Autopsies in Child Death Cases
(Current as of May 2009)

*This statutory compilation includes statutes regarding death review teams.

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National Center for Prosecution of Child Abuse
National District Attorneys Association
ALABAMA

AL. CODE § 26-16-91 (2009). Definitions. The following words and phrases have the following meanings unless the context clearly indicates otherwise:

(1) Autopsy. An external and internal examination, medical history and record review.

(2) Child. A person who has not yet reached his or her eighteenth birthday.

(3) Child deaths to be reviewed. Those deaths which are unexpected or unexplained.

(4) Community. The people and area within the local team jurisdiction.

(5) County. The county in which a deceased child resided prior to his or her death.

(6) Investigation. In the context of child death, includes all of the following:

   a. A postmortem examination which may be limited to an external examination or may include an autopsy.

   b. An inquiry by law enforcement agencies having jurisdiction into the circumstances of the death, including a scene investigation and interview with the child's parents, guardians, or caretakers and the person who reported the child's death.

   c. A review of information regarding the child from relevant agencies, professionals, and providers of medical care.

(7) Local Team. A multidisciplinary, multiagency child death review team established for a county or judicial circuit pursuant to Section 26-16-96.

(8) Meeting. In-person meetings and conferences as well as those through telephone and other live electronic means. Individual participation in meetings through electronic conferencing may be authorized through the state team chairperson or designee. Local teams may not meet by electronic means.

(9) Person acting in a professional capacity. A health practitioner, law enforcement officer, employee of a local department of social services, undertaker, funeral home director or employee of a funeral home, or firefighter, who is acting in the course of his or her professional duties.

(10) Provider of medical care. Any health practitioner who personally provides, or a facility through which is provided, any medical evaluation or treatment, including dental
and mental health evaluation or treatment.

(11) State team. The State Child Death Review Team.

(12) Unexpected/unexplained. In referring to a child's death, includes all deaths which, prior to investigation, appear possibly to have been caused by trauma, suspicious or obscure circumstances, child abuse or neglect, or other agents or Sudden Infant Death Syndrome.

ALA. CODE § 26-16-99 (2009). Coroner/medical examiner; duties. The duties of the coroner/medical examiner shall include the following:

(1) Except in locations where a county medical examiner has jurisdiction, the coroner or a person acting in a professional capacity shall report the death of a child by telecommunications to the medical examiner or his or her representative as soon as possible upon discovery.

(2) Upon receipt of a report of a child death, the county medical examiner or state medical examiner shall determine whether the death appears to be unexpected/unexplained. If the death appears to be unexpected/unexplained, the county medical examiner or state medical examiner shall commence an investigation of the death consisting of a postmortem examination conducted by a state or county medical examiner. Upon the recommendation of the state medical examiner, with authorization from a district attorney, an autopsy may be conducted. A county medical examiner may conduct an autopsy at his or her discretion as authorized by existing statutes. This section should not be interpreted as mandating an autopsy. In a case where an autopsy is not performed, the postmortem examination shall consist of an external examination.

ALASKA

ALASKA STAT. § 12.65.015 (2009). State medical examiner and deputies

(a) The commissioner of health and social services shall appoint a state medical examiner to perform the duties set out in AS 12.65.015 -- 12.65.025. The commissioner shall also appoint a deputy medical examiner, and may appoint assistant medical examiners, to perform or assist the state medical examiner in performing these duties. To be eligible for the position of medical examiner, deputy medical examiner, or assistant medical examiner, a person must be a physician licensed to practice in this state or, if the physician is licensed in another jurisdiction, the physician must be employed by the state or by an agency of the United States government within the state. The state medical examiner, deputy medical examiner, and assistant medical examiners are in the exempt service under AS 39.25.110.
(b) The state medical examiner and the deputy medical examiner must be physicians licensed to practice in the state who have education and experience in forensic pathology.

(c) The state medical examiner and deputy medical examiner shall perform the duties assigned to the medical examiner and deputy medical examiner under AS 12.65.020 and regulations implementing that section, and other duties as assigned by the commissioner of health and social services.

(d) The state medical examiner may, through contracts for services, appoint local, regional, and district medical examiners throughout the state to perform or assist in performing the duties assigned to the state medical examiner. To be eligible for appointment as a local, regional, or district medical examiner, a person must be a physician licensed to practice in this state or, if the physician is licensed in another jurisdiction, the physician must be employed by the state or by an agency of the United States government within the state. An appointment under this subsection may be for a term of up to two years.

(e) The state medical examiner shall facilitate the formation of local, regional, or district child fatality review teams to assist local, regional, and district medical examiners in determining the cause and manner of deaths of children under 18 years of age. If a team is formed under this subsection, the team shall have the same access to information, confidentiality requirements, and immunity as provided to the state child fatality review team under AS 12.65.140. A meeting of a team formed under this subsection is closed to the public and not subject to the provisions of AS 44.62.310 and 44.62.312. A review by a local, regional, or district child fatality review team does not relieve the state child fatality review team under AS 12.65.120 of the responsibility for reviewing a death under AS 12.65.130. A person on a local, regional, or district child fatality review team is not eligible to receive compensation from the state for service on the team, but is eligible for travel expenses and per diem from the Department of Health and Social Services under AS 39.20.180. A person on a team formed under this subsection serves at the pleasure of the state medical examiner.

ARIZONA

ARIZ. REV. STAT. § 11-597 (2008). Autopsies; reports; exemption from liability
A. The county medical examiner or alternate medical examiner shall conduct a death investigation to determine whether or not the public interest requires an external examination, autopsy or other special investigation.

B. An external examination or autopsy is not required for deaths due to natural diseases that occur during surgical or anesthetic procedures unless the medical examiner or
alternate medical examiner determines that an external examination or autopsy is necessary.

C. In the determination of the need for an autopsy, the county medical examiner or alternate medical examiner may consider the request for an autopsy made by private persons or public officials. If the county attorney or a superior court judge of the county where the death occurred requests an autopsy, the county medical examiner shall perform the autopsy, or, in the case of an alternate medical examiner, an autopsy shall be performed by a forensic pathologist.

D. A forensic pathologist shall perform an autopsy in cases of sudden and unexplained infant death in accordance with protocols adopted by the director of the department of health services. If the medical examiner or forensic pathologist determines that the infant died of sudden infant death syndrome, the medical examiner or forensic pathologist shall notify the department of health services. The medical examiner or forensic pathologist may take tissue samples for diagnostic purposes.

E. If an autopsy is performed, a full record or report of the facts developed by the autopsy in the findings of the person performing the autopsy shall be properly made and filed in the office of the county medical examiner or the board of supervisors. If the person performing the autopsy determines that the report should be forwarded to the county where the death occurred or the county in which any injury contributing to or causing the death was sustained, the report shall be forwarded to the county attorney.

F. A county attorney may request and upon request shall receive from the county medical examiner or alternate medical examiner a copy of the report on any autopsy performed.

G. The county medical examiner or alternate medical examiner may perform other tests deemed necessary to determine identity and the cause and manner of death and may retain tissues, specimens and other biological materials for subsequent examination.

H. When an autopsy or other tests are performed by a forensic pathologist, no cause of action shall lie against the physician or any other person for requesting the autopsy, for participating in the autopsy or for retaining specimens or tissues.

Arkansas

(a) (1) The county coroner and the chief law enforcement official of the county and municipality in which the death of a human being occurs shall be promptly notified by any physician, law enforcement officer, undertaker or embalmer, jailer or correction officer, or coroner, or by any other person present or with knowledge of the death, if:
(A) The death appears to be caused by violence or appears to be the result of a homicide or a suicide or to be accidental;

(B) The death appears to be the result of the presence of drugs or poisons in the body;

(C) The death appears to be a result of a motor vehicle accident, or the body was found in or near a roadway or railroad;

(D) The death appears to be a result of a motor vehicle accident and there is no obvious trauma to the body;

(E) The death occurs while the person is in a state mental institution or hospital and there is no previous medical history to explain the death, or while the person is in police custody, a jail, or a penal institution;

(F) The death appears to be the result of a fire or an explosion;

(G) The death of a minor child appears to indicate child abuse prior to death;

(H) Human skeletal remains are recovered or an unidentified deceased person is discovered;

(I) Postmortem decomposition exists to the extent that an external examination of the corpse cannot rule out injury, or in which the circumstances of death cannot rule out the commission of a crime;

(J) The death appears to be the result of drowning;

(K) The death is of an infant or a minor child under eighteen (18) years of age;

(L) The manner of death appears to be other than natural;

(M) The death is sudden and unexplained;

(N) The death occurs at a work site;

(O) The death is due to a criminal abortion;

(P) The death is of a person where a physician was not in attendance within thirty-six (36) hours preceding death, or, in prediagnosed terminal or bedfast cases, within thirty (30) days;

(Q) A person is admitted to a hospital emergency room unconscious and is unresponsive, with cardiopulmonary resuscitative measures being performed, and dies within twenty-four (24) hours of admission without regaining consciousness or responsiveness, unless a physician was in attendance within thirty-six (36) hours
preceding presentation to the hospital, or, in cases in which the decedent had a prediagnosed terminal or bedfast condition, unless a physician was in attendance within thirty (30) days preceding presentation to the hospital;

(R) The death occurs in the home; or

(S) (i) The death poses a potential threat to public health or safety.

(ii) Upon receiving notice of a death that poses a potential threat to public health or safety the county coroner shall immediately notify the Department of Human Services.

(2) Nothing in this section shall be construed to require an investigation, autopsy, or inquest in any case in which death occurred without medical attendance solely because the deceased was under treatment by prayer or spiritual means in accordance with the tenets and practices of a well-recognized church or religious denomination.

(b) A violation of the provisions of this section is a Class A misdemeanor.


(a) Upon receipt of the report, the county coroner, or the county sheriff if the county coroner is unavailable, shall request from the parents or guardian of the deceased written permission upon a form provided by the Division of Health of the Department of Health and Human Services for an autopsy to be made to determine the exact cause of death.

(b) (1) Upon receipt of the permission, the county coroner, or the county sheriff if the county coroner is unavailable, shall notify the division. The division shall arrange for the transportation of the deceased and arrange for an autopsy to be made by a licensed physician in the State of Arkansas and shall arrange for the return transportation of the deceased.

(2) If the parents or guardian shall refuse permission for an autopsy to be made, the death nevertheless shall be reported to the division.

(c) (1) The results and findings of the autopsy, if any is performed, shall be reported to the parents or guardian of the deceased.

(2) The appropriate finding of cause of death shall be recorded upon the certificate of death in any case and the term "sudden infant death syndrome" shall be entered on the certificate of death when it is appropriately descriptive of the circumstances and cause of death of the child.

(d) Information concerning sudden infant death syndrome shall be provided by the division to the parents or guardian of an infant whose death has been reported pursuant to this subchapter.
The Division of Health of the Department of Health and Human Services shall provide for the transportation and the autopsy as provided in § 20-15-503 only so long as federal funds are available to the division for the transportation and autopsies of suspected victims of sudden infant death syndrome.

CALIFORNIA

CAL. PENAL CODE § 11174.32 (2008). Interagency child death teams; Autopsy protocols; Records exempt from disclosure; Report
(a) Each county may establish an interagency child death review team to assist local agencies in identifying and reviewing suspicious child deaths and facilitating communication among persons who perform autopsies and the various persons and agencies involved in child abuse or neglect cases. Interagency child death review teams have been used successfully to ensure that incidents of child abuse or neglect are recognized and other siblings and nonoffending family members receive the appropriate services in cases where a child has expired.

(b) Each county may develop a protocol that may be used as a guideline by persons performing autopsies on children to assist coroners and other persons who perform autopsies in the identification of child abuse or neglect, in the determination of whether child abuse or neglect contributed to death or whether child abuse or neglect had occurred prior to but was not the actual cause of death, and in the proper written reporting procedures for child abuse or neglect, including the designation of the cause and mode of death.

(c) In developing an interagency child death review team and an autopsy protocol, each county, working in consultation with local members of the California State Coroner's Association and county child abuse prevention coordinating councils, may solicit suggestions and final comments from persons, including, but not limited to, the following:

(1) Experts in the field of forensic pathology.

(2) Pediatricians with expertise in child abuse.

(3) Coroners and medical examiners.

(4) Criminologists.

(5) District attorneys.
6) Child protective services staff.

7) Law enforcement personnel.

8) Representatives of local agencies which are involved with child abuse or neglect reporting.

9) County health department staff who deals with children's health issues.

10) Local professional associations of persons described in paragraphs (1) to (9), inclusive.

d) Records exempt from disclosure to third parties pursuant to state or federal law shall remain exempt from disclosure when they are in the possession of a child death review team.

e) No less than once each year, each child death review team shall make available to the public findings, conclusions and recommendations of the team, including aggregate statistical data on the incidences and causes of child deaths.

2) In its report, the child death review team shall withhold the last name of the child that is subject to a review or the name of the deceased child's siblings unless the name has been publicly disclosed or is required to be disclosed by state law, federal law, or court order.


Subject to available funding, the Attorney General, working with the California Consortium of Child Abuse Councils, shall develop a protocol for the development and implementation of interagency child death teams for use by counties, which shall include relevant procedures for both urban and rural counties. The protocol shall be designed to facilitate communication among persons who perform autopsies and the various persons and agencies involved in child abuse or neglect cases so that incidents of child abuse or neglect are recognized and other siblings and nonoffending family members receive the appropriate services in cases where a child has expired. The protocol shall be completed on or before January 1, 1991.

**CAL. GOV’T CODE § 27491.4 (2008). Authority to take possession of body in sudden infant death syndrome; Exhumation; Medical findings; Retention of tissues; Right to attend coroner's autopsy; Effect of Uniform Anatomical Gift Act upon performance of autopsy**

(a) For purposes of inquiry the coroner shall, within 24 hours or as soon as feasible thereafter, where the suspected cause of death is sudden infant death syndrome and, in all
other cases, the coroner may, in his or her discretion, take possession of the body, which shall include the authority to exhume the body, order it removed to a convenient place, and make or cause to be made a postmortem examination or autopsy thereon, and make or cause to be made an analysis of the stomach, stomach contents, blood, organs, fluids, or tissues of the body. The detailed medical findings resulting from an inspection of the body or autopsy by an examining physician shall be either reduced to writing or permanently preserved on recording discs or other similar recording media, shall include all positive and negative findings pertinent to establishing the cause of death in accordance with medicolegal practice and this, along with the written opinions and conclusions of the examining physician, shall be included in the coroner's record of the death. The coroner shall have the right to retain only those tissues of the body removed at the time of the autopsy as may, in his or her opinion, be necessary or advisable to the inquiry into the case, or for the verification of his or her findings. No person may be present during the performance of a coroner's autopsy without the express consent of the coroner.

(b) In any case in which the coroner knows, or has reason to believe, that the deceased has made valid provision for the disposition of his or her body or a part or parts thereof for medical or scientific purposes in accordance with Chapter 3.5 (commencing with Section 7150) of Part 1 of Division 7 of the Health and Safety Code, the coroner shall neither perform nor authorize any other person to perform an autopsy on the body unless the coroner has contacted or attempted to contact the physician last in attendance to the deceased. If the physician cannot be contacted, the coroner shall then notify or attempt to notify one of the following of the need for an autopsy to determine the cause of death: (1) the surviving spouse; (2) a surviving child or parent; (3) a surviving brother or sister; (4) any other kin or person who has acquired the right to control the disposition of the remains. Following a period of 24 hours after attempting to contact the physician last in attendance and notifying or attempting to notify one of the responsible parties listed above, the coroner may perform or authorize the performance of an autopsy, as otherwise authorized or required by law.

(c) Nothing in this section shall be deemed to prohibit the discretion of the coroner to conduct autopsies upon any victim of sudden, unexpected, or unexplained death or any death known or suspected of resulting from an accident, suicide, or apparent criminal means, or other death, as described in Section 27491.

CAL. GOV’T CODE § 27491.41 (2008). Autopsy where infant dies suddenly; Sudden infant death syndrome autopsy protocol
(a) For purposes of this section, "sudden infant death syndrome" means the sudden death of any infant that is unexpected by the history of the infant and where a thorough postmortem examination fails to demonstrate an adequate cause of death.

(b) The Legislature finds and declares that sudden infant death syndrome (SIDS) is the leading cause of death for children under age one, striking one out of every 500 children. The Legislature finds and declares that sudden infant death syndrome is a serious problem within the State of California, and that public interest is served by research and
study of sudden infant death syndrome, and its potential causes and indications.

(c)

(1) To facilitate these purposes, the coroner shall, within 24 hours, or as soon thereafter as feasible, perform an autopsy in any case where an infant has died suddenly and unexpectedly.

(2) However, if the attending physician desires to certify that the cause of death is sudden infant death syndrome, an autopsy may be performed at the discretion of the coroner. If the coroner performs an autopsy pursuant to this section, he or she shall also certify the cause of death.

(d) The autopsy shall be conducted pursuant to a standardized protocol developed by the State Department of Health Services. The protocol is exempt from the procedural requirements pertaining to the adoption of administrative rules and regulations pursuant to Article 5 (commencing with Section 11346) of Chapter 3.5 of Part 1 of Division 3 of Title 2 of the Government Code. The protocol shall be developed and approved by July 1, 1990.

(e) The protocol shall be followed by all coroners throughout the state when conducting the autopsies required by this section. The coroner shall state on the certificate of death that sudden infant death syndrome was the cause of death when the coroner's findings are consistent with the definition of sudden infant death syndrome specified in the standardized autopsy protocol. The protocol may include requirements and standards for scene investigations, requirements for specific data, criteria for ascertaining cause of death based on the autopsy, and criteria for any specific tissue sampling, and any other requirements. The protocol may also require that specific tissue samples must be provided to a central tissue repository designated by the State Department of Health Services.

(f) The State Department of Health Services shall establish procedures and protocols for access by researchers to any tissues, or other materials or data authorized by this section. Research may be conducted by any individual with a valid scientific interest and prior approval from the State Committee for the Protection of Human Subjects. The tissue samples, the materials, and all data shall be subject to the confidentiality requirements of Section 103850 of the Health and Safety Code.

(g) The coroner may take tissue samples for research purposes from infants who have died suddenly and unexpectedly without consent of the responsible adult if the tissue removal is not likely to result in any visible disfigurement.

(h) A coroner shall not be liable for damages in a civil action for any act or omission done in compliance with this section.
(i) No consent of any person is required prior to undertaking the autopsy required by this section.

COLORADO

CONNECTICUT


(a) The Chief Medical Examiner shall investigate all human deaths in the following categories: (1) Violent deaths, whether apparently homicidal, suicidal or accidental, including but not limited to deaths due to thermal, chemical, electrical or radiational injury and deaths due to criminal abortion, whether apparently self-induced or not; (2) sudden or unexpected deaths not caused by readily recognizable disease; (3) deaths under suspicious circumstances; (4) deaths of persons whose bodies are to be cremated, buried at sea or otherwise disposed of so as to be thereafter unavailable for examination; (5) deaths related to disease resulting from employment or to accident while employed; (6) deaths related to disease which might constitute a threat to public health. The Chief Medical Examiner may require autopsies in connection with deaths in the preceding categories when it appears warranted for proper investigation and, in the opinion of the Chief Medical Examiner, the Deputy Chief Medical Examiner, an associate medical examiner or an authorized assistant medical examiner, an autopsy is necessary. The autopsy shall be performed at the Office of the Chief Medical Examiner or by a designated pathologist at a community hospital. Where indicated, the autopsy shall include toxicologic, histologic, microbiologic and serologic examinations. If a medical examiner has reason to suspect that a homicide has been committed, the autopsy shall be performed at the Office of the Chief Medical Examiner or by a designated pathologist in the presence of at least one other designated pathologist if such other pathologist is immediately available. A detailed description of the findings of all autopsies shall be written or dictated during their progress. The findings of the investigation at the scene of death, the autopsy and any toxicologic, histologic, serologic and microbiologic examinations and the conclusions drawn therefrom shall be filed in the Office of the Chief Medical Examiner.

(b) The Chief Medical Examiner shall designate pathologists who are certified by the Department of Public Health to perform autopsies in connection with the investigation of any deaths in the categories listed in subsection (a) of this section. Any state's attorney or assistant state's attorney shall have the right to require an autopsy by a pathologist so designated in any case in which there is a suspicion that death resulted from a criminal act. The official requiring said autopsy shall make a reasonable effort to notify whichever
one of the following persons, eighteen years of age or older, assumes custody of the body for purposes of burial: Father, mother, husband, wife, child, guardian, next of kin, friend or any person charged by law with the responsibility for burial, that said autopsy has been required, however performance of said autopsy need not be delayed pending such notice.

(c) If there are no other circumstances which would appear to require an autopsy and if the investigation of the circumstances and examination of the body enable the Chief Medical Examiner, the Deputy Chief Medical Examiner, an associate medical examiner or an authorized assistant medical examiner to conclude with reasonable certainty that death occurred from natural causes or obvious traumatic injury, the medical examiner in charge shall certify the cause of death and file a report of his findings in the Office of the Chief Medical Examiner.

DELAWARE

DISTRICT OF COLUMBIA

D.C. CODE ANN. § 4-1303.05 (2009). Medical treatment authorized
[Formerly § 6-2125]
When the Agency has physical custody of a child pursuant to § 4-1303.03 or pursuant to § 16-2313 or § 16-2320, it may:

(1) Authorize a medical evaluation or emergency medical, surgical, or dental treatment, or authorize an outpatient psychiatric evaluation or emergency outpatient psychiatric treatment, at any time; and

(2) Authorize non-emergency outpatient medical, surgical, dental or psychiatric treatment, or autopsy, when reasonable efforts to consult the parent have been made but a parent cannot be consulted.

D.C. CODE ANN. § 4-1303.54 (2009). Access to information and confidentiality
(a) The Panel shall have access to data on children and families maintained by District government agencies, including the Agency, the Department of Human Services, the Department of Health, the Department of Mental Health, the Metropolitan Police Department, the Office of the Chief Medical Examiner, and the D.C. Public Schools. The Panel shall also have access to data kept by any private agency or organization that provides or arranges for services or out-of-home placements for children residing in the National Center for Prosecution of Child Abuse
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(b) For the purposes of specific case review, the Panel shall have access to:

(1) Police investigative data;

(2) Autopsy records and other medical examiner investigative data;

(3) Hospital, public health, or other medical records of the child;

(4) Hospital and other medical records of the child's parent that relate to prenatal care;

(5) Records created by human or social service agencies, including the Agency, that provided or provide services to the child or family; and

(6) Personnel data related to an employee's performance in discharging child protection responsibilities.

(c) (1) All information and records generated by the Panel, including statistical compilations and reports, and all information and records acquired by, and in the possession of, the Panel are confidential.

(2) Panel information and records may be disclosed only as necessary to carry out the Panel's duties and purposes.

(3) Statistical compilations and reports of the Panel that contain information that would reveal the identity of any person, other than a person who has consented to be identified, are not public records or information.

(4) Each person attending a Panel meeting shall sign a confidentiality agreement at the beginning of each meeting of the Panel.

(d) Findings and recommendations on the child welfare system required by § 4-1303.51(d) shall be available to the public on request.

(e) Except as permitted by this section, information and records of the Panel shall not be disclosed voluntarily, pursuant to a subpoena, in response to a request for discovery in any adjudicative proceeding, or in response to a request made under Title II of the District of Columbia Administrative Procedure Act, effective March 25, 1977 (D.C. Law 1-96; D.C. Code § 2-531 et seq.), nor shall it be introduced into evidence in any administrative, civil, or criminal proceeding.

(f) (1) Whoever discloses, receives, makes use of, or knowingly permits the use of information in violation of this section shall be subject to a fine of not more than $1,000.

(2) Violations of this section shall be prosecuted by the Attorney General, or his or her
designee, in the name of the District of Columbia.

(3) (A) The Mayor may remove any of his or her appointees from the Panel for violating this section.

(B) The Council may remove, by resolution, any of its appointees from the Panel for violating this section.

(a) Notwithstanding any other provision of law, immediately upon the request of the Committee and as necessary to carry out the Committee's purpose and duties, the Committee shall be provided, without cost and without authorization of the persons to whom the information or records relate, access to:

(1) All information and records of any District of Columbia agency, or their contractors, including, but not limited to, birth and death certificates, law enforcement investigation data, unexpurgated juvenile and adult arrest records, mental retardation and developmental disabilities records, medical examiner investigation data and autopsy reports, parole and probation information and records, school records, and information records of social services, housing, and health agencies that provided services to the child, the child's family, or an alleged perpetrator of abuse which led to the death of the child.

