**Autopsy Report**

**Forensics Biology
Medical Examiners Office**

**Philadelphia, PA 19130**

NAME: AUTOPSY NO:

AGE: DATE:

SEX: TIME:

PROCESCUTOR: MEDICAL EXAMINER:

ASSITANT:

**ANATOMICAL FINDINGS:**

**CAUSE OF DEATH:**

**MANNER OF DEATH:**

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**COMPLETED BY DATE**

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**CIRCUMSTANCIAL SUMMARY**

**DOCUMENTS AND EVIDENCE EXAMINED**

**IDENTIFICATION**

**CLOTHING AND VALUABLES**

**EXTERNAL EXAMINATION**

**SIGNS OF DEATH**

**ARTIFACTS AND INJURIES**

**INTERNAL EXAMINATION**

**SEROUS MEMBRANES:**

**NECK ORGANS:**

**HEART:**

**VASCULAR SYSTEM:**

**LUNGS:**

**LIVER:**

**PANCREAS:**

**GASTROINTESTINAL ORGANS:**

**SPLEEN:**

**ADRENAL GLANDS:**

**URINARY TRACT:**

**REPRODUCTIVE SYSTEM:**

**CENTRAL NERVOUS SYSTEM:**

**PHOTOGRAPHS (Please attach any relevant photographs to report)**

**SPECIMEN FOR FIREARM EXAMINATION OR TRACE EVIDENCE:**

**SPECIMEN FOR TOXICOLOGY ANALYSIS:**

**SPECIMEN FOR CHEMICAL ANALYSIS:**

**SPECIMEN FOR CULTURE:**

**MICROSCOPIC EXAMINATION**