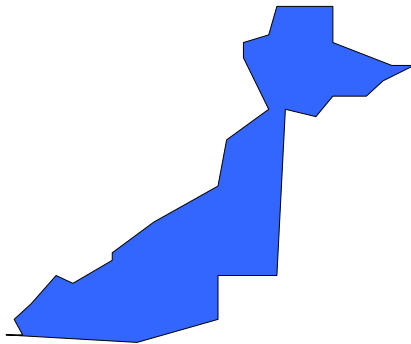


2010 Annual Report



Fulton County Medical Examiner



Prepared by:

**Randy L. Hanzlick, MD
Chief Medical Examiner**

August, 2011

Preface

This Annual Report would not be possible without the dedication and professionalism of the employees who worked for the Fulton County Medical Examiner in Atlanta, Georgia during the time period covered by this report. They are:

Administrative and Support Personnel

John M. Cross, Deputy Director
Paul Desamours, Operations Manager
Barbara Pringle-Small, Administrative Coordinator
Simone Murphy, Medicolegal Transcriptionist
Lynnette Redding, Medicolegal Transcriptionist
Karleshia Bentley, Records and Documents Supervisor
Tia Baynes, Customer Service
Sharon Cooper, Customer Service
Shirley Gleaton, Administrative Assistant

Medical Examiners

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Michele T. Stauffenberg, MD, Deputy Chief Medical Examiner
Geoffrey P. Smith, MD, Associate Medical Examiner
Michael M. Heninger, MD, Associate Medical Examiner
Karen E. Sullivan, MD, Associate Medical Examiner
Kim A. Collins, MD, Medical Examiner
Jonathan Eisenstat, MD, Medical Examiner
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Investigative Staff

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Tami Schroder, Senior ME Investigator
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Mary Beth Hauptle, DDS, ME Investigator, Forensic Odontologist
Betty Honey, ME Investigator
Teresa Price, ME Investigator
Mark Ruffin, ME Investigator
Jon Hager, ME Investigator
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Leon Harrison, ME Investigator
Dumonder "Reda" Dawson, ME Investigator
Clinton Harbin, ME Investigator

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Angie Fuller, Forensic Technician Assistant Supervisor
Carlos Evans, Forensic Technician Assistant Supervisor
Kathy Robinson, Forensic Technician
Chefrene Gory, Forensic Technician
Glenda Buchek, Histologist
Mary Burgess, Medicolegal Photographer
Steve Moore, Medicolegal Photographer
Monica Melchor, Morgue Attendant
Candice Russell, Morgue Attendant

Facility Assistant

Walter Williams

Without the above individuals, quality investigation of deaths in Fulton County would not occur, and neither would professional communication with the many agencies and members of the public who are impacted when a death occurs. These employees also care for and maintain a modern facility in which death investigations may be professionally conducted with respect for the dead and at which members of the public, legal, and law enforcement communities can effectively conduct their business.

I thank the Fulton County Medical Examiner employees— each and every one— for their dedication, excellence, and professional quality death investigations conducted for the citizens of Fulton County. We are proud to be a death investigation center fully accredited by the National Association of Medical Examiners, and one which also has a fully-accredited forensic pathology fellowship training program for physician pathologists.

It is hoped that the information in this report may be useful to public health, public safety, and other policy and program planners who strive to improve the safety and quality of life. Additional data may be available for specialized studies that go beyond the general data presented in this report.

The medical examiner’s office and its personnel “speak for the dead” and our office is a place where “death delights to serve the living.” It is with a true sense of civic duty and public service that we conduct our death investigations for the community.

It is now 2011 and this Annual report is for calendar year 2010. It is not uncommon for some death cases to take many months to finalize because of extensive testing or the need for investigative information that takes time to obtain. The Report itself takes time to prepare, and must be done while we carry on our usual activities and death investigations, which also take the time of our staff.

Randy Hanzlick, MD
Chief Medical Examiner
August 18, 2011

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NOTE: Rather than providing large numbers of Tables, Graphs, and Figures, data are presented with overall summary tables. These lists can be used to identify data which may be of interest for more in-depth study. More detailed data can be provided by FCME if release of such data is compliant with applicable laws, policies, and procedures.

SECTION I. INTRODUCTION

The Fulton County Medical Examiner (FCME) serves all non-federal, incorporated and unincorporated areas within Fulton County. In 2011, these areas include nearly all of the City of Atlanta, Alpharetta, Chattahoochee Hills, College Park, East Point, Fairburn, Hapeville, Johns Creek, Milton, Mountain Park, Palmetto, Roswell, Sandy Springs, Union City, Unincorporated Fulton County, and other areas served by special law enforcement agencies such as MARTA and college police forces. The FCME does not serve the few areas of Federal property within the county such as the Federal Penitentiary which arranges for its own investigations. Some deaths occurring on state property are investigated by the GBI. Under the provisions of the Georgia Death Investigation Act, FCME investigates deaths that are suspected or known as having resulted from external causes such as injury or poisoning, and deaths that are sudden, unexpected, and not explained with a reasonable degree of medical probability. Other selected types of death are also investigated such as those occurring while a person is in custody of law enforcement agencies.

The County covers 529 square miles and has an estimated population of about 1,074,600. Countywide, the population is about 48.4% white, 42.3% black, and 8.3% other minorities. The Hispanic population is about 7.9%.

The laws describing the duties of medical examiners in Georgia are contained mostly in Official Code of Georgia Annotated, Title 45, Chapter 16, the “Georgia Death Investigations Act.” The types of death required to be reported to the medical examiner include:

- Violence (injury)
- Casualty (accident)
- Suicide
- Suddenly when in apparent good health
- When unattended by physician (no doctor who can sign the death certificate)
- Suspicious or unusual
- Children under 7 if death is unexpected or unexplained
- Executions pursuant to death penalty (these do not occur in Fulton County)
- Inmate of state hospital or state, county, or city penal institution
- Admitted to hospital unconscious and dying within 24 hours without regaining consciousness

Decisions about autopsies are not mandated and are left to the discretion of the medical examiner. As can be seen, the laws are general enough that jurisdiction may be accepted in a wide variety of cases that are not otherwise specified in law, such as sudden death while under anesthesia, which may be considered to be “sudden and unexpected” or “unusual.”

When a death is reported to FCME, the case is either **accepted** (AJ) or **declined** (DJ). If a case is accepted, it means that the medical examiner will be signing the death certificate (certifying the death). A case is **declined** for one of two reasons:

- The incidents leading to death did not occur in Fulton County
- The death need not have been reported and there is a physician who is willing to sign the death certificate.

A case is **accepted** if:

- It meets the criteria specified by law as described above, and
- The incident leading to death occurred in Fulton County, or
- If the place of incident or onset of fatal events is unknown, the death occurred or the dead body was found in Fulton County

The case medical examiner (forensic pathologist) generally uses one of four approaches to certify a death (obtain information to complete the death certificate):

- **Signout.** The death certificate is signed without examining the body.
- **View.** A cursory examination is performed to further evaluate the case and rule out trauma or the need for further in-depth examination. A few simple case notes may be prepared.
- **External examination.** Formal external examination with a dictated report of the examination, usually including toxicology or chemistry tests as well.
- **Autopsy.** Complete autopsy with dictated report. A **limited dissection** (partial autopsy) is sometimes performed if:
 - there is expressed objection to autopsy or significant health or safety risks exist for staff, and,
 - a complete autopsy need not be performed.