(2) All information and records (including information on prenatal care) of any private health-care providers located in the District of Columbia, including providers of mental health services who provided services to the deceased child, the deceased child's family, or the alleged perpetrator of abuse which led to the death of the child.

(3) All information and records of any private child welfare agency, educational facility or institution, or child care provider doing business in the District of Columbia who provided services to the deceased child, the deceased child's immediate family, or the alleged perpetrator of abuse or neglect which led to the death of the child.

(4) Information made confidential by §§ 4-1302.03, 4-1303.06, 7-219, 7-1203.02, 7-1305.12, 16-2331, 16-2332, 16-2333, 16-2335, and 31-3426.

(b) The Committee shall have the authority to seek information from entities and agencies outside the District of Columbia by any legal means.

(c) Notwithstanding subsection (a)(1) of this section, information and records concerning a current law enforcement investigation may be withheld, at the discretion of the investigating authority, if disclosure of the information would compromise a criminal investigation.

(d) If information or records are withheld under subsection (c) of this section, a report on the status of the investigation shall be submitted to the Committee every 3 months until
the earliest of the following events occurs:

(1) The investigation is concluded;

(2) The investigating authority determines that providing the information will no longer compromise the investigation; or

(3) The information or records are provided to the Committee.

(e) All records and information obtained by the Committee pursuant to subsections (a) and (b) of this section pertaining to the deceased child or any other individual shall be destroyed following the preparation of the final Committee report. All additional information concerning a review, except statistical data, shall be destroyed by the Committee one year after publication of the Committee’s annual report.

**D.C. CODE ANN. § 5-1409 (2009). Examination; further investigation and autopsy**

(a) If, in the opinion of the CME, the cause and manner of death are established with a reasonable medical certainty, the CME shall complete a report of the medical examination of the decedent.

(b) If, in the opinion of the CME, or the United States Attorney, further investigation as to the cause or manner of death is required or the public interest so requires, a medical examiner shall either perform, or the CME shall arrange for a qualified pathologist to perform, an autopsy on the body of the decedent and to retain tissues and biological specimens deemed necessary to an investigation. No consent of the next of kin shall be required for an autopsy to be performed under this section.

(c) The medical examiner performing the autopsy shall make a complete record of the findings and conclusions of any autopsy and shall prepare a report thereon.

**FLORIDA**

**FLA. STAT. ANN. § 383.3362 (2009). Sudden Infant Death Syndrome**

(1) **FINDINGS AND INTENT.** --The Legislature recognizes that Sudden Infant Death Syndrome, or SIDS, is a leading cause of death among children under the age of 1 year, both nationally and in this state. The Legislature further recognizes that first responders to emergency calls relating to such a death need access to special training to better enable them to distinguish SIDS from death caused by criminal acts and to appropriately interact with the deceased infant's parents or caretakers. At the same time, the Legislature, recognizing that the primary focus of first responders is to carry out their assigned duties, intends to increase the awareness of SIDS by first responders, but in no way expand or take away from their duties. Further, the Legislature recognizes the importance of a
standard protocol for review of SIDS deaths by medical examiners and the importance of appropriate followup in cases of certified or suspected SIDS deaths. Finally, the Legislature finds that it is desirable to analyze existing data, and to conduct further research on, the possible causes of SIDS and how to lower the number of sudden infant deaths.

(2) DEFINITION. --As used in this section, the term "Sudden Infant Death Syndrome," or "SIDS," means the sudden unexpected death of an infant under 1 year of age which remains unexplained after a complete autopsy, death-scene investigation, and review of the case history. The term includes only those deaths for which, currently, there is no known cause or cure.

(3) TRAINING.

(a) The Legislature finds that an emergency medical technician, a paramedic, a firefighter, or a law enforcement officer is likely to be the first responder to a request for assistance which is made immediately after the sudden unexpected death of an infant. The Legislature further finds that these first responders should be trained in appropriate responses to sudden infant death.

(b) After January 1, 1995, the basic training programs required for certification as an emergency medical technician, a paramedic, a firefighter, or a law enforcement officer as defined in s. 943.10, other than a correctional officer or a correctional probation officer, must include curriculum that contains instruction on Sudden Infant Death Syndrome.

(c) The Department of Health, in consultation with the Emergency Medical Services Advisory Council, the Firefighters Employment, Standards, and Training Council, and the Criminal Justice Standards and Training Commission, shall develop and adopt, by rule, curriculum that, at a minimum, includes training in the nature of SIDS, standard procedures to be followed by law enforcement agencies in investigating cases involving sudden deaths of infants, and training in responding appropriately to the parents or caretakers who have requested assistance.

(4) AUTOPSIES.

(a) The medical examiner must perform an autopsy upon any infant under the age of 1 year who is suspected to have died of Sudden Infant Death Syndrome. The autopsy must be performed within 24 hours after the death, or as soon thereafter as is feasible. When the medical examiner's findings are consistent with the definition of sudden infant death syndrome in subsection (2), the medical examiner must state on the death certificate that sudden infant death syndrome was the cause of death.

(b) The Medical Examiners Commission shall develop and implement a protocol for dealing with suspected sudden infant death syndrome. The protocol must be followed by all medical examiners when conducting the autopsies required under this subsection. The protocol may include requirements and standards for scene investigations, requirements
for specific data, criteria for ascertaining cause of death based on the autopsy, criteria for any specific tissue sampling, and any other requirements that the commission considers necessary.

(c) A medical examiner is not liable for damages in a civil action for any act or omission done in compliance with this subsection.

(d) An autopsy must be performed under the authority of a medical examiner under s. 406.11.

(5) DEPARTMENT DUTIES RELATING TO SUDDEN INFANT DEATH SYNDROME (SIDS). --The Department of Health shall:

(a) Collaborate with other agencies in the development and presentation of the Sudden Infant Death Syndrome (SIDS) training programs for first responders, including those for emergency medical technicians and paramedics, firefighters, and law enforcement officers.

(b) Maintain a database of statistics on reported SIDS deaths, and analyze the data as funds allow.

(c) Serve as liaison and closely coordinate activities with the Florida SIDS Alliance, including the services related to the SIDS hotline.

(d) Maintain a library reference list and materials about SIDS for public dissemination.

(e) Provide professional support to field staff.

(f) Coordinate the activities of and promote a link between the fetal and infant mortality review committees of the local healthy start coalitions, the local SIDS alliance, and other related support groups.

FLA. STAT. ANN. § 925.09 (2009). Authority of state attorney to order autopsies

The state attorney may have an autopsy performed, before or after interment, on a dead body found in the county when she or he decides it is necessary in determining whether or not death was the result of a crime. Physicians performing the autopsy shall be paid reasonable fees by the county upon the approval of the county commission and the state attorney ordering the autopsy.
GEORGIA

GA. CODE ANN. § 45-16-24 (2009). Notification of suspicious or unusual deaths; court ordered medical examiner's inquiry; written report of inquiry

(a) When any person dies in any county in this state:

(1) As a result of violence;

(2) By suicide or casualty;

(3) Suddenly when in apparent good health;

(4) When unattended by a physician;

(5) In any suspicious or unusual manner, with particular attention to those persons 16 years of age and under;

(6) After birth but before seven years of age if the death is unexpected or unexplained;

(7) As a result of an execution carried out pursuant to the imposition of the death penalty under Article 2 of Chapter 10 of Title 17;

(8) When an inmate of a state hospital or a state, county, or city penal institution; or

(9) After having been admitted to a hospital in an unconscious state and without regaining consciousness within 24 hours of admission, it shall be the duty of any law enforcement officer or other person having knowledge of such death to notify immediately the coroner or county medical examiner of the county wherein the body is found or death occurs. For the purposes of this Code section, no person shall be deemed to have died unattended when the death occurred while the person was a patient of a hospice licensed under Article 9 of Chapter 7 of Title 31.

(b) A coroner or county medical examiner who is notified of a death pursuant to subsection (a) of this Code section shall order a medical examiner's inquiry of that death.

(c) Whenever an affidavit is made and filed with a court having criminal jurisdiction attesting that a person came to his death by foul play, that court may interrogate and examine witnesses, if any exist, as to the necessity of a medical examiner's inquiry. Should the court decide that a medical examiner's inquiry is essential to the ends of justice, such inquiry shall be ordered by that court.

(d) A medical examiner's inquiry required under this Code section shall be reduced to writing and filed as provided in Code Section 45-16-32. At the time of such filing, a copy of the medical examiner's inquiry into a death reported to a coroner or county medical examiner pursuant to paragraph (6) of subsection (a) of this Code section shall also be
transmitted to the department of family and children services of the county in which the child resided at the time of death.

HAWAII

HAW. REV. STAT. ANN. § 841-3 (2008). Duties
As soon as any coroner or deputy coroner has notice of the death of any person within the coroner's or deputy coroner's jurisdiction as the result of violence, or as the result of any accident, or by suicide, or suddenly when in apparent health, or when unattended by a physician, or in prison, or in a suspicious or unusual manner, or within twenty-four hours after admission to a hospital or institution, the coroner or deputy coroner shall forthwith inquire into and make a complete investigation of the cause of the death.

Any person who becomes aware of the death of any person under any of the circumstances set forth above shall immediately notify the coroner or deputy coroner of the known facts concerning the time, place, manner, and circumstances of the death.

Any person who fails to report the death of a person under circumstances covered herein shall be subject to a fine of not more than $100.

HAW. REV. STAT. ANN. § 841-14 (2008). Autopsies and further investigations
If, in the opinion of the coroner, or of the coroner's physician, or of the prosecuting attorney, or of the chief of police (in the city and county of Honolulu), an autopsy of the remains of any human body appearing to have come to death under any of the circumstances set forth in section 841-3 is necessary in the interest of the public safety or welfare, that person shall cause to have performed, such an autopsy. If, in the opinion of the coroner's physician, a further or additional investigation as to the cause of death is necessary, the coroner's physician may conduct the same or have the same made, and the expenses thereof shall be paid by the county concerned, and for this purpose, the coroner's physician shall have the duties and powers conferred upon the coroner or deputy coroner by sections 841-4 to 841-8.

Any law to the contrary notwithstanding, the coroner's physician or medical examiner of any county (including the city and county of Honolulu) may cause to have performed an autopsy to determine cause of death upon the remains of any human body which is brought into or found within the State and which appears to have come to death under any of the circumstances set forth in section 841-3, even though such circumstances may have occurred without the State. The coroner's physician or medical examiner of any county (including the city and county of Honolulu) shall have the right to retain tissues, including fetal material, of the body removed at the time of autopsy to be used for
necessary or advisable scientific investigation, including research, teaching, and therapeutic purposes.

IDAHO

ILLINOIS

55 ILL. COMP. STAT. ANN. 5/3-3015 (2009). Circumstances under which autopsy to be performed
Sec. 3-3015. Circumstances under which autopsy to be performed. (a) Where a death has occurred and the circumstances concerning the death are suspicious, obscure, mysterious, or otherwise unexplained and in the opinion of the examining physician or the coroner the cause of death cannot be established definitely except by autopsy, and where a death has occurred while being pursued, apprehended, or taken into custody by or while in the custody of any law enforcement agency, it is declared that the public interest requires that an autopsy be performed, and it shall be the duty and responsibility of the coroner to cause an autopsy to be performed, including the taking of x-rays and the performance of other medical tests as the coroner deems appropriate.

(b) The coroner shall instruct involved parties that embalming of the body is not to be conducted until the toxicology samples are drawn. If a child dies from suspicious or unexplained circumstances, the coroner shall secure the services of a pathologist. The Department of Public Health shall provide coroners and pathologists with a child death autopsy protocol.

(c) If the coroner determines it advisable to exhume a body for the purpose of investigation or autopsy or both, and the coroner would have been authorized under this Section to perform an investigation or autopsy on the body before it was interred, the coroner may exhume the body after consulting on the matter with the state's attorney and upon the order of the circuit court directing the exhumation upon the petition of the state's attorney.

55 ILL. COMP. STAT. ANN. 5/3-3016 (2009). Sudden infant death syndrome
Sec. 3-3016. Sudden infant death syndrome. Where an infant under 2 years of age has died suddenly and unexpectedly and the circumstances concerning the death are unexplained, an autopsy shall be performed by a physician licensed to practice medicine in all of its branches who has special training in pathology. When an autopsy is conducted under this Section, the parents or guardian of the child shall receive a preliminary report of the autopsy within 5 days of the infant's death. All suspected Sudden Infant Death Syndrome cases shall be reported to the Statewide Sudden Infant Death Syndrome Program within 72 hours.
Death certificates shall list the cause of death as Sudden Infant Death Syndrome where this finding is medically justified pursuant to the rules and regulations of the Department of Public Health. Copies of death certificates which list the cause of death of infants under 2 years of age as Sudden Infant Death Syndrome shall be forwarded to the Department of Public Health within 30 days of the death with a report which shall include an autopsy report, epidemiological data required by the Department and other pertinent data.

INDIANA

IND. CODE ANN. 36-2-14-6.3 (2009). Procedure for reviewing death of child that is suspicious, unusual, or unnatural
(a) A coroner shall notify:

   (1) the local child fatality review team; or

   (2) if the county does not have a local child fatality review team, the statewide child fatality review committee;

   of each death of a person who is less than eighteen (18) years of age, or appears to be less than eighteen (18) years of age, and who has died in an apparently suspicious, unusual, or unnatural manner.

(b) If a child less than eighteen (18) years of age dies in an apparently suspicious, unusual, or unnatural manner, the coroner shall consult with a child death pathologist to determine whether an autopsy is necessary. If the coroner and the child death pathologist disagree over the need for an autopsy, the county prosecutor shall determine whether an autopsy is necessary. If the autopsy is considered necessary, a child death pathologist or a pathology resident acting under the direct supervision of a child death pathologist shall conduct the autopsy within twenty-four (24) hours. If the autopsy is not considered necessary, the autopsy shall not be conducted.

(c) If a child death pathologist and coroner agree under subsection (b) that an autopsy is necessary, the child death pathologist or a pathology resident acting under the direct supervision of a child death pathologist shall conduct the autopsy of the child.

IND. CODE ANN. 36-2-14-6.7 (2009). Autopsy required on child less than three years old who died suddenly and unexpectedly and was in apparent good health before dying -- Requirements
(a) This section applies to a child who:

   (1) died suddenly and unexpectedly;
(2) was less than three (3) years of age at the time of death; and

(3) was in apparent good health before dying.

(b) A child death pathologist or a pathology resident acting under the direct supervision of a child death pathologist shall conduct an autopsy of a child described in subsection (a).

c) A county coroner may not certify the cause of death of a child described in subsection (a) until an autopsy is performed at county expense.

(d) The county coroner shall contact the parent or guardian of a child described in subsection (a) and notify the parent or guardian that an autopsy will be conducted at county expense.

(e) The child death pathologist shall:

(1) ensure that a tangible summary of the autopsy results is provided;

(2) provide informational material concerning sudden infant death syndrome; and

(3) unless the release of autopsy results would jeopardize a law enforcement investigation, provide notice that a parent or guardian has the right to receive the preliminary autopsy results;

to the parents or guardian of the child within one (1) week after the autopsy.

(f) If a parent or guardian of a child described in subsection (a) requests the autopsy report of the child, the coroner shall provide the autopsy report to the parent or guardian within thirty (30) days after the:

(1) request; or

(2) completion of the autopsy report;

whichever is later, at no cost.

(g) A coroner shall notify:

(1) a local child fatality review team; or

(2) if the county does not have a local child fatality review team, the statewide child fatality review committee;

of the death of a child described in subsection (a).
IOWA

IOWA CODE § 331.802 (2008). Deaths -- reported and investigated.
1. A person's death which affects the public interest as specified in subsection 3 shall be reported to the county medical examiner or the state medical examiner by the physician in attendance, any law enforcement officer having knowledge of the death, the embalmer, or any other person present. The appropriate medical examiner shall notify the city or state law enforcement agency or sheriff and take charge of the body.

2. a. If a person's death affects the public interest, the county medical examiner shall conduct a preliminary investigation of the cause and manner of death, prepare a written report of the findings, promptly submit the full report to the state medical examiner on forms prescribed for that purpose, and submit a copy of the report to the county attorney.

b. Except as provided in section 218.64 or as otherwise provided by law, for each preliminary investigation and the preparation and submission of the required reports, the county medical examiner shall receive from the county of appointment a fee determined by the board plus the examiner's actual expenses. The fee and expenses paid by the county of appointment shall be reimbursed to the county of appointment by the county of the person's residence. However, if the person's death is caused by a defendant for whom a judgment of conviction and sentence is rendered under section 707.2, 707.3, 707.4, 707.5, or 707.6A, the county of the person's residence may recover from the defendant the fee and expenses.

c. The fee and expenses of the county medical examiner who performs an autopsy or conducts an investigation of a person who dies after being brought into this state for emergency medical treatment by or at the direction of an out-of-state law enforcement officer or public authority shall be paid by the state. A claim for payment shall be filed with the Iowa department of public health. If moneys are not appropriated to the Iowa department of public health for the payment of autopsies under this paragraph, claims for payment shall be forwarded to the state appeal board and, if authorized by the board, shall be paid out of moneys in the general fund of the state not otherwise appropriated.

3. A death affecting the public interest includes, but is not limited to, any of the following:

a. Violent death, including homicidal, suicidal, or accidental death.

b. Death caused by thermal, chemical, electrical, or radiation injury.

c. Death caused by criminal abortion including self-induced, or by sexual abuse.

d. Death related to disease thought to be virulent or contagious which may constitute a public hazard.
e. Death that has occurred unexpectedly or from an unexplained cause.

f. Death of a person confined in a prison, jail, or correctional institution.

g. Death of a person who was prediagnosed as a terminal or bedfast case who did not have a physician in attendance within the preceding thirty days; or death of a person who was admitted to and had received services from a hospice program as defined in section 135J.1, if a physician or registered nurse employed by the program was not in attendance within thirty days preceding death.

h. Death of a person if the body is not claimed by a person authorized to control the deceased person's remains under section 144C.5, or a friend.

i. Death of a person if the identity of the deceased is unknown.

j. Death of a child under the age of two years if death results from an unknown cause or if the circumstances surrounding the death indicate that sudden infant death syndrome may be the cause of death.

k. Death of a person committed or admitted to a state mental health institute, a state resource center, the state training school, or the Iowa juvenile home.

4. The county medical examiner shall conduct the investigation in the manner required by the state medical examiner and shall determine whether the public interest requires an autopsy or other special investigation. However, if the death occurred in the manner specified in subsection 3, paragraph "j", the county medical examiner shall order an autopsy, the expense of which shall be reimbursed by the Iowa department of public health. In determining the need for an autopsy, the county medical examiner may consider the request for an autopsy from a public official or private person, but the state medical examiner or the county attorney of the county where the death occurred may require an autopsy.

5. a. A person making an autopsy shall promptly file a complete record of the findings in the office of the state medical examiner and the county attorney of the county where death occurred and the county attorney of the county where any injury contributing to or causing the death was sustained.

b. A summary of the findings resulting from an autopsy of a child under the age of two years whose death occurred in the manner specified in subsection 3, paragraph "j", shall be transmitted immediately by the physician who performed the autopsy to the county medical examiner. The report shall be forwarded to the parent, guardian, or custodian of the child by the county medical examiner or a designee of the county medical examiner, or through the infant's attending physician. A copy of the autopsy report filed with the county attorney shall be available to the parents, guardian, or custodian upon request.
6. The report of an investigation made by the state medical examiner or a county medical examiner and the record and report of an autopsy made under this section or chapter 691, shall be received as evidence in any court or other proceedings, except that statements by witnesses or other persons and conclusions on extraneous matters included in the report are not admissible. The person preparing a report or record given in evidence may be subpoenaed as a witness in any civil or criminal case by any party to the cause. A copy of a record, photograph, laboratory finding, or record in the office of the state medical examiner or any medical examiner, when attested to by the state medical examiner or a staff member or the medical examiner in whose office the record, photograph, or finding is filed, shall be received as evidence in any court or other proceedings for any purpose for which the original could be received without proof of the official character of the person whose name is signed to it.

7. In case of a sudden, violent, or suspicious death after which the body is buried without an investigation or autopsy, the county medical examiner, upon being advised of the facts, shall notify the county attorney. The county attorney shall apply for a court order requiring the body to be exhumed in accordance with chapter 144. Upon receipt of the court order, an autopsy shall be performed by a medical examiner or by a pathologist designated by the medical examiner and the facts disclosed by the autopsy shall be communicated to the court ordering the disinterment for appropriate action.

8. Where donation of the remains of the deceased to a medical school or similar institution equipped with facilities to perform autopsies is provided by will or directed by the person authorized to control the deceased person's remains under section 144C.5, any autopsy under this section shall be performed at the direction of the school or institution, and in such a manner as to further the purpose of the donation, while serving the public interest.

KANSAS

KAN. STAT. ANN. § 22a-242 (2008). Child death, notification of coroner; autopsy; notification of state review board; notification of parent or guardian; SIDS death; fee for autopsy
(a) When a child dies, any law enforcement officer, health care provider or other person having knowledge of the death shall immediately notify the coroner of the known facts concerning the time, place, manner and circumstances of the death. If the notice to the coroner identifies any suspicious circumstances or unknown cause, as described in the protocol developed by the state review board under K.S.A. 22a-243 and amendments thereto, the coroner shall immediately: (1) Investigate the death to determine whether the child's death included any such suspicious circumstance or unknown cause; and (2) direct a pathologist to perform an autopsy.
(b) If, after investigation and an autopsy, the coroner determines that the death of a child does not include any suspicious circumstances or unknown cause, as described in the protocol developed by the state review board under K.S.A. 22a-243 and amendments thereto, the coroner shall complete and sign a nonsuspicious child death form.

(c) If, after investigation and an autopsy, the coroner determines that the death of a child includes any suspicious circumstance or unknown cause, as described in the protocol developed by the state review board under K.S.A. 22a-243 and amendments thereto, the coroner shall notify, within 30 days, the chairperson of the state review board and shall notify, within 24 hours, the county or district attorney of the county where the death of the child occurred.

(d) The coroner shall attempt to notify any parent or legal guardian of the deceased child prior to the performance of an autopsy pursuant to this section and attempt to notify any such parent or legal guardian of the results of the autopsy.

(e) A coroner shall not make a determination that the death of a child less than one year of age was caused by sudden infant death syndrome unless an autopsy is performed.

(f) The fee for an autopsy performed under this section shall be the usual and reasonable fee and travel allowance authorized under K.S.A. 22a-233 and amendments thereto and shall be paid from the district coroners fund.

KENTUCKY

KY. REV. STAT. ANN. § 72.025 (2009). Circumstances requiring post-mortem examination to be performed by coroner

Coroners shall require a post-mortem examination to be performed in the following circumstances:

(1) When the death of a human being appears to be caused by homicide or violence;

(2) When the death of a human being appears to be the result of suicide;

(3) When the death of a human being appears to be the result of the presence of drugs or poisons in the body;

(4) When the death of a human being appears to be the result of a motor vehicle accident and the operator of the motor vehicle left the scene of the accident or the body was found in or near a roadway or railroad;

(5) When the death of a human being occurs while the person is in a state mental
institution or mental hospital when there is no previous medical history to explain the death, or while the person is in police custody, a jail or penal institution;

(6) When the death of a human being occurs in a motor vehicle accident and when an external examination of the body does not reveal a lethal traumatic injury;

(7) When the death of a human being appears to be the result of a fire or explosion;

(8) When the death of a child appears to indicate child abuse prior to the death;

(9) When the manner of death appears to be other than natural;

(10) When human skeletonized remains are found;

(11) When post-mortem decomposition of a human corpse exists to the extent that external examination of the corpse cannot rule out injury or where the circumstances of death cannot rule out the commission of a crime;

(12) When the death of a human being appears to be the result of drowning;

(13) When the death of an infant appears to be caused by sudden infant death syndrome in that the infant has no previous medical history to explain the death;

(14) When the death of a human being occurs as a result of an accident;

(15) When the death of a human being occurs under the age of forty (40) and there is no past medical history to explain the death;

(16) When the death of a human being occurs at the work site and there is no apparent cause of death such as an injury or when industrial toxics may have contributed to the cause of death;

(17) When the body is to be cremated and there is no past medical history to explain the death;

(18) When the death of a human being is sudden and unexplained; and

(19) When the death of a human being occurs and the decedent is not receiving treatment by a licensed physician and there is no ascertainable medical history to indicate the cause of death.

