



ME101



IOWA ASSOCIATION OF COUNTY MEDICAL EXAMINERS ANNUAL MEETING, FALL 2022

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ME-101 OUTLINE

- **Katie**
 - ME-101 Basics
- **Mark**
 - Case studies (who what when where why)
- **Dr. Jon Thompson**
 - All about death certificates

PART 1: GOING BACK TO BASICS



- What is an ME case?
- Identification
- Basic death scene investigation
- Completing ME-1's

IOWA'S MEDICAL EXAMINER SYSTEM



- **Who?**

- Must be an MD or DO
- Most are not Forensic Pathologists
- Appointed by the county board of supervisors
- Deputy Medical Examiners

- **Medical Examiner Investigators (MEIs)**

- Education and training are variable
- Must be approved by the Iowa Office of the State Medical Examiner (IOSME)

- **IOSME**

- Provides consultation, training, and autopsy services

JURISDICTION... Who's is it, anyway?



- Determined by where the decedent is pronounced dead
- What qualifies as an ME case? (Iowa Code 331.802)
 - ALL unwitnessed deaths
 - MOD other than natural
 - Unknown circumstances

JURISDICTION

DECLINED

- Must occur in a hospital, nursing home, or under hospice care

AND

- Be natural





IDENTIFICATION

- Identifying the decedent is the **first major step** in the death investigation process and can be the **most difficult**.
- Appropriate identification also assists in:
 - Death notification to next of kin.
 - Proper completion of the death certificate.
 - Settlement of affairs.

CLASSIFICATION OF DECEDENT IDENTIFICATION

1. Direct **visual** or photographic
2. **Circumstantial**
3. **Scientific**



DIRECT VISUAL OR PHOTOGRAPHIC IDENTIFICATION

- *Only use if decedent's face is recognizable.*
 - Limited use with disfiguring injuries (e.g. burn victims, shotgun wounds of the head) and severe decomposition.
- **Methods:**
 - Have a friend or relative directly view the body.
 - Obtain a photograph of the decedent (e.g. driver's license, student I.D., passport) for comparison.



CIRCUMSTANTIAL IDENTIFICATION

- Body habitus
- Tattoos/scars
- Circumstances placing them at the scene
- Surgical history

Least desirable method of identification





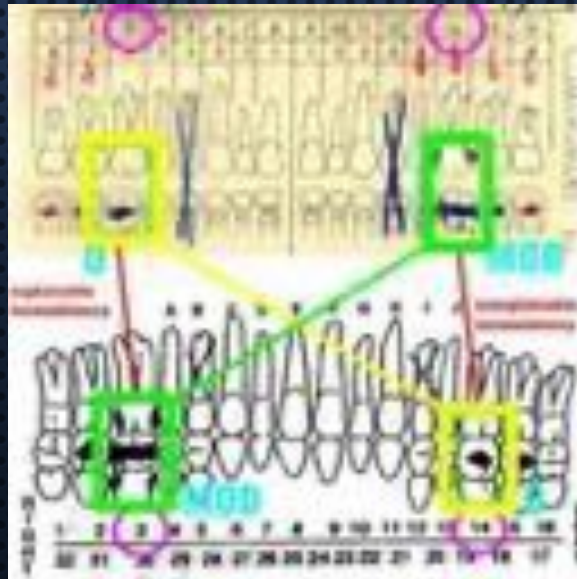
SCIENTIFIC IDENTIFICATION

- Dental records
- Fingerprints
- X-rays/medical imaging
- DNA

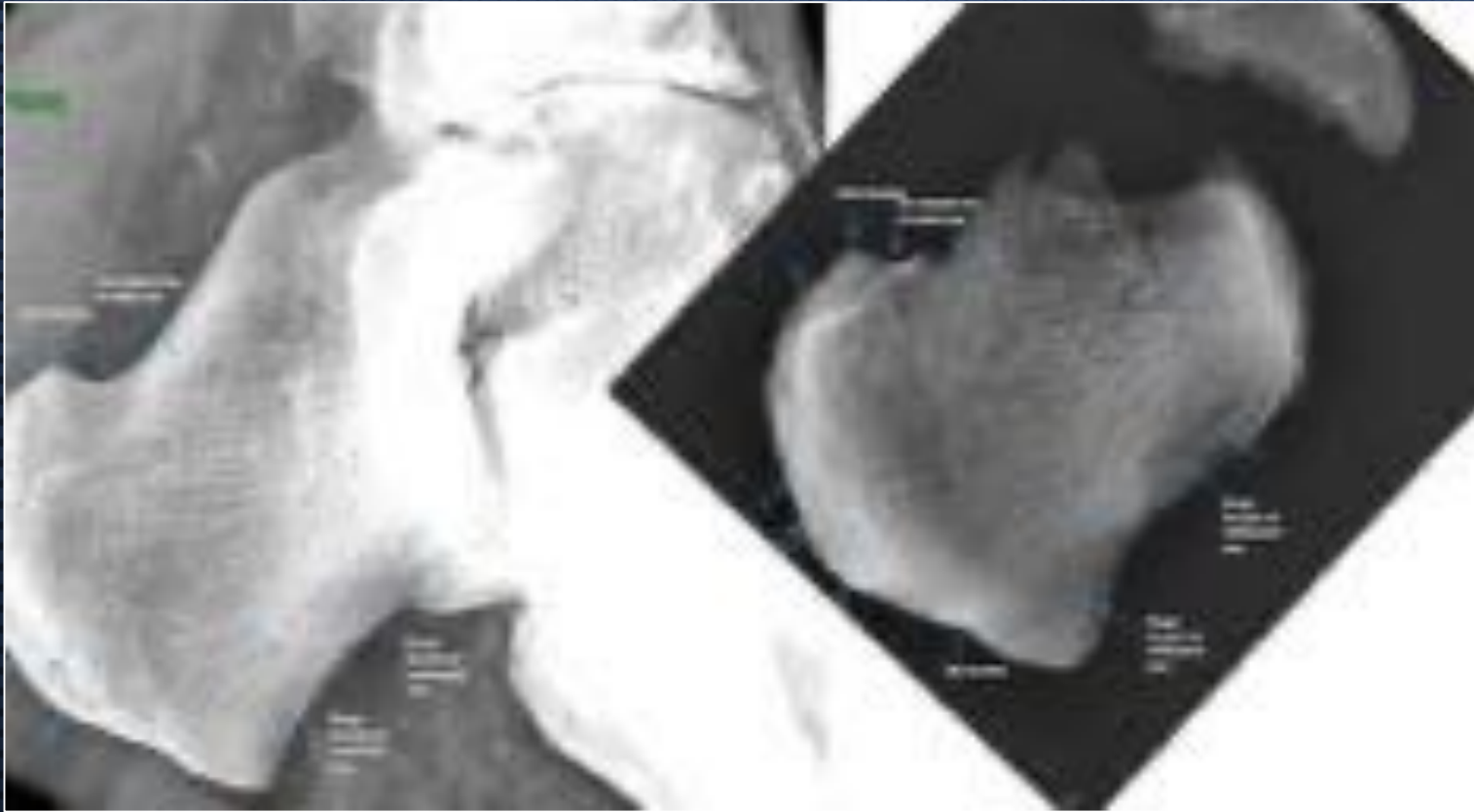


REQUESTING DENTAL RECORDS

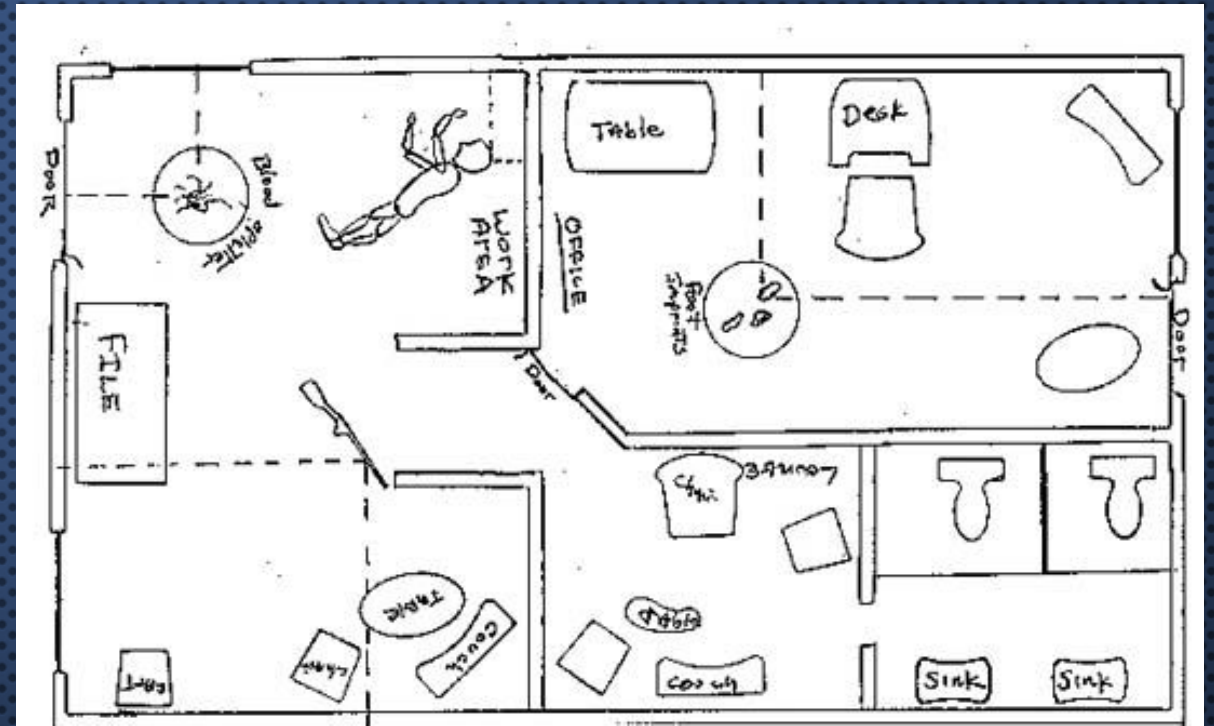
- Records to request:
 - Bitewing X-Rays
 - Panorex Film
 - Dental charts



