



Medical Examiner's Office

660 East 24th Street
Kansas City, MO 64108
816-881-6600
816-404-1345 fax

OUTSIDE COUNTY REFERRAL FORM
AUTHORIZATION FOR AUTOPSY

Case Number _____

I, _____, of _____,
(Print name and title) (County)

_____, _____, _____,
(Street address) (City) (State)

_____ do hereby authorize the pathologist(s) at the Jackson County
(Area code and phone #)

Medical Examiner's Office to perform an autopsy on:

_____ age/date of birth ____/____

(Street, City, State, Zip code of decedent)

The county of _____ hereby accepts all cost incurred for the examination, inclusive of physician fees, radiology, toxicology, histology and other services to be billed to:

(Name of person or organization)

(Street, city, state, zip code)

(Signature of coroner)

(Date)

(Time)

History and circumstances: _____

Law Enforcement/Other Agencies of Jurisdiction

Contact Person

Phone Number

- 1. _____
- 2. _____
- 3. _____

Authorized mortuary service

Phone number