(1) In order to obtain information which may be useful to research organizations studying the causes and incidence of the sudden infant death syndrome, a program is hereby established in the Cabinet for Health and Family Services. The purpose of this program
shall be to obtain factual information concerning the characteristics, incidence, and
distribution of the sudden infant death syndrome throughout the Commonwealth and to
provide a means of public education concerning any research findings which may lead to
the possible means of prevention, early identification, and treatment of children
susceptible to the sudden infant death syndrome.

(2) In instances where an ostensibly healthy child dies suddenly and unexpectedly with
no known or apparent cause as determined by a physician or a coroner, an autopsy with
the written approval of the parents or legal guardian of the child shall be performed
within forty-eight (48) hours and the results reported to the cabinet and to the parents or
legal guardian of the child.

(3) In order to implement the provisions of this section, the secretary of the Cabinet for
Health and Family Services shall:

(a) Promulgate administrative regulations as may be necessary in order to obtain in
proper form all information relating to the occurrence of sudden infant deaths which is
relevant and appropriate for the establishment of a reliable statistical index of the
incidence, distribution, and characteristics of cases of the sudden infant death syndrome;

(b) Collect such factual information from physicians, coroners, medical examiners,
hospitals, and public health officials who have examined any child known or believed to
have the sudden infant death syndrome;

(c) Make such factual information available to physicians, coroners, medical examiners,
hospitals, public health officials, and educational and institutional organizations
conducting research as to the causes and incidence of the sudden infant death syndrome;

(d) Cause appropriate counseling services to be established and maintained for families
affected by the occurrence of the sudden infant death syndrome; and

(e) Conduct educational programs to inform the general public of any research findings
of educational and institutional organizations which may lead to the possible means of
prevention, early identification, and treatment of the sudden infant death syndrome.

LOUISIANA

LA. REV. STAT. ANN. § 33:1563 (2008). Duty to hold autopsies,
investigations, etc.
A. The coroner shall either view the body or make an investigation into the cause and
manner of death in all cases involving the following:

National Center for Prosecution of Child Abuse
National District Attorneys Association
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(1) Suspicious, unexpected, or unusual deaths.

(2) Sudden or violent deaths.

(3) Deaths due to unknown or obscure causes or in any unusual manner.

(4) Bodies found dead.

(5) Deaths without an attending physician within thirty-six hours prior to the hour of death.

(6) Deaths due to suspected suicide or homicide.

(7) Deaths in which poison is suspected.

(8) Any death from natural causes occurring in a hospital under twenty-four hours admission unless seen by a physician in the last thirty-six hours.

(9) Deaths following an injury or accident either old or recent.

(10) Deaths due to drowning, hanging, burns, electrocution, gunshot wounds, stabs or cutting, lightning, starvation, radiation, exposure, alcoholism, addiction, tetanus, strangulation, suffocation, or smothering.

(11) Deaths due to trauma from whatever cause.

(12) Deaths due to criminal means or by casualty.

(13) Deaths in prison or while serving a sentence.

(14) Deaths due to virulent contagious disease that might be caused by or cause a public hazard, including acquired immune deficiency syndrome.

B. (1) The coroner may perform or cause to be performed by a competent physician an autopsy in any case in his discretion. The coroner shall perform or cause to be performed by a competent physician an autopsy in the case of any death where there is a reasonable probability that the violation of a criminal statute has contributed to the death.

(2) The coroner or the district attorney may order the disinterment of any dead body within his jurisdiction under the direction or supervision of the person ordering the disinterment or his designee, and may authorize the removal of such dead body to a place designated by the person ordering the disinterment for the purpose of examination and autopsy and, when such is completed, order the reinterment of the body.

(3) The coroner may hold any dead body for any length of time that he deems necessary. However, the coroner shall expedite any investigation at the scene of an
accident involving a fatality so as not to unduly delay the removal of the dead body from the accident scene. However, if a bodily substance sample for a toxicology screen is extracted at the accident scene, the extraction procedure shall be performed outside of public view.

(4) (a) He may remove and retain for testing or examination any specimens, organs, or other portion of the remains of the deceased that he may deem necessary or advisable as possible evidence before a grand jury or court, subject to the limitation set forth in R.S. 32:661(A)(2).

(b) The coroner may also remove and retain any specimens or organs of the deceased which in his discretion are necessary or desirable for anatomical, bacteriological, chemical, or toxicological examination, subject to the limitation set forth in R.S. 32:661(A)(2).

C. (1) (a) The coroner shall perform or cause to be performed by a competent physician an autopsy in all cases of infants under the age of one year who die unexpectedly without explanation.

(b) The autopsy shall include microscopic and toxicology studies.

(c) The coroner shall furnish a death certificate based upon his autopsy with his statement, to the best of his knowledge, of the cause and means of death.

(2) If the coroner finds that the cause of death was Sudden Infant Death Syndrome, he shall notify the director of the parish health unit within forty-eight hours after such determination.

(3) In preparing the certificate of death, the coroner may not, in lieu of an autopsy, rely on statements of relatives, persons in attendance during the last sickness, persons present at the time of death, or other persons having adequate knowledge of the facts, even if such data may be permitted in other cases in this Section.

(4) The coroner shall not perform an autopsy if the parents of the infant provide to the coroner their objection in writing, unless the coroner finds that the facts surrounding the death require that an autopsy be performed in the interest of the public safety, public health, or public welfare.

D. If the family of the deceased objects to an autopsy on religious grounds, the autopsy shall not be performed unless the coroner finds that the facts surrounding the death require that an autopsy be performed in the interest of the public safety, public health, or public welfare. In such cases the coroner shall provide the family his written reasons for the necessity of the autopsy.

E. (1) The coroner shall furnish a death certificate based on his examination, investigation, or autopsy, and he shall state as best he can the cause and means of death.
(2) If it appears that death was due to accident, suicide, or homicide, he shall so state.

(3) The cause of death, and the manner or mode in which the death occurred, as incorporated in the death certificate as provided in the Vital Statistics Laws, R.S. 40:32 et seq., filed with the division of vital records of the Department of Health and Hospitals, shall be the legally accepted cause of death, unless the court of the parish in which the death occurred, after a hearing, directs otherwise.

(4) In the case of a death without medical attendance, if there is no reason to suspect the death was due to violence, casualty, or undue means, the coroner may make the certificate of death from the statement of relatives, persons in attendance during the last sickness, persons present at the time of death, or other persons having adequate knowledge of the facts.

F. The coroner or his designee shall examine all alleged victims of rape, carnal knowledge, sexual battery, incest, and crime against nature when such cases are under police investigation.

G. (1) Notwithstanding any provision of law to the contrary, when the coroner is required to furnish information for the issuance of a death certificate by the office of vital statistics, the coroner shall do so within ten working days after the receipt of all test and investigation results or information associated with the investigation into the cause and manner of death.

(2) If the coroner is unable to furnish the information required pursuant to Paragraph (1) of this Subsection within ten days after taking charge of the case, upon request, the coroner shall issue a written statement attesting to the fact of death, which shall constitute proof of death for all purposes, including but not limited to any claim under any policy of insurance issued on the life of the deceased individual.

H. In deaths investigated by the coroner where he is not able to establish the identity of the dead body by visual means, fingerprints, or other identifying data, the coroner shall have a qualified dentist or forensic anthropologist or forensic pathologist carry out a dental examination of the dead body. If the coroner, with the aid of the dental examination, is still not able to establish the identity of the dead body, the coroner shall prepare and forward the dental examination and other identifying records to state and local law enforcement agencies. When the dead body may be that of an individual under the age of eighteen years, the coroner shall send this information to the Missing and Exploited Children Information Clearinghouse within the Department of Social Services.

I. The coroner shall furnish a copy of his final report or autopsy report, or both, upon written request, to the last attending physician of the deceased or to the designated family physician of the deceased, provided that the family of the deceased has given written authorization to the coroner or to the requesting physician for the release of such report.
J. Autopsy reports prepared by the coroner or his designee are public records. The coroner shall provide one copy of the autopsy report upon request by the next of kin at no charge to the next of kin. The coroner shall provide copies of the autopsy report at no charge to the appropriate law enforcement agencies as requested. The public records fee for any other copy of an autopsy report shall be the same as that charged by the registrar of vital records for the state for a death certificate.

K. (1) For the purposes of this Section, an autopsy report is the work product of the coroner or his designee. When a coroner investigates a death, the office of the coroner is required to make available for public inspection and copying the autopsy report which shall contain the following:

(a) Name, age, sex, race, and address of the deceased.

(b) Date and reported time of death.

(c) Physical location, including address if available, where the deceased was found.

(d) Date, time, and place of autopsy, and the name of the doctor performing the autopsy and the names of all persons present at the autopsy.

(e) Information regarding the autopsy, including whether the autopsy was requested or performed by operation of law, a listing of the physical findings of the autopsy, a summary in narrative form of the medical findings and conclusions, the cause of death, the manner and mechanism of death, and the classification of death as homicide, accidental, suicide, undetermined, or under investigation.

(2) Notwithstanding the provisions of Paragraph (1) of this Subsection, in a non-coroner case, no autopsy report shall be made available for public inspection or copying if the classification of death is that of natural causes except upon request by the next of kin or upon request in compliance with R.S. 13:3715.1.

(3) Notwithstanding the provisions of Paragraph (1) of this Subsection and notwithstanding the provisions of R.S. 33:1564(C), no autopsy report pertaining to criminal litigation as defined in and in accordance with R.S. 44:3(A) shall be required to be made available for public inspection or copying except as otherwise provided by law.

L. (1) Liability shall not be imposed on an elected coroner or his support staff based upon the exercise or performance or the failure to exercise or perform their policymaking or discretionary acts when such acts are within the course and scope of their lawful powers and duties.

(2) The provisions of Paragraph (1) of this Subsection are not applicable to any of the following:

(a) To acts or omissions which are not reasonably related to the legitimate
governmental objective for which the policymaking or discretionary power exists; or

(b) To acts or omissions which constitute criminal, fraudulent, malicious, intentional, willful, outrageous, reckless, or flagrant misconduct.

(3) The legislature finds and states that the purpose of this Subsection is not to reestablish any immunity based on the status of sovereignty but rather to clarify the substantive content and parameters of application of such legislatively created codal articles and laws and also to assist in the implementation of Article II of the Constitution of Louisiana.

A. Findings and purpose..

(1) The legislature hereby finds and declares that:

(a) Protection of the health and welfare of the children of this state is a goal of its people, and the unexpected death of infants and children is an important public health concern that requires legislative action.

(b) Collecting data on the causes of unexpected deaths will better enable the state to protect some infants and children from preventable deaths and will help reduce the incidence of such deaths.

(c) Identifying persons responsible for abuse or neglect resulting in unexpected death will better enable the state to protect other children who may be under the care of the same persons and will help reduce the incidence of such deaths.

(d) Multidisciplinary and multiagency reviews of child deaths can assist the state in the investigation of child deaths, in the development of a greater understanding of the incidence and causes of child deaths and the methods for preventing such deaths, and in identifying gaps in services to children and families.

(2) The purpose of this Section is to identify the cause of death of children fourteen years of age and below, and thereby reduce the incidence of injury and death to infants and children by requiring that a death investigation be performed in the case of all unexpected deaths of children fourteen years of age and below, and establishing the Louisiana State Child Death Review Panel to collect data from such investigations and report to the legislature regarding the causes of such deaths and share information among local and regional panels, health care providers, and state agencies which provide services to children and families.

B. Definitions.. --For the purpose of this Section, the following terms shall have the following meaning:

(1) "Autopsy" means a post-mortem external and internal physical examination
conducted in accordance with accepted medical practice and the laws of this state using a
standardized child death investigation protocol performed by a forensic pathologist or, if
a forensic pathologist is unavailable, a pathologist licensed or otherwise appointed to
conduct such an examination under such laws.

(2) "Death investigation" means the process of determining the cause and manner of
death and shall include the following:

(a) A postmortem examination which may be limited to an external examination or
may include an autopsy.

(b) An inquiry by any law enforcement agency having jurisdiction into the
circumstances of the death, including a death scene investigation and interview with the
child's parent, legal guardian, or caretaker, and the person who reported the child's death.

(c) A review of information regarding the child from any other relevant agency,
professional, or health care provider.

(3) "Unexpected death" means a death which is a result of undiagnosed disease, or
trauma in which the surrounding circumstances are suspicious, obscure, or otherwise
unexplained, or other death the circumstances of which are suspicious, obscure, or
otherwise unexplained. A clinical diagnosis of death due to Sudden Infant Death
Syndrome (SIDS) shall be deemed an unexpected death.

C. Child Death Review Panel. --There is established within the Department of Health
and Hospitals the Louisiana State Child Death Review Panel, hereinafter referred to as
the "state panel" which shall be composed of twenty-five persons. Members of the panel
shall include:

(1) The state health officer or his designee.

(2) The secretary of the Department of Health and Hospitals or his designee.

(3) The secretary of the Department of Social Services or his designee.

(4) The superintendent of the office of state police or his designee.

(5) The state registrar of vital records in the office of public health or his designee.

(6) The attorney general or his designee.

(7) A member of the Senate appointed by the president of the Senate.

(8) A member of the House of Representatives appointed by the speaker of the House
of Representatives.
(9) The commissioner of the Department of Insurance or his designee.

(10) The executive director of the Highway Safety Commission of the Department of Public Safety and Corrections or his designee.

(11) The state fire marshal or his designee.

(12) A representative of the injury research and prevention section of the office of public health appointed by the assistant secretary of the office of public health.


(14) A district attorney appointed by the Louisiana District Attorneys Association.

(15) A sheriff appointed by the Louisiana Sheriff’s Association.

(16) A police chief appointed by the Louisiana Association of Chiefs of Police.

(17) A forensic pathologist certified by the American Board of Pathology and licensed to practice medicine in the state appointed by the chairman of the Louisiana State Child Death Review Panel subject to Senate confirmation.

(18) A pathologist experienced in pediatrics appointed by the Louisiana Pathology Society.

(19) A coroner appointed by the president of the Louisiana Coroner’s Association.

(20) Six persons appointed by the governor, subject to Senate confirmation, for a term of three years as follows:

   (a) A health professional with expertise in Sudden Infant Death Syndrome appointed from a list of three names submitted by the Louisiana State Medical Society.

   (b) A pediatrician with experience in diagnosing and treating child abuse and neglect appointed from a list of three names submitted by the state chapter of the American Academy of Pediatrics.

   (c) Four citizens from the state at large who represent different geographic areas of the state.

D. Functions and duties of panel.

(1) The state panel shall:

   (a) Establish a standardized child death investigation protocol which shall require at a minimum that all death investigations be completed within thirty working days of the
report of the death. The protocol shall include procedures for all law enforcement
agencies and local departments of social services to follow in response to a child death.

(b) Establish criteria for information that must be included in a death investigation
report and provide such information to the appropriate agencies and medical providers to
be used as a guideline in preparing the death investigation report.

(c) Collect, review, and analyze all death investigation reports prepared in accordance
with this Section, and such other information as the state panel deems appropriate, to use
in preparation of reports to the legislature concerning the causes of and methods of
decreasing unexpected deaths of infants and children.

(d) Recommend changes within the agencies represented on the state panel which
may prevent child deaths.

(2) The state panel may:

(a) Establish local and regional panels to which it may delegate some or all of its
responsibilities under this Section.

(b) Analyze any data available through any state systems that may decrease the
incidence of injury and unexpected death to infants and children below the age of
fourteen.

E. Child death investigation..

(1) In each unexpected death of a child fourteen years of age and below, a death
investigation shall be performed in accordance with the child death investigation protocol
established by the Louisiana State Child Death Review Panel which may include, at the
discretion of the coroner but not be limited to, a complete autopsy performed by the
coroner of the parish where the death occurred pursuant to the death investigation
procedure established by R.S. 33:1563. The death investigation findings shall be reported
to appropriate authorities including the police, health care providers, and the child
protective services if appropriate, within three days of the conclusion of the death
investigation.

(2) A copy of the death investigation report, or any portion thereof, including law
enforcement, coroner, fire department, and medical providers, or any other information
relative to the death investigation shall be provided to the state panel within thirty days
from the date the state panel requests such information.

(3) Nothing in this Section shall be construed to change, alter, or restrict the authority
or jurisdiction of a coroner as established in R.S. 33:1551 et seq.

(4) Nothing in this Section shall be construed as requiring a finding of negligent
treatment or maltreatment when the state panel determines that the parents or guardians
were treating the child solely according to the tenets and practices of a well-recognized religious method of treatment which has a reasonable, proven record of success.

F. Records; confidentiality; prohibited disclosure and discovery.

(1) Notwithstanding any other provision of law to the contrary, the state panel, and any local or regional panel or its agent thereof, shall be authorized to access medical and vital records in the custody of physicians, hospitals, clinics, and other health care providers, and the office of public health, and to any other information, documents, or records pertaining to the completed investigation of unexpected deaths of infants and children below the age of fourteen in the custody of any law enforcement agency or child protective service agency in order that it may perform its functions and duties as provided in Subsection D. All such records obtained by the state panel or any local or regional panel or its agent in accordance with the provisions of this Subsection, as well as the results of any child death investigation report, shall be confidential and shall not be available for subpoena nor shall such information be disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative, or other proceeding nor shall such records be deemed admissible as evidence in any civil, criminal, administrative, or other tribunal or court for any reason.

(2) The furnishing of confidential information, documents, and reports in accordance with this Section by any person, agency, or entity furnishing such information, documents, and reports shall not expose such person, agency, or entity to liability and shall not be considered a violation of any privileged or confidential relationship, provided the participant has acted in good faith in the reporting as required in this Section.

(3) Nothing in this Subsection shall prohibit the publishing by the state panel of statistical compilations relating to unexpected child deaths of infants and children fourteen years of age or below which do not identify individual cases or individual physicians, hospitals, clinics, or other health care providers.

G. Report. --The state panel shall report to the legislature annually concerning the causes of unexpected deaths of infants and children below the age of fourteen. The report shall include analysis of factual information obtained through review of death investigation reports required in Subsection D of this Section.

MAINE

ME. REV. STAT. ANN. tit. 22, § 3028 (2008). Investigation; autopsy
1. AUTHORITY TO CONDUCT INVESTIGATION. The medical examiner or the person expressly authorized by the Chief Medical Examiner has authority to conduct an investigation and inquiry into the cause, manner and circumstances of death in a medical examiner case. The medical examiner or authorized person shall, if it is determined necessary, immediately proceed to the scene and, subject to the authority of the Attorney
General, assume custody of the body for the purposes of the investigation, and shall
retain custody until the investigation has been completed or until the Chief Medical
Examiner has assumed charge of the case.

2. INVESTIGATION BY LAW ENFORCEMENT OFFICER. When death is not
suspected to be the result of physical injury attributable to criminal conduct, the medical
examiner may elect not to proceed to the scene, or the Chief Medical Examiner may elect
not to dispatch a medical examiner or the person expressly authorized by the Chief
Medical Examiner under subsection 1 to the scene. If the medical examiner elects not to
proceed to the scene, or the Chief Medical Examiner elects not to dispatch a medical
examiner or authorized person to the scene, the law enforcement officer in charge of the
scene shall:

A. Investigate, take photographs and take possession of useful
objects as directed by the medical examiner, authorized person or the
Office of Chief Medical Examiner pursuant to subsection 4;


C. Remove the body in accordance with the instructions of the medical
examiner, authorized person or the Office of Chief Medical Examiner;

D. Make a report of the investigation available to the medical
examiner, authorized person or the Office of Chief Medical Examiner.

3. ASSISTANCE OF LAW ENFORCEMENT AGENCY. The medical examiner, the
person expressly authorized by the Chief Medical Examiner or the pathologist as
described in subsection 8, may request the assistance and use of the facilities of the law
enforcement agency having jurisdiction over the case for the purposes of photographing,
finger printing or otherwise identifying the body. That agency shall provide the medical
examiner, authorized person or pathologist with a written report of the steps taken in
providing the assistance.

4. POSSESSION OF USEFUL OBJECTS. Except as otherwise directed by the
Attorney General, the Attorney General's deputies or assistants, the medical examiner,
the person expressly authorized by the Chief Medical Examiner or the Office of Chief
Medical Examiner may direct that a law enforcement officer at the scene make
measurements, take photographs and take possession of all objects that in the opinion of
the medical examiner, authorized person or the Office of Chief Medical Examiner may be
useful in establishing the cause, manner and circumstances of death. For these same
purposes, the medical examiner, authorized person or the Office of Chief Medical
Examiner may direct that a law enforcement officer take possession of any objects or
specimens that have been removed from the victim at the scene or elsewhere while under
medical care.
5. REQUESTS FOR OBJECTS. Any person having possession of any object or objects, as described in subsection 4, shall at the request of the medical examiner or the person expressly authorized by the Chief Medical Examiner give that object or objects to a law enforcement officer, to the medical examiner, to the authorized person or to the Office of Chief Medical Examiner. Medical personnel and institutions turning over any objects or specimens that have been removed from the victim while under medical care are immune from civil or criminal liability when complying with this subsection. Original written or recorded material that might express suicidal intent must be sent to the Office of the Chief Medical Examiner. The Chief Medical Examiner may elect to accept copies in place of originals.

6. EXAMINATION OF BODY. In all cases except those requiring a report on a body already disposed of and not to be exhumed for examination, the medical examiner or the person expressly authorized by the Chief Medical Examiner shall conduct a thorough examination of the body.

7. WRITTEN REPORT. Upon completing an investigation, the medical examiner or the person expressly authorized by the Chief Medical Examiner shall submit a written report of the investigator's findings to the Chief Medical Examiner on forms provided for that purpose. The investigator shall retain one copy of the report.

If an investigator reports suspected abuse, neglect or exploitation to the Chief Medical Examiner, the Chief Medical Examiner, by reporting that information to the department on behalf of the investigator, fulfills the medical examiner's mandatory reporting requirement under section 3477 or 4011-A.

8. AUTOPSY. If, in any medical examiner case, in the opinion of the medical examiner, the Chief Medical Examiner, the district attorney for the district in which the death has occurred or the Attorney General, it is advisable and in the public interest that an autopsy be made, the autopsy must be conducted by the Chief Medical Examiner or by a physician that the medical examiner, with the approval of the Chief Medical Examiner, may designate. The medical examiner, with the approval of the Chief Medical Examiner, may elect to perform the autopsy. The person who performs the autopsy shall make a complete report of the findings of the autopsy and shall transmit the report to the medical examiner and the Office of Chief Medical Examiner, retaining one copy of the report.

9. AUTOPSY OF CHILD. In the case of a child under the age of 3 years, when death occurs without medical attendance or, if attended, without a specific natural cause, the medical examiner shall order an autopsy. The autopsy may be waived by the Chief Medical Examiner, as long as the Chief Medical Examiner includes the reason for the waiver in the record.

10. CHIEF MEDICAL EXAMINER; JURISDICTION. The Chief Medical Examiner may assume jurisdiction over a medical examiner case and may recertify the death when the Chief Medical Examiner finds that it is in the public interest to do so. The Chief Medical Examiner shall include the reasons for so doing in the record.
11. FINAL RELEASE OF BODY. In any medical examiner case the body shall not be finally released for embalming or burial except by order of the medical examiner in charge of the case, or by the Chief Medical Examiner. No medical examiner may release a body without first ensuring that the case has been reported to the Office of Chief Medical Examiner.

12. REPORT TO DOMESTIC ABUSE PANEL. If the Chief Medical Examiner determines that a death resulted from criminal conduct and that the victim was pregnant at the time of death, the Chief Medical Examiner shall send a copy of any report prepared under this section to the Domestic Abuse Homicide Review Panel created pursuant to Title 19-A, section 4013.

MARYLAND

MD. CODE ANN., HEALTH-GEN. § 5-309 (2008). Medical examiner's cases
(a) Deaths to be investigated. --

(1) A medical examiner shall investigate the death of a human being if the death occurs:

(i) By violence;

(ii) By suicide;

(iii) By casualty;

(iv) Suddenly, if the deceased was in apparent good health or unattended by a physician; or

(v) In any suspicious or unusual manner.

(2) A medical examiner shall investigate the death of a human fetus if:

(i) Regardless of the duration of the pregnancy, the death occurs before the complete expulsion or extraction of the fetus from the mother; and

(ii) The mother is not attended by a physician at or after the delivery.

(b) Notification of medical examiner. -- If a medical examiner's case occurs, the police or sheriff immediately shall notify the medical examiner and State's Attorney for the county where the body is found and give the known facts concerning the time, place, manner, and circumstances of the death.