INNOVATIVE ID METHODS



SCENE PHOTOGRAPHY



- Scene photos are indispensable
- In motor vehicle crashes, scene is often distorted by attempts to extricate the body
- Photographs to take:
 - Condition and position of the vehicle in its environment
 - Position of the body (especially if still in the vehicle)
- Diagrams may also prove useful





SCENE PHOTOGRAPHY

- Scene photographs can be essential for a medical examiner when determining cause and manner of death.
- Photographs should:
 - Emphasize the relationship of the decedent to the scene
 - Record physical evidence as it is first encountered
 - Document any other objects or evidence that may be pertinent in the investigation process



PHOTOGRAPHS FOR EVERY SCENE

- Big picture
- Mid-range
- Close-up



BIG PICTURE PHOTOGRAPHS

- Wide-angle photographs depicting the general scene and relationships between the decedent and various pieces of evidence.
 - Depending on the type of scene, this can be accomplished in one or a few photos.



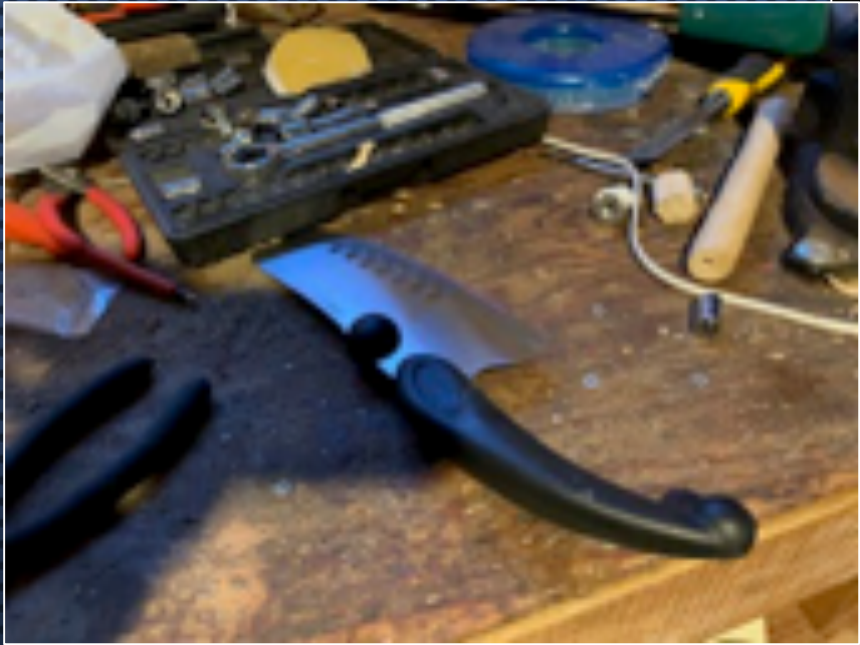
MID-RANGE PHOTOGRAPHS

- Photographs showing the position of the body and greater detail of its relationship to relevant evidence present at the scene.
- If the decedent is found lying on top of any objects, a photograph of the area where the decedent was lying after they have been moved is helpful in interpreting any artifacts seen at autopsy.



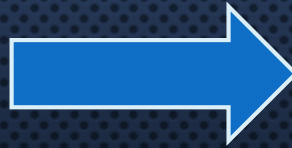
CLOSE-UP PHOTOGRAPHS

- Detailed photographs emphasizing important pieces of evidence:
 - Firearm
 - Drug paraphernalia (do not send with decedent)
 - Prescription medication bottles (do not send with decedent)
 - Suicide note
- Do *not* need to take multiple close-up photographs of decedent.
 - Unless they contain evidence that might be distorted during transportation such as:
 - Livor mortis pattern (babies)
 - Presence of soot or gunpowder



FILECLOUD

ASK AND YOU SHALL RECEIVE



WHO CAN PRONOUNCE?

Iowa Code 702.8

- Physicians
- Physician Assistants
- Registered nurses & licensed practical nurses
- EMS under medical control



NEXT OF KIN



- a. Designee
- b. Spouse, if not legally divorced from decedent
- c. Adult child
- d. Parent
- e. Grandchild
- f. Sibling
- g. Grandparent
- h. Other relative
- i. Anyone who knows the decedent and is willing to accept responsibility for disposition
- j. County medical examiner

CONSIDERATIONS FOR AUTOPSY

- Iowa Code mandatory autopsies
- IOSME recommendations for autopsy
- Decedent's medical history, social history and all circumstances surrounding their death
- No magical age cutoff



WHO MUST HAVE AN AUTOPSY?

- Homicides
- MOD undetermined
- ID undetermined
- Children under 2
- Deaths due to poisoning
- Natural disasters
- Drownings
- Pilots
- In-custody deaths
- On-the-job deaths
 - Truck drivers & farmers included



WHO SHOULD HAVE AN AUTOPSY?



ORDERING AN AUTOPSY

- If sending to IOSME:
 - Inform next of kin, if available, on next clear steps
 - Call 515-725-1400 with preliminary case information
 - Bag, tag x2, and seal
 - Arrange transportation



WHO CAN TRANSPORT BODIES?

- Transportation to or from the Medical Examiner's office can be performed by anyone under the direction of the County Medical Examiner.
 - Funeral home
 - Ambulance/EMS
 - Private vehicle





Select Location

Id	Name	Location	Function Group	QIA Group
<input type="checkbox"/>	Regen, Kathryn	County Location	Medical Examiner - State (FunctionGroup)	Death Medical Examiner State (QIAGroup)
<input type="checkbox"/>	Regen, Kathryn	State	Medical Examiner - County (FunctionGroup)	Death Medical Examiner - County (QIAGroup)

Select

Cancel

VNS-NX, IA

WHAT'S REQUIRED OF YOU?

Death: New

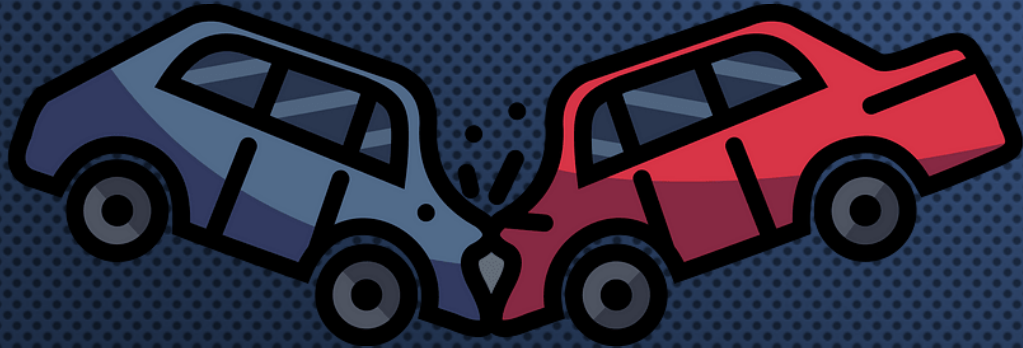
Image count: 0 Notes count: 0 Alerts: 0 Save

Decedent pg 1 Decedent pg 2 Decedent pg 3 Disposition Certifier Manner/Cause Injury Signatures Flags

ME Decedent Info Suicide/Hanging/CO Vehicle/Pedestrian ME All Others ME Infant (0-3) ME Child/Teen (4-17)

ME Dependent Abuse ME Med. History ME Medication ME Death Factors SuperMICAR

MEANS OF DEATH



Means of Death

☐ Natural

☐ Suicide

☐ Hanging

☐ Carbon Monoxide - Vehicle

☐ Carbon Monoxide - Dwelling

☐ Vehicles

☐ Pedestrian

☐ Firearm

☐ Instrument

☐ Drowning

☐ Fire/Thermal

☐ Falling

☐ Asphyxiation

☐ Drug/Alcohol/Poison

☐ Suspected Abuse/Neglect

☐ Means Of Death Other

Specify:



WHEN TO INITIATE A RECORD IN IVES

The screenshot shows the 'Death: New' form in the Ives system. The form has a top navigation bar with tabs: 'Decedent pg 1' (selected), 'Decedent pg 2', 'Decedent pg 3', 'Disposition', 'Cemeter', 'Manner/Cause', 'Injury', 'Signatures', 'Flags', 'ME Decedent Info', 'Exonerating/CO', and 'View/Print/Export'. Below the navigation bar, there are several sections. The 'Duplicate Check' section is highlighted and contains the following fields: 'First Name' (text input), 'Last Name' (text input), 'Suffix' (dropdown menu), 'Date of Death' (text input with a calendar icon), 'Country of Death' (dropdown menu), and a 'Check for Duplicate' button. The button is blue with white text.

- Always do a duplicate check
- Funeral homes start death records for non-ME deaths
- Medical examiners/investigators start death records for ALL ME deaths

EMER WORKSHEET

- Available under Forms on the CME tab at iosme.iowa.gov (password: CME)

The image shows a blurred screenshot of a worksheet form titled "EMER WORKSHEET". The form is organized into several sections with various fields for data entry. At the top, there is a header section with a title and some identifying information. Below this, the form is divided into multiple columns and rows, likely for tracking different types of emergency responses or incidents. The text is too blurry to read, but the layout suggests a structured data collection tool. There are some checkboxes and text boxes visible, indicating a form designed for detailed record-keeping.

ME DECEDENT INFO TAB

Medical Examiner Info

☐ Autopsy - No, IOSME, County, Private/Hospital
Natural Death Occurring in Hospital, Nursing
Home, or Under Hospice Care - Jurisdiction
Declined

ME Case Number

Bag Lock #

Facility Autopsy Performed

[illegible]

ME MED HISTORY TAB

GENERAL INFORMATION		MEDICAL HISTORY				
PATIENT INFORMATION		PAST MEDICAL HISTORY				
NAME	DATE OF BIRTH	ALLERGIES	PREVIOUS SURGERIES	CHRONIC DISEASES	ACUTE DISEASES	OTHER
MR. J. D. SMITH	12/15/1945	Penicillin (rash)	Appendectomy (1970)	Hypertension	Myocardial Infarction (1985)	Diabetes Mellitus (1990)
CURRENT MEDICATIONS		SOCIAL HISTORY				
Aspirin 81mg daily, Metoprolol 50mg daily, Insulin Glargine 40 units nightly		Tobacco: 20 cigarettes per day for 30 years. Alcohol: 2-3 glasses of wine per week.				
FAMILY HISTORY		REVIEW OF SYSTEMS				
Mother: Hypertension, Diabetes Mellitus. Father: Myocardial Infarction, Atherosclerosis.		Constitutional: Stable weight, good energy. Hematologic: No anemia, no bleeding. Cardiovascular: Chest pain, shortness of breath. Respiratory: Chronic cough, no hemoptysis. Gastrointestinal: No heartburn, no abdominal pain. Musculoskeletal: No joint pain, no swelling. Neurologic: No dizziness, no numbness. Endocrine: No excessive thirst, no weight changes. Skin: No rashes, no sores. Genitourinary: No urinary changes, no sexual dysfunction. Eyes: No vision changes, no eye pain. Ears, Nose, Throat: No hearing changes, no voice changes.				
PHYSICIAN'S SIGNATURE		NURSE'S SIGNATURE				
[Signature]		[Signature]				

SIGNATURES TAB

ME/MEI Entry & Approval

ME/MEI Entry Complete?

N

ME/MEI Entry Complete
Date

ME/MEI Entry By

County of Appointment

Central Location

LOAD ME Preliminary
Report

VIEW ME Preliminary
Report

LOAD ME Preliminary Rep

VIEW ME Preliminary Rep

Message from settings

Message from settings

These suggestions are based on your settings.

Message from settings

As a reminder, the following suggestions are based on your settings.

1. [View your settings](#)

2. [View your settings](#)

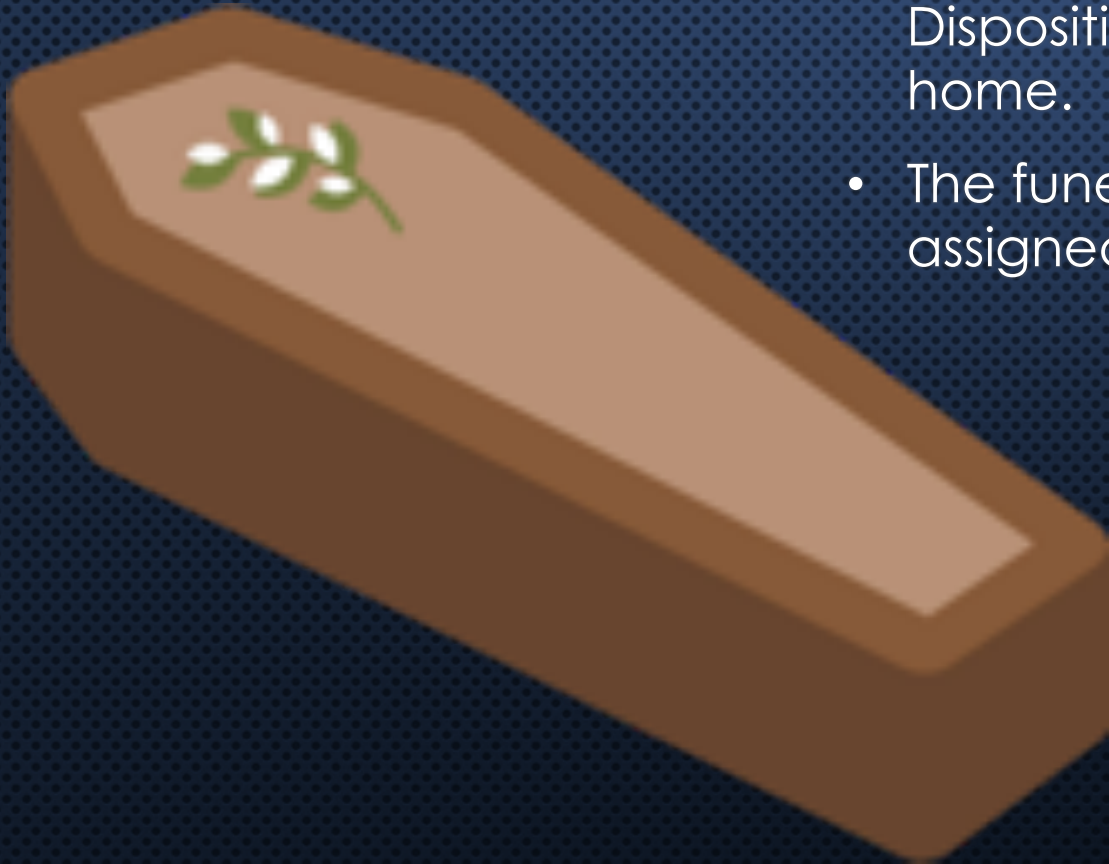
3. [View your settings](#)

4. [View your settings](#)

5. [View your settings](#)



ADD FUNERAL HOME TO IVES



- Using either the ME Med History tab or the Disposition tab, enter the family selected funeral home.
- The funeral home can only access the record if assigned



RETENTION OF RECORDS

- Download EMER from IVES on each case to retain indefinitely
- Develop a place to store records that can be accessed by multiple people
- Copy of EMER must be sent to the county attorney
- Do not send EMER to IOSME (can be accessed by the IOSME in IVES)

END OF PART 1



SCENE INVESTIGATIONS

TODAY'S OBJECTIVES

- *Your time, efforts and quality of work matter*
- Cause of Death, Manner of Death → Scene History
- Who, What, When, Where, Why, How → MOD
- Scene Investigation
 - Agencies Involved
 - Process + Routine = Procedure
 - Autopsy Findings + Scene Investigation = MOD
 - Document Scene Findings → IVEs/ME1
- Case Study: Firearm

YOUR WORK MATTERS

- Cause of Death = IOSME Pathologists/Autopsy
- Manner of Death = County ME, MEI
 - Circumstances leading up to or at time of death
 - Who, what, when, where, why, how
 - These are not found in the autopsy suite
 - The heart of the Investigation → The Scene

HOUSE KEEPING

PLACE OF DEATH

- **Place of Death (Primary Scene):** location at which death is pronounced, may also be the place of injury.
 - Emergency Department
 - Roadway
 - House, apartment
 - Field, pond, river
 - Ditch, sidewalk, alley, parking lot



PLACE OF INJURY

- **Place of Injury (Secondary Scene):** location at which the injury occurred, may also be the Place of Death.
 - Creation precedes the place of death
 - When separate from POD → Is often overlooked, underappreciated and not fully investigated
 - **Where “Heart of Investigation” is located**
 - Who, what, where, when, why, how → ALL RESIDE AT POI
 - House, Apartment
 - bedroom, living room, bathroom, garage
 - Bed, floor, bathtub, closet, couch



CAUSE OF DEATH

- **Cause of Death:** disease, injury, abnormality, or chemical disturbance that started the chain of events that lead directly to death
- Examples:
 - Multiple blunt force injuries
 - Gunshot wound of head
 - Stab wound of chest
 - Hanging

MULTIPLE BLUNT FORCE INJURIES

MVC - SUICIDE



MVC - ACCIDENT



GUNSHOT WOUND

SELF INFLICTED - SUICIDE



SELF INFLICTED - ACCIDENT



SHARP FORCE INJURY

SELF INFLICTED - SUICIDE



SELF INFLICTED - ACCIDENT



MANNER OF DEATH

- **Manner of Death:** explanation of **how the cause of death arose** using investigative and autopsy findings.
- Examples:
 - Natural
 - Accident
 - Suicide
 - Homicide
 - Undetermined

MANNER OF DEATH

- **Key Takeaway #1:** determination of MOD is often not straightforward
- **Key Takeaway #2:** determination of MOD is highly dependent upon your scene investigation at the County level.
 - *The circumstances, event(s), actions and intentions leading up to and at the time of death gets us to MOD.*

AGENCIES INVOLVED

- Law Enforcement
 - Police Department
 - Sheriffs Office
 - DCI
- EMS
 - First Responders
 - Paramedics
 - Fire Department/Fire Rescue

INTERACTION WITH EMS/LAW ENFORCEMENT

Who's scene is it anyways?

