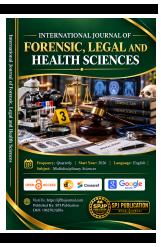
International Journal of Forensic, Legal and Health Sciences



Review Research

Medico-Legal Autopsy Systems in India, the United Kingdom and the United States: A Comparative Review of Coroner and Medical Examiner Models and Their Implications for Death Investigation Quality

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ABSTRACT

The medico-legal autopsy is the principal scientific instrument through which societies establish the cause and manner of unnatural, sudden, and suspicious deaths. Yet the institutions that govern who orders an autopsy, who performs it, and who is accountable for its conclusions differ markedly between jurisdictions. This review compares three systems: The Indian police-and-magistrate inquest framework, the judicial coroner system of England and Wales, and the mixed coroner and medical examiner systems of the United States. Using statutory instruments, official inquiry reports, and peer-reviewed literature, the paper examines each model in terms of legal authority, professional qualification of decision-makers, standardisation, independence, and use of adjunct technologies such as post-mortem imaging. The review finds that death investigation quality depends less on the nominal label (coroner or medical examiner) than on four structural features: medical expertise at the point of decision, independence from the investigating police, adequate and stable funding, and enforceable professional standards. India's framework is legally comprehensive but constrained by uneven forensic capacity and the absence of a unified, medically led authority. Reform options appropriate to the Indian context are discussed. The review is limited by its reliance on secondary sources and the heterogeneity of available outcome data.

Keywords: Medico-Legal Autopsy, Coroner, Medical Examiner, Death Investigation, Forensic Pathology, Comparative Law

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DOI: 10.62502/ ijflhs/v1i3art5

Received: 20/06/2026 | **Accepted:** 29/08/2026 | **Published:** 25/09/2026

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INTRODUCTION

Death investigation is an essential component of the criminal justice and public health systems. It serves multiple purposes, including protecting the innocent, supporting the prosecution of offenders, helping families understand the circumstances surrounding a death, and providing reliable mortality data for public health planning. [1] The medicolegal autopsy remains a fundamental tool in this process, with significant clinical, educational, and epidemiological value. [2] However, the reliability of an autopsy depends not only on the examination itself but also on the broader investigative framework, including the selection of cases for examination, the competence and independence of the examiner, the quality of scene investigation, and the impartiality of the final determination. [1,2,25] Different countries have developed distinct institutional framework

for investigating unnatural, suspicious, and unexplained deaths. England and Wales operate under a coronial system with statutory provisions governing the investigation of deaths and inquests. [8,17] The United States follows a decentralised model in which individual jurisdictions use medical examiner systems, coroner systems, or combinations of both, resulting in variations in organisational structure and investigative standards. [13,15] In India, the traditional framework relied on police inquests under the Code of Criminal Procedure, 1973, with post-mortem examinations conducted by government medical officers and magisterial inquiries required in specified circumstances. [7,9] The Bharatiya Nagarik Suraksha Sanhita, 2023, has since replaced the Code of Criminal Procedure, introducing the current statutory framework for criminal procedure and inquest-related matters. [3] Experiences from different jurisdictions have highlighted weaknesses in death investigation and forensic oversight.

In the United Kingdom, the Shipman Inquiry identified deficiencies in death certification and coronial investigation, leading to recommendations for strengthening the system. [31] In the United States, concerns regarding inconsistent forensic practices, inadequate oversight, and unreliable expert evidence have been highlighted in investigations of forensic misconduct and by the National Research Council. [1,2,16,20] Judicial decisions concerning forensic evidence have also emphasised the importance of scientific reliability and appropriate expert testimony. [4,18,32] In India, cases involving custodial deaths and alleged extrajudicial encounters have raised important questions about investigative independence, accountability, and the protection of human rights. [10,21,24] The Aarushi Talwar case further demonstrated the difficulties that can arise when forensic interpretation and investigative conclusions are contested [19,22]

The quality of death investigation also depends on the integration of modern forensic technologies and standardised procedures. Post-mortem imaging, including computed tomography and targeted angiography, has demonstrated potential as an adjunct or alternative to conventional autopsy in selected cases. [29,30] Nevertheless, these technologies require appropriate validation and should be applied within a robust medicolegal framework. Forensic autopsy performance standards and systematic quality assurance are therefore important for ensuring the accuracy, consistency, and evidentiary value of death investigations. [25] Against this background, the present paper comparatively examines the death investigation systems of England and Wales, the United States, and India. It evaluates their institutional structures, legal frameworks, professional oversight, and investigative procedures, with particular emphasis on identifying practices and reforms that may strengthen the independence, transparency, scientific reliability, and accountability of death investigation in India.

