Deaths Reportable to the Coroner

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“The Cuyahoga County Coroner’s Office is not a covered entity subject to HIPAA”

HIPAA privacy standards permit a physician or other health-care provider to disclose protected health information to Coroners and funeral directors without the consent or authorization of the patient or the patient’s representative.

Under Ohio law, Federal law, and HIPAA, a physician may disclose protected health information to a Coroner or Medical Examiner (and if the physician also performs the duties of a Coroner or Medical Examiner, the physician may use protected health information) for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.

A physician or other health-care provider may also disclose protected health information to funeral directors, consistent with Ohio law, as necessary for funeral directors to carry out their duties with respect to a decedent. If necessary to carry out their duties, protected health information may be disclosed to funeral directors prior to, and in reasonable anticipation of, an individual’s death. See 45 CFR 164.512 (g).

*Please Note: Only Physicians Can Pronounce Death

Under Ohio Administrative Code (OAC) 4731-14-01, only a licensed medical, surgical or osteopathic physician can pronounce a person dead. One may pronounce a person dead without personally examining the body of the deceased only “if a competent observer has recited the facts of the deceased’s present medical condition to the physician and the physician is satisfied that the death has occurred.”

The Coroner has jurisdiction over the body of a deceased person when the death has occurred “as a result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner”. When none of the above circumstances are present, the Coroner has jurisdiction only if the deceased is unknown. The Coroner operates the county morgue, and will take custody of a decedent if those who are entitled to custody of the deceased do not claim it.

Refer to Section 313 of Ohio Revised Code.

Reportable Deaths:

Not all reported cases will fall under the Coroner’s jurisdiction. After the investigation is completed, many will be released to the attending physician and the death certificate will be signed by the attending physician as due to natural causes.

Only the Coroner can legally sign the death certificate of a person who has died from a non-natural manner. The Coroner will take jurisdiction over all deaths that are a direct or indirect result of any cause in the following list of reportable deaths:

A. Ohio laws require the Coroner to be notified when a person dies:
   1. of criminal violence
   2. by accident
   3. by suicide
   4. suddenly, when in apparent good health
   5. unattended by a physician licensed in the State of Ohio
   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 undiagnosed or unconfirmed disease constituting a threat to public health 
12. by disease, injury or toxic agent resulting from employment 
13. and is unidentifiable due to injury or decomposition 
14. outside of a health care facility and there is no next of kin 
15. and is under the age of eighteen 
16. and has a diagnosis of Mental Retardation and/or Developmental Disability (MRDD) 
17. as a result of stillbirth, intra-uterine fetal death or prematurity related to maternal drug abuse 

**Types of Death Reportable to the Coroner’s Office**

**A. Accidental Deaths**
(Deaths in this section are directly attributable to the injury regardless of time elapsed)

1. Asphyxiation by: gagging on foreign substance (including food in the airway); compression of the airway or chest by hand, material, or ligature; drowning; handling chemicals; exclusion of oxygen; carbon monoxide and/or other gasses causing suffocation. 
2. Blows or other forms of mechanical violence. 
3. Burns from fire, liquid, chemical, radiation or electricity. 
4. Carbon monoxide poisoning; resulting from combustion, motor vehicle exhaust or other. 
5. Cutting or stabbing. 
6. Gunshot wounds or firearm injuries, recent and remote. 
7. Death from electrocution or electric shock. 
8. Drowning (actual or suspected). 
9. Drug overdose from medication, chemical or poison ingestion, whether it is actual or suspected. This includes any medical substance, narcotic or alcoholic beverage, whether sudden death, short or long term survival has occurred. 
10. Explosion.
11. Falls, including hip fractures or other injury (non pathologic) – within 12 months.
12. Stillborn or newborn infant death where there is a recent or past traumatic event involving the mother, such as vehicular accident, homicide, suicide attempt, or drug ingestion that may have precipitated delivery or had a detrimental effect to the newborn.
13. Vehicular accidents, including auto, bus, train, motorcycle, bicycle, watercraft, all terrain vehicle, snowmobile or aircraft, including the driver, passenger or related non-passenger, such as being struck by the vehicle or by parts flying or thrown from a vehicle.
14. Weather related death including lightning, heat exhaustion, hypothermia or tornado.

B. Homicidal Deaths
   By any means, suspected or known

C. Suicidal Deaths
   By any means, suspected or known

D. Occupational Deaths

   Instances in which the environment of present or past employment may have caused or contributed to death by trauma or disease. Deaths in this classification include caisson disease (bends), industrial infections, pneumonoconiosis, present or past exposure to toxic waste or products (including nuclear products, asbestos, silica or coal dust), fractures, burns or any other injury received during employment or as result of past employment, which may have contributed to death.

E. Sudden Deaths

   If the death occurs when in apparent health or in any suspicious or unusual manner including:
   1. DOA – Any person pronounced dead on arrival at any hospital, emergency room of a hospital or doctor's office shall be reported.
2. Infants and young children – Any infant or young child found dead shall be reported, including Sudden Infant Death Syndrome (S.I.D.S. or Crib Death).
3. All stillborn infants where there is suspected or actual injury to the mother.
4. Deaths occurring during law enforcement activity or while in any jail, confinement or custody.
5. Deaths under unknown circumstances whenever there are no witnesses or where little or no information can be elicited concerning the deceased person.
6. Sudden death on the street, at home, in a public place, or at place of employment.
7. Alcoholism.
8. Drug abuse, habitual use of drugs or drug addiction.
9. Any psychiatric disorder with suicidal features, or a history of suicidal ideation or past attempts.

F. Special Circumstances

1. Any maternal or infant death where there is suspicious or illegal interference by unethical or unqualified persons or self-induction.
2. “Delayed death” which is an unusual type of case where the immediate cause of death may actually be from natural disease. However, a contributing injury may have occurred days, weeks, months or even years before death and is responsible for initiating the sequence of medical conditions or events leading to death. This would be considered a Coroner’s case and is therefore reportable. The most common example of this type of case are past traffic accidents with debilitating injury and long-term care in nursing homes, and hip fractures of the elderly where there is a downward course of condition after the injury.

G. Therapeutic Deaths

During diagnostic or therapeutic procedures under circumstances indicating gross negligence or when clearly due to trauma or poisoning unrelated to the ordinary risks of those procedures.

Autopsies:

Autopsies are performed to establish the cause of death at the discretion of the Coroner. Less than one third of Coroner’s cases require an autopsy. In circumstances where the next of kin request an autopsy not be performed due to religious beliefs, the Coroner will work with the family to achieve a suitable outcome.
The Cuyahoga County Coroner’s Office encourages the performance of medical autopsies at the admitting facility or hospital system. The family is encouraged to work with the primary care or admitting physician to obtain an autopsy in cases of natural disease.

Autopsies will only be performed at the Cuyahoga County Coroner’s Office when it is necessary to determine or confirm the cause of death, document injury, or when required by state law. The Cuyahoga County Coroner’s Office has limited resources and cannot routinely perform autopsies solely at the request of the family, attending physician, guardian, or executor. The Coroner will work with the family to achieve a suitable outcome.

To Report a Death:

Call (216) 721-5610, please press menu option 1, give your name and address and say “I wish to report a death.” *

Please consult the Coroner’s Office in regard to any death about which you have any doubt or question.

When jurisdiction is taken by the Coroner’s Office, complete the “Report to the Coroner” form. These forms are available at the Coroner’s Office or online at www.coroner.cuyahogacounty.us.
To increase efficiency in reporting cases, it is mandatory that the following information be collected (if available) before contacting the Coroner’s Office and be transmitted when reporting any death to the Office of the Coroner, otherwise, jurisdiction cannot be taken over the case.