- ME/MEI has jurisdiction of the body
- LE has jurisdiction of the scene
 - Without scene investigation MOD = Often impossible to Determine
- EMS often on scene before LE
- EMS, LE almost always on scene before ME/MEI
- **Must be a TEAM effort between all three parties**

FIRST SET OF EYES

- First Responders, Law Enforcement, Paramedics, Fire Rescue
 - Initial, trained observers
 - Valuable insights → → Place of Injury or Place of Death
 - Years of combined experience, different perspectives
 - Environmental conditions
 - Scene appearance
 - Location of decedent
 - Behaviors → “gut feeling”

PROCESS, ROUTINE, PROCEDURE

- **Process**
 - A series of actions or steps taken in order to achieve a particular end.
- **Routine**
 - Sequence of actions which are repeatedly completed.
- **Procedure**
 - An established or official way of doing something.

ADVANTAGES

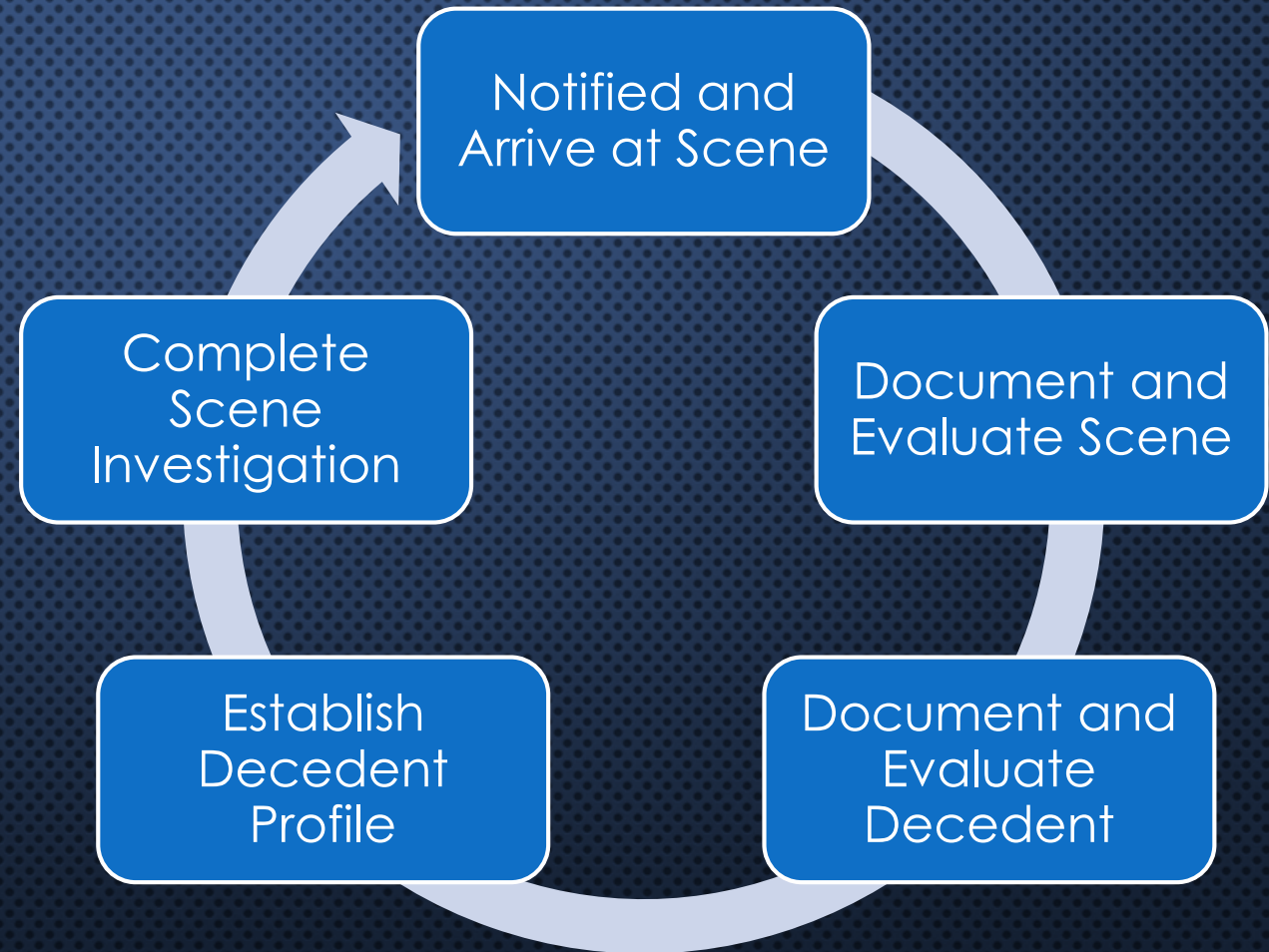
- **Systematic Process → Established Routine → Defined Procedure**
 - **More efficient**
 - **More consistent results**
 - **More focused scene investigations**
 - **Partner Agencies understand ME/MEI Role**
 - **Better quality ME1 Reports**
 - **Makes your job easier**
 - **Families are better served**

SCENE INVESTIGATION PROCESS

~ FIVE MAIN CATEGORIES

USUALLY COMPLETED IN ORDER

EVENTUALLY BECOME YOUR PROCEDURE



INITIAL NOTIFICATION/ARRIVE AT SCENE

- Arrive at Scene
 - Ensure scene safety
 - Introductions, Roles, Responsibilities
 - Lead LE Official
 - First Responders, Paramedics
 - **Must Be A Team Effort**

ARRIVE AT SCENE

- Known Case History → “What’s The Story?”
 - Who? What? Where? When?
 - Concerns?
 - First Responders, Paramedics, Law Enforcement, Nurses, ER Provider(s) → Who arrived first?
 - Scene Artifacts/Alterations → what has been moved?

ARRIVE AT SCENE

- Complete Scene Walk-Thru
 - Done ***with*** LE
 - They've already been there
 - Gives you **their** perspective
- Confirm or pronounce death
 - Who pronounced? Date/Time?
 - Via Medical Control → Emergency Department

DOCUMENT/EVALUATE SCENE

- Two Primary Methods
 - Photography, video
 - Written Notes
- Process + Routine = ***Your County's Procedure***

PHOTOGRAPHS

- PROVIDE A PERMANENT HISTORICAL RECORD OF THE SCENE
- BEST PERMANENT DOCUMENTATION OF THE SCENE
- SCENE, DECEDENT & SURROUNDINGS
 - REMOVE ALL NONESSENTIAL PERSONS
- “PAINT A PICTURE” OF THE CASE AS A WHOLE
- OUTWARDS WORKING INWARD
 - OVERALL → INTERMEDIATE → CLOSE UP

PHOTOGRAPHS

- DIFFERENT ANGLES → LIGHTING WILL BE A FACTOR, INDOORS/OUTDOORS
- PHOTOGRAPH THE SCENE AS **YOU** FIND IT
 - CHANGES MADE BY LE, EMS → DOCUMENT “ORIGINAL POSITION” IN REPORT
 - REMOVE ALL NONESSENTIAL PERSONEL
- “OUTWARDS WORKING INWARD”
 - OVERALL → INTERMEDIATE → CLOSE UP



OVERALL

PHOTOGRAPHS



INTERMEDIATE



CLOSE UP

WRITTEN DOCUMENTATION → THE SCENE

- PROVIDES A PERMANENT RECORD → CORRELATES WITH PHOTOGRAPHS
- “IF IT ISN’T DOCUMENTED IT DIDN’T HAPPEN. PERIOD.
- ME1 REPORT DATA
- POSSIBLE LOCATION OF ILLNESS OR INJURY
 - PLACE OF INJURY (POI) AND PLACE OF DEATH (POD)
 - OFTEN ENTIRELY DIFFERENT LOCATIONS

ME1 REPORT

- PRINTED HARD COPIES
 - ORGANIZED BY PRELIMINARY MOD
- TAKEN TO SCENE
 - LITERAL GUIDE FOR ALL REQUIRED DATA IN IVES

The image shows a scan of a ME1 report form, which is a detailed, multi-sectioned document used for recording forensic information. The form includes various fields for case details, evidence collection, and analysis, organized into a structured layout with multiple columns and rows. The text is somewhat blurry, but the overall structure is clear, with sections for case information, evidence collection, and analysis. The form is organized into a structured layout with multiple columns and rows, typical of a forensic report.