There are basic general "rules" for classifying manner of death:

- **Natural** deaths are due solely or nearly totally to disease and/or the aging process.
- **Accident** applies when an injury or poisoning causes death and there is little or no evidence that the injury or poisoning occurred with intent to harm or cause death. In essence, the fatal outcome was unintentional.
- **Suicide** results from an injury or poisoning as a result of an intentional self-inflicted act committed to do self harm or cause the death of one's self.
- **Homicide** occurs when death results from a volitional act committed by another person to cause fear, harm, or death. Intent to cause death is a common element but is not required for classification as homicide (more below). It is to be emphasized that the classification of homicide for the purposes of death certification is a "neutral" term and neither indicates nor implies *criminal* intent, which remains a determination within the province of legal processes.
- **Undetermined** or "could not be determined" is a classification used when the information pointing to one manner of death is no more compelling than one or more other competing manners of death, in thorough consideration of all available information.

In general, when death involves a combination of natural processes and external factors, such as injury or poisoning, preference is given to the non-natural manner of death.

Budget and Staff

The current operating budget is \$3.6 million. The FCME staff consists of 36 employees including 5 full-time physician medical examiners, 11 investigators, 6 administrative support staff, 3 administrators, 9 forensic technicians and morgue support staff, and 2 facility support staff. We also have one forensic pathology physician in training with the position funded by Emory University School of Medicine.

General Response

When a death is reported to FCME, the case is assigned a sequential case number. Basic information is obtained on all cases reported. Investigators, in consultation with the on-call medical examiner as needed, make decisions about whether the case should be accepted or declined, if death scene investigation is required, and whether or not the body need be transported to the Fulton County Medical Examiner's Center. The on-call medical examiner then makes decisions about the type of examination to be conducted and the extent of additional testing to be performed. Usually, bodies transported to FCME are returned to the family and funeral home within 24 hours or less if the body has been officially identified.

For further information about FCME, please see our website at www.fultoncountyga.gov/me-home

For further information about medical examiners and death investigation, please see the website of the National Association of Medical Examiners at **www.TheNAME.org**

Data Source and Analyses

The data herein are derived from the HOMER (Holds Our Medical Examiner Records) Access database. In 2010, there were 2477 deaths reported to the office (about 100 more than last year). Ten of these records were non-human remains, and two death reports were noted to be reports of the same death. Thus, after excluding these 11 records from data analysis, there were a total of 2466 unique human death cases for this report.

Race/Ethnicity Categories

Categorizing Race/Ethnicity of decedents has become more difficult because of a growing mixed-race population and because of personal preferences in how Race/Ethnicity is reported by family members.

For our database purposes, we assign race as follows:

B = Black or African American

W = White/Caucasian

WH = White Hispanic/Latino

BH = Black Hispanic/Latino

H = Hispanic/Latino

AS = Asian

PI = Pacific Islander

NA = Native American/Eskimo

Thus, for tabulation of Hispanic/Latino decedents, cases coded as WH, BH, or H would be used.

SECTION II. ALL REPORTED CASES

Table 1. Number of cases Accepted (AJ) and Declined (DJ) by Manner of death (n=2466)

| Jurisdiction | Manner of Death | Frequency | Percent |
|--------------|-----------------|-------------|---------|
| AJ | ACCIDENT | 266 | |
| | ACCIDENT (T) | 80 | |
| | HOMICIDE | 146 | |
| | NATURAL | 786 | |
| | SUICIDE | 101 | |
| | UNDETERMINED | 35 | |
| | STILLBORN | 2 | |
| | Total = | 1416 | |
| DJ | | 1050 | |
| TOTAL | | 2466 | |

Table 2. Manner of death by Procedure, cross-tabulated for Accepted (Certified) Cases only (n=1,416)

| MANNER | PROCEDURE | | | | Total |
|----------------|------------|------------------|------------|-----------|-------------|
| | Autopsy | External PM Exam | Signout | View | |
| ACCIDENT* | 188 | 31 | 44 | 3 | 266 |
| ACCIDENT (T)** | 70 | 3 | 7 | 0 | 80 |
| HOMICIDE | 144 | 0 | 2 | 0 | 146 |
| NATURAL | 373 | 253 | 84 | 76 | 786 |
| SUICIDE | 99 | 1 | 1 | 0 | 101 |
| UNDETERMINED | 34 | 0 | 1 | 0 | 35 |
| STILLBORN | 2 | 0 | 0 | 0 | 2 |
| Total = | 910 | 288 | 139 | 79 | 1416 |

