

OFFICE OF THE FAYETTE COUNTY CORONER

Washington Court House, Ohio 43160



2013 Annual Report

February 9, 2014

The Fayette County Coroner's Office is pleased to release this 2013 Annual Report. The purpose of the report is to enable the County Commissioners, Law Enforcement, the Fayette County Health Department, and the general public to better acquaint themselves with the activities of our office, as well as to provide an ongoing statistical analysis of past and current deaths in the county and to serve as a tool for future planning.

In recent years in the state of Ohio the workload of county Coroners has increased dramatically. This is partly due to changes in the Ohio Revised Code (ORC) mandating new investigative and reporting responsibilities, as well as changes in society that have made the Coroner's investigative function increasingly important to help resolve conflicts in criminal and civil legal cases, insurance investigations, Worker's Compensation and OSHA cases, Consumer Product and Safety issues, etc. Coroners and their staff are now urged to undergo education and certification, some of which is mandatory.

2013 was a sorrowful year for the Fayette County Coroner's Office. I would like to take this opportunity to thank Dr. Lenora Fitton who had the unenviable task of assuming the role of Coroner following the tragic death of our friend and colleague, Dr. Albert Gay. The sudden loss of Dr. Gay still reverberates in our community. Dr. Fitton honored his memory with her professionalism and leadership.

I would also like to thank my Deputy Coroner, Dr. William Stevenson, and my Coroner Investigator, Mr. Doug Boedeker for the time and effort they volunteer for the Fayette County community. It has been a privilege to work beside these dedicated individuals this year.

Duties of the Coroner's Office

- Be on call 24 hours a day, 365 days a year.
- Receive all reports of sudden, unexpected or unexplained deaths.
- Respond to all sudden, unexpected or unexplained deaths.
- In the absence of a physician, pronounce death.
- Take custody of the body and all articles on or near the body.
- Maintain chain of custody of the body and all articles obtained.
- Conduct an investigation leading to the determination of the cause and manner of death.
- Determine if an autopsy is required depending upon the circumstances of the death.
- If necessary, arrange for toxicology and other necessary tests that will aid in the determination of the cause and manner of death.
- Certify the cause and manner of death on the death certificate. The manner of death shall be one of the following: natural, accident, suicide, homicide or undetermined.
- Properly dispose of human remains through release to family, their designated funeral homes entities or municipalities if indigent or without next of kin.
- Provide accurate identification of all human remains when possible.
- Cooperate with other agencies having involvement with death investigation.
- Contact family members, law enforcement(e.g. law enforcement, public health, NTSB, OSHA, Fire Marshal, etc) health care professionals, and the public through the media, assist mortuaries in facilitating the prompt release of a decedent for a funeral or other arrangements for the family.
- Provide professional, objective testimony in state and local courts of law.
- Define procedures that establish fees for services and materials provided by the Fayette County Coroner's Office.
- Establish and maintain disaster plans outlining the role of the Fayette County Coroner's office staff.
- Maintain records of each official death investigation and provide completed reports to official agencies including:
 - Law Enforcement Agency
 - Health Department Registrar
 - County Clerk of Courts
- Report deaths of children under the age of 2 years old.
- Prepare for the Board of Commissioners an Annual Report.
- Report SIDS (Sudden Infant Death Syndrome), environmental deaths and OVDRS (Ohio Violent Death Reporting System) to the proper agency.

Reportable Deaths to the Coroner

(pursuant to ORC Section 313)

- **Accidental Deaths:** If the death occurs when in apparent good health or in any suspicious or unusual manner including:
 - Asphyxiation by gagging on foreign substance, including food in airway; compression of the airway or chest by hand, material, or ligature; drowning; handling cyanide; exclusion of oxygen; carbon monoxide; and/or other gasses causing suffocation.
 - Blows or other forms of mechanical violence
 - Burns from fire, liquid, chemical, radiation or electricity Carbon monoxide poisoning. (Resulting from natural gas, automobile exhaust or other.)
 - Cutting, stabbing or gunshot wounds.
 - Death from electrocution.
 - Drowning (actual or suspected).
 - Drug overdose from medication, chemical or poison ingestion, (actual or suspected). This includes any medical substance, narcotic or alcoholic beverage, whether sudden, short or long term survival has occurred.
 - Electrical shock
 - Explosion
 - Falls, including hip fractures or other injury.
 - Firearm injuries
 - Stillborn or newborn infant death where there is a recent or past traumatic event involving the mother, such as vehicular accident, homicide, suicide attempt, or drug ingestion that may have precipitated delivery or had a detrimental effect to the newborn.
 - Vehicular accidents, including auto, bus, train, motorcycle, bicycle, watercraft, snowmobile or aircraft, including driver, passenger, or related non-passenger, (e.g. such as being struck by parts flying or thrown from a vehicle).
 - Weather related death (e.g. lightning, heat exhaustion, hypothermia or tornado).
- **Homicidal Deaths.** By any means, suspected or known.
- **Suicidal Deaths.** By any means, suspected or known.
- **Occupational Deaths**
 - Instances in which the environment of present or past employment may have caused or contributed to death by trauma or disease. Deaths in this classification include caisson disease (bends), industrial infections, pneumoconiosis, present or past exposure to toxic waste or product (e.g. nuclear products, asbestos or coal dust), fractures, burns or any other injury received during employment or as a result of past employment, which may have contributed to death.
- **Sudden Deaths:** If the death occurs when in apparent good health or in any suspicious or unusual manner including:
 - **DOA.** Any person pronounced dead on arrival at any hospital, emergency room of a hospital or doctor's office shall be reported.

- Infants and young children. Any infant or young child found dead shall be reported, including Sudden Infant Death Syndrome (SIDS or Crib Death).
- All stillborn infants where there is suspected or actual injury to the mother.
- All deaths occurring within 24 hours of admission to a hospital unless the patient has been under the continuous care of a physician.
- Deaths occurring while in any jail, confinement or custody.
- Deaths under unknown circumstances whenever there are no witnesses or where little or no information can be elicited concerning the deceased person.
- Sudden death on the street, at home, in a public place, or at place of employment.
- Alcoholism.
- Drug abuse, habitual use of drugs or drug addiction.
- Special Circumstances
 - Any death involving allegations of suspicious medical malpractice or possibly poor medical/surgical care.
 - Any maternal or infant death where there is suspicious or illegal interference by unethical or unqualified persons or self-induction.
 - "Delayed death," an unusual type of case, where the immediate cause of death may actually be from natural disease. However, injury may have occurred days, weeks, months, or even years before death and is responsible for initiating the sequence of medical conditions or events leading to death. This would be considered a Coroner's case and is therefore reportable. The most common examples of this type of case are:
 - past traffic accidents with debilitating injury and long-term care in a nursing home
 - hip fractures of the elderly where there is a downward course of condition after the injury.
- Therapeutic Deaths
 - Death occurring under the influence of anesthesia, during the anesthetic induction, during the post-anesthetic period without the patient regaining consciousness (including death following long-term survival if the original incident is thought to be related to the surgical procedure and/or anesthetic agent).
 - Death during or following any diagnostic or therapeutic procedure, whether medical or survival time, if death is thought to be directly related to the procedure or complications from said procedure.
 - Death due to the administration of a drug, serum, vaccine, or any other substance for any diagnostic, therapeutic or immunological purpose.
- Any Death Where There is a Doubt, Question or Suspicion. Not all reported cases fall into the above noted categories. After the investigation is completed, many will be returned to the jurisdiction or institution where the death certificate will be signed by the attending physician as a natural death.

Only the Coroner can legally sign a death certificate of a person who has died as a direct or indirect result of any cause listed in the previously noted reportable deaths.

