

MAINE STATE LEGISLATURE

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1 FIRST REGULAR SESSION
2

3 ONE HUNDRED AND TWELFTH LEGISLATURE
4

5 Legislative Document

No. 1218

6
7 H.P. 859

House of Representatives, April 4, 1985

8 Referred to the Committee on Human Resources. Sent up for
9 concurrence and ordered printed.

10 EDWIN H. PERT, Clerk

Presented by Representative Paul of Sanford.

11 Cosponsored by Representative Ridley of Shapleigh, Representative
Gwadodsky of Fairfield and Senator Trafton of Androscoggin.

12 STATE OF MAINE
13

14 IN THE YEAR OF OUR LORD
15 NINETEEN HUNDRED AND EIGHTY-FIVE
16

17 AN ACT to Amend the Medical Examiner Act and
18 Related Provisions.
19

20 Be it enacted by the People of the State of Maine as
21 follows:

22 Sec. 1. 22 MRSA §2705, sub-§4 is enacted to
23 read:

24 4. Amendment by the Office of the Chief Medical
25 Examiner. Completions or amendments to certificates
26 of death in medical examiner cases, as defined in
27 section 3025, shall be as provided in section 2842,
28 subsection 4.

29 Sec. 2. 22 MRSA §2842, sub-§3, as amended by PL
30 1979, c. 538, §1, is further amended to read:

31 3. Medical certificate by medical examiner. When
32 a death occurs under circumstances which make it a
33 medical examiner case as defined in section 3025, or
34 when inquiry as to the cause of death is required by

1 law, the medical examiner shall complete and sign the
2 medical certification and **verify or provide the date**
3 **of death** within 24 hours of the time he is notified
4 of the death, unless the remains must be held longer
5 before release to complete studies or investigation.

6 The medical examiner shall be responsible for the
7 identity of the deceased and the time, date, place,
8 cause, manner and circumstances of death on the death
9 certificate. Entries may be left "pending" if fur-
10 ther study is needed. Notwithstanding section 2706,
11 subsection 4, this information for which the medical
12 examiner is responsible may be made available to the
13 general public by the Office of the Chief Medical Ex-
14 aminer.

15 Sec. 3. 22 MRSA §2842, sub-§4 is enacted to
16 read:

17 4. Correction of errors on death statistic
18 records filed under chapter 711. Certificates of
19 death in medical examiner cases, as defined in sec-
20 tion 3025, may be completed or amended at any time by
21 means of forms provided by the department to the Of-
22 ice of Chief Medical Examiner. Either the Chief
23 Medical Examiner or the medical examiner assigned to
24 the case may sign the forms. The medical examiner
25 assigned shall submit the form to the Office of the
26 Chief Medical Examiner for filing with the State Reg-
27 istrar of Vital Statistics. These forms may be filed
28 at any time after death and need not include a summa-
29 ry description of the evidence in support of the com-
30 pletion or amendment.

31 Sec. 4. 22 MRSA §3022, as amended by PL 1979, c.
32 538, §2, is repealed and the following enacted in its
33 place:

34 §3022. Office of Chief Medical Examiner

35 1. Appointment and qualifications of the Chief
36 Medical Examiner. There is created, in the Depart-
37 ment of Attorney General, the Office of Chief Medical
38 Examiner for the State. The Chief Medical Examiner
39 shall be appointed by the Governor for a term of 7
40 years and until his successor is appointed and quali-
41 fied. The Chief Medical Examiner shall possess a de-

1 gree of doctor of medicine or doctor of osteopathy,
2 be licensed to practice in the State and be expert in
3 the specialty of forensic pathology as attested to
4 either by certification in forensic pathology by the
5 American Board of Pathology or the American
6 Osteopathic Board of Pathology, or by examination by
7 the State in a manner determined by the Governor uti-
8 lizing acknowledged experts in the field. Any vacan-
9 cy in the Office of the Chief Medical Examiner shall
10 be filled by appointment by the Governor for a full
11 term of 7 years. The Chief Medical Examiner may
12 hire, subject to the Personnel Law, necessary office
13 and laboratory personnel in order to carry out the
14 proper functioning of his office.

15 2. Appointment and qualifications of the Deputy
16 Chief Medical Examiner. The Chief Medical Examiner
17 may select one or more of the medical examiners to
18 serve as deputy chief medical examiners. The Deputy
19 Chief Medical Examiner shall serve at the pleasure of
20 the Chief Medical Examiner and if salaried shall be
21 unclassified. In the event of his temporary absence,
22 the Chief Medical Examiner or, if he is unavailable,
23 the Attorney General may designate one of the deputy
24 chief medical examiners to serve as acting Chief Med-
25 ical Examiner. The acting Chief Medical Examiner
26 shall have all of the powers and responsibilities of
27 the Chief Medical Examiner.

28 3. Certification and completion of reports of
29 deaths. The Office of Chief Medical Examiner shall
30 be responsible for certification and completion of
31 reports of deaths identified as medical examiner
32 cases by section 3025. This shall be accomplished by
33 examination of bodies and useful objects and by in-
34 vestigation and inquiry into the circumstances sur-
35 rounding the deaths. The Office of Chief Medical Ex-
36 aminer may compile and preserve records and data re-
37 lating to criminal prosecution, public health, public
38 safety and vital statistics, as these relate to his
39 responsibilities.

40 4. Judgments of the medical examin-
41 ers. Judgments of the medical examiners as to the
42 identity of the deceased and as to the cause, manner,
43 date, time and place of death shall be made with rea-
44 sonable care based on a preponderance of the evi-
45 dence.

1 5. Custodian of records. The Chief Medical Ex-
2 aminer shall be the custodian of the records of the
3 Office of Chief Medical Examiner. Copies of those
4 records not declared confidential in subsection 8
5 shall be available upon written request.

6 6. Certificate as evidence. Notwithstanding any
7 other provision of law or rule of evidence, the cer-
8 tificate of the Chief Medical Examiner, under seal of
9 the State, shall be received in any court as prima
10 facie evidence of any fact stated in the certificate
11 or documents attached thereto. The certificate under
12 the seal shall be presumed to be that of the Chief
13 Medical Examiner. A facsimile of the signature of
14 the Chief Medical Examiner imprinted on any certifi-
15 cate described in the preceding sentence shall have
16 the same validity as his written signature and shall
17 be admissible in court.

18 7. Medical records provided. In any medical ex-
19 aminer case, upon oral or written request of the med-
20 ical examiner, any individual, partnership, associa-
21 tion, corporation, institution or governmental entity
22 which has rendered treatment pertaining to the medi-
23 cal examiner case shall forthwith provide the medical
24 examiner with all medical records pertaining to the
25 person and the treatment provided.

26 8. Certain information confidential. Contents
27 of suicide notes, reproductions of medical reports
28 and reports compiled by the police incorporated into
29 the file, internal notes of the office, communica-
30 tions with the Department of Attorney General, death
31 certificates and any amendments made thereto, except
32 for the information for which the medical examiner is
33 responsible, as listed in the section 2842, subsec-
34 tion 3, and reports pertaining to cases under inves-
35 tigation by the Attorney General's office or a Dis-
36 trict Attorney's Office shall be confidential.

37 9. Release of medical examiner's re-
38 ports. State, county and local agencies and institu-
39 tions, public and private, in possession of reports
40 of the Office of the Chief Medical Examiner shall not
41 release them, but shall refer all the requests to the
42 Office of the Chief Medical Examiner.

1 10. Cooperation with research requests. The Of-
2 office of Chief Medical Examiner shall cooperate with
3 research requests by supplying abstracted data and
4 copies of reports to interested persons and agencies,
5 consistent with the available resources of the of-
6 office.

7 Sec. 5. 22 MRSA §3023, as amended by PL 1979, c.
8 538, §3, is further amended to read:

9 §3023. Medical examiners; appointment; jurisdiction

10 The Chief Medical Examiner shall appoint medical
11 examiners, who shall have state-wide statewide juris-
12 diction and shall serve at the pleasure of the Chief
13 Medical Examiner and subject to his control and the
14 regulations promulgated by him. The Chief Medical Ex-
15 aminer may in his discretion make temporary appoint-
16 ments when he deems it in the public interest. The
17 medical examiners shall be learned in the science of
18 medicine and anatomy, licensed as physicians in the
19 this State of Maine and bona fide residents of the
20 this State of Maine. Each medical examiner before en-
21 tering upon the duties of his office shall be duly
22 sworn to the faithful performance of his duty.

23 The Chief Medical Examiner may in his discretion
24 make temporary appointments when he deems it is in
25 the public interest. Temporary medical examiners
26 shall serve on a case-by-case basis and must be li-
27 icensed as physicians by the State, but do not need to
28 be residents of the State nor take an oath of
29 office.

30 The Chief Medical Examiner may retain official
31 consultants to serve the various needs of the office.
32 These consultants shall possess a high degree of in-
33 tegrity and be learned in the their fields. They need
34 not reside within the State nor take an oath of of-
35 fice. They shall serve at the pleasure of the Chief
36 Medical Examiner.

37 Sec. 6. 22 MRSA §3025, as repealed and replaced
38 by PL 1979, c. 538, §5, is repealed and the following
39 enacted in its place:

40 §3025. Medical examiner case

1 1. Circumstances of death constituting medical
2 examiner case. A medical examiner case exists when
3 remains are found which may be human and raise suspi-
4 cion that death has occurred under any of the follow-
5 ing circumstances:

6 A. Violence or poisoning;

7 B. Suddenly when the person is in apparent good
8 health and has no specific natural disease suffi-
9 cient to explain death;

10 C. During diagnostic or therapeutic procedures
11 under circumstances indicating gross negligence
12 or when clearly due to trauma or poisoning unre-
13 lated to the ordinary risks of those procedures;

14 D. Death when the person is in custody pursuant
15 to an arrest, confined in a state correctional
16 facility, county institution, facility or local
17 lockup, unless clearly certifiable by an attend-
18 ing physician as due to specific natural causes;

19 E. Death while the person is a patient or resi-
20 dent of a facility of the Department of Mental
21 Health and Mental Retardation or residential care
22 facility maintained or licensed by the Department
23 of Human Services, unless clearly certifiable by
24 an attending physician as due to specific natural
25 causes;

26 F. Death suspected of being due to a threat to
27 the public health when the authority of the medi-
28 cal examiner is needed to adequately study the
29 case for the protection of the public health;

30 G. Death suspected of not having been certified,
31 including, but not limited to, bodies brought in-
32 to the State and any buried remains uncovered
33 other than by legal exhumation;

34 H. Deaths suspected of being medical examiner
35 cases which have been certified by other than
36 medical examiners or the equivalent of a medical
37 examiner, including, but not limited to, bodies
38 brought into the State under those circumstances;

1 I. Sudden infant death syndrome deaths and all
2 other deaths of children under the age of 18 un-
3 less clearly certifiable by an attending physi-
4 cian as due to specific natural causes unrelated
5 to abuse or neglect;

6 J. Whenever human or possibly human remains are
7 discovered not properly interred or disposed of,
8 for which the responsibility to do so cannot be
9 readily determined; or

10 K. Any cause when there is no attending physi-
11 cian capable of certifying the death as due to
12 natural causes.

13 2. Attendance by physician. A medical examiner
14 case exists whenever the death is wholly or in part
15 ascribable to violence or poisoning, regardless of
16 whether the deceased had been attended by a physi-
17 cian, was a patient in a hospital, survived for con-
18 siderable time or died with the terminal natural
19 causes consequent to and following from the injury or
20 poisoning.

21 3. Transplant operations. No operation for the
22 transplant of an organ or a portion of any organ may
23 take place, when the donor's death occurs under cir-
24 cumstances indicating a medical examiner case, with-
25 out approval of the medical examiner. Any doctor
26 performing a transplant operation when the donor has
27 died under these circumstances shall note the condi-
28 tion of the vital organs in the region of surgery and
29 shall include this notation in a written report of
30 the operation and manner in which death was pro-
31 nounced, with the report to be given to the medical
32 examiner upon his request. The medical examiner may
33 choose to be present during the removal of the do-
34 dated organ.

35 4. Questionable cases and cases which may con-
36 stitute exceptions. All questionable cases shall be
37 reported. Acceptance of any questionable case is to
38 be determined by the Chief Medical Examiner unless
39 acceptance is specifically ordered by the Attorney
40 General or district attorney having jurisdiction.

1 Deaths due to the consequences of long-term alcohol
2 use, long-term exposure to environmental or occupa-
3 tional toxins or long-term exposure to carcinogens
4 shall be reported, but need not be accepted.

5 Sudden natural deaths in the elderly who have not had
6 previous specific symptoms or who were not under
7 treatment by a physician for the specific natural
8 cause that is considered to be the cause of death
9 shall be reported to the Office of the Chief Medical
10 Examiner. Those cases may be referred back to the
11 attending physician by the Chief Medical Examiner for
12 certification of the death, even though the attending
13 physician has not treated the patient for the specific
14 natural disease that he will enter as his diagno-
15 sis as required in section 2842, subsection 2.

16 5. Delayed reports. When a death has occurred
17 that falls under this law as a medical examiner case
18 and the body has already been released for final dis-
19 position, the case may be accepted and the body or-
20 dered held for examination by a medical examiner, but
21 no exhumation may take place when the body has been
22 finally interred, except pursuant to section 3029.

23 Sec. 7. 22 MRSA §3028, sub-§§1, 3, 5 and 11, as
24 enacted by PL 1979, c. 538, §8, are amended to read:

25 1. Authority to conduct investigation. The medi-
26 cal examiner shall have authority to conduct an in-
27 vestigation of and inquiry into the cause and, manner
28 and circumstances of death in a medical examiner
29 case. He shall, if deemed necessary, immediately pro-
30 ceed to the scene and, subject to the authority of
31 the Attorney General, assume custody of the body for
32 the purposes of the investigation, and shall retain
33 custody until the investigation has been completed or
34 until the Chief Medical Examiner has assumed charge
35 of the case.

36 3. Assistance of law enforcement agency. The
37 medical examiner, or the pathologist as described in
38 subsection 9 8, may request the assistance and use of
39 the facilities of the law enforcement agency having
40 jurisdiction over the case for the purposes of
41 photographing, fingerprinting or otherwise identify-

1 ing the body. That agency shall provide the medical
2 examiner or pathologist with a written report of the
3 steps taken in providing the assistance.

4 5. Requests for objects. Any person having pos-
5 session of any object or objects, as described in
6 subsection 4, shall at the request of the medical ex-
7 aminer give that object or objects to a law enforce-
8 ment officer. Original written or recorded material
9 that might express suicidal intent shall be sent to
10 the Office of the Chief Medical Examiner. The Chief
11 Medical Examiner may elect to accept copies in place
12 of originals.

13 11. Final release of body. In any medical exam-
14 iner case the body shall not be finally released for
15 embalming or burial except by order of the medical
16 examiner in charge of the case, or by the Chief Medi-
17 cal Examiner. No medical examiner may release a body
18 without first ensuring that the case has been re-
19 ported to the Office of Chief Medical Examiner.

20 Sec. 8. 22 MRSA §§3028-A, 3028-B and 3028-C are
21 enacted to read:

22 §3028-A. Disposal of unidentified remains

23 Whenever unidentified human skeletal remains are
24 recovered, the Chief Medical Examiner may store the
25 remains, release them to an educational institution,
26 inter them in an appropriate resting place or have
27 them cremated. Ashes of remains cremated may be dis-
28 posed of in any appropriate manner. Human skeletal
29 remains uncovered in a cared-for cemetery or known to
30 be Indian remains are excluded from the operation of
31 this section.

32 §3028-B. Retention of body fragments and body fluids

33 A medical examiner or his designated pathologist
34 may retain body fragments or body fluids for evi-
35 dence, further study or documentation.

36 §3028-C. Disposal of nonsubstantial fragments and
37 fluids; disposal of substantial fragments

1 1. Disposal of nonsubstantial body fragments and
2 body fluids. Body fragments or body fluids retained
3 for evidence, further study or documentation, or
4 those which have been recovered after the body has
5 been released from the custody of the medical examin-
6 er, may be disposed of according to the practices of
7 the laboratory responsible for analysis, by the Of-
8 fice of the Chief Medical Examiner, or by the medical
9 examiner or pathologist retaining those fragments or
10 fluids, unless claimed in writing by the person re-
11 sponsible for burial.

12 2. Disposal of substantial body fragments. The
13 Chief Medical Examiner may dispose of substantial
14 fragments of bodies that have been retained for evi-
15 dence, further study or documentation or that have
16 been recovered after the rest of the body has been
17 finally released, in accordance with section 3028-A,
18 unless claimed by the person responsible for burial.

19 Sec. 9. 22 MRSa §3032, as enacted by PL 1967, c.
20 534, §2, is amended to read:

21 §3032. Rules

22 The Chief Medical Examiner is authorized and em-
23 powered to carry into effect this chapter, and in
24 pursuance thereof, to make and enforce such reason-
25 able rules and regulations consistent with this chap-
26 ter as he may deem necessary. A copy of such
27 regulations the rules and any amendments thereto
28 shall be filed in the office of the Secretary of
29 State. Complete directions as to the nature, charac-
30 ter and extent of the investigation to be made, in
31 cases where medical examiners are involved, together
32 with appropriate forms for the required reports and
33 instructions for the medical examiners' use shall be
34 promulgated by the Chief Medical Examiner by proper
35 rule and regulation.