ME1 REPORT

- PAGE 10
- SOCIAL/MEDICAL Hx
- MEDICAL PROVIDERS
- NOK
- FH

[illegible]

ME1 REPORT

- PAGES 11-12
- WRITTEN NARRATIVE
- BRIEF, CONCISE
- NO NEED TO REPEAT PRIOR DOCUMENTED HISTORY



This is a blank ME1 Report form, page 11. It features a header section at the top, followed by three large rectangular boxes for the written narrative. The form is divided into sections by horizontal lines. The bottom of the page contains a footer section with various fields and checkboxes.



This is a blank ME1 Report form, page 12. It features a header section at the top, followed by two large rectangular boxes for the written narrative. The form is divided into sections by horizontal lines. The bottom of the page contains a footer section with various fields and checkboxes.

SCENE WALK THRU

- Completed with Law Enforcement (their scene)
- Provides “Big Picture” of immediate surroundings
- Initial viewing of body → relation to surroundings
- Identify evidence → Jurisdictions? Collection?
- Establish game-plan for examination and documentation

EXTERNAL EXAMINATION

- Ideally completed at place of death (primary scene)
- Visual examination → on paper → IVES electronic EMER → IOSME
- Hard Copies of ME1 Report = Template used at scene
- Develop a routine → Follow the process → Own your procedure
 - ER Provider/nurse, LE or EMS present if possible
 - Begin at the same side of examination table
 - Begin at head of decedent each time
 - Move counter clockwise around examination table
 - Same process for both supine and prone positions

EXTERNAL EXAMINATION

- Document
 - **Position Found: Supine, Prone, Recumbent**
 - Rigor/livor → locations, fixed/non-fixed
 - Body Temperature, Ambient Temperature
 - Decomposition
 - Physical characteristics: temperature, height, weight
 - Presence/absence of clothing, diaper, etc.
 - Scars, marks, rash, burn, bite → “APPEARS” “DEFECT”
 - Resuscitative equipment and artifacts
- Dates, Times, Locations, Person: LSA, FOUND BY
 - Preliminary at best, official data available by Agency upon completed reports

The image shows a blurred document, which appears to be a forensic examination form. The form is titled "NEW YORK STATE OFFICE OF THE ATTORNEY GENERAL" and "FORENSIC EXAMINATION REPORT". It contains various sections for recording information such as "CASE NO.", "DATE", "TIME", "LOCATION", "EXAMINER", "FINDINGS", and "REMARKS". The form is filled out with handwritten text, which is illegible due to the blurring. The form is organized into a structured layout with multiple columns and rows for data entry.

ESTABLISH DECEDENT PROFILE

- EMS, LE
- ROOMATES, NOK, EXTENDED FAMILY
- TAILORED BY PRELIMINARY
COD/MOD

SOCIAL HISTORY → PER IMMEDIATE NOK

Marital status: [*]

Children: [*]

Occupation: [*]

Alcohol Use: [*]

Tobacco: [*]

Vaping: [*]

Other drugs: [*]

MEDICAL HISTORY → PER IMMEDIATE NOK

PCP: [*]

Physical Problems: [*]

Mental Health Counselor: [*]

Problems: [*]

Medications/Compliance: [*]

Surgeries: [*]

Allergies: [*]

Recent Complaints Physical/Mental: [*]

Recent Illness: [*]

Recent Falls/Injuries/Trauma: [*]

Stressors Acute/Chronic: [*]

Funeral Home: [*]

Own weapon(s)?

Used before?

Date/Timeframe Purchased?

Where is it stored?

Significance of this date?

Family/friends/coworkers have a history?

What do you think happened? |

COMPLETION OF SCENE INVESTIGATION

- Maintain Jurisdiction
 - You are still responsible until decedent leaves your custody
 - Bag, Tag, Seal
 - Photograph the tag/seal on body bag
- Release Jurisdiction
 - To funeral home, livery service
- Post removal walk through
 - Leave no trace of your presence: gloves, paperwork, camera

COMPLETE SCENE INVESTIGATION

- Next clear steps with LE, FH
 - Dates, times, location of Autopsy
- Next clear steps with family
 - General process and expectations of next 48 hours
 - Funeral Home
 - Autopsy/IOSME
 - Timelines

WHO WHAT WHEN WHERE WHY

- Age/Gender/Identification
- Circumstances surrounding and/or leading up to the death
- Physical and mental health history
- Social history (tobacco/alcohol/other drugs/frequent flyer LE)
- Absence or presence of external injury
- Concerns from LE/family (residence secure, items out of place, LE knowledge of certain drugs in the area)

CASE STUDY

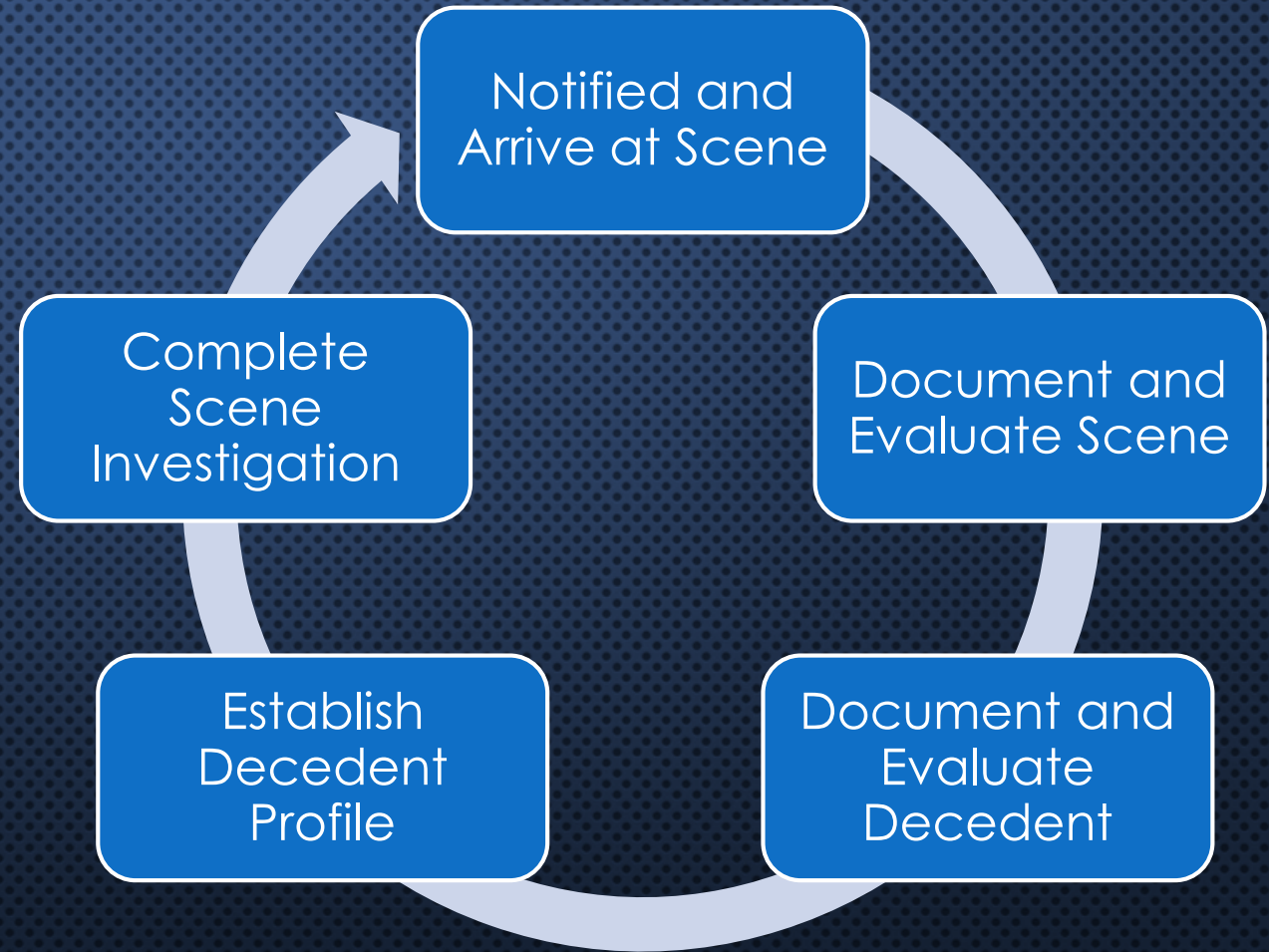
- At approximately 0238 HRS, 911 received a call from an individual requesting medical attention at the entrance of a cornfield.
- The caller stated they had a possible broken leg and needed help.
- The caller provided their address.
- The caller stated they would be located on the east side of the field and would have a flashlight at the entrance.