2013 Budget: Fayette County Coroner's Office

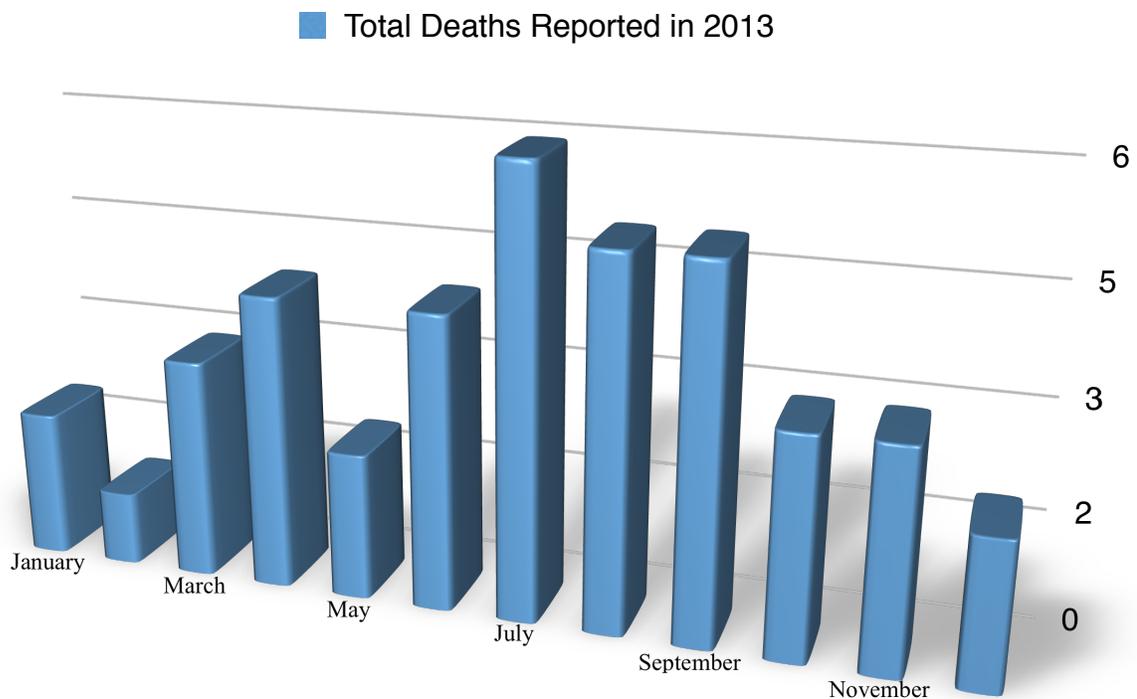
The final balance shows a surplus of \$5282.85 for the year. However, the initial 2013 Budget was amended to reflect an increase expense of \$11,500.00 particularly in *Contract Service* and *Other Expense* lines. We had a higher than anticipated need for complete autopsies. The *Employee Salary* line was essentially eliminated as Dr. Gay had used this to pay for transcription expense.

EXPENSE REPORT						
		Approp Budget	Amendments	Amended Budget	Total Expense	Balance
2012-0001 2F1	SALARY CORONER	\$25,475.00	\$250.00	\$25,725.00	\$25681.34	\$43.66
2012-0002 2F2	EMPLOYEE SALARY	\$1000.00	-\$1000.00	\$0.00	\$0.00	\$0.00
2012-0006 2F3	SUPPLIES	\$1000.00	\$0.00	\$1000.00	\$758.56	\$241.44
2012-0007 2F12D	OTHER EXP	\$2000.00	\$2661.03	\$4661.03	\$3371.10	\$1289.93
2012-0008 2F6	CONTRACT SERVICE	\$30000.00	\$10000.00	\$40000.00	\$37022.02	\$2977.98
2012-0011 2F10	TRAVEL	\$0.00	\$36.80	\$36.80	\$36.80	\$0.00
2012-0050 2F12A	PERS-CORONER	\$4000.00	\$0.00	\$4000.00	\$3297.76	\$702.24
2012-0055	MEDICARE TAX	\$400.00	\$0.00	\$400.00	\$372.40	\$27.60
2012-0060 2F12B	WORKERS COMP	\$700.00	-\$447.83	\$252.17	\$252.17	\$0.00
2012-0065	UNEMPLOYMENT-CORONER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL		\$64575.00	\$11500.00	\$76075.00	\$70792.15	\$5282.85