* Non Traffic-related accidents

** Traffic-related accidents

Table 3. Police Jurisdiction for Non-Natural Manners of death (n=628)

| Police Jurisdiction | TOTAL Non-Natural | ACCIDENT | ACCIDENT (Traffic) | HOMICIDE | SUICIDE | UNDETERMINED |
|------------------------|-------------------|----------|--------------------|----------|---------|--------------|
| Alpharetta | 25 | 14 | 1 | 0 | 10 | 1 |
| Atlanta | 356 | 146 | 35 | 103 | 50 | 22 |
| College Park | 16 | 4 | 2 | 10 | 0 | 0 |
| Chattahoochee Hills | 2 | 0 | 0 | 1 | 1 | 0 |
| East Point | 26 | 14 | 2 | 7 | 1 | 2 |
| Fairburn | 5 | 3 | 2 | 0 | 0 | 0 |
| Fulton County | 34 | 9 | 3 | 12 | 6 | 4 |
| Hapeville | 5 | 4 | 0 | 1 | 0 | 0 |
| Johns Creek | 7 | 4 | 0 | 0 | 2 | 1 |
| Milton | 7 | 3 | 3 | 0 | 1 | 0 |
| Palmetto | 8 | 5 | 0 | 1 | 1 | 1 |
| Roswell | 37 | 24 | 6 | 1 | 5 | 1 |
| Sandy Springs | 62 | 22 | 10 | 7 | 20 | 3 |
| Union City | 11 | 5 | 4 | 2 | 0 | 0 |
| Total Above | 596 | 257 | 65 | 142 | 97 | 35 |
| Other or Unspecified * | 32 | 9 | 15 | 4 | 4 | 0 |
| All Cases = | 628 | 266 | 80 | 146 | 101 | 35 |

* Includes other police jurisdictions such as MARTA, College Campus Police, other states, and nearby counties. Data do not include stillborns (2)

SECTION III. Homicides

| Cause | Number |
|------------------------|--------|
| Gun-Not Specified | 69 |
| Gun-Handgun | 23 |
| Blunt Force | 14 |
| Gun-Pistol | 13 |
| Sharp Instrument-Knife | 10 |
| Sharp Instrument | 4 |
| Gun-Shotgun | 2 |
| Gun-Rifle | 2 |
| Gun-Revolver | 2 |
| Asphyxia | 2 |
| Homicidal Violence NOS | 1 |
| Gun-Assault | 1 |
| Exposure | 1 |
| Asphyxia-Compression | 1 |

Homicides: Age, Race, Sex

| | <=10 | 11-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70 | 71+ | ? | Total |
|--------------|------|-------|-------|-------|-------|-------|-------|-----|---|-------|
| WM | | 1 | 4 | 2 | 1 | 3 | | | | 11 |
| WF | | | 1 | | | | | 1 | | 2 |
| BM | 2 | 12 | 35 | 26 | 13 | 8 | 3 | 1 | | 100 |
| BF | 3 | 3 | 3 | 7 | 1 | 1 | | | | 18 |
| HM | | 1 | 3 | 2 | | | | | | 6 |
| HF | | | | | | | | | | |
| AM | | | | 1 | | 1 | 1 | | | 3 |
| AF | | | | | | | | | | |
| Other | | | | | | | | | | 6 |
| Total | 5 | 17 | 46 | 38 | 15 | 13 | 4 | 2 | 6 | 146 |

Conclusions and Comments:

- Guns are involved in 77% of homicides
- 68% of homicide victims were black males, 75% of which were 40 years of age or younger, and 35% of which were in their 20s
- 9% of homicide victims were white
- 82% of homicide victims were male
- Although the type of gun was not specified in 69 cases, most of those involved handguns