(c) Investigation by medical examiner. -- Immediately on notification that a medical
examiner's case has occurred, the medical examiner or an investigator of the medical examiner shall go to and take charge of the body. The medical examiner or the investigator shall investigate fully the essential facts concerning the medical cause of death and, before leaving the premises, reduce these facts and the names and addresses of witnesses to writing, which shall be filed in the medical examiner's office.

(d) Evidence. -- The medical examiner or the investigator shall take possession of and deliver to the State's Attorney or the State's Attorney's designee any object or article that, in the opinion of the medical examiner or the investigator, may be useful in establishing the cause of death.

(e) Personal property. --

(1) If the next of kin of the deceased is not present at the investigation, the police officer or sheriff at the investigation or, if a police officer or sheriff is not present, the medical examiner or the investigator shall:

   (i) Take possession of all property of value found on the body;
   
   (ii) In the report of the death, make an exact inventory of the property; and
   
   (iii) Deliver the property to the appropriate sheriff or police department.

(2) The sheriff or police department shall surrender the property to the person who is entitled to its possession or custody.

(f) Unexpected death of child. --

(1) If the case involves the unexpected death of a child, the medical examiner shall notify the chairperson of the local child fatality review team for the county in which the child resided.

(2) If the case involves the death of a child and the death is believed to be caused by abuse or neglect, or there is evidence suggesting that the child was a victim of abuse or neglect, the Office of the Chief Medical Examiner shall orally report the findings and deliver a copy of the child's final autopsy report to the local department of social services and the local law enforcement agency of the county in which the child last resided in accordance with § 5-704 of the Family Law Article.
MASSACHUSETTS

MASS. ANN. LAWS ch. 38, § 3 (2009). Persons Having Knowledge of a Death to Notify Medical Examiner; Circumstances Requiring Notification; Penalties for Failure to Notify Medical Examiner.

It shall be the duty of any person having knowledge of a death which occurs under the circumstances enumerated in this paragraph immediately to notify the office of the chief medical examiner, or the medical examiner designated to the location where the death has occurred, of the known facts concerning the time, place, manner, circumstances and cause of such death:

(1) death where criminal violence appears to have taken place, regardless of the time interval between the incident and death, and regardless of whether such violence appears to have been the immediate cause of death, or a contributory factor thereto;

(2) death by accident or unintentional injury, regardless of time interval between the incident and death, and regardless of whether such injury appears to have been the immediate cause of death, or a contributory factor thereto;

(3) suicide, regardless of the time interval between the incident and death;

(4) death under suspicious or unusual circumstances;

(5) death following an unlawful abortion;

(6) death related to occupational illness or injury;

(7) death in custody, in any jail or correctional facility, or in any mental health or mental retardation institution;

(8) death where suspicion of abuse of a child, family or household member, elder person or disabled person exists;

(9) death due to poison or acute or chronic use of drugs or alcohol;

(10) skeletal remains;

(11) death associated with diagnostic or therapeutic procedures;

(12) sudden death when the decedent was in apparent good health;

(13) death within twenty-four hours of admission to a hospital or nursing home;

(14) death in any public or private conveyance;
(15) fetal death, as defined by section two hundred and two of chapter one hundred and eleven, where the period of gestation has been twenty weeks or more, or where fetal weight is three hundred and fifty grams or more;

(16) death of children under the age of 18 years from any cause;

(17) any person found dead;

(18) death in any emergency treatment facility, medical walk-in center, child care center, or under foster care; or

(19) deaths occurring under such other circumstances as the chief medical examiner shall prescribe in regulations promulgated pursuant to the provisions of chapter thirty A.

A physician, police officer, hospital administrator, licensed nurse, department of children and families social worker, or licensed funeral director, within the commonwealth, who, having knowledge of such an unreported death, fails to notify the office of the chief medical examiner of such death shall be punished by a fine of not more than five hundred dollars. Such failure shall also be reported to the appropriate board of registration, where applicable.

MICHIGAN

MINNESOTA

The Department of Health shall develop uniform investigative guidelines and protocols for coroners and medical examiners conducting death investigations and autopsies of children under two years of age.

MINN. STAT. § 390.11 (2008). Investigations
Subdivision 1. Reports of death.

All sudden or unexpected deaths and all deaths that may be due entirely or in part to any factor other than natural disease processes must be promptly reported to the coroner or medical examiner for evaluation. Sufficient information must be provided to the coroner or medical examiner. Reportable deaths include, but are not limited to:

(1) unnatural deaths, including violent deaths arising from homicide, suicide, or accident;

(2) deaths due to a fire or associated with burns or chemical, electrical, or radiation
injury;

(3) unexplained or unexpected perinatal and postpartum maternal deaths;

(4) deaths under suspicious, unusual, or unexpected circumstances;

(5) deaths of persons whose bodies are to be cremated or otherwise disposed of so that the bodies will later be unavailable for examination;

(6) deaths of inmates of public institutions and persons in custody of law enforcement officers who have not been hospitalized primarily for organic disease;

(7) deaths that occur during, in association with, or as the result of diagnostic, therapeutic, or anesthetic procedures;

(8) deaths due to culpable neglect;

(9) stillbirths of 20 weeks or longer gestation unattended by a physician;

(10) sudden deaths of persons not affected by recognizable disease;

(11) unexpected deaths of persons notwithstanding a history of underlying disease;

(12) deaths in which a fracture of a major bone such as a femur, humerus, or tibia has occurred within the past six months;

(13) deaths unattended by a physician occurring outside of a licensed health care facility or licensed residential hospice program;

(14) deaths of persons not seen by their physician within 120 days of demise;

(15) deaths of persons occurring in an emergency department;

(16) stillbirths or deaths of newborn infants in which there has been maternal use of or exposure to unprescribed controlled substances including street drugs or in which there is history or evidence of maternal trauma;

(17) unexpected deaths of children;

(18) solid organ donors;

(19) unidentified bodies;

(20) skeletonized remains;

(21) deaths occurring within 24 hours of arrival at a health care facility if death is
unexpected;

(22) deaths associated with the decedent's employment;

(23) deaths of nonregistered hospice patients or patients in nonlicensed hospice programs; and

(24) deaths attributable to acts of terrorism.

The coroner or medical examiner shall determine the extent of the coroner's or medical examiner's investigation, including whether additional investigation is needed by the coroner or medical examiner, jurisdiction is assumed, or an autopsy will be performed, notwithstanding any other statute.

MISSISSIPPI

MISS. CODE ANN. § 41-61-59 (2008). Report of death to medical examiner; investigation of death; compensation of chief medical examiner or investigator

(1) A person's death that affects the public interest as specified in subsection (2) of this section shall be promptly reported to the medical examiner by the physician in attendance, any hospital employee, any law enforcement officer having knowledge of the death, the embalmer or other funeral home employee, any emergency medical technician, any relative or any other person present. The appropriate medical examiner shall notify the municipal or state law enforcement agency or sheriff and take charge of the body. When the medical examiner has received notification under Section 41-39-15(6) that the deceased is medically suitable to be an organ and/or tissue donor, the medical examiner's authority over the body shall be subject to the provisions of Section 41-39-15(6). The appropriate medical examiner shall notify the Mississippi Bureau of Narcotics within twenty-four (24) hours of receipt of the body in cases of death as described in subsection (2)(m) or (n) of this section.

(2) A death affecting the public interest includes, but is not limited to, any of the following:

(a) Violent death, including homicidal, suicidal or accidental death.

(b) Death caused by thermal, chemical, electrical or radiation injury.

(c) Death caused by criminal abortion, including self-induced abortion, or abortion related to or by sexual abuse.

(d) Death related to disease thought to be virulent or contagious that may constitute a
public hazard.

(e) Death that has occurred unexpectedly or from an unexplained cause.

(f) Death of a person confined in a prison, jail or correctional institution.

(g) Death of a person where a physician was not in attendance within thirty-six (36) hours preceding death, or in prediagnosed terminal or bedfast cases, within thirty (30) days preceding death.

(h) Death of a person where the body is not claimed by a relative or a friend.

(i) Death of a person where the identity of the deceased is unknown.

(j) Death of a child under the age of two (2) years where death results from an unknown cause or where the circumstances surrounding the death indicate that sudden infant death syndrome may be the cause of death.

(k) Where a body is brought into this state for disposal and there is reason to believe either that the death was not investigated properly or that there is not an adequate certificate of death.

(l) Where a person is presented to a hospital emergency room unconscious and/or unresponsive, with cardiopulmonary resuscitative measures being performed, and dies within twenty-four (24) hours of admission without regaining consciousness or responsiveness, unless a physician was in attendance within thirty-six (36) hours preceding presentation to the hospital, or in cases in which the decedent had a prediagnosed terminal or bedfast condition, unless a physician was in attendance within thirty (30) days preceding presentation to the hospital.

(m) Death that is caused by drug overdose or which is believed to be caused by drug overdose.

(n) When a stillborn fetus is delivered and the cause of the demise is medically believed to be from the use by the mother of any controlled substance as defined in Section 41-29-105.

(3) The State Medical Examiner is empowered to investigate deaths, under the authority hereinafter conferred, in any and all political subdivisions of the state. The county medical examiners and county medical examiner investigators, while appointed for a specific county, may serve other counties on a regular basis with written authorization by the State Medical Examiner, or may serve other counties on an as-needed basis upon the request of the ranking officer of the investigating law enforcement agency. The county medical examiner or county medical examiner investigator of any county that has established a regional medical examiner district under subsection (4) of Section 41-61-77 may serve other counties that are parties to the agreement establishing the district, in
accordance with the terms of the agreement, and may contract with counties that are not part of the district to provide medical examiner services for those counties. If a death affecting the public interest takes place in a county other than the one where injuries or other substantial causal factors leading to the death have occurred, jurisdiction for investigation of the death may be transferred, by mutual agreement of the respective medical examiners of the counties involved, to the county where the injuries or other substantial causal factors occurred, and the costs of autopsy or other studies necessary to the further investigation of the death shall be borne by the county assuming jurisdiction.

(4) The chief county medical examiner or chief county medical examiner investigator may receive from the county in which he serves a salary of Nine Hundred Dollars ($900.00) per month, in addition to the fees specified in Sections 41-61-69 and 41-61-75, provided that no county shall pay the chief county medical examiner or chief county medical examiner investigator less than One Hundred Dollars ($100.00) per month as a salary, in addition to other compensation provided by law. In any county having one or more deputy medical examiners or deputy medical examiner investigators, each deputy may receive from the county in which he serves, in the discretion of the board of supervisors, a salary of not more than Nine Hundred Dollars ($900.00) per month, in addition to the fees specified in Sections 41-61-69 and 41-61-75. For this salary the chief shall assure twenty-four-hour daily and readily available death investigators for the county, and shall maintain copies of all medical examiner death investigations for the county for at least the previous five (5) years. He shall coordinate his office and duties and cooperate with the State Medical Examiner, and the State Medical Examiner shall cooperate with him.

(5) A body composed of the State Medical Examiner, whether appointed on a permanent or interim basis, the Director of the State Board of Health or his designee, the Attorney General or his designee, the President of the Mississippi Coroners' Association (or successor organization) or his designee, and a certified pathologist appointed by the Mississippi State Medical Association shall adopt, promulgate, amend and repeal rules and regulations as may be deemed necessary by them from time to time for the proper enforcement, interpretation and administration of Sections 41-61-51 through 41-61-79, in accordance with the provisions of the Mississippi Administrative Procedures Law, being Section 25-43-1 et seq.

MISS. CODE ANN. § 41-61-65 (2008). Autopsy; reports; immunity from liability; review of determination

(1) If, in the opinion of the medical examiner investigating the case, it is advisable and in the public interest that an autopsy or other study be made for the purpose of determining the primary and/or contributing cause of death, an autopsy or other study shall be made by the State Medical Examiner or by a competent pathologist designated by the State Medical Examiner. The State Medical Examiner or designated pathologist may retain any tissues as needed for further postmortem studies or documentation. When the medical examiner has received notification under Section 41-39-15(6) that the deceased is medically suitable to be an organ and/or tissue donor, the State Medical Examiner or designated pathologist may retain any biopsy or medically approved sample of the organ
and/or tissue in accordance with the provisions of Section 41-39-15(6). A complete autopsy report of findings and interpretations, prepared on forms designated for this purpose, shall be submitted promptly to the State Medical Examiner. Copies of the report shall be furnished to the authorizing medical examiner, district attorney and court clerk. A copy of the report shall be furnished to one (1) adult member of the immediate family of the deceased or the legal representative or legal guardian of members of the immediate family of the deceased upon request. In determining the need for an autopsy, the medical examiner may consider the request from the district attorney or county prosecuting attorney, law enforcement or other public officials or private persons. However, if the death occurred in the manner specified in subsection (2)(j) of Section 41-61-59, an autopsy shall be performed by the State Medical Examiner or his designated pathologist, and the report of findings shall be forwarded promptly to the State Medical Examiner, investigating medical examiner, the State Department of Health, the infant's attending physician and the local sudden infant death syndrome coordinator.

(2) Any medical examiner or duly licensed physician performing authorized investigations and/or autopsies as provided in Sections 41-61-51 through 41-61-79 who, in good faith, complies with the provisions of Sections 41-61-51 through 41-61-79 in the determination of the cause and/or manner of death for the purpose of certification of that death, shall not be liable for damages on account thereof, and shall be immune from any civil liability that might otherwise be incurred or imposed.

(3) Family members or others who disagree with the medical examiner's determination shall be able to petition and present written argument to the State Medical Examiner for further review. If the petitioner still disagrees, he may petition the circuit court, which may, in its discretion, hold a formal hearing. In all those proceedings, the State Medical Examiner and the county medical examiner or county medical examiner investigator who certified the information shall be made defendants. All costs of the petitioning and hearing shall be borne by the petitioner.

MISSOURI

MO. REV. STAT. § 58.452 (2009). Child's death under age eighteen, notice to coroner by persons having knowledge -- referral to child fatality review panel, when -- procedure for nonsuspicious death, form, duties -- autopsy, child death pathologist, when -- disagreement on need for autopsy, procedure -- violation by coroner, penalty

1. When any person, in any county in which a coroner is required by section 58.010, dies and there are reasonable grounds to believe that such person was less than eighteen years of age, who is eligible to receive a certificate of live birth, the police, sheriff, law enforcement officer or official, health practitioner or hospital or any person having knowledge of such a death shall immediately notify the coroner of the known facts
concerning the time, place, manner and circumstances of the death. The coroner shall notify the division of the child's death pursuant to section 210.115, RSMo. The coroner shall immediately evaluate the necessity for child fatality review and shall immediately notify the chairman of the child fatality review panel. The child fatality review panel shall be activated within twenty-four hours of such notice to review any death which includes one or more of the suspicious circumstances described in the protocol developed by the department of social services, state technical assistance team pursuant to section 210.194, RSMo.

2. If the coroner determines that the death of the person under age eighteen years, who is eligible to receive a certificate of live birth, does not include any suspicious circumstances listed in the protocol, the coroner shall complete a nonsuspicious child death form provided by the department of social services, state technical assistance team and have the form cosigned by the chairman of the child fatality review panel and forward the original to the department of social services, state technical assistance team within forty-eight hours of receiving notice of the child's death.

3. When a child under the age of eighteen years, who is eligible to receive a certificate of live birth dies, the coroner shall notify a certified child death pathologist to determine the need for an autopsy. The certified child death pathologist, in conjunction with the coroner, shall determine the need for an autopsy. If there is disagreement concerning the need for the autopsy, the certified child death pathologist shall make the determination unless the child fatality review panel, within twelve hours, decides against the certified child death pathologist.

4. When there is a disagreement regarding the necessity for an autopsy, the certified child death pathologist shall file a report with the chairman of the child fatality review panel indicating the basis for the disagreement. The pathologist's report on the disagreement shall be included in the report to the department of social services, state technical assistance team. If an autopsy is determined necessary, the autopsy shall be performed by a certified child death pathologist within twenty-four hours of receipt of the body by the pathologist or within twenty-four hours of the agreement by the pathologist to perform the autopsy, whichever occurs later.

5. Knowing failure by a coroner to refer a suspicious death of a child under the age of eighteen years, who is eligible to receive a certificate of live birth, to a child fatality review panel or to a certified child death pathologist is a class A misdemeanor.

MO. REV. STAT. § 194.117 (2009). Sudden infant death -- notification -- autopsy by certified child death pathologist required, procedure, release to parents or guardian -- cost, how paid -- department of health and senior services duties -- rules and regulations

Any person who discovers the dead body of, or acquires the first knowledge of the death of, any child under the age of one year and over the age of one week, where the child died suddenly in apparent good health, shall immediately notify the county coroner or medical examiner of the known facts concerning the time, place, manner, and

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circumstances of the death. All such deaths shall be autopsied by a certified child death pathologist. The coroner or medical examiner shall notify the parent or guardian of the child that an autopsy shall be performed at the expense of the state. The department of health and senior services shall receive prompt notification of such autopsy results. The results from the autopsy shall be reduced to writing and delivered to the state department of health and senior services. The term "sudden infant death syndrome" shall be entered on the death certificate as the principal cause of death where the term is appropriately descriptive of the circumstances surrounding the death of the child. The cost of the autopsy and transportation of the body shall be paid by the department of health and senior services, and the department shall pay, out of appropriations made for that purpose, as a reimbursement to the certified child death pathologist such costs that are within the limitation of maximum rates established by the rules and regulations of the department. Autopsies under this section shall be performed by pathologists deemed qualified to perform autopsies by the department of health and senior services and who agree to perform the autopsy according to protocols developed pursuant to section 210.196, RSMo. The certified child death pathologist shall ensure that a tangible summary of the autopsy results is provided to the parents or guardian of the child and shall provide informational material on the subject of sudden infant death syndrome to the family within one week after the autopsy is performed. A form letter developed by the department of health and senior services shall include a statement informing the parents or guardian of the right to receive the full autopsy results in cases of suspected sudden infant death syndrome. The certified child death pathologist shall, upon request by the parents or guardian, release the full autopsy results to the parents, guardian or family physician in cases of suspected sudden infant death syndrome within thirty days of such request. The tangible summary and full autopsy report shall be provided at no cost to the parents or guardian. The director of the department of health and senior services shall prescribe reasonable rules and regulations necessary to carry out the provisions of this section, including the establishment of a cost schedule and standards for reimbursement of costs of autopsies performed pursuant to the provisions of this section. The provisions of this section shall not be construed so as to limit, restrict or otherwise affect any power, authority, duty or responsibility imposed by any other provision of law upon any coroner or medical examiner. The department of health and senior services may receive grants of money or other aid from federal and other public and private agencies or individuals for the administration or funding of this section or any portion thereof or for research to determine the cause and prevention of deaths caused by sudden infant death syndrome.

MONTANA
NEBRASKA

NEB. REV. STAT. ANN. § 23-1824 (2009). Minor; autopsy required; when; guidelines; reimbursement
(1) The county coroner or coroner's physician shall perform, at county expense, an autopsy on any person less than nineteen years of age who dies a sudden death, except that no autopsy needs to be performed if (a) the death was caused by a readily recognizable disease or the death occurred due to trauma resulting from an accident and (b) the death did not occur under suspicious circumstances. The Attorney General shall create, by July 1, 2007, guidelines for county coroners or coroner's physicians regarding autopsies on persons less than nineteen years of age.

(2) The county coroner or coroner's physician shall attempt to establish, by a reasonable degree of medical certainty, the cause or causes of the death, and shall thereafter certify the cause or causes of death to the county attorney. No cause of death shall be certified as sudden infant death syndrome unless an autopsy, a death scene investigation, and a review of the child's medical history reveal no other possible cause.

(3) A county may request reimbursement of up to fifty percent of the cost of an autopsy from the Attorney General. Reimbursement requests may include, but not be limited to, costs for expert witnesses and complete autopsies, including toxicology screens and tissue sample tests. The Attorney General shall place an emphasis on autopsies of children five years of age and younger.

NEB. REV. STAT. ANN. § 71-605 (2009). Death certificate; cause of death; sudden infant death syndrome; how treated; cremation, disinterment, or transit permits; how executed; filing; requirements
(1) The funeral director and embalmer in charge of the funeral of any person dying in the State of Nebraska shall cause a certificate of death to be filled out with all the particulars contained in the standard form adopted and promulgated by the department. Such standard form shall include a space for veteran status and the period of service in the armed forces of the United States and a statement of the cause of death made by a person holding a valid license as a physician who last attended the deceased. The standard form shall also include the deceased's social security number. Death and fetal death certificates shall be completed by the funeral directors and embalmers and physicians for the purpose of filing with the department and providing child support enforcement information pursuant to section 43-3340.

(2) The physician shall have the responsibility and duty to complete and sign in his or her own handwriting or by electronic means pursuant to section 71-603.01, within twenty-four hours from the time of death, that part of the certificate of death entitled medical certificate of death. In the case of a death when no person licensed as a physician was in attendance, the funeral director and embalmer shall refer the case to the county attorney who shall have the responsibility and duty to complete and sign the death certificate in his or her own handwriting or by electronic means pursuant to section 71-603.01.
No cause of death shall be certified in the case of the sudden and unexpected death of a child between the ages of one week and three years until an autopsy is performed at county expense by a qualified pathologist pursuant to section 23-1824. The parents or guardian shall be notified of the results of the autopsy by their physician, community health official, or county coroner within forty-eight hours. The term sudden infant death syndrome shall be entered on the death certificate as the principal cause of death when the term is appropriately descriptive of the pathology findings and circumstances surrounding the death of a child.

If the circumstances show it possible that death was caused by neglect, violence, or any unlawful means, the case shall be referred to the county attorney for investigation and certification. The county attorney shall, within twenty-four hours after taking charge of the case, state the cause of death as ascertained, giving as far as possible the means or instrument which produced the death. All death certificates shall show clearly the cause, disease, or sequence of causes ending in death. If the cause of death cannot be determined within the period of time stated above, the death certificate shall be filed to establish the fact of death. As soon as possible thereafter, and not more than six weeks later, supplemental information as to the cause, disease, or sequence of causes ending in death shall be filed with the department to complete the record. For all certificates stated in terms that are indefinite, insufficient, or unsatisfactory for classification, inquiry shall be made to the person completing the certificate to secure the necessary information to correct or complete the record.

(3) A completed death certificate shall be filed with the department within five business days after the date of death. If it is impossible to complete the certificate of death within five business days, the funeral director and embalmer shall notify the department of the reason for the delay and file the certificate as soon as possible.

(4) Before any dead human body may be cremated, a cremation permit shall first be signed by the county attorney, or by his or her authorized representative as designated by the county attorney in writing, of the county in which the death occurred on a form prescribed and furnished by the department.

(5) A permit for disinterment shall be required prior to disinterment of a dead human body. The permit shall be issued by the department to a licensed funeral director and embalmer upon proper application. The request for disinterment shall be made by the next of kin of the deceased, as listed in section 38-1425, or a county attorney on a form furnished by the department. The application shall be signed by the funeral director and embalmer who will be directly supervising the disinterment. When the disinterment occurs, the funeral director and embalmer shall sign the permit giving the date of disinterment and file the permit with the department within ten days of the disinterment.

(6) When a request is made under subsection (5) of this section for the disinterment of more than one dead human body, an order from a court of competent jurisdiction shall be submitted to the department prior to the issuance of a permit for disinterment. The order

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shall include, but not be limited to, the number of bodies to be disinterred if that number can be ascertained, the method and details of transportation of the disinterred bodies, the place of reinterment, and the reason for disinterment. No sexton or other person in charge of a cemetery shall allow the disinterment of a body without first receiving from the department a disinterment permit properly completed.

(7) No dead human body shall be removed from the state for final disposition without a transit permit issued by the funeral director and embalmer having charge of the body in Nebraska, except that when the death is subject to investigation, the transit permit shall not be issued by the funeral director and embalmer without authorization of the county attorney of the county in which the death occurred. No agent of any transportation company shall allow the shipment of any body without the properly completed transit permit prepared in duplicate.

(8) The interment, disinterment, or reinterment of a dead human body shall be performed under the direct supervision of a licensed funeral director and embalmer, except that hospital disposition may be made of the remains of a child born dead pursuant to section 71-20,121.

(9) All transit permits issued in accordance with the law of the place where the death occurred in a state other than Nebraska shall be signed by the funeral director and embalmer in charge of burial and forwarded to the department within five business days after the interment takes place.