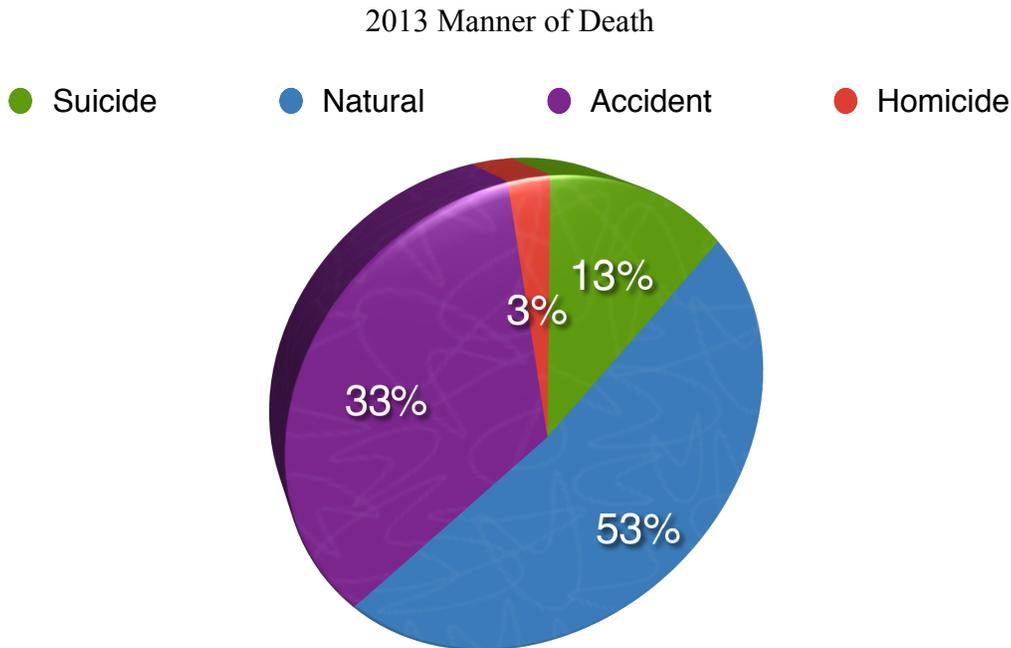
Total Deaths Reported to the Coroner's Office

All deaths that occurred within Fayette County must be reported to the Fayette County Health Department. A *Death Certificate* is filed which includes the decedent's demographic information, date and time of death, cause and manner of death. There are five classification for the *Manner of Death*: (1) *Natural*, (2) *Accident*, (3) *Suicide*, (4) *Homicide*, and (5) *Undetermined*. A *Natural* death does not necessarily need to be reported to the Coroner's Office. Since most deaths are *Natural*, the certifier of death is generally the decedent's physician of record, usually a primary care physician.

The Fayette County Coroner's Office investigated a total of 40 deaths in 2013. The Coroner's Office is tasked to make inquiries on any death by other than natural means. An initial *Death Certificate* is filed with the Health Department indicating the death is pending investigation. This certificate allows the family of the decedent to bury or cremate the decedent's body after the medical examiner's evaluation at the morgue. The examination of the decedent's remains generally takes 1 to 3 days and the body is released to the designated funeral home. The final report, however, usually takes 6 to 8 weeks to complete. Once completed, a *Coroner's Verdict* is released which reports the final cause and manner of death based on the findings at the scene, the autopsy report, laboratory and toxicology report. A *Supplemental Death Certificate* is then filed with the Health Department which replaces the initial pending report.



Manner and Cause of Death



The most common *Manner of Death* reported in 2013 was *Natural*. Good questions might be, “Why is the Coroner reporting a natural death? Isn’t the primary care physician responsible for this?” Some natural deaths simply do not have an obvious reason to explain the death. Therefore, the primary care physician would submit the cause of death as *Undetermined*. An *Undetermined* manner of death automatically becomes a coroner’s case. Some decedent’s have no primary care physician to sign the *Death Certificate*. These cases automatically fall to the Coroner’s Office. Finally, some primary care providers simply refuse to sign the *Death Certificate* for a variety of reasons. These cases also become the responsibility of the Coroner’s Office.

The Coroner’s Office responds to all motor vehicle accidents in Fayette County where a death has occurred. In 2013, we responded to 5 accident scenes, however, the chart (see below) indicates there were 7 such occurrences. Not all deaths resulting from a motor vehicle accident occur immediately at the scene. If the decedent survives the initial accident and is subsequently transported to another county for medical attention, but later succumbs to injuries sustained by the accident, then the county where the accident occurred remains responsible for completing the *Death Certificate*. The county is also financially responsible for the cost of the autopsy, toxicology and labs.

