

CDDO DEATH REPORT

1. Provider preparing report

2. Type of Report

3. Social Security Number

4. Last Name

5. First Name

6. MI

7. Place of Death

8. If person died in a medical
Facility (numbers 5-7 in question
#7, how long were they there?)

9. County of Death

10. Date last seen by Phys.

11. Manner of death

12. Was an autopsy conducted?

13. Autopsy date

Will an autopsy be conducted?

Date to be
conducted

14. Date of death

15. Day of week of death

16. Time of death

17. DNR order

18. Was one or more of the
Following agencies providing
Services to the person prior to
His or her death? (Mark all that apply)

Hospice

Home Health Agency

County health Dept.

Community Mental Health Center

19. Did any of the following
entities conduct an investigation

(Mark all that apply)

DCF Adult Protective services

DCF Child Protective services

Law Enforcement Agency

Coroners Office

KS Dept Health & Environ.

20. Acute medical
diagnosis

21. Chronic
medical
diagnosis

Name of Person completing form

Title

Date

Return completed document to CDDO Data Systems Coordinator.