Medical Examiner Case # C-_____

CONFIDENTIAL

JACKSON COUNTY CHILD FATALITY REVIEW PANEL
REPORT FROM MEDICAL EXAMINER TO CHAIR
OTHER COUNTY: _____

Name of Deceased: _____

Birth Date: _____ Death Date: _____

Address: _____ Phone # _____
(City, State, County)

County of Residence: _____ County of Illness/Injury: _____ County of Death: _____

Name of Parent/caretaker: _____

DOB _____ SS# _____

Name of Parent/caretaker: _____

DOB _____ SS# _____

Name of Alleged Perpetrator: _____

Race _____ Gender **N/A** DOB _____

Case file numbers if known:

Childrens Mercy _____

Police Report # & City _____

Medical Examiner _____

DFS _____

Medical Record # & Hospital _____

Description of circumstances surrounding the death

_____

_____

_____

_____

_____

_____

_____

_____

Cause of Death: _____

Other children residing at home: _____