

Pathologist Name: _____

Case # _____

Autopsy Report

Who Is the Deceased?

Name: _____

Age: _____

Sex: _____

Address: _____

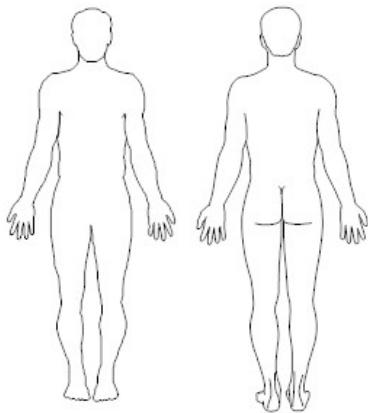
City, State, Zip _____

Phone # _____

Age	Race	Sex	Length	Weight	Eyes	Hair	Beard

Blood Type	Contents in Blood	Rigor Mortis	Liver Mortis

Marks and Wounds



Probable Cause of Death

Date of Autopsy	Location of Autopsy