

**Medical Examiner
Investigators**

DR. ROBERT WEIS MD
County Medical Examiner

Chief Investigator / Administrator

Tom Summitt, D-ABMDI
401 E 3rd St.
Muscatine, IA 52761
Email: medexaminer@co.muscatine.ia.us
Phone: (563) 263-5828
Cell: (563) 506-0103
Fax: (563) 264-6108

Investigator

Darren Brooke
401 E 3rd St.
Muscatine, IA 52761
Email: darren.brooke@co.muscatine.ia.us
Phone: (563) 263-5828
Cell: (563) 299-0391
Fax: (563) 264-6108

Investigator

Chase Conaway
401 E 3rd St.
Muscatine, IA 52761
Email: chase.conaway@co.muscatine.ia.us
Phone: (563) 263-5828
Cell: (563) 260-4534
Fax: (563) 264-6108

Investigator

Susie Garrett
401 E 3rd St.
Muscatine, IA 52761
Email: sgarrett@co.muscatine.ia.us
Phone: (563) 263-5828
Cell: (563) 299-4679
Fax: (563) 264-6108

Investigator

Kevin Guck
401 E 3rd St.
Muscatine, IA 52761
Email: kevin.guck@co.muscatine.ia.us
Phone: (563) 263-5828
Cell: (563) 506-9920
Fax: (563) 264-6108

Investigator

Todd Heck
401 E 3rd St.
Muscatine, IA 52761
Email: todd.heck@co.muscatine.ia.us
Phone: (563) 263-5828
Cell: (319) 850-2496
Fax: (563) 264-6108

Investigator

Richard Hines
Administrative Assistant
401 E 3rd St.
Muscatine, IA 52761
Email: rich.hines@co.muscatine.ia.us
Phone: (563) 263-5828
Cell: (563) 554-7036
Fax: (563) 264-6108

Web Sites:

<http://www.co.muscatine.ia.us>
<http://www.iosme.iowa.gov>
<http://iacountyme.org/>

Muscatine County

**Medical Examiner's Office
Investigative Division**

414 E. 3rd Street (mailing address)
Muscatine IA 52761
Phone: 563-263-5828 Fax: 563-264-6108

Autopsy Report Request

Please complete this form and return/email to:

Mr. Thomas Summitt-Administrator
Muscatine County Medical Examiner's Office
414 East Third Street
Muscatine, IA 52761
medexaminer@co.muscatine.ia.us

Name of Deceased: _____

Date of Death: _____

County of Death: _____

Note: If the decedent died in a county other than Muscatine County, you must contact the medical examiner office in that county to receive a copy of the autopsy report.

Requestor's Information

Full Name: _____

Relationship to the Deceased*: _____

Telephone Number: _____

Mailing Address: _____

Date of Request: _____

Print Name: _____

Signature: _____

****YOU WILL BE ASKED TO PROVE RELATIONSHIP TO DECEDENT****

*Per Iowa law, a copy of the autopsy report may only be provided to the **immediate next of kin of the deceased** (spouse, adult child, parent, adult sibling, grandparent, guardian), investigating law enforcement agencies and county attorney offices. Autopsy reports will only be provided to those persons who are legally entitled to the report. If there is a request for a copy of the autopsy report from someone other than those who are legally entitled, e.g., insurance company or private attorney, the request must be submitted on their letterhead and include a release of information form signed by the legal next of kin. A \$35 check made payable to the "Muscatine County Medical Examiner's Office" must be included with the request (written request only) from insurance companies or private attorney.

For privacy reasons, reports cannot be faxed or e-mailed.