MISSOURI DEPARTMENT OF SOCIAL SERVICES

CORONER/MEDICAL EXAMINER DATA FORM

TO BE COMPLETED FOR ALL CHILD DEATHS <18 YEARS OF AGE

CONFIDENTIAL INFORMATION

State Technical Assistance Team
PO Box 208
Jefferson City, MO 65102-0208
800-487-1626

DATA FORM 1

INSTRUCTIONS

NOTIFY CHILD ABUSE/NEGLECT HOTLINE (800-392-3738) OF ALL DEATHS OF CHILDREN <18 YEARS OF AGE.

Determine need for autopsy and if appropriate, contact child death pathologist.

If the county of illness/injury/event is different from county of death, complete form with all known information before forwarding to coroner or medical examiner of county of illness/injury/event.

Notify the panel chairperson of the death and forward completed Data Form 1 for chairperson's signature.

A. IDENTIFICATION INFORMATION

a. ☐ Illness/injury/event is in Missouri. Complete appropriate sections of Data Form 1.
b. ☐ Illness/injury/event occurred out-of-state, but death occurred in Missouri. Complete Sections A and B only.

2. COUNTY OF RESIDENCE	FOR STATE USE ONLY	3. COUNTY OF ILLNESS/INJURY/EVENT	FOR STATE USE ONLY	4. COUNTY OF DEATH	FOR STATE USE ONLY

5. DECEDENT'S NAME (FIRST, MI, LAST)	6. DATE OF BIRTH (MM/DD/YYYY)	7. DATE OF DEATH (MM/DD/YYYY)
	__ __/__ __/__ __ __ __	__ __/__ __/__ __ __ __

8. SEX	9. RACE	10. IS DECEDENT OF HISPANIC ORIGIN?
a. ☐ MALE b. ☐ FEMALE	a. ☐ WHITE c. ☐ ASIAN/PACIFIC ISLANDER e. ☐ MULTI-RACIAL b. ☐ BLACK d. ☐ AMERICAN INDIAN/ALASKAN NATIVE f. ☐ UNKNOWN	a. ☐ YES b. ☐ NO

11. MOTHER'S NAME (FIRST, LAST)	12. MOTHER'S MAIDEN NAME	13. MOTHER'S DATE OF BIRTH (MM/DD/YYYY)
		__ __/__ __/__ __ __ __

B. CHILD ABUSE/NEGLECT HOTLINE (800-392-3738)

Notify Child Abuse/Neglect Hotline of all deaths of children <18 years of age.

1. Were there prior reports to the Child Abuse/Neglect Hotline?
   a. ☐ Yes b. ☐ No

   If yes, mark all that apply:
   a. ☐ Involving child
   b. ☐ Involving anyone else in family
   c. ☐ Involving caretaker (other than family)

2. PERSON REPORTING DEATH TO THE HOTLINE?	HOTLINE WORKER ID NUMBER

C. SOCIAL INFORMATION

1. For all persons living in the residence of the decedent, indicate their relationship to the decedent, their age range, and who is head of household. (Select only one head of household)

Use corresponding letter for appropriate age range:
a = 0-5 yrs. **b** = 6-9 yrs. **c** = 10-14 yrs. **d** = 15-18 yrs. **e** = 19-40 yrs. **f** = >40 yrs.

	Age Range	Head of Household		Age Range	Head of Household
a. ☐ Natural father	_____	☐	i. ☐ Other relative	_____	☐
b. ☐ Natural mother	_____	☐	j. ☐ Other relative	_____	☐
c. ☐ Adoptive father	_____	☐	k. ☐ Mother's paramour	_____	☐
d. ☐ Adoptive mother	_____	☐	l. ☐ Father's paramour	_____	☐
e. ☐ Stepfather	_____	☐	m. ☐ Other non-relative	_____	☐
f. ☐ Stepmother	_____	☐	n. ☐ Another child	_____	☐
g. ☐ Foster father	_____	☐	o. ☐ Another child	_____	☐
h. ☐ Foster mother	_____	☐	p. ☐ More than two children (list in narrative)		

D. DEATH SCENE INFORMATION

1. Place of Injury/Event?

a. ☐ Decedent's home	e. ☐ Public drive	i. ☐ Other private property	m. ☐ Body of water
b. ☐ Other home	f. ☐ Street	j. ☐ Licensed/certified child care	n. ☐ Work place
c. ☐ Rural road	g. ☐ Private drive	k. ☐ Unlicensed child care	o. ☐ Hospital
d. ☐ Highway	h. ☐ Farm	l. ☐ Residential facility: _____ (DSS, DMH, DHSS, DYS)	p. ☐ Foster care/home
			q. ☐ Other: _____

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2. Date of injury/event?
   a. ☐ __ __ / __ __ / __ __ __ __ (MM/DD/YYYY) b. ☐ Unknown

3. Time of injury/event?
   a. ☐ __ __ : __ __ (Hour:Minute) ☐ AM ☐ PM b. ☐ Unknown

4. Time pronounced dead?
   a. ☐ __ __ : __ __ (Hour:Minute) ☐ AM ☐ PM b. ☐ Unknown

5. Was an autopsy performed?
   a. ☐ Yes b. ☐ No c. ☐ Unknown

Name of CFRP pathologist? (Last name only)

NOTE: Required autopsies are to be done by a Child Death Pathologist (see listing at www.dss.mo.gov/stat/cpn.htm).
ONLY CHILD DEATH PATHOLOGIST AUTOPSIES QUALIFY FOR REIMBURSEMENT.

E. INDICATIONS FOR REVIEW

1. Mark **all** that apply to this fatality. If one or more indicators are applicable, RSMo. 210.192 requires that the case **shall be referred** to the panel.

a. ☐ Sudden, unexplained death, age <1 year (Autopsy required)
b. ☐ Unexplained/undetermined manner, age >1 year
c. ☐ Possible maltreatment
d. ☐ Possible inadequate supervision
e. ☐ Injury not witnessed by person in charge at time of injury
f. ☐ Suspicious/criminal activity
g. ☐ Severe unexplained injury
h. ☐ Prior calls to CA/N Hotline on decedent or other persons in the residence
i. ☐ Decedent in custody (DSS, DMH, Juvenile, DYS, etc.)
j. ☐ Possible malnutrition or delay in seeking medical care
k. ☐ Inadequate care/neglect
l. ☐ Possible suicide
m. ☐ Firearm injury
n. ☐ Confinement
o. ☐ Drowning
p. ☐ Suffocation/strangulation
q. ☐ Poison/chemical/drug ingestion
r. ☐ Pedestrian/bicycle/driveway injury
s. ☐ Motor vehicle injury
t. ☐ Suspected sexual assault
u. ☐ Fire injury
v. ☐ Other child deaths in family/household
w. ☐ Autopsy by certified child death pathologist
x. ☐ Other suspicious findings (injuries such as electrocution, crush or fall)
y. ☐ Panel discretion
Z. ☐ Animal Related Death

2. Referral to Panel (Mark one)
   a. ☐ One or more of the indicators marked above apply in this fatality. The case **shall be referred** to the review panel.
   b. ☐ None of the indicators listed apply in this fatality. **Complete Section F.**

F. CAUSE OF DEATH – COMPLETE FOR NON-REVIEWABLE DEATHS ONLY

☐ **ILLNESS OR OTHER NATURAL CAUSE**

1. Known condition _____

Complete questions 2 - 6 if death in infant <1 year of age.

2. Age at death?
   a. ☐ 0 - 24 hours after birth c. ☐ 48 hours - 6 weeks e. ☐ 6 months - 1 year
   b. ☐ 24 - 48 hours d. ☐ 6 weeks - 6 months

3. Gestational age?
   a. ☐ <20 weeks b. ☐ 20-25 weeks c. ☐ 26-30 weeks d. ☐ 31-37 weeks e. ☐ >37 weeks f. ☐ Unknown

4. Birth weight in grams (approximate lbs./oz.)?
   a. ☐ <750 (<1 lb. 10 oz.) c. ☐ 1,500 - 2,499 (3 lbs. 6 oz. to 5 lbs. 5 oz.) e. ☐ Unknown
   b. ☐ 750 - 1,499 (1 lb. 10 oz. to 3 lbs. 5 oz.) d. ☐ >2,500 (>5 lbs. 6 oz.)

5. Multiple birth?
   a. ☐ Yes b. ☐ No

6. Have there been other infant deaths in the immediate family?
   a. ☐ Yes b. ☐ No c. ☐ Unknown

G. NARRATIVE DESCRIPTION OF CIRCUMSTANCE OR OTHER COMMENTS

_____

_____

_____

_____

_____

CORONER SIGNATURE	REFER TO PANEL? ☐ YES ☐ NO	DATE (MM/DD/YYYY) __ __ / __ __ / __ __ __ __
CFRP CHAIRPERSON/METRO CASE COORDINATOR SIGNATURE	REFER TO PANEL? ☐ YES ☐ NO	DATE (MM/DD/YYYY) __ __ / __ __ / __ __ __ __