1. Name and address of the deceased.
2. Age.
3. Marital status (married, single, widowed or divorced).
4. Gender/Race.
5. Time of accident or onset of cause of death (hour of day and date).
6. All available details about the injury sustained (when, where, how).
7. Place of death.
8. Time of death (hour of day and date).
9. Location of body.
10. Other pertinent data.
11. Name of person reporting case. Date and time of reporting.
12. Name of physician or EMS medical director who pronounced person dead.
13. Next of kin.
14. Police jurisdiction (if applicable).
15. Name of attending or primary care physician.

* Only if this line is out of service, please call 216-698-5618.

313.131 Autopsy contrary to deceased person’s religious beliefs.

(A) As used in this section:

(1) “Friend” means any person who maintained regular contact with the deceased person, and who was familiar with the deceased person’s activities, health, and religious beliefs at the time of the deceased person’s death, any person who assumes custody of the body for burial, and any person authorized by written instrument, executed by the deceased person to make burial arrangements.

(2) “Relative” means any of the following persons: the deceased person’s surviving spouse, children, parents, or siblings.
(B) The Coroner, Deputy Coroner, or pathologist shall perform an autopsy if, in the opinion of the Coroner, or, in his absence, in the opinion of the Deputy Coroner, an autopsy is necessary, except for certain circumstances provided for in this section where a relative or friend of the deceased person informs the Coroner that an autopsy is contrary to the deceased person's religious beliefs, or the Coroner otherwise has reason to believe that an autopsy is contrary to the deceased person's religious beliefs. The Coroner has such reason to believe an autopsy is contrary to the deceased person's religious beliefs if a document signed by the deceased and stating an objection to an autopsy is found on the deceased person or in his effects. For the purposes of this division, a person is a relative or friend of the deceased person if the person presents an affidavit stating that he is a relative or friend as defined in division (A) of this section.

(C)(1) Except as provided in division (F) of this section, if a relative or friend of the deceased person informs the Coroner that an autopsy is contrary to the deceased person's religious beliefs, and the Coroner concludes the autopsy is a compelling public necessity, no autopsy shall be performed for forty-eight hours after the Coroner takes charge of the deceased person. An autopsy is a compelling public necessity if it is necessary to the conduct of an investigation by law enforcement officials of a homicide or suspected homicide, or any other criminal investigation, or is necessary to establish the cause of the deceased person's death for the purpose of protecting against an immediate and substantial threat to the public health. During the forty-eight hour period, the objecting relative or friend may file suit to enjoin the autopsy, and shall give notice of any such filing to the Coroner. The Coroner may seek an order waiving the forty-eight hour waiting period. If the Coroner seeks such an order, the court shall give notice of the Coroner's motion, by telephone if necessary, to the objecting relative or friend, or, if none objected, to all of the deceased person's relatives whose addresses or telephone numbers can be obtained through the exercise of reasonable diligence. The court may grant the Coroner's motion if the court determines that no friend or relative of the deceased person objects to the autopsy or if the court is satisfied that any objections of a friend or relative have been heard, and if it also determines that the delay may prejudice the accuracy of the autopsy, or if law enforcement officials are investigating the deceased person's death as a homicide and suspect the objecting party committed the homicide or aided or abetted in the homicide. If no friend or relative files suit within the forty-eight hour period, the Coroner may proceed with the autopsy.
(2) The court shall hear a petition to enjoin an autopsy within forty-eight hours after the filing of the petition. The Rules of Civil Procedure shall govern all aspects of the proceedings, except as otherwise provided in division (C) (2) of this section. The court is not bound by the Rules of Evidence in the conduct of the hearing. The court shall order the autopsy if the court finds that under the circumstances the Coroner has demonstrated a need for the autopsy. If the court enjoins the autopsy, the Coroner shall immediately proceed under section 313.14 of the Revised Code.

(D)(1) If a relative or friend of the decedent informs the Coroner that an autopsy is contrary to the deceased person’s religious beliefs, or the Coroner otherwise has reason to believe that an autopsy is necessary, but not a compelling public necessity, the Coroner may file a petition in a Court of Common Pleas seeking a declaratory judgment authorizing the autopsy. Upon the filing of the petition, the court shall schedule a hearing on the petition, and shall issue a summons to the objecting relative or friend, or, if none objected, to all of the deceased person’s relative whose addresses can be obtained through the exercise of reasonable diligence. The court shall hold the hearing no later than forty-eight hours after the filing of the petition. The court shall conduct the hearing in the manner provided in division (C) (2) of this section.

(2) Each person claiming to be a relative or friend of the deceased person shall immediately upon receipt of the summons file an affidavit with the court stating the facts upon which the claim is based. If the court finds that any person is falsely representing himself as a relative or friend of the deceased person, the court shall dismiss the person from the action. If after dismissal no objecting party remains, and the Coroner does not have reason to believe that an autopsy is contrary to the deceased person’s religious beliefs, the court shall dismiss the action and the Coroner may proceed with the autopsy. The court shall order the autopsy after hearing the petition if the court finds that under the circumstances the Coroner has demonstrated a need for the autopsy. The court shall waive the payment of all court costs in the action. If the petition is denied, the Coroner shall immediately proceed under section 313.14 of the Revised Code.

Any autopsy performed pursuant to a court order granting an autopsy shall be performed using the least intrusive procedure.

(E) For purposes of divisions (B), (C) (1), and (D) (1) of this section, any time the friends or relatives of a deceased person disagree about whether an
autopsy is contrary to the deceased person’s religious beliefs, the Coroner shall consider only the information provided to him by the person or highest priority, as determined by which is listed first among the following:

(1) The deceased person’s surviving spouse;

(2) An adult son or daughter of the deceased person;

(3) Either parent of the deceased person;

(4) An adult brother or sister of the deceased person;

(5) The guardian of the deceased person at the time of death;

(6) A person other than those listed in divisions (E)(1) to (5) of this section who is a friend as defined in division (A)(1) of this section.

If two or more persons of equal priority disagree about whether an autopsy is contrary to the deceased person’s religious beliefs, and those persons are also of the highest priority among those who provide the Coroner with information the Coroner has reason to believe that an autopsy is contrary to the deceased person’s religious beliefs.

(F)(1) Divisions (C)(1) and (2) of this section do not apply in any case involving aggravated murder, suspected aggravated murder, murder, suspected murder, manslaughter offenses, or suspected manslaughter offenses.

(2) This section does not prohibit the Coroner, Deputy Coroner, or pathologist from administering a chemical test to the blood of a deceased person to determine the alcohol, drug, or alcohol and drug content of the blood, when required by division (B) of section 313.13 of the Revised Code, and does not limit the Coroner, Deputy Coroner, or pathologist in the performance of his duties in administering a chemical test under that division.

Effective Date: 07-25-1990

Attending Physicians Must Complete and Sign Death Certificate

Ohio Revised Code (ORC) 3705.16 states “the medical certificate of death shall be completed and signed by the physician who attended the deceased or by the Coroner within 48 hours after death.” OAC 3701-5-01 defines an
“attending physician” as “the physician in charge of the patient’s care for the illness or condition that resulted in death…”

According to the Ohio Attorney General, the definition of “attending physician” only provides guidance and does not control the interpretation of “the physician who attended the deceased.” The Attorney General believes that the use of the verb “attend” permits the inference that “the physician must have cared for or had contact with the deceased at the time of or immediately prior to death.” Thus, the Attorney General would distinguish “the physician who attended the deceased” from “any other physician without professional contact with the deceased at or just prior to death”. (OAG 76-026) Therefore, the death certificate should be completed and signed by the physician who had professional contact with the deceased at the time of or immediately prior to death. For example, if a patient dies in the emergency department (ED) after being attended by the ED physician, the ED physician shall complete and sign the death certificate.

Section 313.11 O.R.C. Unlawfully disturbing a body.

Section 1713.42 O.R.C. Prohibition Against Unlawful Possession of Corpse.

Section 2921.22 Failure to Report a Crime.

Section 2927.01 Abuse of a Corpse.

See Ohio Revised Code at: http://codes.ohio.gov/orc

See Ohio Administrative Code at: http://codes.ohio.gov/oac