SCENE INVESTIGATION PROCESS

FIVE MAIN STEPS

COMPLETED IN ORDER

EVENTUALLY BECOME YOUR PROCEDURE





UPON EMS ARRIVAL

- SITTING IN LAWN CHAIR
- SLUMPED OVER
- BLOODY
- POSSIBLE WEAPON IN HAND



- EMS BACKED AWAY
- REQUESTED LE SUPPORT
 - AT SEPARATE MVC FATALITY
- ME/MEI WAS NOTIFIED



UPON ME/MEI ARRIVAL

- EMA/LE CASE BRIEFING
 - OBVIOUS SIGNS OF DEATH
 - BODY WAS NOT MOVED
 - WEAPON IN RIGHT HAND
 - SCENE PROCESSED **WITH** LE



FIREARM DEATHS

WHY AUTOPSY?

HOMICIDE VS ACCIDENT VS SUICIDE



PLATES/REGISTRATION

- GREAT STARTING POINT
- INITIAL DEMOGRAPHICS
- REGISTERED OWNER
- NAME, DOB, ADDRESS
- PROCESSED **WITH** LE







GENERAL INFORMATION		PATIENT INFORMATION		PHYSICIAN INFORMATION	
DATE	TIME	PATIENT NAME	DOB	PHYSICIAN NAME	PHYSICIAN ID
10/10/2018	10:00	JOHN DOE	12/12/1980	DR. JANE SMITH	12345
CLINICAL HISTORY		PHYSICIAN COMMENTS		NURSE COMMENTS	
<p>Patient presents with a 2-week history of fatigue and weight loss. No fever, night sweats, or cough. Physical exam is unremarkable. Labs show mild anemia. Further workup is planned.</p>		<p>Reviewed patient history and physical exam. No concerning findings. Continue monitoring and follow up in 4 weeks.</p>		<p>Assessing patient. No concerns at this time.</p>	
LABORATORY RESULTS		IMAGING STUDIES		TREATMENT PLAN	
<p>Complete Blood Count (CBC): Hemoglobin 12.5 g/dL, Hematocrit 37.5%, RBC Count 4.5 million/mm³. Iron studies: Ferritin 100 ng/mL, TIBC 320 ug/dL, Transferrin Sat 30%.</p>		<p>Chest X-ray: Clear lungs, no consolidation. Abdominal Ultrasound: No gallstones, normal liver and spleen.</p>		<p>Continue with current treatment. Re-evaluate in 4 weeks.</p>	
PATIENT SIGNATURE		PHYSICIAN SIGNATURE		NURSE SIGNATURE	
[Signature]		[Signature]		[Signature]	
DATE		DATE		DATE	
10/10/2018		10/10/2018		10/10/2018	





WHO WHAT WHEN WHERE WHY HOW

- Age/Gender/Identification
- Physical Address
- Circumstances surrounding and/or leading up to the death
- Physical and mental health history
- Social history (tobacco/alcohol/other drugs/frequent flyer LE)
- Absence or presence of external injury
- Concerns from LE/family (residence secure, items out of place, LE knowledge of certain drugs in the area)

MEANS OF DEATH

- Select all appropriate preliminary means of death
- Selecting these boxes allows fields in additional tabs to open

Means of Death

<input type="checkbox"/> Natural	<input checked="" type="checkbox"/> Suicide	<input type="checkbox"/> Hanging	<input type="checkbox"/> Carbon Monoxide - Vehicle	<input type="checkbox"/> Carbon Monoxide - Dwelling
<input type="checkbox"/> Vehicles	<input type="checkbox"/> Pedestrian	<input checked="" type="checkbox"/> <u>Firearm</u>	<input type="checkbox"/> Instrument	<input type="checkbox"/> Drowning
<input type="checkbox"/> Fire/Thermal	<input type="checkbox"/> Falling	<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Drug/Alcohol/Poison	<input type="checkbox"/> Suspected Abuse/Neglect
<input type="checkbox"/> Means Of Death Other	<input type="text" value="Specify:"/>			

FIREARM DEATHS – WHY AUTOPSY?

- Confirm Identity
- Establish MOD → Scene Findings + Autopsy
- Establish ROF (Range of Fire)
 - Contact, Close, Intermediate, Indeterminate
- Establish Trajectory
 - (R→L, F→B, Upwards)
 - Does trajectory match scene investigation?
- Document Other Injuries
 - Laceration to hand from slide → supports SIGSW
- Toxicology
 - Drugs/alcohol could be contributing factor



ME1 DESCRIPTION?

- DO USE: "DEFECT"
- DO NOT USE:
 - "ENTRY WOUND"
 - "EXIT WOUND"









THE WEAPON WILL LIKELY HAVE BEEN MOVED PRIOR TO YOUR ARRIVAL.

- DO NOT RECREATE THE SCENE.
- PHOTOGRAPH THE WEAPON (IF POSSIBLE)
- DOCUMENT ORIGINAL LOCATION IN YOUR REPORT.
- DOCUMENT MAKE, MODEL, CALIBER AND TYPE



FIREARM

Firearm Type:

Make:

Model:

Caliber/Gauge:

Firearm (Barrel) Length:

Owner of Firearm:

Type of Firearm Narrative (Description):

Activity:

- ☐ Hunting
- ☐ Playing
- ☐ Self Infliction
- ☐ Homicide (Criminal Assault)
- ☐ Recreation

Circumstances:

- ☐ Legal Intervention
- ☐ Domestic Violence
- ☐ Self Defense

Activity Narrative:

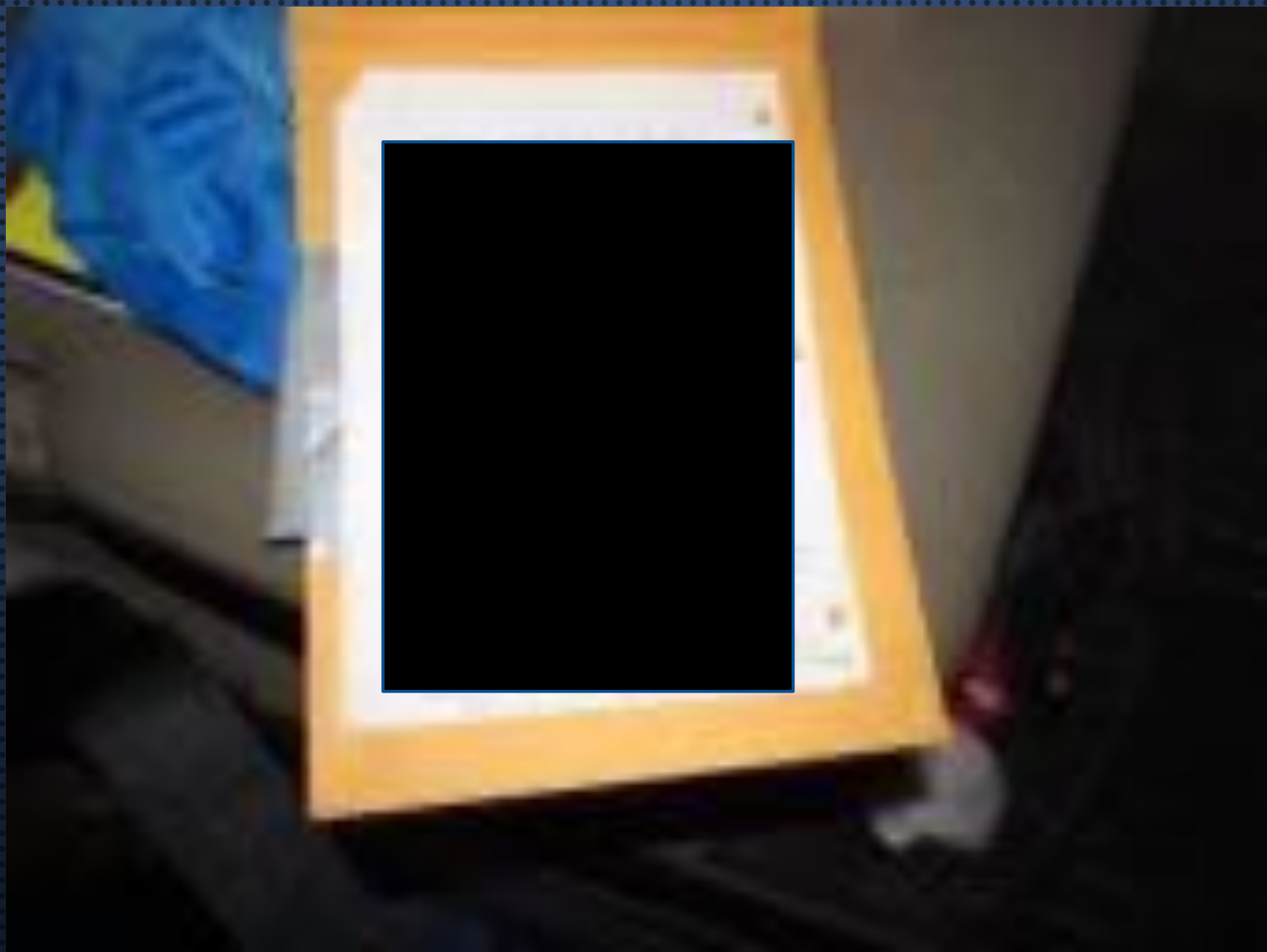
If Self-Inflicted Suspected:

Cause Narrative:













MEANS OF DEATH

- Select all appropriate preliminary means of death
- Selecting these boxes allows fields in additional tabs to open

Means of Death

<input type="checkbox"/> Natural	<input checked="" type="checkbox"/> Suicide	<input type="checkbox"/> Hanging	<input type="checkbox"/> Carbon Monoxide - Vehicle	<input type="checkbox"/> Carbon Monoxide - Dwelling
<input type="checkbox"/> Vehicles	<input type="checkbox"/> Pedestrian	<input checked="" type="checkbox"/> <u>Firearm</u>	<input type="checkbox"/> Instrument	<input type="checkbox"/> Drowning
<input type="checkbox"/> Fire/Thermal	<input type="checkbox"/> Falling	<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Drug/Alcohol/Poison	<input type="checkbox"/> Suspected Abuse/Neglect
<input type="checkbox"/> Means Of Death Other	<input type="text" value="Specify:"/>			

SUICIDE

Post-Suicide Situation
Narrative:

Post-Suicide Attempt
Narrative:

History Mental Disorder
Narrative:

- ☐ Suicide Note Found
- ☐ Copy of Note Obtained
- ☐ Handwriting Sample Obtained
- ☐ Residence Searched
- ☐ Alcohol Found at Scene
- Drugs Found at Scene:**
- ☐ Non-Prescription
- ☐ Prescription - Opioid
- ☐ Prescription - Other
- ☐ None

Treated By:

Treatment Narrative:

FIREARM

Firearm Type:

Make:

Model:

Caliber/Gauge:

Firearm (Barrel) Length:

Owner of Firearm:

Type of Firearm Narrative (Description):

Activity:

- ☐ Hunting
- ☐ Playing
- ☐ Self Infliction
- ☐ Homicide (Criminal Assault)
- ☐ Recreation

Circumstances:

- ☐ Legal Intervention
- ☐ Domestic Violence
- ☐ Self Defense

Activity Narrative:

If Self-Inflicted Suspected:

Cause Narrative:

AT AUTOPSY



AT SCENE



PLACED PRONE AT SCENE →
ALWAYS PLACE SUPINE



AUTOPSY FINDINGS

PATHOLOGIC DIAGNOSES

- I. Reported history.
 - A. Found unresponsive in chair adjacent to tractor on farm property.
 - B. Previous call to 911 for help with “possible broken leg”.
 - C. Firearm taped to hand.
 - D. Dead at the scene.
 - E. Suicide note at the scene.
- II. Gunshot wound.
 - A. Contact range entrance wound, right temporal scalp.
 - B. Path through right cerebral cortex, mid brain, left cerebral cortex, left temporal bone and scalp.
 - C. Exit Wound: Left temporal scalp.
 - D. Recovery: None.
 - E. Associated Findings: Thin film subdural hemorrhage, subarachnoid hemorrhage, cerebral edema, cerebral contusions, periorbital ecchymosis and edema, hemoaspiration.
 - F. Trajectory: Right to left, slightly back to front.
- III. Postmortem tissue donor (long bones and soft tissue, left eye, heart [See Jesse E. Edwards Registry of Cardiovascular Disease report]).
 - A. Heart.
 - 1. Aortic and pulmonic valves previously removed.
 - 2. Structurally normal heart.
- IV. Toxicology-femoral blood (See NMS Labs report).
 - A. Hydrocodone-free: 26 ng/mL.
 - B. Oxycodone-free: 120 ng/mL.
 - C. Oxymorphone-free: 1.8 ng/mL.

Page 2 of 6

CAUSE OF DEATH: Gunshot wound of head.

MANNER OF DEATH: Suicide.

THANK YOU

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(515) 725-1440 desk

(515) 203-9415 cell



DEATH CERTIFICATION

CERTIFICATION OF DEATH

- Importance
 - Permanent record of fact of death.
 - Provides closure for family.
 - Required to close decedent's affairs.
 - Source for mortality statistics
 - Used to reduce mortality.
 - Guides clinical practice.
 - Provides guidance for research and funding.
 - Legislative changes, public health strategies and public safety initiatives.

WHO CAN CERTIFY A DEATH CERTIFICATE?

- Iowa code 144.28 Medical certification
- Deaths due purely to natural disease
 - Any **MD** or **DO** (including MEs)
 - PA or ARNP (if in charge of care)
 - Should be completed within 72 hours after DC received from Funeral Director
- Non-natural deaths
 - County ME
 - State ME
 - Should be completed within 72 hours after COD/MOD is known

CERTIFIER'S RESPONSIBILITY

DATE/TIME OF DEATH: 09/15/2021 (Found) 04:27 PM (Found)		PLACE OF DEATH: FACILITY/ADDRESS: Decedent's Home 2250 S Ankeny Blvd Ankeny, Iowa 50023	
IMMEDIATE CAUSE OF DEATH: Acute drug (pericardial tamponade) DUE TO OR AS A CONSEQUENCE OF: DUE TO OR AS A CONSEQUENCE OF: UNDERLYING CAUSE, IF ANY: OTHER SIGNIFICANT CONDITIONS:		MEDICAL CAUSE OF DEATH INFORMATION INTERVAL UNITS Unknown	
MANNER OF DEATH: Accident AUTOPSY PERFORMED/FINDINGS: Yes/Yes DATE/TIME OF INJURY: PLACE OF INJURY: Home LOCATION OF INJURY: 2250 S Ankeny Blvd Ankeny, Iowa 50023 DESCRIPTION OF INJURY: Ingested drug		TOBACCO CONTRIBUTED TO DEATH: No M.E. CONTACTED: Yes INJURY AT WORK: No TRANSPORTATION INJURY: No ME CASE #: 0000-000	

CAUSE OF DEATH

- *The injury or disease responsible for initiating the chain of physiological disturbances which produced death. “But for” this, the person would still be living.*

CAUSE OF DEATH SECTION

CAUSE OF DEATH (See instructions and examples)		Approximate Interval: Onset to death
32. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. Add additional lines if necessary.		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. _____ Due to (or as a consequence of)	_____
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. _____ Due to (or as a consequence of)	_____
	c. _____ Due to (or as a consequence of)	_____
	d. _____	_____
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
		33. WAS AN AUTOPSY PERFORMED? Yes No
		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

CAUSE OF DEATH SECTION

- Ex: 55 YO WM FOUND DEAD AT HOME; H/O DIABETES MELLITUS



CAUSE OF DEATH SECTION

CAUSE OF DEATH (See instructions and examples)		Approximate Interval: Onset to death
32. PART I. Enter the <u>chain of events</u> —diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardiac tamponade Due to (or as a consequence of)	_____
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Ruptured myocardium Due to (or as a consequence of)	_____
	c. Myocardial infarct Due to (or as a consequence of)	_____
	d. Atherosclerotic heart disease	_____
PART II. Enter other <u>significant conditions contributing to death</u> , but not resulting in the underlying cause given in PART I.		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes mellitus		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO

CAUSE OF DEATH

- 78 yo BF admitted to hospital with right hip pain after fall. X-ray revealed right hip fracture and she was admitted to hospital. Two weeks after admit, found dead in bed. Autopsy performed .

Pulmonary thromboembolism



CAUSE OF DEATH

CAUSE OF DEATH (See instructions and examples)		Approximate interval: Onset to death
32. PART I. Enter the <u>chain of events</u> —diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. Add additional lines if necessary.		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pulmonary thromboembolism	2 weeks
	Due to (or as a consequence of)	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Immobilization	
	Due to (or as a consequence of)	
	c. Right hip fracture	
	Due to (or as a consequence of)	
	d. Fall	
PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.		
33. WAS AN AUTOPSY PERFORMED?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Manner is **ACCIDENT**

CAUSE OF DEATH

CAUSE OF DEATH (See instructions and examples)			Approximate interval: Onset to death
<p>32. PART I. Enter the <u>chain of events</u>—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p>			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Cardiorespiratory complications of right hip fracture	
		Due to (or as a consequence of)	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b.	fall	
		Due to (or as a consequence of)	
	c.		
		Due to (or as a consequence of)	
	d.		
PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I			<p>33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Manner is ACCIDENT

CAUSE OF DEATH

- 55 yo WM with history of chronic alcohol abuse, cirrhosis, ascites, hyponatremia, hepatic encephalopathy, acute pancreatitis, and alcohol withdrawal syndrome with seizures. Found dead on couch at residence.

CAUSE OF DEATH (See instructions and examples)

32. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a.

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b.

Due to (or as a consequence of):

c.

Due to (or as a consequence of):

d.

PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I

33. WAS AN AUTOPSY PERFORMED?

☐ YES ☐ NO

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ YES ☐ NO

Approximate
interval
Onset to death

Complications of chronic alcohol abuse

MECHANISM OF DEATH

- Physiological derangement produced by a cause of death that results in its lethal effect
 - Exsanguination
 - Cardiac arrest
 - Respiratory arrest
 - Cerebral hypoxia

CAUSE OF DEATH

- 65 yo BM with history of severe three vessel coronary artery disease, status post stent placement of the left anterior descending coronary artery, and hypertension. Found dead in bed.