NEB. REV. STAT. ANN. § 71-2101 (2009). Sudden infant death syndrome; legislative findings
The Legislature finds that sudden infant death syndrome is the sudden, unexpected death of an apparently healthy infant less than one year of age that remains unexplained after the performance of a complete postmortem investigation, including an autopsy, an examination of the scene of death, and a review of the medical history. The Legislature further finds that, despite the success of prevention efforts, sudden infant death syndrome has been the second leading cause of death for infants in Nebraska for the last twenty years. Although there are no known ways to prevent sudden infant death syndrome in all cases, there are steps that parents and caregivers can take to reduce the risk of sudden infant death. The Legislature further finds and declares that there is a present and growing need to provide additional programs aimed at reducing the number of cases of sudden infant death.

NEB. REV. STAT. ANN. § 71-3405 (2009). Terms, defined
For purposes of sections 71-3404 to 71-3411:

(1) Child shall mean a person from birth to eighteen years of age;

(2) Investigation shall mean a review of existing records and other information regarding the child from relevant agencies, professionals, and providers of medical, dental, prenatal, and mental health care. The records to be reviewed may include, but not
be limited to, medical records, coroner's reports, autopsy reports, social services records, emergency and paramedic records, and law enforcement reports;

(3) Preventable child death shall mean the death of any child which reasonable medical, social, legal, psychological, or educational intervention may have prevented. Preventable child death shall include, but not be limited to, the death of a child from (a) intentional and unintentional injuries, (b) medical misadventures, including untoward results, malpractice, and foreseeable complications, (c) lack of access to medical care, (d) neglect and reckless conduct, including failure to supervise and failure to seek medical care for various reasons, and (e) preventable premature birth;

(4) Reasonable shall mean taking into consideration the condition, circumstances, and resources available; and

(5) Team shall mean the State Child Death Review Team.

NEB. REV. STAT. ANN. § 71-3408 (2009). Chairperson; duties
The chairperson of the team shall:

(1) Have the necessary information from investigative reports, medical records, coroner's reports, autopsy reports, and other relevant items made available to the team;

(2) Ensure timely notification of the team members of an upcoming meeting;

(3) Chair meetings of the team;

(4) Ensure that all team reporting and data-collection requirements are met;

(5) Ensure identification of strategies to prevent child deaths;

(6) Oversee adherence to the review process established by sections 71-3404 to 71-3411; and

(7) Perform such other duties as the team deems appropriate.

NEB. REV. STAT. ANN. § 71-3409 (2009). Review of child deaths; phases
(1) The team shall review all child deaths occurring on or after January 1, 1993. The review process shall be conducted in three phases.

(2) Phase one shall be conducted by the core members. The core members shall review the death certificate, birth certificate, coroner's report or autopsy report if done, and indicators of child or family involvement with the Department of Health and Human Services. The core members shall classify the nature of the death, whether accidental, homicide, suicide, undetermined, or natural causes, determine the completeness of the death certificate, and identify discrepancies and inconsistencies. The core members may select cases from phase one for review in phase two.
(3) Phase two shall be completed by the core members and shall not be conducted on any child death under active investigation by a law enforcement agency or under criminal prosecution. The core members may seek additional records described in section 71-3410. The core members shall identify the preventability of death, the possibility of child abuse or neglect, the medical care issues of access and adequacy, and the nature and extent of interagency communication. The core members may select cases from phase two for review by the team in phase three.

(4) Phase three shall be a review by the team of those cases selected by the core members for further discussion, review, and analysis.

NEB. REV. STAT. ANN. § 71-3410 (2009). Provision of information and records; subpoenas
Upon request the team shall be immediately provided:

(1) Information and records maintained by a provider of medical, dental, prenatal, and mental health care, including medical reports, autopsy reports, and emergency and paramedic records; and

(2) All information and records maintained by any state, county, or local government agency, including, but not limited to, birth and death certificates, law enforcement investigative data and reports, coroner investigative data and reports, parole and probation information and records, and information and records of any social services agency that provided services to the child or the child's family.

The Department of Health and Human Services shall have the authority to issue subpoenas to compel production of any of the records and information specified in subdivisions (1) and (2) of this section, except records and information on any child death under active investigation by a law enforcement agency or which is at the time the subject of a criminal prosecution, and shall provide such records and information to the team.

NEVADA

NEV. REV. STAT. ANN. § 432B.407 (2009). Information available to child death review teams; sharing of certain information; subpoena to obtain information; confidentiality of information
1. A multidisciplinary team to review the death of a child is entitled to access to:

(a) All investigative information of law enforcement agencies regarding the death;

(b) Any autopsy and coroner's investigative records relating to the death;
(c) Any medical or mental health records of the child; and

(d) Any records of social and rehabilitative services or of any other social service agency which has provided services to the child or the child's family.

2. Each organization represented on a multidisciplinary team to review the death of a child shall share with other members of the team information in its possession concerning the child who is the subject of the review, any siblings of the child, any person who was responsible for the welfare of the child and any other information deemed by the organization to be pertinent to the review.

3. A multidisciplinary team to review the death of a child may petition the district court for the issuance of, and the district court may issue, a subpoena to compel the production of any books, records or papers relevant to the cause of any death being investigated by the team. Except as otherwise provided in NRS 239.0115, any books, records or papers received by the team pursuant to the subpoena shall be deemed confidential and privileged and not subject to disclosure.

4. Information acquired by, and the records of, a multidisciplinary team to review the death of a child are confidential, must not be disclosed, and are not subject to subpoena, discovery or introduction into evidence in any civil or criminal proceeding.


1. When an autopsy is performed upon the body of a minor, the person who orders the autopsy shall make a diligent effort to give the parents or guardian of the minor notice of the autopsy in person, by telephone or by mail.

2. The internal organs must, if feasible, be kept with the body after such an autopsy is completed.


1. The board of county commissioners of any county may provide by ordinance that in all cases where the cause or suspected cause of a death is sudden infant death syndrome, the coroner may take possession of the body, exhuming the body if necessary, and authorize the performance of post mortem examination thereon. Such examination may include an analysis of the stomach, stomach contents, blood, organs, fluids or tissues of the body.

2. The findings resulting from the examination performed under subsection 1, including the opinions and conclusions of the examining physician, shall be reduced to writing and included in the coroner's record of death. The coroner shall file a copy of such report with the State Registrar.
NEW HAMPSHIRE


I. Administrative and executive direction of the department of health and human services shall be under the direction of a commissioner of health and human services who shall be appointed by the governor and council. The commissioner shall hold office for a term of 4 years from the date of the appointment.

II. The commissioner may enter into such contracts as the commissioner deems necessary for the provision of services to clients of the department and for the operation of facilities of the department, subject to the approval of the governor and council. The commissioner further may receive, expend, control, convey, hold in trust, or invest any funds or real or personal property given or devised to or owned by any facility as the commissioner deems appropriate or expedient. At the discretion of the commissioner, the department may directly operate and administer any program or facility which provides, or which may be established to provide, services to clients of the department, or the commissioner may contract with any individual, partnership, association, agency, or corporation, either public or private, profit, or nonprofit, as, in the discretion of the commissioner, may be necessary and appropriate for the operation and administration of any program or facility which provides services to clients of the department.

II-a. Sixty days after the end of each fiscal year, the commissioner shall produce an annual report which shall consist of an aggregate schedule of payables for class 90 grant lines, which are greater than $1,000,000, for such fiscal year. Payables shall start with the date the bill for goods or services is received by the department without regard to whether the bill is subsequently adjusted or paid. All payables with a receipt date within the report period shall be included. The report shall be submitted to the legislative budget assistant, the house and senate finance committees, the house speaker, senate president, and the governor.

III. The commissioner may designate any member of the department to act on behalf of the commissioner or the department. The commissioner further may delegate any duty or authority of the commissioner or the department to any member of the department or to any sub-unit or component of the department.

IV. Pursuant to RSA 541-A, the commissioner shall have the authority to establish fees, copayments or any other charges for services or assistance provided by or on behalf of the department.

V. The commissioner shall have the authority to direct an autopsy be made upon the death of any person admitted to, a resident of, or receiving care from the New Hampshire hospital, Glencliff home, or any other residential facility operated by the department or a contract service provider, if the commissioner deems it necessary for the purpose of determining the existence of infection or disease, cause of death, or for other good reason. The findings of any such autopsy shall be treated by the department in accordance
with the quality assurance program under RSA 126-A:4, IV and by the medical examiner in accordance with the provisions of RSA 611-B:21, IV.

VI. The commissioner shall have the authority to make arrangements for the funeral and burial of any person who has not made other arrangements and dies while admitted to, a resident of, or receiving care from New Hampshire hospital, Glencliff home or any other residential facility operated by the department or a contract service provider. If an autopsy is ordered pursuant to RSA 126-A:5, V, then following the autopsy, the medical examiner shall deliver the body to any person authorized pursuant to RSA 611:14. In the event that a dead body is unclaimed for a period of not less than 48 hours following completion of any autopsy ordered pursuant to this section, then the medical examiner shall deliver the body to a funeral home as directed by the commissioner, who shall decently bury or cremate the body at department expense, or, with consent of the commissioner, it may be sent at department expense to the medical department of a medical school or university, to be used for the advancement of the science of anatomy or surgery, as provided for by law.

VII. The commissioner shall establish advisory groups or other mechanisms to solicit input from clients and providers of the department and their families regarding the services provided by the department and its contract providers.

VIII. The commissioner shall establish an appeals process for any individual applying for or receiving services from the department or its contract service providers, any providers, programs, services, or facilities which are licensed or certified by the department, or with regard to actions related to employees of the department or any other matter within the jurisdiction of the department. Notwithstanding any other provision of law, the appeals process shall include:

(a) That the appellant may elect either an administrative hearing or an independent review to determine the facts of the matter on appeal.

(b) If the appellant elects an independent review the hearing officer shall conduct a review in accordance with rules established by the commissioner and shall submit a proposed decision to the commissioner. The commissioner shall then review the proposed decision and issue a final order on the appeal, subject to RSA 126-A:5, VIII(e).

(c) If the appellant elects an administrative hearing, the hearing officer shall conduct a hearing in accordance with the rules established by the commissioner.

(d) Unless the commissioner has delegated to the hearing officer authority to issue a decision on behalf of the department, following the hearing, the hearing officer shall submit to the commissioner a proposed decision which shall include:

(1) A statement of the issues presented in the appeal;

(2) A summary of the evidence received;
(3) Proposed findings of fact and rulings of law; and

(4) A proposed order.

(e) If following a hearing or review the proposed decision is adverse to the individual applying for or receiving services, facility or employee who made the appeal, or if the commissioner proposes to make an adverse finding, ruling, or order which the hearing officer has not recommended, the commissioner shall provide the appealing party with a copy of the commissioner's proposed decision and offer an opportunity to submit a brief and make an oral argument regarding the contested findings of fact, rulings of law, or proposed order.

(f) Following a review of a proposed decision after a hearing or review and of a brief and argument in a contested case, if any, the commissioner shall issue a final decision on the appeal.

IX. The commissioner shall adopt rules pursuant to RSA 541-A relative to the compensation of the members of the drug use review board.

X. The commissioner may assess and collect reasonable fees for the duplication of materials made pursuant to RSA 91-A:4 and for material generally available to the public upon request. Such fees shall be based on an amount necessary to recover the cost of producing such documents, regardless of the type of medium used. Fees paid to the department of health and human services shall be continually appropriated to the department. Local, state and federal agencies shall be exempted from these fees.

XI. The commissioner shall adopt rules, pursuant to RSA 541-A, implementing procedures for state registry and criminal background investigations of all new department staff who have regular contact with children, according to the provisions of RSA 170-G:8-c.

XII. (a) Notwithstanding any other provision of law to the contrary, the commissioner shall, upon request, publicly disclose the information in subparagraphs (c)(3)-(c)(12) regarding the abuse or neglect of a child, as set forth in this paragraph, if there has been a fatality or near fatality resulting from abuse or neglect of a child. Information included in subparagraphs (c)(1) and (c)(2) shall also be disclosed if it is determined that such disclosure shall not be contrary to the best interests of the child, the child's siblings or other children in the household and there has been a fatality or near fatality resulting from abuse or neglect of a child. In addition, the same disclosure shall be made when there has been a fatality, to include suicide, or near fatality of a child under the legal supervision or legal custody of the department. In determining whether disclosure will be contrary to the best interests of the child, the child's siblings, or other children in the household, the commissioner shall consider the privacy interests of the child and the child's family and the effects which disclosure may have on efforts to reunite and provide services for the family. If the commissioner determines not to release the information, the commissioner...
shall provide written findings in support of the decision to the requestor. As used in this section, "near fatality" means an act or event that places a child in serious or critical condition as certified by a physician.

(b) Information may be disclosed as follows:

(1) Information released prior to the completion of the investigation of a report shall be limited to a statement that a report is "under investigation."

(2) When there has been a prior disclosure pursuant to subparagraph (b)(1) of this paragraph, information released in a case in which the report has been unfounded shall be limited to the statement that "the investigation has been completed, and the report has been determined unfounded."

(3) If the report has been founded, then information may be released pursuant to subparagraph (c) of this section.

(c) For the purposes of this paragraph, the following information shall be disclosed:

(1) The name of the abused or neglected child, provided that the name shall not be disclosed in a case of a near fatality unless the name has otherwise previously been disclosed.

(2) The name of the parent or other person legally responsible for the child or the foster family home, group home, child care institution, or child placing agency where the child is placed.

(3) The date of any report to the department of suspected abuse or neglect, to include any prior reports on file, provided that the identity of the person making the report shall not be made public.

(4) The statutory basis and supporting allegations of any such report, provided that the identity of the person making the report shall not be made public.

(5) Whether any such report was referred to a district office for assessment and, if so, the priority assigned by central intake.

(6) The date any such report was referred to the district office for assessment.

(7) For each report, the date and means by which the district office made contact with the family regarding the assessment.

(8) For each report, the date and means of any collateral contact made as part of the investigation provided that the identity of an individual so contacted shall not be made public.
(9) For each report, the date the assessment was completed.

(10) For each report, the fact that the department's investigation resulted in a finding of either abuse or neglect and the basis for the finding.

(11) Identification of services and actions taken, if any, by the department regarding the child named in the report and his or her family or substitute caregiver as a result of any such report or reports.

(12) Any extraordinary or pertinent information concerning the circumstances of the abuse or maltreatment of the child and the investigation of such abuse or maltreatment, where the commissioner determines such disclosure is consistent with the public interest.

(d) Any disclosure of information pursuant to this paragraph shall be consistent with the provisions of subparagraph (c). Such disclosure shall not identify or provide an identifying description of the source of the report, and shall not identify the name of the abused or neglected child's siblings, or any other members of the child's household, other than the subject of the report.

XIII. The commissioner shall adopt rules pursuant to RSA 541-A relative to approved headgear required by RSA 265:144, X.

XIV. [Repealed.]

XIV-a. (a) The children's health insurance program shall include a public education and outreach component, the purpose of which shall be to increase enrollment by informing new parents of the program's availability and assisting families in the completion of the application process as necessary.

(b) The department shall, through the New Hampshire healthy kids corporation, allocate funds for the development of a volunteer program to promote the program to eligible families and to identify those families who may require assistance with the application or redetermination process, and provide training and supervision of volunteers. The healthy kids corporation shall coordinate with and utilize the services of Volunteer NH, AmeriCorps, and other volunteer organizations.

(c) The department shall reimburse designated partner agencies, including health and home visiting providers, who had to provide additional follow-up with applicants an enhanced application fee for the outreach assistance to individuals requesting assistance in the application or redetermination process. Such fee shall be equal to twice the regular application fee.

XV. The commissioner shall establish a quality early learning opportunity initiative which shall be available on a first-come, first-served basis to families whose income is between 190 percent and 250 percent of the federal poverty guidelines, and whose children are enrolled in a child care program licensed under RSA 170-E, and who
otherwise meet all other eligibility requirements for child care assistance. The amount of support provided to eligible families shall be calculated annually by the department and shall reflect the estimated average difference between the cost of licensed child care and unlicensed child care.

XVI. Notwithstanding any other provision of law, administrative rule, or administrative process to the contrary, the commissioner of health and human services may advertise requests for proposals and recruitment of personnel by using the Internet rather than traditional newspaper print media. The department shall regularly publish a notice in traditional print media referring prospective service providers and persons seeking state employment to the state's website for detailed information about opportunities.

XVII. The commissioner or designee shall participate in the development of an evidence-based prescription drug education program designed to provide health care providers who are licensed to prescribe or dispense prescription drugs with information and education on the therapeutic and cost-effective utilization of prescription drugs. This program may be developed under the leadership of the New Hampshire Medical Society in partnership with area health education centers programs administered by Dartmouth Medical School and any organization in New Hampshire or other state the partnership shall see fit to consult. The commissioner or partners may seek grants and financial gifts from non-profit charitable foundations to cover planning and development of this program. The commissioner or partners shall present a progress report on the development of the program to the oversight committee on health and human services by November 1, 2008.

[Paragraph XVIII effective January 1, 2009.]

XVIII. (a) The commissioner shall establish the state office of rural health (SORH) within the department. The SORH shall:

(1) Link rural health and human service providers with state and federal resources.

(2) Seek long-term solutions to the challenges of rural health.

(3) Increase access to health care in rural and underserved areas of the state.

(4) Improve recruitment and retention of health professionals in rural areas.

(5) Provide technical assistance and coordination to rural communities and health organizations.

(6) Maintain a clearing house for collecting and disseminating information on rural health care issues and innovative approaches to the delivery of health care in rural areas.

(7) Coordinate rural health interests and activities.

(8) Participate in strengthening state, local, and federal partnerships.
(b) The commissioner may adopt rules, pursuant to RSA 541-A, relative to accomplishing the goals under subparagraph (a).

(c) The commissioner shall submit an annual report beginning on November 1, 2009 to the speaker of the house of representatives, the senate president, and the governor on the health status of rural residents incorporating current data from the bureau of health statistics and data management and the SORH.

In any case in which the deceased whose death is being investigated is a child whose death is determined to have been the result of sudden unexplained infant death, the supervising medical examiner shall file a record of the case with the bureau of maternal and child health, department of health and human services. The bureau shall not release this report to any person without the written permission of the supervising medical examiner. The bureau may inform the parents of the child of the disposition of the case in a letter, but shall not include any portion of the autopsy report.

NEW JERSEY

There is established the Child Fatality and Near Fatality Review Board. For the purposes of complying with the provisions of Article V, Section IV, paragraph 1 of the New Jersey Constitution, the board is established within the Department of Children and Families, but notwithstanding the establishment, the board shall be independent of any supervision or control by the department or any board or officer thereof.

The purpose of the board is to review fatalities and near fatalities of children in New Jersey in order to identify their causes, their relationship to governmental support systems, and methods of prevention. The board shall describe trends and patterns of child fatalities and near fatalities in New Jersey; identify risk factors and their prevalence in these populations of children; evaluate the responses of governmental systems to children in families who are considered to be at high risk and to offer recommendations for improvement in those responses; characterize risk groups in terms that are compatible with the development of public policy; improve the sources of data collection by developing protocols for autopsies, death investigations, and complete recording of cause of death on the death certificate; and provide case consultation to individuals or agencies represented by the board.
N.J. STAT. ANN. § 52:17B-88 (2009). Findings; report; autopsy; transportation of body
If the cause of such death shall be established beyond a reasonable doubt, the county medical examiner shall reduce his findings to writing and promptly make a full report thereof to the State Medical Examiner and to the county prosecutor on forms to be prescribed by the State Medical Examiner for such purpose. If, however, in the opinion of the county medical examiner, the State Medical Examiner, an assignment judge of the Superior Court, the county prosecutor or the Attorney General, an autopsy is necessary, or if, in cases where the suspected cause of death of a child under one year of age is sudden infant death syndrome or the child is between one and three years of age and the death is sudden and unexpected, and an investigation has been conducted under the provisions of section 9 of P.L. 1967, c. 234 (C. 52:17B-86), and the parent, parents or legal guardian of the child request an autopsy, the same shall be performed, by (1) the State Medical Examiner, or an assistant designated by him or by (2) the county medical examiner or a deputy or assistant county medical examiner provided either has the recognized training or experience in forensic pathology or by (3) such competent forensic pathologists as may be authorized by the State Medical Examiner; except that when the suspected cause of death of a child under one year of age is sudden infant death syndrome or the child is between one and three years of age and the death is sudden and unexpected, upon the request of the parent, parents or legal guardian of the child, a pediatric pathologist, if available, shall assist in the performance of the autopsy under the direction of a forensic pathologist. The county medical examiner shall notify the parent, parents or legal guardian of the child that they may request that a pediatric pathologist assist in the performance of the autopsy. A detailed description of the findings written during the progress of such autopsy and the conclusions drawn therefrom shall thereupon be filed in the offices of the State Medical Examiner, the county medical examiner and the county prosecutor. The county medical examiner shall make available a copy of these findings and conclusions to the closest surviving relative of the decedent within 90 days of the receipt of a request therefor, unless the death is under active investigation by a law enforcement agency. If the suspected cause of death of a child under one year of age is sudden infant death syndrome or if the child is between one and three years of age and the death is sudden and unexpected, the findings and conclusions shall be reported to the child's parent, parents or legal guardian and the State Department of Health and Senior Services within 48 hours after the death of the child.

It shall be the duty of any county medical examiner to call upon the State Medical Examiner or an assistant State medical examiner, or other person authorized and designated by the State Medical Examiner, to make an examination or perform an autopsy whenever he deems it necessary or desirable, and it shall be the duty of the State Medical Examiner or assistant State medical examiner to perform such examination, except in such cases as a competent pathologist is so authorized by the State Medical Examiner to perform such autopsy. The necessary expenses for transportation of a body for autopsy by the State Medical Examiner or an assistant State medical examiner or an authorized pathologist and such reasonable fee payable to the authorized pathologist as has been approved by the State Medical Examiner for each autopsy such authorized pathologist may perform shall be paid by the State.
As used in this act:

a. "Compelling public necessity" means

(1) That the dissection or autopsy is essential to the criminal investigation of a homicide of which the decedent is the victim; or

(2) That the discovery of the cause of death is necessary to meet an immediate and substantial threat to the public health and that a dissection or autopsy is essential to ascertain the cause of death; or

(3) That the death was that of an inmate of a prison, jail or penitentiary; or

(4) That the death was that of a child under the age of 12 years suspected of having been abused or neglected or suspected of being a threat to public health, and the cause of whose death is not apparent after diligent investigation by the medical examiner; or

(5) That the need for a dissection or autopsy is established pursuant to the provisions of section 4 of this act.

b. "Friend" means any person who, prior to the decedent's death, maintained close contact with the decedent sufficient to render that person knowledgeable with the decedent's activities, health and religious beliefs; and who presents an affidavit stating the facts and circumstances upon which the claim that the person is a friend is based and stating that the person will assume responsibility for the lawful disposition of the body of the deceased.

a. The State Medical Examiner, in consultation with the Commissioner of Health and Senior Services, shall develop standardized protocols for autopsies performed in those cases in which the suspected cause of death of a child under one year of age is sudden infant death syndrome and in which the child is between one and three years of age and the death is sudden and unexpected.

b. The State Medical Examiner shall establish a Sudden Child Death Autopsy Protocol Committee to assist in developing and reviewing the protocol. The committee shall include, but shall not be limited to, the State Medical Examiner or his designee, the Assistant Commissioner of the Division of Family Health Services in the Department of Health and Senior Services or his designee, the Director of the Division of Youth and Family Services in the Department of Children and Families or his designee, the director of the SIDS Resource Center established pursuant to P.L.1987, c.331 (C.26:5D-4), an epidemiologist, a forensic pathologist, a pediatric pathologist, a county medical examiner, a pediatrician who is knowledgeable about sudden infant death syndrome and child...
abuse, a law enforcement officer, an emergency medical technician or a paramedic, a family member of a sudden infant death syndrome victim and a family member of a sudden unexpected death victim who was between one and three years of age at the time of death.

The committee shall annually review the protocol and make recommendations to the State Medical Examiner to revise the protocol, as appropriate.

c. The protocols shall include requirements and standards for scene investigation, criteria for ascertaining the cause of death based on autopsy, criteria for specific tissue sampling, and such other requirements as the committee deems appropriate. The protocols shall take into account nationally recognized standards for pediatric autopsies.

The State Medical Examiner shall be responsible for ensuring that the protocols are followed by all medical examiners and other persons authorized to conduct autopsies in those cases in which the suspected cause of death is sudden infant death syndrome or in which the child is between one and three years of age and the death is sudden and unexpected.

d. The protocols shall authorize the State Medical Examiner, county medical examiner or other authorized person to take tissue samples for research purposes, as provided in section 2 of P.L.2005, c.227 (C.52:17B-88.11).

e. The sudden infant death syndrome autopsy protocol shall provide that if the findings in the autopsy are consistent with the definition of sudden infant death syndrome specified in the protocol, the person who conducts the autopsy shall state on the death certificate that sudden infant death syndrome is the cause of death.


The Legislature finds and declares that: advances in genetics, biochemistry and other areas of medical research are yielding new information about the specific causes of sudden death in infancy and early childhood; these findings are of great importance because the largest subgroup of these deaths, Sudden Infant Death Syndrome, remains a "rule-out" diagnosis for which the family learns what did not, rather than what did, cause the death of their child; without knowing the actual cause, families are not able to determine if there is a genetic basis that places their other children at risk, and physicians are not able to prevent a death by prospectively diagnosing and treating a potentially fatal medical problem; and if the State is to meet its public health goal of reducing infant mortality, it is in the public interest to accelerate efforts to identify actual causes of death in infants and young children.

a. The State Medical Examiner, in consultation with the Commissioner of Health and Senior Services and the Sudden Child Death Autopsy Protocol Committee established pursuant to section 2 of P.L. 2000, c. 24 (C.52:17B-88.10) shall establish, pursuant to this section, a protocol for participation by medical examiners in research activities
concerning deaths of children three years of age and younger. The protocol shall be revised as necessary. The research shall include all autopsies in which the suspected cause of death of a child under one year of age is sudden infant death syndrome and the suspected cause of death of a child three years of age and younger is not considered a violent death pursuant to subsection a. of section 9 of P.L. 1967, c. 234 (C. 52:17B-86).

The protocol shall authorize the State Medical Examiner, county medical examiner or other authorized person to take and transfer tissue samples to an approved research project prior to obtaining the consent of the parent or legal guardian of the deceased infant or young child, but the research project shall not be permitted to use the tissue prior to its obtaining consent as provided in paragraph (3) of this subsection.

Notwithstanding the provisions of this section to the contrary, the protocol shall provide that no tissue sample shall be taken from a deceased infant or young child whose parent or legal guardian has objected to an autopsy because it is contrary to the religious beliefs of the deceased, in accordance with section 2 of P.L. 1983, c. 535 (C. 52:17B-88.2).

The protocol shall, at a minimum, stipulate that:

(1) the research project first be approved by the institutional review board of the facility at which the research shall be conducted, then by the Sudden Child Death Autopsy Protocol Committee, and finally by the Institutional Review Board of the New Jersey Department of Health and Senior Services. If a research project is submitted by the Department of Health and Senior Services, the final review of the project shall be conducted by an independent review board;

(2) the research project delineate the information, other than the tissue sample, that will be required from the investigation of the death of the infant or young child;

(3) the research project develop a plan for the release by the State Medical Examiner or county medical examiner, as applicable, of a decedent's tissue, as well as obtaining written consent for the use of the tissue and other identifying information from the parent or legal guardian of the deceased infant or young child;

(4) the research project develop a plan for the disposal of a decedent's tissue in the event that the parent or guardian does not give consent for use of the tissue, and in cases in which consent is given, upon completion of the research. The plan shall incorporate accepted procedures for disposal of surgical biopsies and biohazardous materials, and shall include procedures to inform the parent or guardian and the Sudden Child Death Autopsy Protocol Committee of the disposal plan;

(5) the research project reimburse the State Medical Examiner, county medical examiner or other authorized person participating in the research for reasonable costs incurred in taking storing and providing tissue samples for the project. The estimated costs subject to reimbursement shall be reviewed and approved by the State Medical Examiner;
(6) the research project provide the State Medical Examiner and the Sudden Child Death Autopsy Protocol Committee with periodic updates on the status of the project; and

(7) the Sudden Child Death Autopsy Protocol Committee may terminate a research project that is not in compliance with the research project as approved pursuant to this subsection.

b. Upon receiving notification from the research project that the research project has obtained written consent from the parent or legal guardian of the deceased infant or young child for the use of tissue samples and identifying information, the State Medical Examiner, county medical examiner or other authorized person, as applicable, shall provide the research project with copies of the autopsy reports and any reports generated by the State Medical Examiner or county medical examiner concerning the subject of the research.

c. The information and tissue samples provided by the State Medical Examiner, county medical examiner or other authorized person to the research project shall be used by the research project only for the purposes approved by the Sudden Child Death Autopsy Protocol Committee and as specified in the protocol, and shall not otherwise be divulged or made public so as to disclose the identity of any person to whom they relate. The information provided to the research project shall not be considered a public record pursuant to P.L. 1963, c. 73 (C. 47:1A-1 et seq.) or P.L. 2001, c. 404 (C. 47:1A-5 et al.).

d. The Sudden Child Death Autopsy Protocol Committee shall oversee the approved research projects.

e. The State Medical Examiner, county medical examiner, their employees and other persons authorized by the State Medical Examiner to provide tissue samples and identifying information to the research project, and the members of the Sudden Child Death Autopsy Protocol Committee shall not be liable for civil damages as the result of any actions or omissions performed in good faith and in accordance with the provisions of this act.

NEW MEXICO

N.M. STAT. ANN. § 24-12-4 (2008). Post-mortem examinations and autopsies; consent required
A. An autopsy or post-mortem examination may be performed on the body of a deceased person by a physician or surgeon whenever consent to the procedure has been given by:

(1) written authorization signed by the deceased during his lifetime;

(2) authorization of any person or on behalf of any entity whom the deceased
designated in writing during his lifetime to take charge of his body for burial or other purposes;

(3) authorization of the deceased's surviving spouse;

(4) authorization of an adult child, parent or adult brother or sister of the deceased if there is no surviving spouse or if the surviving spouse is unavailable, incompetent or has not claimed the body for burial after notification of the death of the decedent;

(5) authorization of any other relative of the deceased if none of the persons enumerated in Paragraphs (2) through (4) of this subsection is available or competent to give authorization; or

(6) authorization of the public official, agency or person having custody of the body for burial if none of the persons enumerated in Paragraphs (2) through (5) of this subsection is available or competent to give authorization.

B. An autopsy or post-mortem examination shall not be performed under authorization given under the provisions of Paragraph (4) of Subsection A of this section by any one of the persons enumerated if, before the procedure is performed, any one of the other persons enumerated objects in writing to the physician or surgeon by whom the procedure is to be performed.

C. An autopsy or post-mortem examination may be performed by a pathologist at the written direction of the district attorney or his authorized representative in any case in which the district attorney is conducting a criminal investigation.

D. An autopsy or post-mortem examination may be performed by a pathologist at the direction of the state, district or deputy medical investigator when he suspects the death was caused by a criminal act or omission or if the cause of death is obscure.

E. For purposes of this section, "autopsy" means a post-mortem dissection of a dead human body in order to determine the cause, seat or nature of disease or injury and includes the retention of tissues customarily removed during the course of autopsy for evidentiary, identification, diagnosis, scientific or therapeutic purposes.

NEW YORK

N.Y. COUNTY LAW § 677 (2009). Records; reports

1. The writing made by the coroner, or by the coroner and coroner's physician, or by the medical examiner, at the place where he takes charge of the body, shall be filed promptly in the office of the coroner or medical examiner. The testimony of witnesses examined before him and the report of any examination made or directed by him shall be made in writing or reduced to writing and thereupon filed in such office.
2. The report of any autopsy or other examination shall state every fact and circumstance tending to show the condition of the body and the cause and means or manner of death. The person performing an autopsy, for the purpose of determining the cause of death or means or manner of death, shall enter upon the record the pathological appearances and findings, embodying such information as may be prescribed by the commissioner of health, and append thereto the diagnosis of the cause of death and of the means or manner of death. Methods and forms prescribed by the commissioner of health for obtaining and preserving records and statistics of autopsies conducted within the state shall be employed. A detailed description of the findings, written during the progress of the autopsy, and the conclusions drawn therefrom shall, when completed, be filed in the office of the coroner or medical examiner.

3. (a) The coroner or coroners of each county, or the medical examiner, shall keep full and complete records, properly indexed, stating the name, if known, of every person whose death is investigated, the place where the body was found, the date of death, if known, and if not known, the date or approximate date as determined by the investigation, to which there shall be attached the original report of the coroner, or coroner and coroner's physician or physician employed, or medical examiner, and the detailed findings of the autopsy, if any. Such records shall be kept in the office of the county clerk except in those counties having a full-time coroner or medical examiner, in which case such records shall be kept in the office of the coroner or medical examiner.

(b) Such records shall be open to inspection by the district attorney of the county. Upon application of the personal representative, spouse or next of kin of the deceased to the coroner or the medical examiner, a copy of the autopsy report, as described in subdivision two of this section shall be furnished to such applicant. Upon proper application of any person who is or may be affected in a civil or criminal action by the contents of the record of any investigation, or upon application of any person having a substantial interest therein, an order may be made by a court of record, or by a justice of the supreme court, that the record of that investigation be made available for his inspection, or that a transcript thereof be furnished to him, or both.

4. The coroner, coroner's physician or medical examiner shall promptly deliver to the district attorney copies of all records pertaining to any death whenever, in his opinion, or in the judgment of the person performing the autopsy, there is any indication that a crime was committed.

5. The coroner, coroner's physician or medical examiner shall promptly report to the commissioner of motor vehicles, in a form and manner specified by the commissioner, the results of all quantitative tests for alcohol, and for any trace of a controlled substance, as defined in section three thousand three hundred six of the public health law, that the coroner, coroner's physician or medical examiner has reasonable cause to believe is present, performed upon bodies of victims of motor vehicle accidents pursuant to the requirements of subdivision three of section six hundred seventy-four of this chapter.
6. The coroner, coroner's physician or medical examiner shall promptly provide the chairman of the correction medical review board and the commissioner of correctional services with copies of any autopsy report, toxicological report or any report of any examination or inquiry prepared with respect to any death occurring to an inmate of a correctional facility as defined by subdivision three of section forty of the correction law within his county. If the toxicological report is prepared pursuant to any agreement or contract with any person, partnership, corporation or governmental agency with the coroner or medical examiner, such report shall be promptly provided to the chairman of the correction medical review board and to the commissioner of correctional services by such person, partnership, corporation or governmental agency.

7. (a) Upon the written request of the commissioner of mental health, the commissioner of mental retardation and developmental disabilities, the director of the mental hygiene legal service, the chairman of the commission on quality of care for the mentally disabled or the director of a mental hygiene facility, as defined in section 45.01 of the mental hygiene law, at which the deceased was a patient or resident, the coroner, coroner's physician or medical examiner shall provide such person with a copy of all reports and records, including, but not limited to, autopsy reports and toxicological reports related to the deceased prepared by a person, partnership, corporation or governmental agency pursuant to any agreement or contract with the coroner or medical examiner with respect to the death of a patient or resident receiving services for a mental disability at such a mental hygiene facility.

(b) Upon the written request of the commissioner of mental health, or commissioner of mental retardation and developmental disabilities, or a director of a departmental facility as defined in section 1.03 of the mental hygiene law, or the chairman of the commission on quality of care for the mentally disabled, the coroner, coroner's physician or medical examiner shall transmit to the commissioner, or such director, or chairman, or any member of the mental hygiene medical review board designated by the chairman of such commission, original autopsy slides, tissue materials and specimens taken from the body of a deceased patient or resident as defined in paragraph (a) of this section. Such original materials may be used and tested by such office of the department of mental hygiene, or such director, and mental hygiene medical review board pursuant to its authority under section 45.17 of the mental hygiene law. Such slides, materials and specimens may be retained for a reasonable time, and shall be returned to the office of the coroner or medical examiner in good condition allowing for reasonable use for study and testing purposes.

8. The coroner, coroner's physician or medical examiner shall promptly, but in no event later than sixty days from the date of death, absent extraordinary circumstances, provide the office of children and family services with copies of any autopsy report, toxicological report or any report of any examination or inquiry prepared with respect to any death occurring to a child whose care and custody or custody and guardianship has been transferred to an authorized agency, a child for whom child protective services has an open case, a child for whom the local department of social services has an open preventive services case, or a child reported to the statewide central register of child
abuse and maltreatment. If the toxicological report is prepared pursuant to any agreement or contract with any person, partnership, corporation or governmental agency with the coroner or medical examiner, such report shall be promptly, but in no event later than sixty days from the date of death, absent extraordinary circumstances, provided to the office of children and family services by such person, partnership, corporation or governmental agency. Where the death involves a child reported to the statewide central register of child abuse and maltreatment, the reports referred to in this subdivision shall also be promptly, but in no event later than sixty days from the date of death, absent extraordinary circumstances, provided to the local child protective service investigating the report pursuant to section four hundred twenty-four of the social services law.

N.Y. PUB. HEALTH LAW § 4210 (2009). Cadavers; right to dissect
The right to dissect the body of a deceased person exists in the following cases:

1. In the cases prescribed by special statutes; or,

2. When the dissection is performed by or at the direction of (a) a coroner who is a physician licensed to practice medicine in this state, or (b) a coroner's physician, or (c) a medical examiner of a county, or is performed at the direction jointly of a coroner and coroner's physician, and is performed in the course of an investigation within the jurisdiction of the officer performing or directing the dissection, or is performed upon the written request of a district attorney, or sheriff, or the chief of a police department of a city or county, or the superintendent of state police.

The commissioner shall adopt regulations to establish standard autopsy protocols for any person under the age of one year who dies under circumstances in which death is not anticipated by medical history or the cause is unknown. Such regulations and autopsy protocols shall include but not be limited to (i) requirements for the performance of such autopsies, subject to the limitations provided for in section forty-two hundred ten-c of this title, and (ii) delineation of specific, standardized methods for such autopsies. In developing and implementing such regulations and protocols, the commissioner shall consult with health professionals, families and other persons participating in the implementation of the sudden infant death syndrome program authorized pursuant to section twenty-five hundred-b of this chapter and at a minimum shall consult with an epidemiologist, a forensic pathologist, a pediatric pathologist, a medical examiner, a county coroner and a pediatrician with expertise in sudden infant death syndrome; or,

3. Whenever and so far as the husband, wife or next of kin of the deceased, being charged by law with the duty of burial, (a) may authorize dissection for the sole purpose of ascertaining the cause of death, or (b) may authorize dissection for any other purpose by written instrument which shall specify the purpose and extent of the dissection so authorized, and when a dissection is so authorized pursuant to this subdivision the person authorizing the dissection also may designate a physician licensed in any state or country to observe such dissection. If the deceased has upon his person an identification card indicating his opposition to the dissection or autopsy of his body no such dissection or autopsy shall be performed except as required by law; or,
4. Whenever any district attorney in this state, in the discharge of his official duties, shall deem it necessary, he may exhume, take possession of, and remove the body of a deceased person, or any portion thereof, and submit the same to a proper physical or chemical examination, or analysis, to ascertain the cause of death, and the same shall be made on the order of any justice of the supreme court of this state, or the county judge of the county in which such dead body shall be, which order shall be made on the application of the district attorney with or without notice to the relatives of the deceased person or to any person or corporation having the legal charge of such body, as the court may direct. Said district attorney shall have power to direct any police officer or peace officer, acting pursuant to his special duties, of this state, or to employ such person, or persons as he may deem necessary to assist him in exhuming, removing, obtaining possession of and examining physically or chemically such dead body or any portion thereof. The expense therefor shall be a county charge, to be paid by the county treasurer on the certificate of the district attorney.

NORTH CAROLINA

NORTH DAKOTA


The following words and phrases when used in this chapter have the meanings ascribed to them in this section except in those instances when the context clearly indicates a different meaning:

1. "Autopsy" means the dissection of a dead body for the purpose of inquiring into the cause of death.

2. "Casualty" means death arising from accidental or unusual means.

3. "City" means a city organized under the laws of this state.

4. "Physician" includes physicians and surgeons licensed under the provisions of chapter 43-17, as amended.

5. "Suspicious circumstances" means the existence of one or more of the following factors:

   a. Self-inflicted injury;

   b. Firearm injury;
c. Severe, unexplained injury;

d. Pedestrian driveway injury;

e. An injury to a child which is not witnessed by the individual responsible for the child at the time the injury occurred;

f. Inadequate supervision;

g. Malnutrition or delay in seeking medical care;

h. Confinement;

i. Bathtub or bucket drowning;

j. Suffocation or strangulation;

k. Poisoning;

l. Prior child abuse or neglect assessment concerns;

m. Open child protection service case on the victim;

n. Victim is in the custody of the department of human services, county social services, or the division of juvenile services;

o. Unexplained death or death in an undetermined manner;

p. Suspected sexual assault; or

q. Any other suspicious factor.

N.D. CENT. CODE § 11-19.1-07 (2009). Death to be reported to coroner by physician or persons discovering body -- Penalty -- Notice to state health officer -- Right to autopsy

1. Any person who discovers the dead body, or acquires the first knowledge of the death of any person, and any physician with knowledge that a person died as a result of criminal or violent means, casualty, suicide, accidental death, or died suddenly when in apparent good health in a suspicious or unusual manner, shall immediately notify the office of coroner or any law enforcement officer of the known facts concerning the time, place, manner, and circumstances of such death, and any other information which may be required pursuant to this chapter. Any person who violates the provisions of this section shall be guilty of a class B misdemeanor.

2. Any person who discovers the dead body of, or acquires the first knowledge of the
death of, any minor who has received or is eligible to receive a certificate of live birth, when the minor died suddenly when in apparent good health, shall immediately notify law enforcement and the office of coroner of the known facts concerning the time, place, manner, and circumstances of the death. The coroner shall take custody of the body and immediately notify the state's attorney of the county in which the body was discovered. Within twenty-four hours of the notice of a death that occurs under suspicious circumstances, the state's attorney shall consult with a law enforcement agency and the state department of health. The law enforcement agency shall investigate the death and notify the state's attorney of the findings. The coroner shall notify the state health officer of each such death, and shall provide the state health officer the information concerning the death as the state health officer shall require. The coroner or the coroner's medical deputy shall notify the parent or guardian of a child under the age of one year of the right to the performance of an autopsy, at state expense, as provided by this chapter.

The coroner or the coroner's medical deputy, if the coroner deems it necessary, may take custody of the dead body for the purpose of autopsy. When the coroner does not deem an autopsy necessary, the sheriff and state's attorney may direct an autopsy be performed. Upon the death of a child whose cause of death is suspected by the child's parent or guardian or the coroner or the coroner's medical deputy to have been the sudden infant death syndrome, the coroner or the coroner's medical deputy, after consultation with the parent or guardian, shall take custody of the dead body and shall arrange for the performance of the autopsy by a qualified pathologist, unless the county coroner, sheriff, state's attorney, and the parent or guardian all agree that an autopsy is unnecessary. The parents or guardian and the state health officer shall be promptly notified of the results of that autopsy.

The cause of death, the manner of death, and the mode in which the death occurred, as delivered by the coroner and incorporated in the coroner's verdict, must be incorporated in the death certificate filed with the registrar of vital statistics of this state. The term "sudden infant death syndrome" may be entered on the death certificate as the principal cause of death only if the child is under the age of one year and the death remains unexplained after a case investigation that includes a complete autopsy of the infant at the state's expense, examination of the death scene, and a review of the clinical history of the infant.
OHIO

OHIO REV. CODE ANN. § 313.12 (2009). Notice to coroner of violent, suspicious, unusual or sudden death or any death of a mentally retarded or developmentally disabled person
(A) When any person dies as a result of criminal or other violent means, by casualty, by suicide, or in any suspicious or unusual manner, when any person, including a child under two years of age, dies suddenly when in apparent good health, or when any mentally retarded person or developmentally disabled person dies regardless of the circumstances, the physician called in attendance, or any member of an ambulance service, emergency squad, or law enforcement agency who obtains knowledge thereof arising from the person's duties, shall immediately notify the office of the coroner of the known facts concerning the time, place, manner, and circumstances of the death, and any other information that is required pursuant to sections 313.01 to 313.22 of the Revised Code. In such cases, if a request is made for cremation, the funeral director called in attendance shall immediately notify the coroner.

(B) As used in this section, "mentally retarded person" and "developmentally disabled person" have the same meanings as in section 5123.01 of the Revised Code.

OHIO REV. CODE ANN. § 313.121 (2009). Death of apparently healthy child under age of two to be reported; autopsy; supportive services for parents; information on sudden infant death syndrome
(A) As used in this section, "parent" means either parent, except that if one parent has been designated the residential parent and legal custodian of the child, "parent" means the designated residential parent and legal custodian, and if a person other than a parent is the child's legal guardian, "parent" means the legal guardian.

(B) If a child under two years of age dies suddenly when in apparent good health, the death shall be reported immediately to the coroner of the county in which the death occurred, as required by section 313.12 of the Revised Code. Except as provided in division (C) of this section, the coroner or deputy coroner shall perform an autopsy on the child. The autopsy shall be performed in accordance with public health council rules adopted under section 313.122 [313.12.2] of the Revised Code. The coroner or deputy coroner may perform research procedures and tests when performing the autopsy.

(C) A coroner or deputy coroner is not required to perform an autopsy if the coroner of the county in which the death occurred or a court with jurisdiction over the deceased body determines under section 313.131 [313.13.1] of the Revised Code that an autopsy is contrary to the religious beliefs of the child. If the coroner or the court makes such a determination, the coroner shall notify the health district or department of health with jurisdiction in the area in which the child's parent resides. For purposes of this division, the religious beliefs of the parents of a child shall be considered to be the religious beliefs of the child.

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(D) If the child's parent makes a written or verbal request for the preliminary results of the autopsy after the results are available, the coroner, or a person designated by him, shall give the parent an oral statement of the preliminary results.

The coroner, within a reasonable time after the final results of the autopsy are reported, shall send written notice of the results to the state department of health, the health district or department with jurisdiction in the area in which the child's parent resides, and, upon the request of a parent of the child, to the child's attending physician. Upon the written request of a parent of the child and the payment of the transcript fee required by section 313.10 of the Revised Code, the coroner shall send written notice of the final results to that parent. The notice sent to the state department of health shall include all of the information specified by rule of the public health council adopted under section 313.122 [313.12.2] of the Revised Code.

(E) On the occurrence of any of the following, the health district or department with jurisdiction in the area in which the child's parent resides shall offer the parent any counseling or other supportive services it has available:

1. When it learns through any source that an autopsy is being performed on a child under two years of age who died suddenly when in apparent good health;

2. When it receives notice that the final result of an autopsy performed pursuant to this section concluded that the child died of sudden infant death syndrome;

3. When it is notified by the coroner that, pursuant to division (C) of this section, an autopsy was not performed.

(F) When a health district or department receives notice that the final result of an autopsy performed pursuant to this section concluded that the child died of sudden infant death syndrome or that, pursuant to division (C) of this section, an autopsy was not performed but sudden infant death syndrome may have been the cause of death, it shall offer the child's parent information about sudden infant death syndrome. The state department of health shall ensure that current information on sudden infant death syndrome is available for distribution by health districts and departments.


The public health council, after reviewing and considering any recommendations made by the Ohio state coroners association, shall adopt rules in accordance with Chapter 119. of the Revised Code establishing a protocol governing the performance of autopsies under section 313.121 [313.12.1] of the Revised Code. The rules shall specify the information derived from an autopsy that a coroner is required to report to the state department of health. The public health council shall not amend the rules adopted under this section unless it notifies the Ohio state coroners association of the proposed changes and consults with the association.
OKLAHOMA


A. There is hereby re-created until July 1, 2012, in accordance with the Oklahoma Sunset Law, the Child Death Review Board within the Oklahoma Commission on Children and Youth. The Board shall have the power and duty to:

1. Conduct case reviews of deaths and near deaths of children in this state;

2. Develop accurate statistical information and identification of deaths of children due to abuse and neglect;

3. Improve the ability to provide protective services to the surviving siblings of a child or children who die of abuse or neglect and who may be living in a dangerous environment;

4. Improve policies, procedures and practices within the agencies that serve children, including the child protection system;

5. Enter into agreements with local teams established by the Child Death Review Board to carry out such duties and responsibilities as the Child Death Review Board shall designate, including reviewing cases assigned by the Board in the geographical area for that local team. The Oklahoma Commission on Children and Youth, with the advice of the Child Death Review Board, shall promulgate rules as necessary for the implementation and administration of the provisions of this paragraph; and

6. Enter into agreements with other state, local, or private entities as necessary to carry out the duties of the Child Death Review Board including, but not limited to, conducting joint reviews with the Domestic Violence Fatality Review Board on domestic violence cases involving child death or child near-death incidents.

