

(I) THE MEDICAL EXAMINER, IF THE MEDICAL EXAMINER TAKES CHARGE OF THE BODY; OR

(II) IF THE MEDICAL EXAMINER DOES NOT TAKE CHARGE OF THE BODY, THE PHYSICIAN WHO LAST ATTENDED THE DECEASED.

(2) THE MEDICAL EXAMINER OR PHYSICIAN SHALL FILL IN ONLY THE FOLLOWING INFORMATION ON THE CERTIFICATE OF DEATH:

(I) THE NAME OF THE DECEASED.

(II) THE CAUSE OF DEATH AND MEDICAL CERTIFICATION.

(III) THE DATE AND HOUR OF DEATH.

(IV) THE PLACE WHERE DEATH OCCURRED.

(3) ANY OTHER INFORMATION THAT IS REQUIRED ON THE CERTIFICATE OF DEATH SHALL BE FILLED IN:

(I) BY THE PERSON WHO HAS CHARGE OF THE BODY; OR

(II) IF THE STATE ANATOMY BOARD HAS CHARGE OF THE BODY, BY THE PERSON WHO LAST HAD CHARGE OF THE BODY BEFORE IT WAS SENT TO THE STATE ANATOMY BOARD.

(C) NOTICE TO MEDICAL EXAMINER.

EACH INDIVIDUAL CONCERNED WITH CARRYING OUT THIS SUBTITLE PROMPTLY SHALL NOTIFY THE MEDICAL EXAMINER IF:

(1) THE DECEASED WAS NOT UNDER TREATMENT BY A PHYSICIAN DURING THE TERMINAL ILLNESS;

(2) THE CAUSE OF DEATH IS UNKNOWN; OR

(3) THE INDIVIDUAL CONSIDERS ANY OF THE FOLLOWING CONDITIONS TO BE THE CAUSE OF DEATH OR TO HAVE CONTRIBUTED TO THE DEATH:

(I) AN ACCIDENT, INCLUDING A FALL WITH A FRACTURE OR OTHER INJURY.

(II) HOMICIDE.

(III) SUICIDE.

(IV) OTHER EXTERNAL MANNER OF DEATH.

(V) ALCOHOLISM.