

MEDICAL EXAMINER

District Six

Pasco & Pinellas Counties



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POLICY STATEMENT

NOTIFICATION OF DEATH - Florida Statute 406.11
DEATH CERTIFICATION - Florida Statute 382.08

Last Updated: April 16, 2014

SUBJECT:

It is the intent of this policy statement to address basic factors involved in death cases. Since the Medical Examiner's Office interacts with a variety of different agencies it is important that coordination of effort be used to maximize service to families in need. It is our intention to provide, in one document, information that will assist you in:

1. Knowing what procedures need to be followed for your organization, and
2. Understanding the role other agencies play in the handling of death cases.

The topics covered in this document consist of:

- I. Medical Examiner's Office Operation
- II. Duties of the Medical Examiner, Florida Statutes Chapter 406.11 & Florida Administrative Code (FAC), Chapter. 11G-2
- III. Pronouncement of Death
- IV. Duties of Law Enforcement - Traumatic or Suspicious Deaths
- V. At-Home Deaths (Apparent Natural Causes)
- VI. Hospice Program Deaths
- VII. Duties of the Last Attending or Covering Physician, Florida Statutes Chapter. 382.008(3)
- VIII. Hospital Deaths
- IX. Stillbirth and Fetal Death Reporting
- X. Deaths Involving Hip Fractures
- XI. Cremation Approval

Please freely distribute copies to appropriate departments within your organization.

I. MEDICAL EXAMINER'S OFFICE OPERATION

- A. Our mission is to determine the cause and manner of death in those deaths that fall under the jurisdiction of the Medical Examiner as set forth in F.S.S. 406.11. Normal office hours are from 8:00 am to 5:00 pm seven (7) days a week. An investigator of the Medical Examiner's Office is available 24 hours a day to accept reports of death that fall within the guidelines of F.S.S. 406.11 and require the initiation of an investigation. An investigator may be reached at 727-582-6800.
- B. The Medical Examiner Act, Chapter 406.11, Florida Statutes, clearly lists the 12 types of death for which we must accept jurisdiction (covered in Section II). Excluded from that list are apparent natural deaths with a Florida licensed attending physician to sign a death certificate. Because these deaths lie outside of those listed, the statute does not require that such deaths be reported prior to release to a funeral home.
- C. Forensic Investigators typically respond to and examine all bodies and surroundings at violent death scenes occurring in Pinellas and Pasco Counties. This also includes apparent or suspected drug overdose deaths. For this reason it is important that the body and/or any items on or near the body not be moved until the arrival of the Medical Examiner Investigator if at all possible. Guns, medications, illicit drugs or drug paraphernalia, suicide notes, or any other wounding objects are included in the items that should not be moved if at all possible. In certain cases, a pathologist may also respond to the scene in addition to the Investigator.
- D. Not all cases referred to the Medical Examiner's Office will be autopsied. In most cases, deaths of a traumatic, suspicious or unnatural nature will be autopsied. This does not, however, include apparent natural deaths. Each case will be examined separately; circumstances of the death reviewed by a medical examiner, and a decision will be made on whether to perform an autopsy. Please do not inform a family that an autopsy will or will not be performed. If the family asks, please tell them to make contact with this office to voice their objection and that it is the decision of the Medical Examiner's Office. If they have questions, give them our phone number and ask them to call us.
- E. Cases are examined or autopsied 7 days a week and generally on the day of death or the following day. The medical examiner does not require the permission of next-of-kin to proceed with an autopsy or examination. Death certificates are started by this office and completed by the funeral home making the final arrangements as determined by the family.
- F. An autopsy is an intricate medical procedure often requiring complex laboratory tests and for this reason complete results may not be available for several weeks after the death. Autopsy reports typically take a week or two to complete; however, in cases involving drugs or other complex issues, the autopsy report may not be completed for 90 days or more. This means that the autopsy report may not be immediately available to the family.
- G. The records of the Medical Examiner are public records under Florida Statutes 119. Autopsy reports are sent to the State Attorney and the law enforcement agency investigating the death. Cases under active criminal investigation are not released until the case is closed. Reports are also available upon request to next of kin, attorneys, insurance companies, etc. at no cost but we request a self-addressed envelope stamped with postage for 2 ounces due to report size. Once finalized, reports are mailed out in any self-addressed envelopes we have received and stored with the file.