MATERIALS AND METHODS

The present study adopted a narrative comparative review approach to examine the death investigation systems of England and Wales, the United States, and India. Relevant primary legal sources, including national legislation, statutory provisions, and judicial decisions, were identified and reviewed for each jurisdiction. Secondary sources were obtained from peer-reviewed publications in forensic pathology and public health, government inquiry reports, official documents, and national statistical publications.

A qualitative comparative framework was used to analyse the three systems across five key dimensions: (i) legal provisions and authority for ordering medicolegal autopsies; (ii) qualifications and professional competence of decision-makers and autopsy practitioners; (iii) institutional independence from police and prosecuting authorities; (iv) standardisation, professional oversight, and quality assurance; and (v) integration of modern forensic technologies, including post-mortem imaging.

The findings were synthesised thematically to identify similarities, differences, institutional strengths, and limitations across the selected jurisdictions. Particular attention was given to identifying practices that could inform improvements in India's death investigation framework. No primary empirical data were collected or statistical analyses performed. Accordingly, the findings represent a qualitative legal and institutional analysis rather than empirical or statistical comparisons.

RESULT

The Indian death investigation system has traditionally operated under the Code of Criminal Procedure, 1973 (CrPC). Section 174 empowered police officers to investigate and prepare reports concerning deaths resulting from suicide, homicide, accidents, or suspicious circumstances. Section 176 provided for magisterial inquiries in specified

situations, including deaths occurring in police custody. [7] The Bharatiya Nagarik Suraksha Sanhita, 2023 (BNSS), which replaced the CrPC, now governs these procedures through Sections 194 and 196, respectively. [3] The BNSS also provides for forensic expert visits and evidence collection at crime scenes in cases involving offences punishable by seven years of imprisonment or more, accompanied by audio-visual recording under Section 176. [3] This provision represents an important step towards strengthening scientific investigation. Although the Coroners Act, 1871, was historically enacted for the presidency towns, its practical role has largely diminished. India therefore does not currently operate a comprehensive coroner system comparable to that of England and Wales or certain jurisdictions in the United States. [9]

Institutional Practice and Independence: In the existing system, police officers generally conduct the inquest and refer the deceased to government medical facilities for post-mortem examination. Autopsies are performed by medical officers in district hospitals, community health centres, and medical colleges, with the availability of specialist forensic pathologists varying across institutions. Differences in infrastructure, professional experience, and access to forensic services may consequently affect the consistency of examinations. [34] The police play a central role in initiating the investigation, deciding on referral for autopsy, framing questions for the examining doctor, and receiving the post-mortem report. This arrangement may create concerns regarding institutional independence, particularly when police personnel are themselves implicated in a death. In *People's Union for Civil Liberties v. State of Maharashtra* (2014), the Supreme Court established procedural safeguards for investigating police encounter deaths, including independent investigation and magisterial inquiry. [24] These directions demonstrate the importance of independent oversight in sensitive medicolegal cases.

Evidentiary Treatment and Death Certification: Indian courts recognise the importance of medical evidence while evaluating the circumstances surrounding a death. In *State of U.P. v. Krishna Gopal* (1988), the Supreme Court held that ocular testimony generally takes precedence over medical opinion when the two conflict, unless the medical evidence makes the eyewitness account impossible. [33] This highlights the importance of accurate autopsy findings and comprehensive documentation in criminal proceedings. Death certification is another important component of the Indian system. The Registration of Births and Deaths Act, 1969, provides the statutory framework for death registration. [28] However, medical certification of cause of death is not universal. The annual reports published by the Office of the Registrar General of India indicate that only a proportion of registered deaths receive medical certification, limiting the completeness of mortality statistics and opportunities for systematic evaluation [23]

DEATH INVESTIGATION SYSTEM IN ENGLAND AND WALES

Legal Framework and Institutional Authority: The death investigation system in England and Wales is principally governed by the Coroners and Justice Act 2009. The legislation established the office of the Chief Coroner and provides a statutory framework for investigating violent or unnatural deaths, deaths of unknown cause, and deaths occurring in state detention. [8] Coroners are legally qualified judicial officers who operate independently of the police and executive authorities. They determine whether a post-mortem examination is necessary and instruct the appropriate pathologist to conduct it.