B. In carrying out its duties and responsibilities the Board shall:

1. Establish criteria for cases involving the death or near death of a child subject to specific, in-depth review by the Board. As used in this section, the term "near death" means a child is in serious or critical condition, as certified by a physician, as a result of abuse or neglect;

2. Conduct a specific case review of those cases where the cause of death or near death is or may be related to abuse or neglect of a child;

3. Establish and maintain statistical information related to the deaths and near deaths of children including, but not limited to, demographic and medical diagnostic information;
4. Establish procedures for obtaining initial information regarding near deaths of children from the Department of Human Services and law enforcement agencies;

5. Review the policies, practices, and procedures of the child protection system and make specific recommendations to the entities comprising the child protection system for actions necessary for the improvement of the system;

6. Review the extent to which the state child protection system is coordinated with foster care and adoption programs and evaluate whether the state is efficiently discharging its child protection responsibilities under the federal Child Abuse Prevention and Treatment Act state plan;

7. As necessary and appropriate, for the protection of the siblings of a child who dies and whose siblings are deemed to be living in a dangerous environment, refer specific cases to the Department of Human Services or the appropriate district attorney for further investigation;

8. Request and obtain a copy of all records and reports pertaining to a child whose case is under review including, but not limited to:

   a. the report of the medical examiner,

   b. hospital records,

   c. school records,

   d. court records,

   e. prosecutorial records,

   f. local, state, and federal law enforcement records including, but not limited to, the Oklahoma State Bureau of Investigation (OSBI),

   g. fire department records,

   h. State Department of Health records, including birth certificate records,

   i. medical and dental records,

   j. Department of Mental Health and Substance Abuse Services and other mental health records,

   k. emergency medical service records,
1. files of the Department of Human Services, and

m. records in the possession of the Domestic Violence Fatality Review Board when conducting a joint review pursuant to paragraph 6 of subsection A of this section.

Confidential information provided to the Board shall be maintained by the Board in a confidential manner as otherwise required by state and federal law. Any person damaged by disclosure of such confidential information by the Board, its local boards or their members, not authorized by law, may maintain an action for damages, costs and attorney fees;

9. Maintain all confidential information, documents and records in possession of the Board as confidential and not subject to subpoena or discovery in any civil or criminal proceedings; provided, however, information, documents and records otherwise available from other sources shall not be exempt from subpoena or discovery through those sources solely because such information, documents and records were presented to or reviewed by the Board;

10. Conduct reviews of specific cases of deaths and near deaths of children and request the preparation of additional information and reports as determined to be necessary by the Board including, but not limited to, clinical summaries from treating physicians, chronologies of contact, and second opinion autopsies;

11. Report, if recommended by a majority vote of the Board, to the President Pro Tempore of the Senate and the Speaker of the House of Representatives any gross neglect of duty by any state officer or state employee, or any problem within the child protective services system discovered by the Board while performing its duties;

12. Recommend, when appropriate, amendment of the cause or manner of death listed on the death certificate; and

13. Subject to the approval of the Oklahoma Commission on Children and Youth, exercise all incidental powers necessary and proper for the implementation and administration of the Child Death Review Board Act.

C. The review and discussion of individual cases of death or near death of a child shall be conducted in executive session and in compliance with the confidentiality requirements of Section 7005-1.2 of this title. All other business shall be conducted in accordance with the provisions of the Oklahoma Open Meeting Act. All discussions of individual cases and any writings produced by or created for the Board in the course of its remedial measure and recommended by the Board, as the result of a review of an individual case of the death or near death of a child, shall be privileged and shall not be admissible in evidence in any proceeding. The Board shall periodically conduct meetings to discuss organization and business matters and any actions or recommendations aimed at improvement of the child protection system which shall be subject to the Oklahoma
Open Meeting Act. Part of any meeting of the Board may be specifically designated as a business meeting of the Board subject to the Oklahoma Open Meeting Act.

D. 1. The Board shall submit an annual statistical report on the incidence and causes of death and near death of children in this state for which the Board has completed its review during the past calendar year, including its recommendations, to the Oklahoma Commission on Children and Youth on or before May 1 of each year. The Board shall also prepare and make available to the public, on an annual basis, a report containing a summary of the activities of the Board relating to the review of deaths and near deaths of children, the extent to which the state child protection system is coordinated with foster care and adoption programs, and an evaluation of whether the state is efficiently discharging its child protection responsibilities. The report shall be completed no later than December 31 of each year.

2. The Oklahoma Commission on Children and Youth shall review the report of the Board and, as appropriate, incorporate the findings and recommendations into the annual Commission report and the State Plan for Services to Children and Youth.

OKLA. STAT. ANN. tit. 63, § 938 (2009). Types of deaths to be investigated--Autopsies

A. All human deaths of the types listed herein shall be investigated as provided by law:

1. Violent deaths, whether apparently homicidal, suicidal, or accidental, including but not limited to, deaths due to thermal, chemical, electrical, or radiational injury, and deaths due to criminal abortion, whether apparently self-induced or not;

2. Deaths under suspicious, unusual or unnatural circumstances;

3. Deaths related to disease which might constitute a threat to public health;

4. Deaths unattended by a licensed medical or osteopathic physician for a fatal or potentially-fatal illness;

5. Deaths of persons after unexplained coma;

6. Deaths that are medically unexpected and that occur in the course of a therapeutic procedure;

7. Deaths of any inmates occurring in any place of penal incarceration; and

8. Deaths of persons whose bodies are to be cremated, buried at sea, transported out of the state, or otherwise made ultimately unavailable for pathological study.

B. No autopsy shall be performed on the body of an executed inmate unless requested by the immediate family of the inmate prior to the execution or unless directed by the Department of Corrections or the Chief Medical Examiner. The Chief Medical Examiner
shall not automatically authorize or perform an autopsy in conjunction with an investigation of death of an inmate that resulted from a scheduled execution due to a death sentence imposed pursuant to Title 21 of the Oklahoma Statutes. The Chief Medical Examiner may authorize or perform such an autopsy only when the public interest requires it. The provisions of this subsection shall not prohibit an inmate from donating, in writing, his or her body to a teaching medical institution for scientific or research purposes.

C. The Chief Medical Examiner shall state on the certificate of death of all persons whose death was caused by execution pursuant to a lawful court order that the cause of death was the execution of such order.

OREGON

OR. REV. STAT. § 146.045 (2007). Duties of State Medical Examiner
(1) After consultation with the State Medical Examiner Advisory Board, the State Medical Examiner shall appoint each Deputy State Medical Examiner.

(2) The State Medical Examiner shall:

(a) Appoint and discharge each district medical examiner as provided by ORS 146.065 (2).

(b) Designate those pathologists authorized to perform autopsies under ORS 146.117 (2).

(c) Approve those laboratories authorized to perform the analyses required under ORS 146.113 (2).

(3) The State Medical Examiner may:

(a) Assume control of a death investigation in cooperation with the district attorney.

(b) Order an autopsy in a death requiring investigation.

(c) Certify the cause and manner of a death requiring investigation.

(d) Amend a previously completed death certificate on a death requiring investigation.

(e) Order a body exhumed in a death requiring investigation.

(f) Designate a Deputy State Medical Examiner as Acting State Medical Examiner.

(g) After a reasonable and thorough investigation, complete and file a death certificate for
a person whose body is not found.

(4) Distribution of moneys from the State Medical Examiner's budget for partial reimbursement of each county's autopsy expenditures shall be made subject to approval of the State Medical Examiner.

(5) Within 45 days of receipt of information that a person is missing at sea and presumed dead, the State Medical Examiner shall determine whether the information is credible and, if so, complete and file a death certificate for the person presumed dead. If the information is determined not to be credible, the State Medical Examiner may continue the death investigation.

(1) Each county multidisciplinary child abuse team shall establish a child fatality review team to conduct child fatality reviews. The purpose of the review process is to help prevent severe and fatal child abuse and neglect by:

(a) Identifying local and state issues related to preventable child fatalities; and

(b) Promoting implementation of recommendations at the county level.

(2) In establishing the review process and carrying out reviews, the child fatality review team shall be assisted by the county medical examiner or county health officer as well as other professionals who are specially trained in areas relevant to the purpose of the team.

(3) The categories of fatalities reviewed by the child fatality review team include:

(a) Child fatalities in which child abuse or neglect may have occurred at any time prior to death or may have been a factor in the fatality;

(b) Any category established by the county multidisciplinary child abuse team;

(c) All child fatalities where the child is less than 18 years of age and there is an autopsy performed by the medical examiner; and

(d) Any specific cases recommended for local review by the statewide interdisciplinary team established under ORS 418.748.

(4) A child fatality review team shall develop a written protocol for review of child fatalities. The protocol shall be designed to facilitate communication and the exchange of information between persons who perform autopsies and those professionals and agencies concerned with the prevention, investigation and treatment of child abuse and neglect.

(5) Within the guidelines, and in a format, established by the statewide interdisciplinary team established under ORS 418.748, the child fatality review team shall provide the statewide interdisciplinary team with information regarding the categories of child
fatalities described under subsection (3) of this section.

(6) Upon the conclusion of a criminal case involving a child fatality, or upon the conclusion of a direct appeal if one is taken, the district attorney may submit a letter to the Governor and the Director of Human Services outlining recommendations for the systemic improvement of child abuse investigations.

PENNSYLVANIA

11 PA. CONS. STAT. ANN. § 2150.6 (2008). Powers and duties of local public health child death review teams

(a) REVIEW.-- A local public health child death review team shall review all deaths of children and may review the following information:

(1) Coroner's reports or postmortem examination records.

(2) Death certificates and birth certificates.

(3) Law enforcement records and interviews with law enforcement officials as long as the release of such records will not jeopardize an ongoing criminal investigation or proceeding.

(4) Medical records from hospitals and other health care providers.

(5) Information and reports made available by the county children and youth agency in accordance with 23 Pa.C.S. Ch. 63 (relating to child protective services).

(6) Information made available by firefighters or emergency services personnel.

(7) Reports and records made available by the court to the extent permitted by law or court rule.

(8) Reports to animal control.

(9) EMS records.

(10) Traffic fatality reports.

(11) Any other records necessary to conduct the review.

(b) DATA COLLECTION.-- The local public health child death review team shall
utilize the child death review data collection system to report its findings in accordance with protocols established by the State public health child death review team. The name and home address of the deceased child shall not be reported to the child death review data collection system.

(c) REPORTS.-- A local public health child death review team shall submit annual reports on deaths reviewed to the State public health child death review team. The report shall include the following:

(1) Identification of factors which cause a risk for injury and death, including modifiable risk factors.

(2) Recommendations regarding the following:

   (i) The improvement of health and safety policies in this Commonwealth.

   (ii) The coordination of services and investigations by child welfare agencies, medical officials, law enforcement and other agencies.

(3) Any other information required by the department.

(d) RECOMMENDATIONS.-- A local public health child death review team shall make recommendations to local agencies relating to the procedures and other actions to reduce injury and death of children.

16 PA. CONS. STAT. ANN. § 1237 (2008). Coroner's investigations (a) The coroner having a view of the body shall investigate the facts and circumstances concerning deaths which appear to have happened within the county, regardless where the cause thereof may have occurred, for the purpose of determining whether or not an autopsy should be conducted or an inquest thereof should be had, in the following cases:

(1) sudden deaths not caused by readily recognizable disease, or wherein the cause of death cannot be properly certified by a physician on the basis of prior (recent) medical attendance;

(2) deaths occurring under suspicious circumstances, including those where alcohol, drugs or other toxic substances may have had a direct bearing on the outcome;

(3) deaths occurring as a result of violence or trauma, whether apparently homicidal, suicidal or accidental (including, but not limited to, those due to mechanical, thermal, chemical, electrical or radiational injury, drowning, cave-ins and subsidences);

(4) any death in which trauma, chemical injury, drug overdose or reaction to drugs or medication or medical treatment was a primary or secondary, direct or indirect, contributory, aggravating or precipitating cause of death;
(5) operative and peri-operative deaths in which the death is not readily explainable on the basis of prior disease;

(6) any death wherein the body is unidentified or unclaimed;

(7) deaths known or suspected as due to contagious disease and constituting a public hazard;

(8) deaths occurring in prison or a penal institution or while in the custody of the police;

(9) deaths of persons whose bodies are to be cremated, buried at sea or otherwise disposed of so as to be thereafter unavailable for examination;

(10) sudden infant death syndrome; and

(11) stillbirths.

(b) The purpose of the investigation shall be to determine the cause of any such death and to determine whether or not there is sufficient reason for the coroner to believe that any such death may have resulted from criminal acts or criminal neglect of persons other than the deceased.

(c) As part of this investigation, the coroner shall determine the identity of the deceased and notify the next of kin of the deceased.

RHODE ISLAND

R.I. GEN. LAWS § 23-4-4 (2009). Jurisdiction
The office of state medical examiners shall have the authority to make postmortem examinations, to undertake inquests, and to perform autopsies where there may be in its judgment a reasonable belief that the manner of death could be pronounced as:

(1) Death by a homicide, suicide, or casualty;

(2) Death due to a criminal abortion;

(3) Death due to an accident involving lack of due care on the part of a person other than the deceased;

(4) Death which is the immediate or remote consequences of any physical or toxic injury incurred while the deceased person was employed;
(5) Death due to the use of addictive or unidentifiable chemical agents; or

(6) Death due to an infectious agent capable of spreading an epidemic within the state.

SOUTH CAROLINA

S.C. CODE ANN. § 17-5-520 (2008). Authority to order autopsy; request in event of child's death
(A) In addition to the powers vested in other law enforcement officials to order an autopsy, the coroner or medical examiner is authorized to determine that an autopsy be made.

(B) The coroner or medical examiner immediately shall request an autopsy if a child's death occurs as defined in Section 17-5-540. The autopsy must be performed as soon as possible by a pathologist with forensic training.

S.C. CODE ANN. § 17-5-540 (2008). Coroner or medical examiner to notify Department of Child Fatalities of certain child deaths
The coroner or medical examiner, within twenty-four hours or one working day, whichever occurs first, must notify the Department of Child Fatalities when a child dies in the county he serves:

(1) as a result of violence, when unattended by a physician, and in any suspicious or unusual manner; or

(2) when the death is unexpected and unexplained including, but not limited to, possible sudden infant death syndrome.

For the purposes of this section, a child is not considered to be "unattended by a physician" when a physician has, before death, provided diagnosis and treatment following a fatal injury.

(A) The purpose of the department is to expeditiously investigate child deaths in all counties of the State.

(B) To achieve its purpose, the department shall:

(1) upon receipt of a report of a child death from the county coroner or medical examiner, as required by Section 17-5-540, investigate and gather all information on the child fatality. The coroner or medical examiner immediately shall request an autopsy if SLED determines that an autopsy is necessary. The autopsy must be performed by a pathologist with forensic training as soon as possible. The pathologist shall inform the department of
the findings within forty-eight hours of completion of the autopsy. If the autopsy reveals the cause of death to be pathological or an unavoidable accident, the case must be closed by the department. If the autopsy reveals physical or sexual trauma, suspicious markings, or other findings that are questionable or yields no conclusion to the cause of death, the department immediately must begin an investigation;

(2) request assistance of any other local, county, or state agency to aid in the investigation;

(3) upon receipt of additional investigative information, reopen a SLED case, and request in writing as soon as possible for the coroner to reopen a case for another coroner's inquest;

(4) upon receipt of the notification required by item (1), review agency records for information regarding the deceased child or family. Information available to the department pursuant to Section 63-11-1960 and information which is public under Chapter 4, Title 30, the Freedom of Information Act, must be available as needed to the county coroner or medical examiner and county department of social services;

(5) report the activities and findings related to a child fatality to the State Child Fatality Advisory Committee;

(6) develop a protocol for child fatality reviews;

(7) develop a protocol for the collection of data regarding child deaths as related to Section 17-5-540 and provide training to local professionals delivering services to children, county coroners and medical examiners, and law enforcement agencies on the use of the protocol;

(8) study the operations of local investigations of child fatalities, including the statutes, regulations, policies, and procedures of the agencies involved with children's services and child death investigations;

(9) examine confidentiality and access to information statutes, regulations, policies, and procedures for agencies with responsibilities for children, including, but not limited to, health, public welfare, education, social services, mental health, alcohol and other substance abuse, and law enforcement agencies and determine whether those statutes, regulations, policies, or procedures impede the exchange of information necessary to protect children from preventable deaths. If the department identifies a statute, regulation, policy, or procedure that impedes the necessary exchange of information, the department shall notify the committee and the agencies serving on the committee and the committee shall include proposals for changes to statutes, regulations, policies, or procedures in the committee's annual report;

(10) develop a Forensic Pathology Network available to coroners and medical examiners for prompt autopsy findings;
(11) submit to the Governor and the General Assembly, an annual report and any other reports prepared by the department, including, but not limited to, the department's findings and recommendations;

(12) promulgate regulations necessary to carry out its purposes and responsibilities under this article.

SOUTH DAKOTA

If a state's attorney or a coroner has reason to believe that a deceased person may have died in his jurisdiction by unlawful means, either of them may order and direct a physician or surgeon to perform an autopsy. If in the public interest, the county coroner may order an autopsy on those deaths falling within his jurisdiction mentioned in subdivisions 23-14-18 (1) to (5), inclusive.

The county coroner shall investigate any human death if a determination of the cause and manner of death is in the public interest. Nothing in the provisions of this section, § 23-14-9.1, 23-14-19, 23-14-20, 34-26-2, 34-26-5, or 34-26-14 supersedes the obligation of any county sheriff to pursue and apprehend all felons pursuant to § 7-12-1. Deaths which are in the public interest, without limitation, are:

(1) All deaths by unnatural means or if there is a suspicion of unnatural means, including all deaths of accidental, homicidal, suicidal and undetermined manner, regardless of suspected criminal involvement in the death;

(2) All deaths where the identity of the victim is unknown or the body is unclaimed;

(3) All deaths of inmates of any state, county or municipally operated correctional facility, mental institution or special school;

(4) All deaths believed to represent a public health hazard;

(5) At the discretion of the coroner, all deaths of children under two years of age resulting from an unknown cause or if the circumstances surrounding the death indicate that sudden infant death syndrome may be the cause of death; and

(6) All natural deaths if the decedent is not under the care of a physician, physician's assistant or nurse practitioner or if the decedent's physician, physician's assistant or nurse...
practitioner does not feel qualified to sign the death certificate. However, the lack of an attending physician may not be construed to require an investigation or autopsy solely because the decedent was under treatment by prayer or spiritual means alone in accordance with the tenets and practices of a recognized church or religious denomination.

TENNESSEE


(a) A county medical examiner may perform or order an autopsy on the body of any person in a case involving a homicide, suspected homicide, a suicide, a violent, unnatural or suspicious death, an unexpected apparent natural death in an adult, sudden unexpected infant and child deaths, deaths believed to represent a threat to public health or safety, and executed prisoners. When the county medical examiner decides to order an autopsy, the county medical examiner shall notify the district attorney general and the chief medical examiner. The chief medical examiner or the district attorney general may order an autopsy in such cases on the body of a person in the absence of the county medical examiner or if the county medical examiner has not ordered an autopsy. The district attorney general may order an autopsy in such cases on the body of a person in the absence of the county medical examiner or the failure of the county medical examiner to act. The authority ordering the autopsy shall notify the next of kin about the impending autopsy if the next of kin is known or reasonably ascertainable. The sheriff or other law enforcement agency of the jurisdiction shall serve process containing such notice and return such process within twenty-four (24) hours.

(b) Notwithstanding the provisions of subsection (a), if a request is received from an authorized official of a not-for-profit corporation chartered under the laws of the state, or authorized to do business in the state and certified by the Eye Bank Association of America to obtain, store and distribute donor eyes and eye tissues to be used for corneal transplants, for research and for other medical purposes, the county medical examiner may permit, at any time, the removal of the cornea or corneal tissue from the body of a deceased person in accordance with the provisions of title 68, chapter 30, part 1.


(a) The purpose of this part is to help reduce the incidence of injury and death to infants by accurately identifying the cause and manner of death of infants under one (1) year of age. This shall be accomplished by requiring that a death investigation be performed in all cases of all sudden, unexplained deaths of infants under one (1) year of age.

(b) The chief medical examiner shall develop and implement a program for training of
child death pathologists. The protocol and policies shall be based on nationally recognized standards.

(c) All emergency medical technicians and professional firefighters shall receive training on the handling of cases of sudden, unexplained child death as a part of their basic and continuing training requirements. The training, which shall be developed jointly by the departments of health and children's services, shall include the importance of being sensitive to the grief of family members.

(d) All law enforcement officers shall receive training on the investigation and handling of cases of sudden, unexplained child death as part of their basic training requirements. The training, which shall be developed jointly by the departments of health and children's services, shall include the importance of being sensitive to the grief of family members and shall be consistent with the death scene investigation protocol approved by the chief medical examiner. Additionally, whenever changes occur in policies or procedures pertaining to sudden infant death syndrome investigations, the department of health shall promptly notify the various law enforcement associations within the state. Such changes shall then be communicated in a timely manner to the respective law enforcement agencies for dissemination to their enforcement personnel.

(e) In the case of every sudden, unexplained death of an infant under one (1) year of age, the attending physician or coroner shall notify the county medical examiner, who shall coordinate the death investigation.

(f) The county medical examiner shall inform the parent or parents or legal guardian of the child, if an autopsy is authorized.

(g) The county medical examiner shall ensure that the body is sent for autopsy to a child death pathologist as defined in this part. Parents or legal guardians who refuse to allow an autopsy based on the grounds of religious exemption shall personally file a petition for an emergency court hearing in the general sessions court for the county in which the death occurred.

(h) The county medical examiner shall contact the appropriate local law enforcement personnel to conduct a death scene investigation according to the protocol developed by the chief medical examiner. The investigation shall be initiated within twenty-four (24) hours of the time the local law enforcement personnel are contacted by the county medical examiner.

(i) The county medical examiner shall send a copy of the death scene investigation and the medical history of the child to the pathologist conducting the autopsy.

(j) A copy of the completed autopsy, medical history, and death scene investigation shall be forwarded to the chief medical examiner.

(k) The cause of death, as determined by the certified child death pathologist, may be
reported to the parents or legal guardians of the child. A copy of the autopsy results, when available, may be furnished to the parent or parents or legal guardian of the child, upon request, within forty-eight (48) hours of the request, except where the cause of death may reasonably be attributed to child abuse or neglect, in the judgment of the certified child death pathologist.

(l) Sudden infant death syndrome shall not be listed as the cause of death of a child, unless the death involves an infant under one (1) year of age that remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the child's clinical history.

(m) Any individual or entity providing information pertinent to the investigation and related autopsy in a suspected case of sudden, unexplained infant death syndrome shall not be civilly liable for breach of confidentiality concerning the release of the information.

TEXAS

In this subchapter:

(1) "Autopsy" and "inquest" have the meanings assigned by Article 49.01, Code of Criminal Procedure.

(2) "Bureau of vital statistics" means the bureau of vital statistics of the Texas Department of Health.

(3) "Child" means a person younger than 18 years of age.

(4) "Committee" means the child fatality review team committee.

(5) "Department" means the Department of Protective and Regulatory Services.

(6) "Health care provider" means any health care practitioner or facility that provides medical evaluation or treatment, including dental and mental health evaluation or treatment.

(7) "Meeting" means an in-person meeting or a meeting held by telephone or other electronic medium.

(8) "Preventable death" means a death that may have been prevented by reasonable medical, social, legal, psychological, or educational intervention. The term includes the death of a child from:
(A) intentional or unintentional injuries;

(B) medical neglect;

(C) lack of access to medical care;

(D) neglect and reckless conduct, including failure to supervise and failure to seek medical care; and

(E) premature birth associated with any factor described by Paragraphs (A) through (D).

(9) "Review" means a reexamination of information regarding a deceased child from relevant agencies, professionals, and health care providers.

(10) "Review team" means a child fatality review team established under this subchapter.

(11) "Unexpected death" includes a death of a child that, before investigation:

(A) appears to have occurred without anticipation or forewarning; and

(B) was caused by trauma, suspicious or obscure circumstances, sudden infant death syndrome, abuse or neglect, or an unknown cause.