II. DUTIES OF THE MEDICAL EXAMINER Florida Statutes Ch. 406.11, FAC 11G-2

- A. The Medical Examiner is required by law to determine the cause and manner of death when a person dies in Pinellas and Pasco Counties:
 - 1. of criminal violence,
 - 2. by accident,
 - 3. by suicide,
 - 4. suddenly, when in apparent good health,
 - 5. unattended by a practicing physician,
 - 6. in any prison or penal institution,
 - 7. in police custody,
 - 8. in any suspicious or unusual circumstance,
 - 9. by criminal abortion,
 - 10. by poison,
 - 11. by disease constituting a threat to public health, or
 - 12. by disease, injury or toxic agent resulting from employment.

- B. Authority:
 - “(2)(a) The district medical examiner shall have the authority in any case coming under subsection (1) to perform, or have performed, whatever autopsies or laboratory examinations he or she deems necessary and in the public interest to determine the identification of or cause or manner of death of the deceased or to obtain evidence necessary for forensic examination.” (s. 406.11, Florida Statutes)
- C. The need for complete investigation of deaths under medical examiner jurisdiction was recognized when Florida Statutes 406 was written:
 - “...Any person who knowingly fails or refuses to report such death and circumstances, who *refuses to make available* prior medical or other information pertinent to the death investigation, or who, without an order from the office of the district medical examiner, willfully touches, removes, or disturbs the body, clothing, or any article upon or near the body...shall be guilty of a misdemeanor of the first degree...” (s. 406.12, Florida Statutes, Emphasis added)
- D. Any death falling under the jurisdiction of the Medical Examiner requires that the Medical Examiner:
 - “...notify the appropriate law enforcement official having jurisdiction...” (FAC 11G-2.001(4(c))), and
 - “...ensure that the legally authorized person is notified that the medical examiner's office is investigating the death...contact with the legally authorized person, or the attempt to contact, shall be documented in the Medical Examiner's case file, whether such contact or attempt to contact is made by the Medical Examiner's Office or through other persons or agencies such as hospital personnel, law enforcement agencies, funeral homes or friends of the deceased.” (FAC 11G-2.001(4(d)))

III. PRONOUNCEMENT OF DEATH

- A. Specialized training or qualifications are not required to pronounce another person dead.
 - “The Florida Statutes do not authorize or require a sheriff or his deputies or a certified emergency medical technician to declare or officially pronounce a person dead. In fact, no statute speaks to the subject of mere official declaration or pronouncements of death as such.” (AGO 78-46)
- B. The space formerly provided on Florida’s death certificate to record the time pronounced was eliminated. The pronouncement time data is often collected only to satisfy procedural requirements of various agencies.

IV. DUTIES OF LAW ENFORCEMENT - Traumatic or Suspicious Deaths

Forensic Investigators serve as the first line of contact for any person reporting a death or requesting transport of a body from a traumatic death scene. The investigator on-call will typically respond to every traumatic death scene in which the body has not been moved to the hospital including drug overdose cases and traffic fatalities. The primary purpose for scene response will be to gather information, obtain photos for immediate review by the pathologist prior to autopsy, and assist with coordination of schedules for body transport and autopsy. If the scene involves a homicide, infant or suspicious death, a pathologist may also respond. The investigating officer should remember that postmortem changes occur with time and may prefer to notify the Forensic Investigator in an expeditious manner to assist in a timely assessment of the body:

- “...It is the duty of the law enforcement officer assigned to and investigating the death **to immediately establish** and maintain liaison with the medical examiner during the investigation into the cause of death.”(s. 406.14, Florida Statutes, Emphasis added)
- A. The following information is necessary at the time of the call to this office when reporting traumatic or suspicious deaths when the body present at the scene:
 1. circumstances as to the type of death being reported, i.e., apparent suicide, apparent homicide, traffic fatality, apparent overdose, etc., and
 2. location of the scene.
- B. The following information is necessary at the time of the call to this office when reporting traumatic or suspicious deaths when the body has been moved to a hospital or is otherwise no longer at the scene:
 - complete name of deceased,
 - date of birth,
 - race and sex,
 - home address of deceased,
 - social security number,
 - next of kin name and phone number,
 - funeral home handling the body (if selected),

- pronouncement of death time and name of person pronouncing,
 - circumstances surrounding the death and the finding of the deceased as to persons, times, locations, what actions the deceased was performing at the time, etc.,
 - any noticeable injuries on the deceased,
 - medications (by name to include date prescribed, quantity prescribed, and number remaining in bottle) found at the residence of the deceased, (collect and send these medications with the body only when requested!)
 - name of the officer making (or attempting to make) notification of next of kin,
 - date, time and name of next of kin who was advised that the case is being investigated by the medical examiner (not just that the death occurred!)
 - date of last doctor's visit (if any) and all available medical history obtained from family members, neighbors and friends, and
 - anything of an unusual nature which could raise the possibility of foul play.
- C. Deaths being investigated by law enforcement and referred to the Medical Examiner Office, require identification to be established:
- “It is the duty of the law enforcement officer assigned to and investigating the death to immediately establish the identity of the body.” (s. 406.145, Florida Statutes).
- D. In certain circumstances, the establishment of identification may require coordination with the Medical Examiner Forensic Investigator assigned. This coordination between law enforcement and the Forensic Investigator generally involves required identification methods such as fingerprints, dental x-rays or body x-rays. These identification methods can be used to establish identity when compared to known records of the individual obtained by law enforcement.
- E. Obvious or suspected cases of homicide must be handled according to each law enforcement agency's departmental procedures. In such cases the deceased and/or any items on or around the deceased should not be touched or moved until a decision has been made by this office as to whether or not a doctor and investigator will respond to the scene. (s.406.12 Florida Statutes)

V. AT HOME DEATHS (Apparent Natural Causes)

In the past, law enforcement officers were requested to personally call in to report at-home, apparent natural deaths in which the attending physician would sign the death certificate. Because the Medical Examiner Act, Chapter 406, Florida Statutes, clearly lists the 12 types of death for which we must accept jurisdiction, and because these natural deaths lie outside of those listed, the statute **does not** require that such deaths be reported prior to release to a funeral home.

- A. In the event of an apparent natural death **at home** when:
1. the patient has been under the care of a physician licensed in the State of Florida to practice medicine, and
 2. a law enforcement officer or licensed funeral director at the home has spoken to the physician, and
 3. the physician states that he/she will sign the death certificate, and
 4. the law enforcement officer or licensed funeral director states that no foul play is suspected, then, it is the opinion of this office that this is a medically attended death. Such deaths should be reported to the Medical Examiner's Office via the ATTENDED DEATH REPORT FORM following release of the body to the funeral home. Simply fax the completed form to our office (727-582-6820), preferably before the end of the shift.
- B. In the event of a death at home in which there is a physician to sign the death certificate but no funeral home has been selected (i.e. a person living alone or without family) the indigent burial and/or unclaimed decedent contract holder for the respective County should be called and they will advise how to proceed:
- If you need the name and contact number for the respective County contract provider, please contact our office at (727) 582-6800.
- C. A death **at home** when **no physician has been in attendance**, or when the treating physician is not licensed in Florida, falls under the jurisdiction of the Medical Examiner. A law enforcement officer should respond to the scene and contact this office with the basic facts and circumstances surrounding the death prior to removal of the body. Reporting at-home, unattended, apparent natural death information can be a quick process if the following information is obtained *prior* to calling this office:
- complete name of deceased,
 - date of birth,
 - race and sex,
 - home address of deceased
 - social security number,

- next of kin name and phone number,
- funeral home handling the body (if selected),
- pronouncement of death time and name of person pronouncing,
- date and time last known to be alive,
- circumstances or activities prior to death,
- circumstances surrounding the death and the finding of the deceased as to persons, times, locations, what actions the deceased was performing at the time, etc.,
- past medical history, and
- medications (by name to include date prescribed, quantity prescribed, and number remaining in bottle) found at the residence of the deceased, (collect and send these medications with the body only when requested!)

VI. HOSPICE PROGRAM DEATHS

- A. An apparent natural death at home involving a Hospice Program patient is a medically attended death and does not need to be reported to the Medical Examiner's Office prior to removal.
- “(9) The death of a person enrolled as a hospice patient shall be considered an attended death for the purposes of s. 406.11(1)(a)5. However, a hospice shall report the death to the medical examiner if any unusual or unexpected circumstances are present.” (s. 400.6095, Florida Statutes)
- B. Hospice staffs have been instructed that if the death appears to be among the 12 types of death for which we must accept jurisdiction, the Medical Examiner's Office must be notified. Otherwise, they need only call the funeral home.
- C. Hospice Program does *not* include home health care nursing programs, per se.
- “The death of a person under the care of a home health agency other than a licensed "hospice" *without an attending physician* would be an "unattended" death requiring notification of the district medical examiner.” (Emphasis added, AGO 94-103)
 - However, if the home health agency’s patient *does* have an attending physician, Section VI applies.
 - At home deaths may also involve a completed attending physician's statement as part of a person's pre-arrangements with a funeral home (this is not limited to the hospice situation described above.) Such a statement indicates a willingness by the physician to sign a death certificate should death appear to be the *logical result* of the illness or condition for which the patient was being treated.

VII. DUTIES OF THE LAST ATTENDING OR COVERING PHYSICIAN, Sec. 382.008(3) Florida Statutes

- A. When an apparent natural death occurs (*a death other than as identified in s. 406.11 Florida Statutes*) the physician last "*in attendance*", or the covering physician upon review of the medical records, has the responsibility to complete the death certificate.
- “(3) Within 72 hours after receipt of a death or fetal death certificate from the funeral director, the medical certification of cause of death shall be completed and made available to the funeral director by the physician in charge of the decedent's care for the illness or condition which resulted in death, the physician in attendance at the time of death or fetal death or immediately before or after such death or fetal death, or the medical examiner if the provisions of s. 382.011 apply. The physician or medical examiner shall certify over his or signature the cause of death to the best of his or her knowledge and belief. As used in this section, the term “primary or attending physician” means a physician who treated the decedent through examination, medical advice, or medication during the **12 months** preceding the date of death.” (s. 382.008(3), Florida Statutes)
- B. Nothing is stated in the *statute* that further defines what “*in attendance*” means. However, the Attorney General of Florida has held that where a physician was not present at time of death, the death certificate could be executed by a treating physician.
- “The death of a person at home while under the care of an attending physician is not an "unattended" death for purposes of notification of the district medical advisor (sic) [examiner].”,
 - “...the death of a patient "unattended" by a physician would relate to the absence of a doctor/patient relationship at the time of the death and not necessarily the physical presence of the attending physician at that time.”, and
 - “...the death of a person at home while under the care of an attending physician who signs the death certificate does not by itself trigger the notification and procedural requirements in sections 406.11 and 406.12, Florida Statutes.” (AGO 94-103)

- C. Attending or treating physician duties include the issuance of prescription medications for chronic conditions such as asthma, hypertension, diabetes, liver failure, etc.
 - “(1) In the case of any death or fetal death due to causes or conditions listed in s. 406.11, or where the death occurred more than **12 months** after the decedent was last treated by a physician *unless the death was medically expected as certified by an attending physician*, or where there is reason to believe that the death may have been due to unlawful act or neglect, the funeral director or other person to whose attention the death may come shall refer the case to the medical examiner of the district in which the death occurred for investigation and determination of the cause of death.”(Emphasis added, s. 382.011, Florida Statutes)
- D. In order for the Medical Examiner to sign the death certificate of an apparent natural death he/she must rely on medical records that, at best, can be described as second hand. An attending or covering physician, even though he/she hasn't seen the deceased for several weeks, is still in a better position to certify the death, barring any unusual circumstances.
- E. To be in conformance with the law, therefore, if the **treating physician (or covering physician) who last attended the deceased** within a *reasonable* length of time is informed by this office that the death does not appear to be a Medical Examiner case, the physician should sign the death certificate provided that no indications of foul play or suspicious circumstances are known.

[N.B. We are confident that treating physicians do not intentionally jeopardize their medical licenses but it is only fair to point out that Florida's medical licensure provisions, as listed in Florida Administrative Code Chapter 62B8-8.001(2)(g), call for disciplinary action including an administrative fine of from \$1,000 to \$10,000 for noncompliance with signing of a death certificate (FAC Chapter 62B8-8.011(3)(c)(1)). Furthermore, Chapter 382.026(8) Florida Statute considers a failure to perform any of the duties imposed by the statute grounds for a misdemeanor criminal charge and a fine of up to \$1,000 per day.]

VIII. HOSPITAL DEATHS

- A. A patient admitted and/or brought to an emergency room should only be classified as a PROBABLE MEDICAL EXAMINER CASE if one of the following applies (***These classifications apply even when the patient lives for a prolonged period - up to days, weeks, months, even years in cases such as paralysis - before expiring.***):
 1. Any **injury** was sustained in the past that appears to be related to the death. This includes all drug overdoses, drowning, near-drowning, fractures, falls, head trauma, vehicular accidents, burns, electrical shock, gunshot, stab, or blunt trauma wounds. Paralysis is generally due to such injury even if it occurred several years prior.
 2. **Poison** or drug overdose is suspected by preadmission history or other source.
 3. Suspicion of **criminal abortion** prior to admission is indicated.
 4. Death of a fetus of **over 20 weeks gestation** if it was the apparent result of a traumatic event to the mother, i.e., auto accident, homicide, etc., or as a complication of maternal drug use.
 5. Death of an infant as a complication of maternal drug use.
 6. When a person dies and has not been treated recently by a Florida licensed physician (greater than 12 months).
 - a) When the DOA is an apparent natural death the hospital should contact the deceased's local physician for signing of the death certificate. If there is no local physician but there is sufficient documentation by the Emergency Department staff of the natural cause of death by EKG, x-ray, CT scan or lab tests, then the **admitting or attending physician at the hospital** should sign the death certificate.
 - b) If the DOA has an out-of-state physician, the case should be referred to the Medical Examiner.
 7. Surgical related deaths when a person dies as a result of an operative mishap (accident) should be immediately reported to the Medical Examiner. Deaths resulting from normally expected risk of the procedure **do not** need to be reported.
 8. Some hospitals have found it helpful to flag the chart so that the Medical Examiner's Office is to be notified if the patient dies. More often than not it will be necessary for this office to examine available medical information on a deceased patient who has been referred to this office. When a hospital patient is referred to Medical Examiner's Office, certain copies of medical records within the chart and any admitting specimens are to be sent **with** the body. Typically the medical records requested would include:
 - E.R. records, including EMS Run Sheet if applicable,
 - History & Physical,
 - Any and all consultations,
 - Radiology reports,
 - Lab reports, and,

- First and last three days of doctor's progress notes and nurses' notes.
- 9. There is no statutory provision regarding a "24 hour rule". Please advise all staff that may be involved with reporting deaths to the Medical Examiner; they should not call this office automatically on deaths that occur within 24 hours of admission. The Medical Examiner Office needs to be called only to report deaths that fall under Medical Examiner jurisdiction as the law sets forth. Once again, the reporting of deaths that are due to natural causes when the patient has a treating physician should no longer be reported to this office regardless of whether the death occurred within 24 hours of admission.

IX. STILLBIRTH AND FETAL DEATH REPORTING

- A. Stillbirth and Fetal Death (greater than 20 weeks gestation)
 - 1. Mandatory report of deaths to medical examiner:
 - a) Fetal deaths that fall under Medical Examiner jurisdiction s. 406.11 Florida Statutes
 - b) Stillbirth, infant and maternal deaths which fall under the Midwife Practice Act, Ch. 467 Florida Statutes (non-hospital settings)
 - c) Fetal deaths and stillbirths that are to be cremated must be reported under s. 406.11(1)(c) Florida Statutes via the signed death certificate and cremation approval form.
 - 2. Deaths not required to be reported to medical examiner:
 - a) Fetal deaths that do not fall under s. 406.11 Florida Statutes
 - b) Stillbirth, infant and maternal deaths that occur in a hospital unless some provision of s. 406.11 Florida Statutes, is indicated.
 - 3. Related statutory regulations
 - a) Midwives are often used at "birthing centers" which fall under the Chapter 383 Maternity and Infancy Hygiene.
 - "(1) "Birth center" means any facility, institution, or place, which is *not an ambulatory surgical center or a hospital or in a hospital*, in which births are planned to occur away from the mother's usual residence following a normal, uncomplicated, low-risk pregnancy. (Emphasis added to show that hospitals are excluded from this definition, s. 383.302 Florida Statutes, Definitions).
 - b) The only definition specifically listing stillbirth in Florida Statutes is contained within the Midwifery Practice Act:
 - "(2) "Certified nurse midwife" means a person who is licensed as an advanced registered nurse practitioner under chapter 464 and who is certified to practice midwifery by the American College of Nurse Midwives."
 - "(7) "Midwife" means any person not less than 21 years of age, other than a licensed physician or certified nurse midwife, who is licensed under this chapter to supervise the birth of a child."
 - "(8) "Midwifery" means the practice of supervising the conduct of a normal labor and childbirth, with the informed consent of the parent; the practice of advising the parents as to the progress of the childbirth; and the practice of rendering prenatal and postpartum care."
 - "(15) "Stillbirth" means the death of a fetus of more than 20 weeks gestation." (s. 467.003 Florida Statutes, Definitions)
 - c) Other terms also have a bearing, however, especially fetal death:
 - "(5) "Fetal death" means death prior to the complete expulsion or extraction of a product of human conception from its mother if the 20th week of gestation has been reached and the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles."
 - "(9) "Live birth" means the complete expulsion or extraction of a product of human conception from its mother, *irrespective of the duration of pregnancy*, which, after such expulsion, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, and definite movement of the voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached."(Emphasis added, s. 382.002 Florida Statutes, Definitions)
 - d) Duty of reporting death to the medical examiner:
 - "(3) Each maternal death, newborn death, and stillbirth shall be reported immediately to the medical examiner." (s. 467.019 Florida Statutes, Records and reports. [*Midwifery Practice Act - excludes hospital deaths*])

- “(1) In the case of any death or fetal death due to causes or conditions listed in s. 406.11, ... or where there is reason to believe that the death may have been due to unlawful act or neglect, the funeral director or other person to whose attention the death may come shall refer the case to the medical examiner of the district in which the death occurred for investigation and determination of the cause of death.” (s. 382.011 Florida Statutes)
- e) It is important to note that if, after review of the details, the medical examiner determines that no category in s. 406.11 Florida Statutes, applies, then jurisdiction is declined and the hospital or birthing center works with the funeral home to complete the fetal death certificate.
 - “The funeral director shall retain the responsibility for preparation of the death or fetal death certificate, obtaining the necessary signatures, filing with the local registrar in a timely manner, and disposing of the remains when the remains are released by the medical examiner.” (s. 382.011 (3) Florida Statutes)
- f) Final disposition of fetal death remains is regulated by Vital Statistics rules governing funeral homes and direct disposers. They cannot be simply incinerated with biohazard waste as a medical tissue specimen. This requires a second reporting of the death to the medical examiner for the purpose of approving a planned cremation or other method:
 - “Fetal deaths for which cremation, anatomic dissection or burial-at-sea of the remains is intended must be referred to the medical examiner for investigation. For the purposes of this section, “fetal death” is defined by Section 382.002 Florida Statutes.”
 - “The medical examiner shall keep an accurate record of each such investigation in sufficient detail to allow a review of the circumstances.” (FAC 11G-2.001(3)(c))

B. Non-Stillbirth Fetal Demise (less than 20 weeks gestation)

1. The other obvious category of fetal demise with which you are probably concerned is the “death” of a product of conception, which has not attained the 20th week of gestation. This constitutes neither a live birth nor a fetal death and, therefore, is not technically a “stillbirth”. Therefore, no reporting to the medical examiner is required for either a death notification or for a cremation approval.
2. However, this product of human conception must be handled in a manner consistent with disposal of fetal remains of medical procedures:
 - “(2) The agency may adopt and enforce rules, in the interest of protecting the public health, to ensure the prompt and proper disposal of fetal remains and tissue resulting from pregnancy termination.” S. 390.012 Florida Statutes, Powers of agency; rules; disposal of fetal remains)
3. Funeral directors often faced a dilemma in the past when family or hospital requested disposal of non-stillbirth remains (less than 20 weeks gestation including the product of abortion). They now have authority to act on behalf of the family or other authorized person to dispose of such remains.
 - “(1) In addition to any other common law or statutory rights a legally authorized person may otherwise have, that person may authorize a funeral director or direct disposer licensed under this chapter to lawfully dispose of fetal remains in circumstances when a fetal death certificate is not issued under chapter 382. A person licensed under Chapter 497 is not liable for damages as a result of following the instructions of the legally authorized person in connection with the final disposition of fetal remains in circumstances in which a fetal death certificate is not issued under chapter 382 or in connection with the final disposition of a dead human body.” (s. 497.383, Florida Statutes, Additional rights of legally authorized persons)

X. DEATHS INVOLVING HIP FRACTURES

- A. Deaths related to hip fracture typically involve either natural or accidental situations.
1. Natural deaths result from pathologic hip fractures. In these cases the fracture is the result of metastatic tumor or severe osteoporosis and is unrelated to a fall or other trauma. The Medical Examiner Office typically declines jurisdiction in these cases.
 2. Natural deaths can also occur with incidental hip fractures. Some natural deaths have incidental hip fractures that did not cause or contribute to the cascade of events that lead to death. The Medical Examiner Office typically declines jurisdiction in these cases.
 3. Accidental deaths result from traumatic hip fractures. In these cases the person often trips, stumbles or otherwise falls which causes the fracture which eventually contributes to the death. The medical examiner typically accepts jurisdiction in these cases.

XI. CREMATION APPROVAL (Florida Statutes 406.11(1)(c))

- A. All requests for cremation must be approved by the Medical Examiner prior to the actual cremation.
1. Before authorizing the irretrievable disposal of a body by cremation, the Medical Examiner must be assured that no future question will arise about the cause or circumstances of the death of the individual.
 2. The death, if previously unreported to the Medical Examiner, must first be verified as a non-Medical Examiner case according to Florida Statutes, 406.11.
- B. Approval of a cremation, and accepting the responsibility for irretrievably destroying potential evidence, is a decision based on the *quality* of the information on the death certificate. The majority of cremation approval requests coming to the Medical Examiner are handled through the Office of Vital Statistics Electronic Death Reporting System (EDRS). If a funeral establishment is not a participant of EDRS, they should ensure that the death certificate is accompanied by a CREMATION APPROVAL FORM filled out by the attending physician to demonstrate that the death was due to natural causes. The cause of death on the death certificate must be sufficient to:
1. rule out trauma,
 2. identify the immediate cause(s) of death, i.e. septicemia, peritonitis, bronchopneumonia, renal failure, etc., and
 3. identify the underlying or proximate cause of death - the “due to” disease or injury responsible for initiating the lethal sequence of events.
- C. The most common pitfalls this office encounters with causes of death are:
1. failure to state the underlying cause of death;
 2. scrambling of immediate and underlying causes of death; and
 3. listing extraneous data in the section entitled 'Other Significant Conditions'. The section 'Other Significant Conditions' (Part II) should be used only for those conditions that contribute to death, but are unrelated to the cause(s) listed in Part I.
- D. The CREMATION APPROVAL FORM is often helpful in clarifying the cause of death as well as providing additional medical history that assures that the death was not by violence.
- Words like subdural, fracture, sepsis, fall, trauma, cardiac arrest, heart failure, renal failure, hemiplegia, quadriplegia, paraplegia, and shock are mechanism of death and typically do not explain a natural death, and may indicate a traumatic origin. It is necessary to rule out traumatic underlying causes or identify the natural disease processes, which resulted in the cardiac arrest, for example.
 - Funeral establishments that receive EDRS Fax Attestation documents from the certifying physician such as what is listed above, should NOT enter those causes into EDRS. They should make immediate contact to the certifying physician to determine the underlying cause, and if that underlying cause is anything other than a natural disease, the Medical Examiner must be notified pursuant to Florida Statutes, 406.12. If the underlying cause is in fact a natural disease process, the funeral establishment should re-submit a new Fax Attestation to the certifying physician, requiring they clarify and document the underlying natural disease process.
- E. The procedure used to obtain and validate the approval of the Medical Examiner for a cremation, dissection (i.e. Anatomical Board) or burial at sea can be done in one of three ways.
1. The funeral home or direct disposer may bring the completed Burial Transit Permit, CREMATION APPROVAL FORM and the signed death certificate, with the cause of death section legibly completed to this office for approval between the hours of 8:00 am to 4:00 p.m. Monday through Friday; or,
 2. The funeral home or direct disposer may fax to this office (at 727-582-6820, 24 hours a day) the CREMATION APPROVAL FORM and signed death certificate with the cause of death section legibly completed. Approval will be made and the cremation approval document will be faxed back to the requesting funeral home, generally between the hours of 8:00 am to 4:00 pm, seven days a week (excluding holidays). In certain circumstances, the cremation approval information will be provided to the requesting funeral home by return phone call, generally between the hours of 8:00 am to 4:00 p.m. seven days a week (excluding holidays).
 3. The most common way to submit a cremation approval request is through the Vital Statistics Electronic Death Registration System (EDRS). Once the funeral establishment completes the EDRS data entry, to include cause and manner of death supplied to them by the certifying physician (often via a Fax Attestation), and the method of disposition is selected as cremation, dissection or burial at sea, the Medical Examiner is notified through EDRS of a waiting cremation approval request. The EDRS record for that decedent cannot proceed for completion with Vital Statistic until the Medical Examiner approves the cremation. The Medical Examiner will review the cause of death and any other information associated with the record in EDRS. A Medical Examiner Cremation Approval Number will be entered into EDRS and saved. Once processed by EDRS, the funeral establishment will then be notified that the cremation approval has been completed by the Medical Examiner.

- F. Prior to submission of a paper death certificate to the Office of Vital Statistics, the cremation approval case number must be placed:
 - 1. on the WHITE copy of the burial transit permit in Section C on the 'Signature' line; and
 - 2. on the death certificate at the bottom right hand corner of the backside.
(NOTE: use only light pencil because any dark ink will show through on the front and force Vital Statistics to have the funeral home redo the death certificate.
- G. Due to the 12,000+ approvals handled each year, the Medical Examiner's Office limits approval times to 8:00 am to 4:00 p.m. seven days a week (excluding holidays) to permit adequate time for staff investigation of cause of death. Additional phone calls will be made to the requesting funeral home or direct disposer whenever additional death certificate information is required because it fails to adequately explain a non-traumatic (i.e. non-medical examiner) cause of death.
- H. Please note that on the death certificate Box 28 "Case Reported to Medical Examiner? (Yes or No)" does refer to cremation approval in addition to deaths reported for investigation to determine if the death falls under the medical examiner's jurisdiction. This box must have a "Yes" if a cremation approval was given.