Reform and Medical Examination System: The Shipman Inquiry identified significant weaknesses in death certification and coronial investigation, particularly concerning the detection of suspicious deaths [31] The Luce Review also recommended improvements in the consistency of death investigation and the introduction of independent medical scrutiny. [17] Subsequent legislative developments, including the Health and Care Act 2022, supported the establishment of a statutory medical examiner system for deaths not referred to coroners. [14] This system provides additional medical scrutiny before death certification and aims to improve the identification of concerns and the quality of mortality data.

Pathology Services and Technological Integration: Suspicious deaths and homicides are examined by specialist forensic pathologists, while other coronial post-mortem examinations may be undertaken by hospital histopathologists. England and Wales have also evaluated post-mortem imaging as an adjunct to conventional autopsy. A validation study by Roberts et al. demonstrated that post-mortem CT and MRI could identify several causes of death, although certain conditions, including coronary artery disease and pulmonary embolism, could be missed without additional investigations. [29] Similarly, Rutty et al. reported that post-mortem CT combined with targeted coronary angiography could reduce the requirement for invasive autopsy in selected cases, although it was not universally definitive. [30] These findings indicate

that post-mortem imaging is a useful complementary technique rather than a complete replacement for conventional autopsy.

Strengths and Limitations: The major strengths of the English and Welsh system include judicial independence, statutory authority to investigate specified deaths, and national oversight through the Chief Coroner. [8] The medical examiner system further strengthens scrutiny of deaths outside the coronial process. [14] However, regional differences in resources, shortages of specialist forensic pathologists, and the need for medical expertise in complex cases remain important challenges.

DEATH INVESTIGATION SYSTEM IN THE UNITED STATES

Institutional Structure: The United States follows a decentralised death investigation model, with no single national statute governing all medicolegal investigations. Individual states and counties operate medical examiner systems, coroner systems, or hybrid arrangements. [13] Coroners may be elected or appointed and may not necessarily possess medical qualifications. In contrast, medical examiners are appointed physicians, commonly trained in forensic pathology, who investigate and certify deaths and may directly supervise autopsy services. A national survey of medical examiner and coroner offices identified considerable differences in staffing, financial resources, workload, and access to full-time forensic pathologists. [15] These variations can influence the quality and consistency of death investigations across jurisdictions.

National Research Council Recommendations: The National Research Council identified major weaknesses in the American forensic science system, including fragmented institutional arrangements, inconsistent standards, inadequate resources, and concerns about the scientific reliability of forensic evidence [20] It recommended strengthening medical examiner systems through leadership by board-certified forensic pathologists, independent forensic laboratories, standardisation, accreditation, and further research into forensic methods. [20]

Quality Assurance and Professional Standards: Professional organisations have attempted to improve the quality of forensic autopsies through the development of practice standards. Peterson and Clark described forensic autopsy performance standards addressing examination procedures, toxicological sampling, and documentation. [25] However, professional accreditation and quality assurance mechanisms are not uniformly implemented across all jurisdictions, and variations in institutional resources continue to affect service delivery.

Public Health Integration: Medical examiner offices also contribute to public health surveillance by providing information on drug-related deaths, firearm fatalities, and infectious disease outbreaks. Hanzlick highlighted the importance of integrating medicolegal death investigation with public health activities to improve mortality monitoring and support evidence-based policy development. [12] This demonstrates that death investigation has a role beyond criminal proceedings and can contribute substantially to population-level health assessment.

ILLUSTRATIVE CASES AND THEIR IMPLICATIONS

Selected cases from the three jurisdictions demonstrate how institutional structures, autopsy quality, expert independence, and judicial oversight can influence the outcome of death investigations. These cases are illustrative and should not be interpreted as representative of all investigations within the respective countries.