Heroin has made an ugly resurgence even in rural counties. Two of the drug overdose cases in 2013 involved the use of heroin. This disconcerting trend is anticipated to worsen over the next decade. We should support any and all efforts to increase community awareness of this

pestilence. Our other two accidental overdose cases simply took too much of their prescription medications culminating in acute cardiopulmonary arrest and death. The gunshot wound accident appeared to be an accidental discharge of the decedent's handgun at his residence. No eye witness account of the actual event could be identified. Suicide, although possible, was unlikely as the decedent had no history of depression or unusual stress. Furthermore, the decedent did have a previous history of firing the handgun while inside his apartment.

Fayette County ranked 22 out of 88 counties for suicide death rate according to CDC data from 2003 to 2010. The CDC data is extrapolated to reflect the death rate per 100,000 population. The CDC reported Fayette County's suicide death rate at 12.69 in 2010. In 2013 there were 6 deaths attributed to suicide in Fayette County. Using the CDC formula this figure would be extrapolated to 20.7. That number in 2010 would have ranked Fayette County as 3 out of 88. It should be noted the 5 of the suicide decedents were from Fayette County. One of the decedents drove to Fayette County (Deer Creek State Park) from Franklin County before committing suicide. Nonetheless, the suicide rate has notably increased. A solution, sadly, is not immediately or easily unobtainable. The reasons individuals commit suicide range from romantic gestures of forlorn love to overwhelming emotional and/or physical misery. Specific treatments must be customized to the individual's needs. Our community resources for mental health are already inundated with cases. Inpatient mental health facilities are overwhelmed as well. And, unfortunately, the individuals at risk often do not seek medical or psychiatric assistance, perhaps due to cost, embarrassment, or a lack of understanding the seriousness of their affliction. I believe the best approach we have in Fayette County is the continued support our mental health facilities and to promote efforts that provide community awareness to the availability of these mental health resources.

There was one homicide case reported for 2013. This case has a convoluted history. It was not reported in any of the local county media outlets as these agencies were probably unaware of the events leading to the individual's eventual death in the Emergency Room at Fayette County Memorial Hospital in September of 2013. The decedent ultimately died of complications resulting from an assault with a motor vehicle that occurred over a year earlier in June of 2012. I have been informed that the assailant was convicted, sentenced, and continues to serve time in a penitentiary for the assault. It should be noted that the incident in June of 2012 did not occur in Fayette County but rather in Franklin County. The decedent's initial injuries left him as a chronic ventilator dependent quadriplegic. One of our local extended care facilities in Fayette County specializes in the complicated medical care of such individuals. The decedent was eventually transported to this facility after a lengthy hospitalization in Columbus. His condition steadily worsened over the months despite numerous interventions with the appropriate efforts. I ruled his death as a homicide due to complications from injuries sustained from the initial vehicular assault. I contacted the authorities in New Albany, Ohio (Franklin County) to inform them of the death as well as my ruling of homicide. The duty to pursue a murder charge now belongs to these authorities in Franklin County.

Happily, there were no *Child Fatalities* reported to the Coroner's Office in 2013.

The table below lists a more detailed description of the causes of death from 2013.

Manner	Cause	Total
Accident	Drug Overdose	4
	Motor Vehicle Crash	7
	Handgun	1
Suicide	Handgun	4
	Hanging	2
Homicide	Assault by Motor Vehicle	1
Natural	Cardiac Dysrhythmia	13
	Acute Myocardial Infarction	1
	Arteriosclerotic Cardiovascular Disease	2
	Acute Pancreatitis	1
	Aspiration Pneumonia	2
	Ruptured Aortic Aneurysm	1
	Cardiac Tamponade due to Ruptured Aortic Aneurysm	1
Child Fatalities		0
Total Deaths		40

I have enjoyed the opportunity to serve Fayette County in 2013. Please contact me if I can be of further assistance or clarification with this report.

Respectfully submitted,

Dennis A. Mesker, M.D.
Fayette County Coroner