36 Sec. 10. 32 MRSa §1404, as amended by PL 1979,
37 c. 538, §11, is further amended to read:

38 §1404. Medical examiner case; no embalming until
39 release

1 When a person has died under circumstances which
2 constitute a medical examiner case as defined in Ti-
3 tle 22, section 3025, no person ~~shall~~ may inject into
4 any cavity or artery of the body any fluid or sub-
5 stance, or submerge the body in or place, pour or
6 spray on the body any preservative, deodorant, insecti-
7 cide, cosmetic or other chemical until a legal certifi-
8 cate as to the cause of death has been obtained
9 from the medical examiner, or until legal investiga-
10 tion has determined the cause of death, or written
11 permission to embalm do so such body has been given
12 by the medical examiner. If a criminal cause of death
13 is alleged or suspected, no fluid or other substance
14 shall be injected into a body until the cause of
15 death is legally established or until an autopsy has
16 been performed.

17 Sec. 11. 32 MRSA §1405, 2nd ¶, as amended by PL
18 1979, c. 538, §12, is further amended to read:

19 The body of a deceased person shall not be cre-
20 mated within 48 hours after his decease unless he
21 died of a contagious or infectious disease and in no
22 event shall the body of a deceased person be cre-
23 mated, buried at sea, used by medical science or re-
24 moved from the State until the person, firm or corpo-
25 ration in charge of the ~~cremation~~ disposition has re-
26 ceived a certificate from a duly appointed medical
27 examiner that he has made personal inquiry into the
28 cause and manner of death and is satisfied that no
29 further examination or judicial inquiry concerning
30 the same is necessary. This certificate, a certified
31 copy of the death certificate and a burial transit
32 permit when presented by the authorized person as de-
33 fined in Title 22, section 2846, shall be sufficient
34 authority for cremation, burial at sea, use by medi-
35 cal science or removal from the State and the person,
36 firm or corporation in charge of ~~cremation~~ the
37 disposition shall not refuse to cremate or otherwise
38 dispose of the body solely because these documents
39 are presented by such an authorized person. ~~Such~~ The
40 certificate shall be retained by the person, firm or
41 corporation in charge of the cremation or disposition
42 for a period of 3 15 years. For ~~said~~ the certifi-
43 cate, the medical examiner shall receive a fee of \$15
44 payable by the person requesting same.

1 Sec. 12. 32 MRSA §1405, 4th ¶, as enacted by PL
2 1979, c. 538, §13, is repealed.

3 STATEMENT OF FACT

4 Section 1 of the bill incorporates the procedure
5 for amending medical examiner case death certificates
6 set out in the Maine Revised Statutes, Title 22, sec-
7 tion 2842, subsection 4.

8 Section 2 specifically details those portions of
9 the death certificate that the medical examiner is
10 responsible for among the entries required on the
11 death certificate and allows the Office of the Chief
12 Medical Examiner to release that information to the
13 public.

14 Section 3 facilitates changes on medical examiner
15 case death certificates in view of their unique na-
16 ture requiring frequent alteration. It provides for
17 the filing of supplemental reports by the Office of
18 Chief Medical Examiner with the State Registrar of
19 Vital Statistics. It allows the supplemental report
20 to be filed at any time after death without the ne-
21 cessity of a summary description of the evidence in
22 support of the change.

23 Section 4 provides an alternative to the State's
24 certification process in forensic pathology, consist-
25 ent with the procedures for medical licensing, and it
26 clarifies the purpose of the Office of Chief Medical
27 Examiner. It established a minimum standard which
28 medical examiners are to apply in exercising their
29 judgments. This is not to suggest as to these same
30 judgments that a higher standard cannot be applied by
31 medical examiners in situations where some higher
32 standard is applicable. It formally establishes the
33 custodian of the records, provides a mechanism for
34 certifying medical examiner records for use in court,
35 defines public access and allows for cooperation with
36 research requests.

37 This section also affirmatively confers upon the
38 Chief Medical Examiner the powers implicitly con-
39 ferred upon him by the prior version of the Maine Re-
40 vised Statutes, Title 5, section 200-E. This power

1 is needed so that the Chief Medical Examiner may in-
2 vestigate medical examiner cases.