India: The Aarushi Talwar Case: The deaths of Aarushi Talwar and domestic worker Hemraj in 2008 raised significant questions concerning forensic interpretation and the reliability of investigative conclusions. The Allahabad High Court acquitted the accused in 2017, setting aside their earlier convictions. [22] Subsequent reporting on the judgment highlighted concerns regarding the interpretation of autopsy findings and differences between the original post-mortem report and later statements made by the examining doctor. [19] The case illustrates the importance of contemporaneous documentation, consistency in expert opinions, and independent review of forensic findings. Nilabati Behera v. State of Orissa (1993): In this custodial death case, the Supreme Court relied on post-mortem evidence to reject the police explanation of the death and awarded compensation to the victim's mother. [21] The judgment demonstrated the importance of medical evidence in examining allegations of custodial violence and establishing state accountability. D.K. Basu v. State of West Bengal (1997) and People's Union for Civil Liberties v. State of Maharashtra (2014): In *D.K. Basu*, the Supreme Court established safeguards concerning arrest and detention, including provisions for medical examination. [10] In *People's Union for Civil Liberties*, the Court prescribed procedures for investigating police encounter deaths, including independent investigation, magisterial inquiry, and improved post-mortem documentation. [24] Together,

these decisions demonstrate the judiciary's role in strengthening safeguards where questions of police accountability arise.

England and Wales: R v. Clark (2003) and R v. Cannings (2004): These cases highlighted the potential consequences of unreliable or inadequately disclosed medical evidence in cases involving unexplained infant deaths. In *R v. Clark*, the Court of Appeal quashed the conviction after concerns emerged regarding the non-disclosure of relevant microbiological test results. [27] In *R v. Cannings*, the Court of Appeal quashed the conviction and emphasised caution when expert medical opinions differ in cases involving unexplained infant deaths [26] These cases demonstrate the need for transparent disclosure, careful interpretation of forensic findings, and effective professional oversight.

The Ian Tomlinson Case: The death of Ian Tomlinson during the 2009 G20 protests in London demonstrated the importance of independent post-mortem examination. Initial findings attributed the death to natural causes, whereas subsequent examinations identified abdominal haemorrhage. [6] The case illustrates how independent repeat examinations and the coronial process can provide opportunities to reassess initial medical conclusions in light of additional evidence.

UNITED STATES

The Mississippi Forensic Pathology Cases: The wrongful convictions of Kennedy Brewer and Levon Brooks, who were later exonerated, raised serious concerns about the quality and oversight of forensic pathology in Mississippi. Reporting on the cases described the exceptionally high autopsy workload of pathologist Steven Hayne and the absence of adequate institutional oversight. [1,2,16] These cases illustrate how excessive caseloads, limited professional supervision, and weak quality assurance can undermine the reliability of forensic evidence. Forensic Evidence and the Right to Confrontation: Decisions such as *Melendez-Diaz v. Massachusetts* (2009), *Bullcoming v. New Mexico* (2011), and *Smith v. Arizona* (2024) have addressed the admissibility of forensic evidence and the right to confront the individuals responsible for producing forensic reports. [18,4,32] Although these decisions concern forensic evidence more broadly rather than autopsy reports exclusively, they highlight the importance of examiner accountability and the proper presentation of expert evidence in criminal proceedings.

COMPARATIVE ANALYSIS OF THE THREE SYSTEMS

The comparison of India, England and Wales, and the United States reveals substantial differences in institutional authority, professional expertise, independence, oversight, and technological integration.

Table 1. Comparative Analysis

Comparative dimension	India	England and Wales	United States
Principal decision-maker	Police officer; magistrate in specified cases	Legally qualified coroner	Coroner or medical examiner, depending on jurisdiction
Authority to order autopsy	Generally initiated through police investigation	Coroner	Coroner or medical examiner
Autopsy practitioner	Government medical officer; specialist availability varies	Forensic pathologist or histopathologist	Forensic pathologist, including contracted practitioners in some jurisdictions
Independence from police	Limited structural independence	Stronger judicial independence	Variable across jurisdictions
National oversight	Primarily statutory and judicial safeguards	Chief Coroner and statutory framework	Fragmented; professional standards and accreditation vary

Use of post-mortem imaging	Emerging and limited	Evaluated and used as an adjunct	Used in selected jurisdictions
Medical scrutiny of non-coronial deaths	Not systematically established	Statutory medical examiner system	No single national model

The comparison indicates that the three systems differ in how they balance legal authority and medical expertise. In England and Wales, the legally qualified coroner provides independent judicial oversight, while medical examiners and specialist pathologists contribute medical expertise. [8,14] In the United States, medically led medical examiner offices may provide stronger professional oversight, but the decentralised structure produces considerable variation between jurisdictions. [13,15,20] In India, the initial decision to initiate an inquest and refer a body for autopsy is generally undertaken by the police, which creates potential concerns regarding independence in cases involving police personnel. [3,24]

