

## 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*

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KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE