COUNTY OF SANTA CRUZ
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REPORTABLE DEATHS TO CORONER

Government Code, State of California, Section 27491 and Health and Safety Code Section 102850, directs the Coroner to inquire into and determine the circumstances, manner and cause of the following deaths which are immediately reportable:

1. Unattended deaths (No physician in attendance or during the continued absence of the attending physician.) Also includes all deaths outside hospitals and nursing care facilities.
2. Wherein the deceased has not been attended by a physician in the 20 days prior to death.
3. Physician unable to state the cause of death **(unwillingness does not apply).** Includes all sudden, unexpected and unusual deaths and fetal deaths when the underlying cause is unknown
4. Known or suspected homicide.
5. Known or suspected suicide.
6. Involving any criminal action or suspicion of a criminal act (includes child and dependent adult negligence and abuse.)
7. Related to or following known or suspected self-induced or criminal abortion.
8. Associated with a known or alleged rape or crime against nature.
9. Following an accident or injury (primary or contributory.) Deaths known or suspected as resulting (in whole or in part) from or related to accident or injury, **either old or recent.**
10. Drowning, fire, hanging, gunshot, stabbing, cutting, starvation, exposure, alcoholism, drug addiction, strangulation, or aspiration.
11. Accidental poisoning (flood, chemical, drug, therapeutic agents.)
12. Occupational diseases or occupational hazards.
13. Known or suspected contagious disease and constituting a public hazard.
14. All deaths in operating rooms and all deaths where a patient has not fully recovered from an anesthetic, whether in surgery, recovery room or elsewhere.
15. In prison or while under sentence (includes all in-custody and police involved deaths.)
16. All deaths of unidentified persons.
17. All deaths of state hospital patients.
18. Suspected Sudden Infant Death Syndrome (SIDS) deaths.
19. All deaths where the patient is comatose throughout the period of the physician's attendance (includes patients admitted to hospitals unresponsive and expire without regaining consciousness.)
20. All fetal deaths when gestation period is 20 weeks or longer.
21. All deaths where the decedent was in a hospital less than 24 hours.

LISTED BELOW ARE TYPES OF DEATHS ALONG WITH COMMENTS ON THOSE WHICH HAVE BEEN DIFFICULT TO EVALUATE.

1.**Unattended deaths**, (No physician in attendance or during the continued absence of the attending physician

This includes all deaths which occur without the attendance of a physician. The Coroner's Office will proceed to conduct an investigation of the death. If, during or after the investigation, it is ascertained that the death is due to natural causes and if there is an attending physician who is qualified and willing, the Coroner will waive the case to the attending physician for his certification and signature and the custody of the body will be retained by the family for removal to a private mortuary of the family's choice. In order to qualify, the attending physician must have professionally seen the decedent during the 20 days prior to death. (see number 2 below)

A patient in a hospital is always considered as being in attendance

Cases where the physician is unavailable for reasons of a vacation or when attending conventions, etc., the Coroner's Office should be called

It is not necessary that the physician attend the patient for a period of 24 hours prior to the death in order to sign the death certificate. On natural deaths, a physician may be qualified to sign a death certificate, provided he attended the patient for a sufficient time to properly diagnose the case and subsequent cause of death. If he only saw the patient for a matter of minutes, but was able to determine the cause, he can certify the death and sign the certificate. If a hospital as an administrative policy of reporting cases to the Coroner when a patient dies with 24 hours after admittance, the Coroner's Office will discuss the case with the attending physician, however, may not accept the case for investigation.

2. **Wherein the deceased has not been attended by a physician in the 20 days prior to death.**

The word attended means that the patient must have been professionally seen by the physician. A telephone conversation between the physician and patient is not considered in attendance.
After the events and circumstances at the time of death are investigated by the Coroner's Office, the Coroner or his Deputy may order an autopsy or may consult with one qualified and licensed to practice medicine and determine the cause of death, providing such information affords clear grounds to establish the correct medical cause of death. For example: a heart condition and the patient dies at home. The doctor may give the cause of death from his knowledge of the patient with the coroner signing the certificate. Another example would be: a rest home patient who is routinely seen once a month but would die at a time when the doctor had not attended him during the prior twenty days. Cooperation and consultation between the physician and the Coroner's Office may provide the cause; however, it the doctor's prior knowledge to the subject could not be applied to the death, then an autopsy would be performed by the Coroner's Office.

3. **Physician unable to state the cause of death. (Unwillingness does not apply)**
This would apply to a hospital, for example, were the prior knowledge of the deceased and knowledge gained while deceased was a patient at the hospital would not be sufficient to give the cause of death. This is strictly a matter of knowledge of the subject's condition

4. **Known or suspected homicide**.
(Self-explanatory)

5. **Known or suspected suicide**. (Self-explanatory)

6. **Involving any criminal action or suspicion of criminal act.**

This would cover deaths under such circumstances as to afford reasonable grounds to suspect that the death was caused by the criminal act of another.

7. Related to or following known or suspected self-induced or criminal abortion. (Self-explanatory)

8. Associated with a known or alleged rape or crime against nature. (Self-explanatory)

9. Following an accident or injury. (Primary or contributory) Deaths known or suspected as resulting in whole or part from or related to accident or injury. Either old or recent.

This section covers a lot of ground and the key word is following an injury or accident-of course this would include any accident: traffic, at home, at work, etc.

It would include such cases as where an elderly person would fall at home incurring a fracture of his hip, then taken to the hospital, confined to a bed and would later die of bronchopneumonia or any other natural cause. On the basis that had the individual not fallen and fractured his femur with the fatal consequences therefrom, he, it must be assumed, would still be alive despite various infirmities, There are certain cases obviously where, because of the time lapse between the injury and death, that a great deal of difficulty ensures when one attempts to determine whether the death be attributed to the injury or whether it be a natural one in the aged person. A simple "rule of thumb" method is to carefully investigate this type of case in response to the clinical course; for example, if the fracture occurred three months ago and the individual is not returned to ambulation, even in a limited sense, and he dies suddenly, it would be a fair statement to list a death as natural rather than an accident one relating to the previous treatment. It is not necessary that the fracture be related to the immediate terminal cause of death. If it contributed to a degree, it may be shown as significant condition contributing, but not related to the terminal condition. If it is felt that the fracture did contribute, the Coroner's Office must make an investigation into the facts about how the injury occurred. The actual wording for the cause of death will either be determined by consultation with the physician or by an autopsy.

Spontaneous Pathological fractures do not need to be evaluated by the Coroner.

10. **Drowning, fire, hanging, gunshot, stabbing, cutting, starvation, exposure; alcoholism, drug addiction, strangulation or aspiration.** (Parts of this section are self-explanatory)

In respect to the question of certifying a death from aspiration, whether it be accidental or not, is one of the most difficult problems in the field of forensic pathology. Aspiration pneumonia may be treated as a natural death, and therefore proper for the private physician to sign the death certificate, provided that the antecedent medical conditions do not warrant making it a coroner's case. Aspiration of stomach content if from disease for example: as in terminal states such as in carcinoma of stomach, should be treated as natural causes. All questionable aspiration cases should be referred to the Coroner.

Exposure in the section included heat prostration.

11. Accidental poisoning. (Food, chemical, drug, therapeutic agents) (Self-explanatory)

12. Occupational diseases or occupational hazards.

Examples would be: Silicosis and other pneumoconiosis: radiation resulting from x-ray equipment; and injuries produced by changed in atmospheric pressure such as with aviation or with deep underground tunnels or in deep sea diving (Caisson Disease).

13. **Known or suspected contagious disease and constituting a public hazard.**

If there was not sufficient time to diagnose and confirm a case in the hospital, then the death should be referred to the Coroner for decision.

All other deaths from a contagious disease will be reported to the Coroner's Office

14. **All deaths in operating rooms and all deaths where a patient has not fully recovered from an anesthetic whether in surgery, recovery room or elsewhere.**

This mainly applies to surgical operations performed for the purpose of alleviating or correcting natural disease conditions and does not include illegal abortions of any type, illegal operations, or operations performed because of complications following traumatic injury. (Traumatic injury cases are covered in Section 9) Post-operative deaths should be reported to the Coroner's Office for evaluation and discussion. Lacking a cause of death such as in idiosyncrasy to an anesthetic agent, the Coroner's Office will usually "waive" the case to the attending physician for his certification and signature.

15. In prison or while under sentence.
(Self-explanatory)

16. All deaths of unidentified persons.

Where a physician can qualify and certify the cause of death, the death of an unidentified person may not require a Coroner's investigation as indicated in the previous comments; however, the case should be referred to the Coroner, so an attempt can be made to identify the remains and proper interment made as provided by the Health and Safety Code**.**

17. All deaths of State hospital patients.
(Self-explanatory**)**

18. Suspected SIDS death.

These are unexpected deaths of apparent healthy, thriving infants.

19.**Patients comatose throughout physician's attendance**.

These deaths are reportable for evaluation by the Coroner. In addition, the deaths of patients who are admitted to hospitals unresponsive and have not regained consciousness before death are reportable to the Coroner for evaluation. Normally, this evaluation will consist of confirming a medical history and treatment and whether or not the attending physician can furnish a cause of death and will sign the death certificate.

20. **All fetal deaths when gestation period is 20 weeks or longer**. (Self-explanatory)

21. **All deaths where the decedent was in a hospital less than 24 hours. (**Self-explanatory)