Institutional independence is therefore a major distinguishing feature. The coronial framework in England and Wales provides a judicial officer between the police and the pathologist, whereas independence in the United States depends substantially on whether a jurisdiction operates a medically led medical examiner system or a coroner-based arrangement. [8,13] In India, judicial directions have attempted to address these concerns, particularly in custodial and encounter deaths, but institutional safeguards remain an important area for development. [10,21,24] Standardisation and accountability also differ. England and Wales have a statutory national oversight structure, while the United States relies partly on professional standards and voluntary accreditation, resulting in differences in implementation. [8,20,25]. India has statutory provisions and judicial guidelines, but variation in facilities and professional expertise may affect the consistency of autopsy practice. [3,34] Resource limitations are evident in all three systems, although the nature of the challenges differs according to institutional structure and the availability of specialist forensic personnel. [15,20]

The integration of death investigation with public health and mortality reporting remains important. Medical examiner offices in the United States can contribute to public health surveillance [12], while England and Wales have strengthened medical scrutiny through the statutory medical examiner system. [14] In India, incomplete medical certification of cause of death limits the reliability and completeness of mortality data [23]

IMPLICATIONS FOR STRENGTHENING INDIA'S DEATH INVESTIGATION SYSTEM

The comparative findings suggest several areas for improving the Indian death investigation framework. First, greater medical involvement at the inquest stage could improve decisions regarding the need for medicolegal autopsy. The BNSS provision for forensic expert participation in the investigation of serious offences provides a legislative basis for strengthening scientific involvement at crime scenes. [3] Second, independent investigation mechanisms should be strengthened in custodial deaths and police encounter cases.

The judicial safeguards established in *D.K. Basu* and *People's Union for Civil Liberties* provide an important foundation for improving accountability and reducing potential conflicts of interest. [10,24] Third, standard operating procedures, professional training, documentation requirements, and periodic quality audits should be strengthened across government medical facilities. The recommendations of the National Research Council and the professional standards described by Peterson and Clark demonstrate the importance of consistent forensic practices and institutional quality assurance. [20,25] The Goudge Inquiry also highlights the risks associated with inadequate professional oversight in paediatric forensic pathology. [11] Fourth, post-mortem imaging should be developed as a complementary diagnostic approach rather than a universal substitute for conventional autopsy. Studies by Roberts et al. and Rutty et al. demonstrate its potential in selected cases while also identifying diagnostic limitations [29,30]. Its wider application in India would require consideration of infrastructure, cost, trained personnel, and local requirements. Improving medical certification of cause of death and strengthening the quality of mortality reporting would support public health surveillance and provide a more reliable basis for evaluating death investigation practices. [12,23] The findings also indicate that institutional models cannot be transferred directly from one country to another. India's population, medicolegal caseload, federal structure, distribution of forensic specialists, and available infrastructure differ considerably from those of England and Wales and the United States. Therefore, reforms should be adapted to India's legal

and administrative context, with priority given to independence, medical expertise, standardisation, accountability, and reliable mortality data.

CONCLUSION

The comparative review highlights significant differences in the death investigation systems of India, England and Wales, and the United States. While judicial independence, medical expertise, and standardised procedures strengthen the systems of England and Wales and selected US jurisdictions, India faces challenges related to institutional independence, professional resources, and quality assurance. Strengthening forensic expertise, independent oversight, standardised autopsy practices, and post-mortem imaging could improve the reliability, transparency, and accountability of death investigations in India.

DECLARATIONS

Ethics Approval and Consent to Participate: Not applicable. This study is a narrative comparative review based on published literature, legal documents, judicial decisions, and official reports. No human participants were involved.

Consent for Publication: Not applicable.

Availability of Data and Materials: All information analysed in this review is available from the cited publications, legal documents, and publicly accessible reports.

Conflict of Interest: The author declares no competing interests.

Funding: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Author Contributions: The author contributed to the conceptualisation, literature review, collection and analysis of relevant documents, interpretation of findings, manuscript preparation, critical revision, and approval of the final manuscript.

Acknowledgements: The author acknowledges the contributions of researchers, legal institutions, and public agencies whose published work and official reports informed this review.

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How to cite: Saxena S. Medico-Legal Autopsy Systems in India, the United Kingdom and the United States: A Comparative Review of Coroner and Medical Examiner Models and Their Implications for Death Investigation Quality. International Journal of Forensic, Legal, and Health Sciences. 2026;1(3):27–34.