(a) A medical examiner or justice of the peace notified of a death of a child under Section 264.513 shall hold an inquest under Chapter 49, Code of Criminal Procedure, to determine whether the death is unexpected or the result of abuse or neglect. An inquest is not required under this subchapter if the child's death is expected and is due to a congenital or neoplastic disease. A death caused by an infectious disease may be considered an expected death if:

(1) the disease was not acquired as a result of trauma or poisoning;

(2) the infectious organism is identified using standard medical procedures; and

(3) the death is not reportable to the Texas Department of Health under Chapter 81, Health and Safety Code.

(b) The medical examiner or justice of the peace shall immediately notify an appropriate local law enforcement agency if the medical examiner or justice of the peace determines that the death is unexpected or the result of abuse or neglect, and that agency shall investigate the child's death.
(c) In this section, the terms "abuse" and "neglect" have the meaning assigned those terms by Section 261.001.

(a) The investigation required by Section 264.514 must include:

(1) an autopsy, unless an autopsy was conducted as part of the inquest;

(2) an inquiry into the circumstances of the death, including an investigation of the scene of the death and interviews with the parents of the child, any guardian or caretaker of the child, and the person who reported the child's death; and

(3) a review of relevant information regarding the child from an agency, professional, or health care provider.

(b) The review required by Subsection (a)(3) must include a review of any applicable medical record, child protective services record, record maintained by an emergency medical services provider, and law enforcement report.

(c) The committee shall develop a protocol relating to investigation of an unexpected death of a child under this section. In developing the protocol, the committee shall consult with individuals and organizations that have knowledge and experience in the issues of child abuse and child deaths.

(a) The death in this state of a child 12 months old or younger shall be immediately reported to the justice of the peace, medical examiner, or other proper official as prescribed by law if the child dies suddenly or is found dead and if the cause of death is unknown.

(b) The justice of the peace or medical examiner shall inform the child's legal guardian or parents that an autopsy shall be performed on the child. The state shall reimburse a county $500 for the cost of the autopsy if the primary cause of death of the child is sudden infant death syndrome. The department shall adopt rules that:

(1) define sudden infant death syndrome; and

(2) describe the method for obtaining reimbursement for the cost of an autopsy.

(c) Reimbursement required by Subsection (b) of this section is subject to the availability of funds.

(d) After the autopsy is completed, the child's parents or legal guardian shall be notified of the autopsy results.
(e) This section does not affect the duties of the justice of the peace or medical examiner prescribed by other laws.

UTAH

UTAH CODE ANN. § 26-4-2 (2009). Definitions
As used in this chapter:

(1) "Death by violence" means death that resulted by the decedent's exposure to physical, mechanical, or chemical forces, and includes death which appears to have been due to homicide, death which occurred during or in an attempt to commit rape, mayhem, kidnapping, robbery, burglary, housebreaking, extortion, or blackmail accompanied by threats of violence, assault with a dangerous weapon, assault with intent to commit any offense punishable by imprisonment for more than one year, arson punishable by imprisonment for more than one year, or any attempt to commit any of the foregoing offenses.

(2) "Medical examiner" means the state medical examiner appointed pursuant to Section 26-4-4 or a deputy appointed by the medical examiner.

(3) "Regional pathologist" means a trained pathologist licensed to practice medicine and surgery in the state, appointed by the medical examiner pursuant to Subsection 26-4-4(2).

(4) "Sudden death while in apparent good health" means apparently instantaneous death without obvious natural cause, death during or following an unexplained syncope or coma, or death during an acute or unexplained rapidly fatal illness.

(5) "Sudden infant death syndrome" means the death of a child who was thought to be in good health or whose terminal illness appeared to be so mild that the possibility of a fatal outcome was not anticipated.

(6) "Suicide" means death caused by an intentional and voluntary act of a person who understands the physical nature of the act and intends by such act to accomplish self-destruction.

(7) "Unattended death" means the death of a person who has not been seen by a physician within the scope of the physician's professional capacity within 30 days immediately prior to the date of death. This definition shall not require an investigation, autopsy, or inquest in any case where death occurred without medical attendance solely because the deceased was under treatment by prayer or spiritual means alone in accordance with the tenets and practices of a well-recognized church or religious denomination.
(8) "Within the scope of the decedent's employment" means all acts reasonably necessary or incident to the performance of work, including matters of personal convenience and comfort not in conflict with specific instructions.

**UTAH CODE ANN. § 26-4-7 (2009). Custody by medical examiner**
Upon notification under Section 26-4-8 or investigation by the medical examiner's office, the medical examiner shall assume custody of a deceased body if it appears that death was:

(1) by violence, gunshot, suicide, or accident unless the accident is a highway accident. If the death was from a highway accident, custody shall only be assumed if an autopsy is required or permitted under the provisions of Section 26-4-13 or if requested by the law enforcement agency with jurisdiction over the highway accident;

(2) sudden death while in apparent good health;

(3) unattended deaths, except that an autopsy may only be performed in accordance with the provisions of Subsection 26-4-9(3);

(4) under suspicious or unusual circumstances;

(5) resulting from poisoning or overdose of drugs;

(6) resulting from diseases that may constitute a threat to the public health;

(7) resulting from disease, injury, toxic effect, or unusual exertion incurred within the scope of the decedent's employment;

(8) due to sudden infant death syndrome;

(9) resulting while the decedent was in prison, jail, police custody, the state hospital, or in a detention or medical facility operated for the treatment of the mentally ill, emotionally disturbed, or delinquent persons;

(10) associated with diagnostic or therapeutic procedures; or

(11) described in this section when request is made to assume custody by a county or district attorney or law enforcement agency in connection with a potential homicide investigation or prosecution.

**VERMONT**
VIRGINIA

A. If, in the opinion of the medical examiner investigating the death or of the Chief Medical Examiner, it is advisable and in the public interest that an autopsy be made or if an autopsy is requested by the attorney for the Commonwealth or by a judge of the circuit court of the county or city wherein such body is or where death occurred or wherein any injury contributing to or causing death was sustained, an autopsy shall be performed by the Chief Medical Examiner, an assistant chief medical examiner or a pathologist employed as provided in § 32.1-281. Upon petition of a member of the immediate family or the spouse of the deceased in a case of death by injury, such circuit court may, for good cause shown, order an autopsy, after providing notice and an opportunity to be heard to the attorney for the Commonwealth for the jurisdiction wherein the injury contributing to or causing death was sustained or where death occurred. Further, in all cases of death suspected to be attributable to Sudden Infant Death Syndrome (SIDS), an autopsy shall be advisable and in the public interest and shall be performed as required by § 32.1-285.1. A full record and report of the facts developed by the autopsy and findings of the person making such autopsy shall be promptly made and filed with the Chief Medical Examiner and a copy furnished the judge or attorney for the Commonwealth requesting such autopsy. In the discretion of the Chief Medical Examiner or the medical examiner, a copy of any autopsy report or findings may be furnished to any appropriate attorney for the Commonwealth and to the appropriate law-enforcement agency investigating the death.

B. In the case of a child death for which an autopsy is performed and the autopsy indicates child abuse or neglect contributed to the cause of the death, or the child suffered from abuse and neglect, the medical examiner conducting the autopsy shall report the case immediately to the child protective services unit of the local Department of Social Services.

VA. CODE ANN. § 32.1-285.1 (2009). Death of infants under eighteen months of age; autopsies required; definition of Sudden Infant Death Syndrome
An autopsy shall be performed in the case of any infant death which is suspected to be attributable to Sudden Infant Death Syndrome (SIDS).

For the purposes of this section, "Sudden Infant Death Syndrome" (SIDS), a diagnosis of exclusion, means the sudden and unexpected death of an infant less than eighteen months of age whose death remains unexplained after a thorough postmortem examination which includes an autopsy.
WASHINGTON

WASH. REV. CODE ANN. § 43.103.100 (2009). Sudden infant death syndrome -- Training -- Protocols

(1) The council shall research and develop an appropriate training component on the subject of sudden, unexplained child death, including but not limited to sudden infant death syndrome. The training component shall include, at a minimum:

   (a) Medical information on sudden, unexplained child death for first responders, including awareness and sensitivity in dealing with families and child care providers, and the importance of forensically competent death scene investigation;

   (b) Information on community resources and support groups available to assist families who have lost a child to sudden, unexplained death, including sudden infant death syndrome; and

   (c) The value of timely communication between the county coroner or medical examiner and the public health department, when a sudden, unexplained child death occurs, in order to achieve a better understanding of such deaths, and connecting families to various community and public health support systems to enhance recovery from grief.

(2) The council shall work with volunteer groups with expertise in the area of sudden, unexplained child death, including but not limited to the SIDS foundation of Washington and the Washington association of county officials.

(3) Basic training for death investigators offered by the Washington association of coroners and medical examiners and the criminal justice training commission shall include a module which specifically addresses the investigations of the sudden unexplained deaths of children under the age of three. The training module shall include a scene investigation protocol endorsed or developed by the council. A similar training curriculum shall be required for city and county law enforcement officers and emergency medical personnel certified by the department of health as part of their basic training through the criminal justice training commission or the department of health emergency medical training certification program.

(4) Each county shall use a protocol that has been endorsed or developed by the council for scene investigations of the sudden unexplained deaths of children under the age of three. The council may utilize guidelines from the center for disease control and other appropriate resources.

(5) The council shall develop a protocol for autopsies of children under the age of three whose deaths are sudden and unexplained. This protocol shall be used by pathologists who are not certified by the American board of pathology in forensic pathology, and who are providing autopsy services to coroners and medical examiners.
NATIONAL CENTER FOR PROSECUTION OF CHILD ABUSE
NATIONAL DISTRICT ATTORNEYS ASSOCIATION

WASHINGTON

WASH. REV. CODE ANN. § 68.50.010 (2009). Coroner's jurisdiction over remains
The jurisdiction of bodies of all deceased persons who come to their death suddenly when in apparent good health without medical attendance within the thirty-six hours preceding death; or where the circumstances of death indicate death was caused by unnatural or unlawful means; or where death occurs under suspicious circumstances; or where a coroner's autopsy or post mortem or coroner's inquest is to be held; or where death results from unknown or obscure causes, or where death occurs within one year following an accident; or where the death is caused by any violence whatsoever, or where death results from a known or suspected abortion; whether self-induced or otherwise; where death apparently results from drowning, hanging, burns, electrocution, gunshot wounds, stabs or cuts, lightning, starvation, radiation, exposure, alcoholism, narcotics or other addictions, tetanus, strangulations, suffocation or smothering; or where death is due to premature birth or still birth; or where death is due to a violent contagious disease or suspected contagious disease which may be a public health hazard; or where death results from alleged rape, carnal knowledge or sodomy, where death occurs in a jail or prison; where a body is found dead or is not claimed by relatives or friends, is hereby vested in the county coroner, which bodies may be removed and placed in the morgue under such rules as are adopted by the coroner with the approval of the county commissioners, having jurisdiction, providing therein how the bodies shall be brought to and cared for at the morgue and held for the proper identification where necessary.

WEST VIRGINIA

W. VA. CODE ANN. § 61-12-10 (2008). When autopsies made and by whom performed; reports; records of date investigated; copies of records and information
(a) If in the opinion of the Chief Medical Examiner, or of the county medical examiner of the county in which the death in question occurred, it is advisable and in the public interest that an autopsy be made, or if an autopsy is requested by either the prosecuting attorney or the judge of the circuit court or other court of record having criminal jurisdiction in that county, an autopsy shall be conducted by the Chief Medical Examiner or his or her designee, by a member of his staff, or by a competent pathologist designated and employed by the Chief Medical Examiner under the provisions of this article. For this purpose, the Chief Medical Examiner may employ any county medical examiner who is a pathologist who holds board certification or board eligibility in forensic pathology or has completed an American Board of Pathology fellowship in forensic pathology to make the autopsies, and the fees to be paid for autopsies under this section shall be in addition to the fee provided for investigations pursuant to section eight [§ 61-12-8] of this article. A full record and report of the findings developed by the autopsy shall be filed with the Office of the Chief Medical Examiner by the person making the autopsy.

(b) Within the discretion of the Chief Medical Examiner, or of the person making the
autopsy, or if requested by the prosecuting attorney of the county, or of the county where any injury contributing to or causing the death was sustained, a copy of the report of the autopsy shall be furnished to the prosecuting attorney.

(c) The Office of the Chief Medical Examiner shall keep full, complete and properly indexed records of all deaths investigated, containing all relevant information concerning the death and the autopsy report if such be made. Any prosecuting attorney or law-enforcement officer may secure copies of these records or information necessary for the performance of his or her official duties.

(d) Copies of these records or information shall be furnished, upon request, to any court of law, or to the parties therein to whom the cause of death is a material issue, except where the court determines that interests in a civil matter conflict with the interests in a criminal proceeding, in which case the interests in the criminal proceeding shall take precedence. The Office of Chief Medical Examiner shall be reimbursed a reasonable rate by the requesting party for costs incurred in the production of records under this subsection and subsection (c) of this section.

(e) The Chief Medical Examiner is authorized to release investigation records and autopsy reports to the multidisciplinary team authorized by section three [§ 49-5D-3], article five-d, chapter forty-nine of this code. At the direction of the Secretary of the Department of Health and Human Resources the Chief Medical Examiner may release records and information to other state agencies when considered to be in the public interest.

(f) Any person performing an autopsy under this section is empowered to keep and retain, for and on behalf of the Chief Medical Examiner, any tissue from the body upon which the autopsy was performed which may be necessary for further study or consideration.

(g) In cases of the death of any infant in the State of West Virginia where sudden infant death syndrome is the suspected cause of death and the Chief Medical Examiner or the medical examiner of the county in which the death in question occurred considers it advisable to perform an autopsy, it is the duty of the Chief Medical Examiner or the medical examiner of the county in which the death occurred to notify the Sudden Infant Death Syndrome Program within the Division of Maternal and Child Health and to inform the program of all information to be given to the infant's parents.
WISCONSIN

**WIS. STAT. ANN. § 979.02 (2008). Autopsies**
The coroner, medical examiner or district attorney may order the conducting of an autopsy upon the body of a dead person any place within the state in cases where an inquest might be had as provided in s. 979.04 notwithstanding the fact that no such inquest is ordered or conducted. The autopsy shall be conducted by a licensed physician who has specialized training in pathology. The district attorney may move the circuit court for the county in which the body is buried for an order disinterring the body for purposes of autopsy. The order shall be granted by the circuit court upon a reasonable showing that any of the criteria specified in s. 979.04 exists. This section does not prevent additional autopsies or examinations of the body if there are unanswered pathological questions concerning the death and the causes of death.

**WIS. STAT. ANN. § 979.03 (2008). Autopsy for sudden infant death syndrome**
If a child under the age of 2 years dies suddenly and unexpectedly under circumstances indicating that the death may have been caused by sudden infant death syndrome, the coroner or medical examiner shall notify the child's parents or guardian that an autopsy will be performed, at no cost to the parents or guardian, unless the parents or guardian object to the autopsy. The coroner or medical examiner shall conduct or shall order the conducting of an autopsy at county expense, unless parent or guardian requests in writing that an autopsy not be performed. If the autopsy reveals that sudden infant death syndrome is the cause of death, that fact shall be so stated in the autopsy report. The parents or guardian of the child shall be promptly notified of the cause of death and of the availability of counseling services.

**WIS. STAT. ANN. § 979.04 (2008). Inquests: when called**
(1) If the district attorney has notice of the death of any person and there is reason to believe from the circumstances surrounding the death that felony murder, first-degree or 2nd-degree intentional homicide, first-degree or 2nd-degree reckless homicide, homicide by negligent handling of dangerous weapon, explosives or fire, homicide by negligent operation of vehicle, homicide resulting from negligent control of a vicious animal or homicide by intoxicated user of a vehicle or firearm may have been committed, or that death may have been due to suicide or unexplained or suspicious circumstances, the district attorney may order that an inquest be conducted for the purpose of inquiring how the person died. The district attorney shall appear in any such inquest representing the state in presenting all evidence which may be relevant or material to the inquiry of the inquest. The inquest may be held in any county in this state in which venue would lie for the trial of any offense charged as the result of or involving the death. An inquest may only be ordered by the district attorney under this subsection or by the circuit judge under sub. (2)

(2) If the coroner or medical examiner has knowledge of the death of any person in the manner described under sub. (1), he or she shall immediately notify the district attorney.
The notification shall include information concerning the circumstances surrounding the death. The coroner or medical examiner may request the district attorney to order an inquest under sub. (1) If the district attorney refuses to order the inquest, a coroner or medical examiner may petition the circuit court to order an inquest. The court may issue the order if it finds that the district attorney has abused his or her discretion in not ordering an inquest.

(3) Subsequent to receipt of notice of the death, the district attorney may request the coroner or medical examiner to conduct a preliminary investigation and report back to the district attorney. The district attorney may determine the scope of the preliminary investigation. This subsection does not limit or prevent any other investigation into the death by any law enforcement agency with jurisdiction over the investigation.

**WYOMING**

**FEDERAL LEGISLATION**

**U.S. TERRITORIES**

**AMERICAN SAMOA**

**GUAM**


Autopsies may be conducted by the Office of Post-Mortem Examinations in the following cases:

(a) Deaths caused by violent deaths whether apparently homicidal, suicidal or accidental, including but not limited to deaths due to thermal, chemical, electrical or radiational injury, and deaths due to criminal abortion, whether apparently self-induced or not;

(b) Sudden deaths not caused by readily recognizable diseases;

(c) Deaths upon suspicious circumstances;

(d) Deaths of persons whose bodies are to be cremated, dissected, buried at sea or otherwise disposed of so as to be thereafter unavailable for examinations;
(e) Deaths related to disease which might cause a threat to public health.

The Office of Post-Mortem Examinations shall further conduct autopsies whenever so ordered by the Attorney General or a court of competent jurisdiction.

PUERTO RICO

(a) It shall be the duty of the Institute of Forensic Medicine to investigate in order to determine the cause and manner of death of any person whose demise occurs under any of the following circumstances:
   (1) As a result of criminal acts or that are suspected to be the result of the commission of a crime.
   (2) As a result of any accident or act of violence or any subsequent act, regardless of its nature or time interval between said acts and the death, if there is reason to suspect that there is a relationship between said accident or the act of violence and the death.
   (3) As a result of poisoning or suspicion of such.
   (4) When the death occurs while in custody of the Police or officers of law and order, while in prison, or as a result of sickness or injury occurring while in prison, or suspicion thereof.
   (5) As a result or in relation with the occupation of the deceased.
   (6) When it is due to acute intoxication with alcohol, narcotics, or any other type of drug or controlled substances or suspicion of such.
   (7) When it is due to suicide or suspicion of such.
   (8) When in the process of an autopsy which was not originally considered as medico-legal, the pathologist discovers any clue, or any suspicion arises to indicate that such death could have occurred due to the commission of a crime. In such case, said pathologist shall suspend the autopsy and notify the Forensic Scientist of his suspicions immediately.
   (9) When death occurs suddenly or unexpectedly, while the person was enjoying relative or apparent good health.
   (10) When death occurs during or after an abortion or delivery, or suspicion of such.
   (11) When the physician who attended said person while living cannot reasonably establish that the death was due to natural causes.
   (12) When death occurs during or after surgical, diagnostic, or therapeutic procedures, or when the deceased was under anesthesia or recovering from it.
   (13) When death occurs during the course of an illness, if there is a suspicion that factors extraneous to said illness could have contributed to the death.
   (14) When death occurs in a convalescent home, asylum, "establishment", as defined in subsections (2), (3), (4), (5) and (8) of § 353 of Title 8, or similar institution, whether it be Commonwealth, municipal or private.
   (15) When death occurs to a person who had a contagious disease which could
constitute a threat to the public health.

(16) When it occurs within twenty-four (24) hours after the admission of the patient to a hospital, clinic or asylum, whether it be Commonwealth, municipal or private, whenever the death cannot be attributed to natural causes.

(17) When death occurs during hospitalization in a psychiatric institution, whether it be Commonwealth, municipal or private, except in cases of death due to childbirth, duly certified by a physician.

(18) If it was caused by a physical force such as electricity, heat, cold, radiation or the effect of chemical products.

(19) Any death due to malnutrition, abandonment or exposure to the elements, or as a result of negligence.

(b) It shall also be the duty of the Institute to investigate the cause and manner of the death of a person:

(1) When the corpse is to be cremated, dissected or it is to be disposed of in such a way that it will not be available subsequently for examination, regardless of how the death occurred.

(2) When the prosecutor or the trial judge who investigates the death of any person requests the Puerto Rico Institute of Forensic Sciences to do so.


When death is produced under the circumstances enumerated in clauses (1) through (11) and in clause (17) of subsection (a) of § 3011 of this title, it shall be mandatory to perform an autopsy in order to determine the cause and manner of said death. In the case of clause (14) of subsection (a) of § 3011 of this title, it shall be mandatory to perform an autopsy when ordered by the prosecuting attorney who shall be informed of all the deaths contemplated in this clause. In all other cases enumerated in § 3011 of this title, an autopsy shall be performed at the discretion of the Forensic Pathologist responsible for the investigation whenever any doubts arise about the cause of death and the manner in which it took place or when for some reason it is deemed necessary for the best elucidation of the facts. In the case of both mandatory and discretionary autopsies, the Institute of Forensic Sciences shall incorporate into its data base the number of the complaint, if any, assigned by the Puerto Rico Police, when the death of any person is produced under certain of the situations specified in this chapter, to the report about the results of the autopsy.

In all cases the Director of the Institute or any of its Forensic Pathologists and Auxiliary Coroners shall have the authority to perform or order an autopsy to be performed.
U.S. VIRGIN ISLANDS

V.I. CODE ANN. tit. 3, § 115 (2009). Medical Examiners; general duties; investigation; advice; consultation, examinations; analyses and reports
(a) There shall be in the Department such Medical Examiners as the Governor deems necessary for the requirements of the Virgin Islands. A Medical Examiner shall be duly licensed to practice medicine in the Virgin Islands and shall have the following powers and duties:

(1) to make inquiry into unnatural deaths as prescribed by law;

(2) to investigate the death of every person dying within the Virgin Islands, or whose body is found within the Virgin Islands which is or appears to be:

(i) a violent death, whether by criminal violence, suicide or casualty;

(ii) a death caused by unlawful act or criminal neglect;

(iii) a death occurring in a suspicious, unusual or unexplained manner;

(iv) a death caused by suspected criminal abortion;

(v) a death while unattended by a physician, so far as can be discovered, or where no physician able to certify the cause of death as provided by law can be found;

(vi) a death of a person confined to a public institution other than a hospital, infirmary or nursing home;

(3) to perform such additional and related duties involving the exercise of professional skills and training as may be prescribed by the Governor or the Attorney General.

(b) Whenever there is reason to believe that a death has occurred under any of the circumstances set forth in subsection (2) of subdivision (a) hereof, the Commissioner of Health or the Police Commissioner or their duly authorized representatives shall report the case to the Medical Examiner in the Judicial Division in which the death occurred. When the Medical Examiner is so informed of a death within his jurisdiction he shall go at once to the place where the body is and take charge of it. The Medical Examiner shall have the authority to the extent required for the investigation to remove and transport the body upon taking charge of it.

(c) The Medical Examiner shall fully investigate the essential facts concerning the death, taking the names and addresses of as many witnesses thereto as it may be practicable to obtain, and before leaving the premises shall reduce all such facts to writing. He shall take possession of any portable object which, in his opinion, may be useful in establishing the cause or means of death.
(d) In the course of the investigation, the Medical Examiner shall make or cause to be made such examinations, including an autopsy, as in his opinion is necessary to establish the cause of death, or to determine the means or manner of death, or to discover facts, which is requested in writing by the Attorney General, the United States Attorney or the Police Commissioner; Provided, however, the Medical Examiner, shall perform an autopsy, as provided under the provisions of this subsection, within 24 hours after he has taken charge of a body as provided under subsection (b) of this section. The authority to make any examination as provided in this section includes authority to remove, retain and transport or send, for the purpose of the examination, any tissue or organs and any portable object.

(e) The Medical Examiner shall have power to subpoena and examine witnesses under oath in the same manner as a court.

(f) The Medical Examiner shall have authority when necessary in his opinion to consult with and to request advice, consultation or other assistance from any officer of a department of the Virgin Islands, Government or from the head of any Department of Health or the U.S. Virgin Islands Police Department (V.I.P.D.) or from any member of the staff of such laboratory designated for such purpose by the head thereof, or from any physician qualified to make postmortem examinations and to testify thereon; and to request from any such person such tests, examinations or analyses and reports with respect thereto as are necessary in his opinion, with respect to the body of the deceased or any part thereof or with respect to any other matter related to his investigation.