

# HENNEPIN COUNTY MEDICAL EXAMINER'S OFFICE

530 Chicago Avenue, Minneapolis, Minnesota 55415

Telephone: (612) 215-6300 www.hennepin.us

In 1963, the Office of the Hennepin County Medical Examiner was established to replace the office of Coroner. The current law outlining the duties of the office, Chapter 390 (revised 2006), states that:

*“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. . . . No person, other than the county coroner or medical examiner . . . shall file or amend the cause or manner of death information with the state registrar in cases of likely or suspected accidental, suicidal, homicidal, violent, or mysterious deaths occurring in the county.”*

This statute now provides that the following protocol applies:

## I. CASES THAT MUST BE REPORTED

A. Deaths meeting the requisite criteria **occurring in Hennepin County** should be reported whether the injury was sustained in Hennepin County or elsewhere. Conversely, deaths occurring outside of Hennepin County need not be reported to the Hennepin County Medical Examiner even if the injury causing death occurred within the county limits.

B. All sudden or unexpected deaths and all deaths which may be due entirely, or in part, to any factor other than natural disease must be reported. These 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 [these include operating room deaths];

- (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 [see D. below];
- (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 [see D. below]; and
- (24) Deaths attributable to acts of terrorism.

C. Any death in which there is uncertainty as to whether it is a Medical Examiner's case should be reported and discussed with the Medical Examiner's investigator.

D. Patients who are expected to die at home or at a residential hospice and who are registered with an official Hospice Program should be reported to the Medical Examiner's Office prior to their demise. Prereporting will help expedite matters once death occurs.

## II. PROCEDURES

A. When a death occurs that falls into any of the above categories, the physician, law enforcement officer, mortician, or other individual connected with the case should report it promptly (24 hours a day) to the Medical Examiner's Office by telephone (612-215-6300). Please

indicate to the person answering the telephone that you are reporting a case. After initial information has been obtained, you will be referred to the investigator on duty or your number taken for him/her to return your call.

B. When you report a case, please have the following information available: decedent's name, address, age, sex, race, marital status, next of kin, summary of medical history, physical findings, name of last attending physician, and other pertinent data.

C. The law enforcement officer and any other individuals at the scene of an unattended death should wait until the Medical Examiner, his deputy or his investigator arrives or provides direction for the removal or alteration of the body, clothing, effects or scene (including moving of weapons or items near the body). Interference with the body or scene of death with intent to mislead the Medical Examiner or conceal evidence is a gross misdemeanor (Minnesota Statutes §609.502).

D. The Medical Examiner's Office will contact the last attending physician and ask about the past medical history of the decedent, the most likely cause of death, and the relationship of any physical or chemical injury.

E. After completing his/her investigation, the Medical Examiner's investigator will decide if the Medical Examiner has jurisdiction of the case. When jurisdiction is assumed, the death certificate is signed **ONLY** by the Medical Examiner.

F. Although all cases described above must be reported, the Medical Examiner reserves the right to accept or decline jurisdiction. When an attending physician has seen the decedent within 120 days and the death is natural, jurisdiction is usually declined.

G. The body may not be released to anyone other than Medical Examiner personnel unless the office authorizes the removal.

H. When death in a Medical Examiner's case occurs within a local hospital, an autopsy, if one is to be performed, will usually be performed at the Hennepin County Morgue by the staff of the Medical Examiner's Office. In some cases, the Medical Examiner may permit an autopsy to be performed by the hospital pathologist if he/she has a valid autopsy permit. (It must be emphasized that decisions will be made on a case-by-case basis.)

Therefore, a pathologist or other physician confronted by a case that potentially falls under the jurisdiction of the Medical Examiner's Office should not proceed with the case until autopsy consent has been granted by the Medical Examiner's Office.

I. In all instances of organ donation, the Medical Examiner must be notified by the responsible agency **prior** to arrangements being made for the procurement of any organ. Authorization for tissue donation on Medical Examiner's cases must be approved by the Medical Examiner prior to procurement.

J. Next of kin should be directed to contact the Hennepin County Medical Examiner's Office, 530 Chicago Avenue, Minneapolis, Minnesota, 55415 (612-215-6300), for information as to the circumstances of the death, cause of death, and concerns about personal effects. In many instances, the Medical Examiner personnel will be contacting the family for information that may be helpful in the case. The next of kin should be informed that final disposition of the body is their responsibility and that they should contact a funeral home of their choice.

K. Families that express a religious objection to autopsy should be directed to let the medical examiner know right away.

L. When the deceased is to be cremated, the funeral director is responsible for obtaining approval from the Medical Examiner's Office prior to cremation of the body. It is preferable that this be done via facsimile transmission. Investigative staff of the office can be reached at (612) 215-6300 to explain and assist with this process.

### **III. INFORMATION AND SERVICES**

A. Information concerning the cause of death may be obtained from the Medical Examiner's Office. A cause of death hierarchy may be obtained by the investigating agency. An autopsy report is available to the prosecutorial agencies investigating the death, close family members, and the decedent's attending physician. Any other person or agency must have authorization from the next of kin or a court order (not a subpoena) to obtain a copy of the autopsy and/or Medical Examiner's report. A charge is made for copies of these documents.

B. Attending physicians and hospital staff members may be allowed to attend autopsies at the Medical Examiner's Office. The desire to be present should be stated to the investigator when the death is reported. Every effort will be made to accommodate such requests.

C. The Medical Examiner's Office will be responsible for notifying the decedent's next of kin.

D. The Medical Examiner is available to examine live patients with external injuries. This sort of formal documentation may be of value in (1) cases of patients who later succumb to their injuries and come under the Medical Examiner's Office jurisdiction and (2) in cases involving nonlethal injuries that later result in criminal or civil litigation.

**Andrew M. Baker, M.D.**  
**Chief Medical Examiner**