

GIFT OF BODY

I _____ being a person of at least 18 years of
(Full name of donor)
age, born on _____, _____ do hereby make this anatomical gift
of my entire unautopsied body upon my death to the Department of Anatomy, A. T. Still
University, Kirksville College of Osteopathic Medicine, Kirksville, Missouri, for such educational,
scientific or research purposes as the authorized personnel of the College shall in their sole
discretion deem proper. In the event of a local oversupply of bodies at the time of my death, **I**
am/am not (strike one) willing that my body be transferred to the nearest school having a greater
need. I hereby direct that my body embalmed and unautopsied, be delivered to said Department of
Anatomy at Kirksville, Missouri as soon after death as possible.

Signature of Donor

Date

Address/City/State/Zip

The undersigned being persons of at least 18 years of age acknowledge and certify to the fact that
they witnessed the execution of the foregoing Gift of Body by the donor on the date first herein
written and that they have signed this document in donor's presence.

Witness' Full Name (Please Print)

Witness' Signature

Date

Address/City/State/ZIP

Witness' Full Name (Please Print)

Witness' Signature

Date

Address/City/State/ZIP

Are cremated remains to be returned? ☐ Yes ☐ No

If so, to whom? _____

Name (Individual or Funeral Home)

Address

Address (City/State/ZIP)

Make necessary copies and **send this original completed form:** Anatomy Department, ATSU-KCOM, 800 West Jefferson St., Kirksville, MO 63501-1497.

After death, please instruct the funeral director or responsible person to call the Anatomy Department (660.626.2468 or 866.626.2878 ext. 2468) to arrange for transfer. After business hours or on weekends, call Davis-Playle-Hudson-Rimer Funeral Home (660.665.3744) to arrange for transfer.

Important: *Please complete all parts of this form*

A.T. STILL UNIVERSITY | ATSU
KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE