

TO: Mental Health Bureau Chief
Addictive & Mental Disorders Div.
Department of Public Health &
Human Services

Date:

FROM: Medical Records
Montana Mental Health
Nursing Care Center

RE: Resident Death Report

This memo is to inform you that _____ died at the Montana Mental Health Nursing Care Center. The following information concerning the death is provided:

1. **Name:**
2. **Medicaid Number:**
3. **Medicare Number:**
4. **Date of Admission:**
5. **Resident Admission Number:**
6. **Date of Birth:**
7. **Age at Death:**
8. **Date of Death:**
9. **Time of Death:**
10. **Cause of Death:**
11. **Physician:**
12. **Next of Kin Notified:**
13. **Disposition of Remains:**
14. **Funeral Home:**
15. **Was this death reported to the coroner?**
16. **Veteran Status:**
17. **Religious Affiliation:**

Please feel free to contact us if you require additional information or have questions.

cc: Superintendent, Director of Nursing