



## DEATH ADVISORY FORM GUIDELINES

The Winnebago County Medical Examiner's Office requires all hospice deaths be reported to our office, as well as, all hospital deaths when occurring within 24 hours of admission or that fall under the notification guidelines.

Notification of death should be completed by filling out the Death Advisory Form and either faxing the form to 920-424-7524 or emailing to [wcme@winnebago.wi.gov](mailto:wcme@winnebago.wi.gov) within 24 hours after the death occurs.

It should be noted that when completing cause of death, respiratory arrest, cardiac arrest, and sepsis are not sufficient by themselves. Please list the underlying condition responsible. (Sepsis due to a urinary tract infection or respiratory arrest due to COPD)

**When the death occurs under the following circumstances, notification should be made directly to the on-call medical examiner at 920-232-3300. If calling after hours, voicemail options will be given to redirected your call.**

- Deaths that occur under suspicious circumstances
- Deaths suspected to be the result of suicide, homicide, poisonings (overdose)
- Deaths which take place in the Emergency Department
- Deaths which take place in the Operating Room following a traumatic event causing injury

Copies of the Death Advisory Form can be found on the Winnebago County website under Departments then Medical Examiner, [www.co.winnebago.wi.us/medicalexaminer](http://www.co.winnebago.wi.us/medicalexaminer), or by calling the Medical Examiner's Office at 920-232-3300.



Winnebago County  
Medical Examiner's Office

112 Otter Avenue  
Oshkosh, Wisconsin 54901

Office 920-232-3300  
Fax 920-424-7524

## **HOSPICE, HOSPITAL, NURSING HOME DEATH ADVISORY FORM**

Reporting Agency: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Date of Report: \_\_\_\_\_

### **Decedent Information:**

Name: (first) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (last) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

**Date of Death:** \_\_\_\_\_ **Time of Death:** \_\_\_\_\_

Name & Title of Pronouncer: \_\_\_\_\_ Decedent's PCP \_\_\_\_\_

Address of Death: \_\_\_\_\_

Hospice Diagnosis / Cause of Death: \_\_\_\_\_

Did the decedent sustain any injuries including fractures, head trauma, poisonings, or other suspicious circumstances within the last 60 days? \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Type of Injury: \_\_\_\_\_

Describe how injury occurred: \_\_\_\_\_

### **Next of Kin Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Funeral Home:** \_\_\_\_\_ **Disposition:** \_\_\_\_\_

Fax completed form to: 920-424-7524 or email completed form: [wcme@winnebagocountywi.gov](mailto:wcme@winnebagocountywi.gov)

**NOTE: If the trauma/injury took place in another county within Wisconsin, Winnebago County does not have jurisdiction and the county of where injury took place should be notified.**

If decedent is leaving the county to a funeral home beyond 20 miles of the Winnebago County Line please contact our office at 920-232-3300 before releasing to the funeral home.