

GIFT OF BODY *By Next-of-Kin or other Authorized Person*

I (*next-of-kin – please print*) _____, being a person of at least 18 years of age, born (*next-of-kin's date of birth*) _____, _____ do hereby make this anatomical gift of the entire, unautopsied body of (*decedent*) _____ who died on (*date of death*) _____, _____ in (*city, state*) _____, _____ to the Department of Anatomy, A.T. Still University, Kirksville College of Osteopathic Medicine for such educational, scientific or research purposes as the authorized persons of the College shall in their sole discretion deem proper. In the event of a local oversupply **I am/am not** (*strike one*) willing that the body be transferred to the nearest school having a greater need.

I am (*relationship to decedent*)

- _____ (1) An attorney-in-fact
- _____ (2) The spouse
- _____ (3) An adult son or daughter
- _____ (4) Either parent
- _____ (5) Adult brother or sister
- _____ (6) Guardian of the decedent at the time of death
- _____ (7) *Any other person authorized or under the obligation to dispose of the body.

(*list name and title*)

**ATSU's Kirksville College of Osteopathic Medicine is a member of the Missouri State Anatomical Board and may legally receive unclaimed bodies from Missouri county coroners, or others who have legal authority to dispose of the body.*

At this time there are no persons in prior classes, in order of priority as listed above, available to make a decision as to disposition, and I have no knowledge of contrary indications by the decedent or of any opposition by a member of the same or prior class.

Signature of Donor

Date

Address/City/State/ZIP

Important: Page 2 of this form must also be completed.

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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 next-of-kin on the date first therein above written and that they have signed this document in the next-of-kin's presence.

Witness' Full Name (Please Print)

Witness' Signature

Date

Address/City/State/ZIP

Witness' Full Name

Witness' Signature

Date

Address/City/State/ZIP

Are cremated remains to be returned? ☐ Yes ☐ No

If yes, to whom? _____

Name (Individual or Funeral Home)

Address/City/State/ZIP

After death, please instruct the funeral director or responsible person to call ATSU-KCOM's 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 transfer. A copy of the death certificate must also be sent to the Anatomy Department.

Make necessary copies of this form and **send this original completed form** to accompany the body of the deceased to the Anatomy Department, ATSU-KCOM, 800 West Jefferson Street, Kirksville, MO 63501.