3 This section also bars outside agencies and in-
4 stitutions from releasing medical examiner reports to
5 the public, by providing instead for referral of
6 those requests to the Office of the Chief Medical Ex-
7 aminer for response.

8 Section 5 defines the qualifications of the tem-
9 porary medical examiner and distinguishes them from
10 regular medical examiners. The requirements are less
11 because they are used only when a regular medical ex-
12 aminer is not available or cannot handle the case as
13 well as some other physician. It also corrects a
14 grammatical error in wording.

15 Section 6 replaces the present Maine Revised
16 Statutes, Title 22, section 3025. It clarifies the
17 language; narrows the scope of medical examiner
18 cases; excludes certain types of deaths formerly con-
19 sidered medical examiner cases, but not reported as
20 such, in keeping with conventional medical practice;
21 provides a structure for decision making in regard to
22 case acceptance; strengthens the criteria for accept-
23 ance of human remains not specifically falling under
24 other medical examiner case criteria; provides a
25 means by which attending physicians may certify the
26 numerous and not unexpected deaths in elderly pa-
27 tients whom they have not been specifically treating
28 for the disease which causes death, generally arteri-
29 osclerotic cardiovascular disease, without violating
30 other provisions of law; provides specific authority
31 to examine bodies after funeral arrangements have
32 started; and removes from the medical examiner the
33 burden of intervention in disputes involving
34 inaccurately filed certificates and civil litigation
35 disputes of no great concern to the general public.

36 Section 7 expands the authority of the medical
37 examiner in law, consistent with current practice, to
38 inquire into circumstances of the death and permits
39 the omission of a scene visit. It corrects a refer-
40 ence in the Maine Revised Statutes, Title 22, section
41 3028, subsection 3; provides for an alternative to
42 the filing of the original suicide note; and mandates
43 that a local medical examiner notify the central of-
44 fice before releasing a body.

1 Section 8 provides a mechanism for the disposal
2 of unidentified human skeletal remains which are ei-
3 ther uncovered in a cared-for cemetery or known to be
4 Indian remains.

5 The section also allows a medical examiner or pa-
6 thologist to retain body fragments or body fluids if
7 necessary for evidentiary or study purposes, or to
8 document a particular finding.

9 This section provides for the disposal of re-
10 tained body fragments or body fluids by the involved
11 laboratory or medical examiner. If any person re-
12 sponsible for burial desires to have them disposed of
13 differently, he must initiate a request in writing.

14 This section also provides a mechanism for the
15 disposal of substantial body fragments retained or
16 found after the body has been finally released. Im-
17 plicit in this bill is the authority of the Chief
18 Medical Examiner, without consultation with the per-
19 son responsible for burial, to dispose of insubstan-
20 tial body fragments and body fluids. It is left to
21 the sole discretion of the Chief Medical Examiner to
22 decide what is substantial and what is not.

23 Section 9 relieves the Chief Medical Examiner
24 from the requirement that he promulgate rules govern-
25 ing the manner in which the medical examiner practice
26 is conducted. Since forensic pathology is a recog-
27 nized subspecialty in the field of medicine, there is
28 no need to define its practice by rule. Addition-
29 ally, the field of forensic pathology is constantly
30 changing, a fact which requires constant modification
31 of any promulgated rule.

32 The revisions in section 10 delete the require-
33 ment for written authorization which might delay a
34 funeral, withhold authority to embalm merely because
35 the cause of death has been established since the
36 body may still be needed for other purposes, and ex-
37 tend the prohibition beyond embalming to include the
38 use of other chemicals that might alter the remains
39 before examination or testing. The last sentence of
40 the Maine Revised Statutes, Title 32, section 1404,
41 is removed as being wholly unnecessary.

1 Section 11 provides a means for ensuring that fi-
2 nal disposition of dead human bodies by means other
3 than burial or entombment occurs only upon certifica-
4 tion by a duly appointed medical examiner, that he
5 had made personal inquiry into the cause and manner
6 of death and is satisfied that no further examination
7 or judicial inquiry is necessary. The period of re-
8 tention of medical examiners' certificates has been
9 increased from 3 to 15 years.

10 The paragraph repealed by section 12 is redun-
11 dant, in light of the amendment to the Maine Revised
12 Statutes, Title 32, section 1405.

13

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