



# SOUTH DAKOTA CORONER -- ORDER FOR AUTOPSY

**This form should be received prior to the postmortem examination.**  
The form can be faxed to: 605-333-1966; attn.: Medical Examiner

Authorizing Authority:

Name: \_\_\_\_\_

Billing: same as mailing:

Title: \_\_\_\_\_

or address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

County of \_\_\_\_\_

Under the provisions of Title 23-14-9.1 of the South Dakota Code of Law, in my opinion it is advisable and in the public interest that an autopsy be performed on the body of:

\_\_\_\_\_  
(Name) (Age/Race/Sex) (Date of Birth)

Who died on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (House and Street No.) (City or Town) (Zip code)

under the following circumstances.

*Type of Death:*

- Violent
- Sudden, when in apparent health
- Child < 2 years of age
- Custody of law enforcement
- Suspicious, unusual or unnatural
- Disease - public health threat

*Manner of Death:*

- Natural
- Accident
- Suicide
- Homicide
- Undetermined
- Pending

Narrative summary of circumstances surrounding death: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authority is hereby given to Minnehaha County Medical Examiner (or assigned Pathologist) to perform an autopsy on the body of the decedent named herein.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Coroner)

\_\_\_\_\_  
(City)