Name	Birth Date *(Month DD, YYYY)*
Death Date *(Month DD, YYYY)*	Death Time
Address Where Death Occurred	
County Where Death Occurred	Last Home Visit By Hospice Date *(Month DD, YYYY)*

Yes	No	
☐	☐	*Have there been any recent falls with injury?
☐	☐	*Is there anything unusual or suspicious?
☐	☐	*Were there any medications errors in the last 48 hours?

***If Yes is answered to any of these questions the death must be reported to Medical Examiner. Call Police Dispatch and ask for Medical Examiner Investigator on call.**

Print