

The death certificate is not a complete document until the funeral director files it with the Registrar of Vital Statistics in the town in which the person has died (called *the town of death*). The original document stays in the registrar's office forever. The funeral director will usually obtain copies for the family but any one may get copies directly from the Registrar's Office.

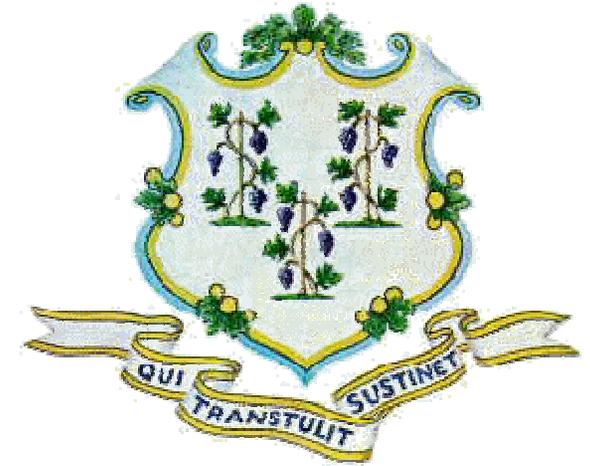
The death certificate is public information. In order to comply with the law, the Office for the Chief Medical Examiner will release information on the death certificate to the press when asked. We do not send this information to the press unless asked.

The autopsy report remains at the Office of the Chief Medical Examiner. The autopsy report is not public information. It is available to a limited number of people or institutions as defined by regulation. By law, it can only be obtained from the Office of the Chief Medical Examiner.

Those who have access to the autopsy reports include next of kin (or those with permission of the next of kin), lawyers involved in either side of criminal or civil matters involving the death, physicians who cared for the deceased, insurance carriers, and government servants who need the reports to exercise their lawful duties. This is most commonly the police department investigating the death but may include the FBI, OSHA, child protection agencies and regulatory agencies such as the Department of Motor Vehicles or the Office of the Child Advocate.

There are two major exceptions to these privacy rules. Autopsy reports are open to the public via the Freedom of Information Commission (FOIC) if the person died while in state custody, usually at a prison or a psychiatric facility. In addition, if the report is admitted into evidence during a trial, it may be available to the public at large through the court.

The Office of the Chief Medical Examiner makes every effort to both comply with the law and respect the privacy of the families of the deceased.



What is an Autopsy?

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An autopsy is a medical examination of a dead person's body. It is performed by a physician specially trained in such procedures. Like many medical procedures, the physician has one or more trained technicians to assist.

The physician who performs an autopsy is an anatomic pathologist. Pathology is a specialty in medicine. The word pathology is from the Greek for "the study of that which causes suffering", now meaning the study of disease or injury. A pathologist does not treat patients but studies things from those patients, determines what is wrong, and, by relaying that information to clinical physicians, helps those physicians decide how to treat the patient.

In a hospital, where most pathologists practice, there are two main branches of pathology.

Clinical pathology is the study of problems that require some type of lab test to observe such as blood tests for glucose (sugar), anemia (low blood count), or AIDS.

Anatomic pathology is the study of things that have gone wrong that you can see, either with your eyes or with the aid of a microscope. Many people have received care from an anatomic pathologist, if they have had surgery. Once a surgeon removes something from a patient, a pathologist examines it, determines what is or is not wrong and relays the information to the surgeon and other doctors so they can best treat the patient.

The anatomic pathologist is also the physician who performs the autopsies.

Forensic Pathology is a subspecialty of Anatomic Pathology. This means one must become an anatomic pathologist first, before you can take the training and certification examinations to become a Forensic Pathologist. The term means the study of disease and injury that is of interest to the law. As practiced in this country, it is the study of injuries and diseases that cause sudden, unexpected or violent death.

The physicians at the Office of the Chief Medical Examiner are Board Certified Forensic Pathologists.

An autopsy is a medical procedure performed by a physician. It is done under the highest standards of

medical professionalism similar to a physical examination in a doctor's office or an operation in a hospital.

The autopsy includes both an external and an internal examination. While these two phases are written and talked about as separate procedures, they are highly integrated with each other.

During the external phase, the physician examines the outside of the body, looking for evidence of injury, evidence of disease and evidence that things are normal. What did not occur is often as important to people with questions about the death, as what did occur.

Because Anatomic Pathology is the study of things that one can see, pictures are usually taken as part of the record of the examination.

At this time, the physician also collects things that can be sent to other laboratories to be studied by other types of scientists who can contribute to the picture of how the person died. Such things may include clothing, paint chips from a pedestrian struck by a vehicle, or hairs, fluids or tissue from an assailant.

During the internal phase of the autopsy, the body is opened with incisions, similar to what a surgeon would use, but larger. During a standard autopsy, the brain and the organs in the neck, chest, abdomen and pelvis are examined. If there is information in the history, the external exam or x-rays that lead the pathologist to believe that there may be important information in other parts of the body, additional incisions may be made.

All incisions are made so that an open casket funeral may be conducted if the family so desires. The organs are examined in place and then removed; all the while, the Pathologist is looking for evidence of injury, disease, or that things are normal.

Each organ is weighed. All organs have a normal average weight. Different diseases cause an organ to gain or lose weight. The weight tells the pathologist what type of disease may be present and, based on how much weight an organ has gained or lost, how bad the problem is.

Each organ is taken apart or dissected, each in its own way, again looking for evidence of disease, injury or that it is normal.

As with the external examination, during the internal examination the pathologist collects things that can be examined in other laboratories. In all autopsies, small samples of each organ are retained and preserved in formaldehyde so that the pathologist can examine them under the microscope later if needed. This is usually less than a pound of tissue. Such microscopic examinations are not always performed in forensic pathology but the samples are always retained. In some cases a whole organ may be retained so that it can be examined by a specialist later. This is usually the brain or occasionally the heart. This is done in less than 5% of all autopsies. The autopsy report will state that this has been done.

After five years, any retained tissue is destroyed in a crematorium especially designed for that purpose and dedicated to human tissue. Sometimes lawyers request that tissue be retained longer until legal proceedings have been completed. Very rarely families have asked that such tissue be returned to the funeral director for burial. When a family makes such a request, the Office of the Chief Medical Examiner does everything it can to comply.

The pathologist also retains samples of blood, urine, other fluids and tissue (organs) for examination in a toxicology laboratory, looking for alcohol, drugs and poisonous chemicals. This is so common that most of the examinations are performed at the Office. What material has been retained and how much, usually 15 oz or less in total, will be recorded in the autopsy and toxicology reports. Because this material is refrigerated or frozen, it cannot be kept as long as the tissue in formaldehyde. Unless the office receives a request to do other wise, it is destroyed one year after the toxicology report is completed.

After the autopsy is completed anything not retained for future examination is returned with the body to the funeral home. A report is written and a death certificate is issued.