

***	COUNTY OF	TARRANT	Γ				
***	STATE OF T	EXAS		CAS	E NUMBER:	:	
	PERMIT	FOR W	AIVER	OF .	AUTOPS	SY ?	
EXAMINER'S	dersigned, being OFFICE from permains of the above	, hereby EX	EMPT the ! medical po	TARRANT ostmort	COUNTY ME em examina	DICAL tion (auto	psy)
□ Person	ous reasons al reasons				(specify	·)	
Examiner's which may	nderstand that in s Office may not affect the outco ace claims, if so	be able to ome of lega	establish l proceed:	h a def	inite caus	e of death	
Examiner's injury, pa	or any other he office, its med ain of suffering te of the said a	dical exami , either re	ners and	employe	es liable	for any lo	
Witnessed	thisday	7 of			•		
				(Sig	 nature)		
			Name: Address:				
					<u> </u>	Zip 	

(Signature of Witness)