(Date)

Name of coroner/ME

Address of coroner/ME

Telephone number of coroner/ME

# RE: (Consumer name)

Date of birth: Month/day/year

Date of death:

In accordance with our contract with the Missouri Department of Mental Health (DMH), (insert name of agency) is authorized to conduct mortality reviews and death investigations involving deaths of DMH consumers.

During the course of conducting mortality reviews and death investigations (insert name of agency) routinely obtains autopsy and/or toxicology records. All records become part of the mortality review and death investigation file and are protected under peer review statutes. Pursuant to RSMo Section 537.035 (4)

Except as otherwise provided in this section, the interviews, memoranda, proceedings, findings, deliberations, reports, and minutes of peer review committees, or the existence of the same, concerning the health care provided any patient are privileged and shall not be subject to discovery, subpoena, or other means of legal compulsion for their release to any person or entity or be admissible into evidence in any judicial or administrative action for failure to provide appropriate care.

(Description example) On June 20, 2005 (insert name of consumer) body was discovered at her residence by law enforcement.

In order to complete a thorough mortality review and death investigation, (insert name of agency) is requesting a copy of the autopsy report including any blood and tissue analysis regarding (insert consumer name). The records may be faxed to my attention at ###-###-#### (preferred method of delivery) or mailed to my attention at the above address. Your cooperation in expediting this request is greatly appreciated. If you have any questions, please feel free to contact me at (phone number). Thank you for your assistance.

Sincerely,

Name

Title