CAUSE OF DEATH

CAUSE OF DEATH (See instructions and examples)			Approximate Interval: Onset to death
32. PART I. Enter the <u>chain of events</u> —diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	_____ Due to (or as a consequence of)	_____
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b.	_____ Due to (or as a consequence of)	_____
	c.	_____ Due to (or as a consequence of)	_____
	d.	_____ Due to (or as a consequence of)	_____
PART II. Enter other <u>significant conditions contributing to death</u> , but not resulting in the underlying cause given in PART I.			33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
Hypertension			34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO

Atherosclerotic heart disease, status post stent placement

25 years

CAUSE OF DEATH

CAUSE OF DEATH (See instructions and examples)		Approximate Interval Onset to death
32. PART I. Enter the <u>chain of events</u> —diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. <u>Hypertensive and Atherosclerotic Heart Disease</u> Due to (or as a consequence of)	unknown
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. _____ Due to (or as a consequence of)	
	c. _____ Due to (or as a consequence of)	
	d. _____	
PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.		
Status post stent placement		
		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No
		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No

CAUSE OF DEATH SECTION

CAUSE OF DEATH (See instructions and examples)			Approximate interval Onset to death
32. PART A. Enter the <u>chain of events</u> —diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. _____	Due to (or as a consequence of): _____	_____
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. _____	Due to (or as a consequence of): _____	_____
	c. _____	Due to (or as a consequence of): _____	_____
	d. _____	Due to (or as a consequence of): _____	_____
PART B. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART A			
			33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No
			34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER SIGNIFICANT CONDITIONS

- Other significant conditions that contributed to the death, but did not lead to the underlying cause of death.
 - E.g. diabetes mellitus with atherosclerotic heart disease
- If contributory condition is non-natural, manner cannot be natural.
 - E.g. illegal stimulant use (methamphetamine, cocaine) with heart disease
 - E.g. fall/fracture in elderly person who *did not return to baseline*
- Opportunity to include factors that may be important in the future
 - E.g. genetic mutations

CAUSE OF DEATH

- 78 yo WF with history of colon cancer and atherosclerotic heart disease (x 10 years), admitted to hospital with chest pain. Troponin levels elevated, EKG changes suggestive of ischemia. Expired 2 days later. No autopsy performed.

CAUSE OF DEATH

CAUSE OF DEATH (See instructions and examples)			Approximate Interval Onset to death
32. PART I. Enter the <u>chain of events</u> —diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. _____ Due to (or as a consequence of)	Acute myocardial infarct	2 days
Sequentially (all conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. _____ Due to (or as a consequence of)	Atherosclerotic heart disease	10 years
	c. _____ Due to (or as a consequence of)		
	d. _____		
PART II. Enter other <u>significant conditions contributing to death</u> , but not resulting in the underlying cause given in PART I.		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Colon carcinoma		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DEFERRING A DEATH CERTIFICATE

- If a case falls within your jurisdiction and you are comfortable a death is natural after your investigation, you may **DEFER** the death certificate to the decedent's primary care physician (PCP)
 - You are letting the PCP know you have investigated and ruled out any non-natural factors
 - If PCP is still uncomfortable certifying the death certificate, it ultimately becomes the medical examiner's responsibility

DEFERRING A DEATH CERTIFICATE

Manner of Death

Did Death Result From TRAUMA/External Cause

☐

Manner of Death

Deferred Date

ME Contacted?

☐

ME Deferred?

☐

Deferred County

Deferred By

ME Case Number

NOT synonymous with jurisdiction declined.

CAUSE OF DEATH

- 92 yo WF found dead in bed. No significant PmHx. No concerns of drug or alcohol use. No concerns of foul play or traumatic injuries at scene.

CASE HISTORY NO. 5

CAUSE OF DEATH (See instructions and examples)			Approximate Interval: Onset to death
32. PART I. Enter the <u>chain of events</u> —diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	_____	_____
		Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b.	_____	_____
		Due to (or as a consequence of):	
	c.	_____	_____
		Due to (or as a consequence of):	
	d.	_____	_____
PART II. Enter other <u>significant conditions contributing to death</u> , but not resulting in the underlying cause given in PART I.			33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No
			34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No

Unknown natural causes

CAUSE OF DEATH (See instructions and examples)

32. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a.

Sudden cardiac arrhythmia

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b.

Natural causes

Due to (or as a consequence of):

c.

Due to (or as a consequence of):

d.

Approximate interval:
Onset to death

PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.

33. WAS AN AUTOPSY PERFORMED?

☐ Yes ☐ No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

CAUSE OF DEATH

- 63 yo WM with long history of chronic EtOH, cirrhosis, and recent diagnosis of widely metastatic, poorly-differentiated, hepatocellular carcinoma. Found dead at home. No evidence of recent drug or EtOH use or traumatic injuries at scene.

CAUSE OF DEATH SECTION

- Neoplasms as a cause of death
 - Include
 - Primary site or that the primary site is unknown
 - Benign or malignant
 - Cell type or that the cell type is unknown
 - Grade of neoplasm (well-differentiated, poorly differentiated, etc)

CAUSE OF DEATH

CAUSE OF DEATH (See instructions and examples)		Approximate Interval: Onset to death
<p>32. PART I. Enter the <u>chain of events</u>—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death):</p> <p style="text-align: center;">Due to (or as a consequence of):</p> <p>Sequentially tell conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.</p> <p>b. _____ Due to (or as a consequence of): _____</p> <p>c. _____ Due to (or as a consequence of): _____</p> <p>d. _____</p>		<p>1 month</p>
<p>PART II. Enter other <u>significant conditions contributing to death</u>, but not resulting in the underlying cause given in PART I:</p>		<p>33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

Metastatic, poorly-differentiated, hepatocellular carcinoma

Cirrhosis, Chronic alcohol abuse

MANNER OF DEATH

- *The circumstances that surround the death.*
- 5 categories
 - Natural
 - Accident
 - Suicide
 - Homicide
 - Undetermined

MANNER OF DEATH

- Natural
 - *Deaths resulting solely from disease.*
 - If a violent or unnatural act contributes in any way towards the death, it should not be classified as natural.
 - Example
 - 75 yo WF breaks her hip, goes to the hospital, has her hip replaced, and suffers a myocardial infarct due to the stress of her stay, the manner of death is Accident.

MANNER OF DEATH

- Accident

- *An event occurring by chance with a lack of intention; an unintended and usually sudden and unexpected happening.*
 - MVC [unless driver intentionally injures himself (suicide) or another person (homicide)]
 - Drug or alcohol intoxication [unless intentional (suicide)]
 - Anaphylactic reaction (drugs, food, bee stings)
 - *Death from infectious or other medical complications of chronic substance abuse (chronic alcoholism; HIV related to IVDA) are classified as natural.*

MANNER OF DEATH

- Suicide
 - *Act of intentionally causing one's own death.*
- An autopsy is generally recommended; if no autopsy requested:
 - Positive identification
 - Clear suicide ideation (history, note, etc.)
 - Family and LE agree
 - Retained bullet(s)

MANNER OF DEATH

- Homicide
 - *Death at the hands of another individual or a death that occurs during the commission of a felony (may be intentional or unintentional).*
- Homicide does not equal murder.
 - Ex: Police officer shoots and kills an individual who shot a number of students at a local school.
 - Manner of Death: Homicide
 - Probably will not be charged with murder

MANNER OF DEATH

- Undetermined
 - Insufficient data to establish manner
 - **Mandatory autopsy**



MANNER OF DEATH

- If manner of death is non-natural:
 - Case must be reported to the Medical Examiner.
 - Medical examiner is required to sign death certificate.
 - “How Injury Occurred” must be filled out.

“HOW INJURY OCCURRED”

- “Passenger in a car that collided with another car”.
- “Pedestrian struck by a pickup truck”.
- “Shot himself in head with a pistol.”
- “Dec’d was shot by another person.”
- “Dec’d self-administered an excess amount of opiates.”
- “Dec’d hanged himself.”

EXAMPLES

Arteriosclerotic coronary vascular disease



Natural

Smoke Inhalation due to Residential Fire



Accident or Homicide

Gunshot wound of the Head



Suicide

Shotgun wound of the Chest



Homicide

MANNER: COMMON CONVENTIONS

- Chronic alcohol abuse vs. acute alcohol intoxication
- Autoerotic asphyxia
- Russian roulette
- Natural disease exacerbated by intoxication
- Complications of medical therapy vs. outside reasonable risk of medical procedure (“OMG” test)



CAUSE OF DEATH SECTION

- Medical misadventure
 - If immediate cause of death arose as a complication of surgery or treatment:
 - Report what condition was being treated (underlying cause).
 - What medical procedure was being performed.
 - What the complication was.
 - What the result of the complication was (immediate cause).

CAUSE OF DEATH SECTION

CAUSE OF DEATH (See instructions and examples)			Approximate Interval: Onset to death
<p>32. PART I. Enter the <u>chain of events</u>—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p>	a.	Hemothorax	
	b.	Perforated superior vena cava	
	c.	Placement of subclavian catheter	
	d.	Management of IgA Nephropathy and venous thrombosis	
<p>33. PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.</p>			<p>33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

Manner of Death may still be NATURAL.

QUESTIONS?

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