SECTION IV. Suicides

| Cause | Number |
|------------------------------|--------|
| Gun-Handgun | 18 |
| Asphyxia-Hanging | 15 |
| Gun-Revolver | 14 |
| Gun-Pistol | 12 |
| Drug Death-Poisoning | 12 |
| Jump from Height | 7 |
| Asphyxia-Suffocation | 6 |
| Gun-Not Specified | 4 |
| Poisoning-CO with no fire | 3 |
| Gun-Shotgun | 3 |
| Gun-Rifle | 3 |
| Drug Death-Poisoning+Disease | 2 |
| Sharp Instrument-Knife | 1 |
| MARTA-Train | 1 |

Suicides: Age, Race, Sex

| | <=10 | 11-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70 | 71+ | ? | Total |
|--------------|------|-------|-------|-------|-------|-------|-------|-----|---|-------|
| WM | | 2 | 9 | 7 | 14 | 7 | 4 | 8 | | 51 |
| WF | | | 2 | 2 | 2 | 3 | 1 | 2 | | 12 |
| BM | | 3 | 8 | 6 | 3 | | 3 | 1 | | 24 |
| BF | | 1 | | 2 | 2 | 1 | | | | 6 |
| HM | | | 1 | | 1 | 1 | | | | 3 |
| HF | | | | | | | | | | |
| AM | | | 1 | | 1 | | | | | 2 |
| AF | | | | | 2 | 1 | | | | 3 |
| Other | | | | | | | | | | |
| Total | | 6 | 21 | 17 | 25 | 13 | 8 | 11 | | 101 |

Conclusions and Comments:

- 53% of suicides involved guns (the most common method)
- Suicide using drugs or poisons was the next most common method (17%)
- Suicide by hanging was the next most common method (15%)
- 6% of suicides were in persons 20 years of age or younger
- 63% of suicides involved white decedents and 30% involved black decedents
- 79% of suicide victims were male

SECTION V. Non-Vehicular Accidents

| Cause | Number |
|------------------------------|--------|
| Fall-Standing Height | 70 |
| Drug Death-Poisoning | 63 |
| Drug Death-Poisoning+Disease | 44 |
| Fall-From Height | 12 |
| Hypothermia-Exogenous | 9 |
| Asphyxia-Café Coronary | 9 |
| Fire death | 9 |
| Fall- Down Steps | 8 |
| Drowning-Tub | 4 |
| Drug Death-Poisoning+Injury | 4 |
| Asphyxia-Wedging | 3 |
| Cardiac-ASCVD-IHD | 3 |
| Blunt Force | 3 |
| Drowning-Pool/Spa | 2 |
| Burn-Thermal-Not Fire | 2 |
| Train-Commercial | 2 |
| Asphyxia-Positional | 1 |
| Asphyxia-Foreign body | 1 |

| Cause | Number |
|--------------------------------|--------|
| Asphyxia-Compression | 1 |
| Crushed-Pinned | 1 |
| Diabetes-IDDM | 1 |
| Drowning-Lake | 1 |
| Drowning-Other | 1 |
| Asphyxia-Blunt | 1 |
| Immersion | 1 |
| Drug induced agitation | 1 |
| Drug-Death-Chronic Abuse | 1 |
| Electrical | 1 |
| Explosion | 1 |
| Poisoning-CO with no fire | 1 |
| Fire death from lightning | 1 |
| Ingestion of caustic substance | 1 |
| Gun-Revolver | 1 |
| Hyperthermia-Exogenous | 1 |
| Drowning-River | 1 |

Accidents: Age, Race, Sex

| | <=10 | 11-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70 | 71+ | ? | Total |
|--------------|------|-------|-------|-------|-------|-------|-------|-----|---|-------|
| WM | | 1 | 9 | 15 | 11 | 24 | 10 | 20 | | 90 |
| WF | | | | 3 | 9 | 11 | 3 | 34 | | 60 |
| BM | 4 | | 3 | 5 | 16 | 26 | 14 | 8 | | 76 |
| BF | 1 | | 1 | 6 | 11 | 4 | 1 | 10 | | 34 |
| HM | | | 2 | 2 | | | | | | 4 |
| HF | | | | | | | | | | |
| AM | | | | | | | | | | |
| AF | | | | | | | 1 | | | 1 |
| Other | | | | | | | | 1 | | 1 |
| Total | 5 | 1 | 15 | 31 | 47 | 65 | 29 | 73 | | 266 |

Conclusions and Comments:

- The most common cause of accidental deaths was drugs and poisons which accounted for 42% of accidental deaths
- Falls, usually among elderly persons, was the second most common cause of accidental death
- 27% of accidental deaths were among persons 70 years of age or older
- In general, the number of accidental deaths rose with age

SECTION VI. Motor Vehicle Accidents

| Type | Number |
|-------------------------|--------|
| MVA-Driver | 33 |
| MVA-Pedestrian | 26 |
| MVA-Occupant | 12 |
| MVA-Motorcyclist Driver | 6 |
| MVA-Rider | 1 |
| MVA-Off Road | 1 |
| MVA-Delayed | 1 |
| MVA-Bicyclist | 1 |

Motor Vehicle Accidents: Age, Race, Sex

| | <=10 | 11-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70 | 71+ | ? | Total |
|--------------|------|-------|-------|-------|-------|-------|-------|-----|---|-------|
| WM | | 2 | 5 | | 2 | 5 | 1 | 3 | | 18 |
| WF | | | 2 | | 1 | 1 | | 5 | | 9 |
| BM | 2 | 1 | 9 | 6 | 3 | 4 | 5 | 1 | | 31 |
| BF | 1 | 2 | 3 | 3 | 2 | | 2 | | | 13 |
| HM | | 2 | 2 | 2 | | 1 | | | | 7 |
| HF | | | | | 1 | | | | | 1 |
| AM | | | | | | | | | | |
| AF | | | | | | | | | | |
| Other | | | | | | | | | 1 | 1 |
| Total | 3 | 7 | 21 | 11 | 9 | 11 | 8 | 9 | 1 | 80 |

Conclusions and Comments:

- Drivers were the most common type of traffic fatality, followed by pedestrians
- 54% of drivers were intoxicated with alcohol
- 35% of pedestrians were intoxicated with alcohol
- 80 is the smallest number of traffic fatalities in Fulton County in at last 25 years.

SECTION VII. Undetermined Manner of Death

| Cause | Number |
|------------------------------|--------|
| SIDSOID-Stressor | 14 |
| Undetermined | 5 |
| Blunt Force | 3 |
| SIDSOID-Not SIDS | 2 |
| SIDSOID-Classic | 2 |
| Drug Death-Poisoning | 2 |
| SIDSOID-Both | 1 |
| Renal Disease | 1 |
| Nervous System-Hemorrhage | 1 |
| Gun-Not Specified | 1 |
| Fall-From Height | 1 |
| Drug Death-Poisoning+Disease | 1 |
| Cardiac-ASCVD-IHD | 1 |

Undetermined Manner of Death: Age, Race, Sex

| | <=10 | 11-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70 | 71+ | ? | Total |
|--------------|------|-------|-------|-------|-------|-------|-------|-----|---|-------|
| WM | | | 1 | 1 | 1 | | 2 | | 1 | 6 |
| WF | | | | | | 1 | | 1 | | 2 |
| BM | 11 | | 1 | | | 2 | 1 | | | 15 |
| BF | 7 | | | 2 | 1 | 1 | | | | 11 |
| HM | | | | | | | | | | |
| HF | 1 | | | | | | | | | 1 |
| AM | | | | | | | | | | |
| AF | | | | | | | | | | |
| Other | | | | | | | | | | |
| Total | 19 | | 2 | 3 | 2 | 4 | 3 | 1 | 1 | 35 |

Conclusions and Comments:

- 54% of deaths with undetermined manner are sudden unexplained deaths among infants
- 14% of deaths with undetermined manner are classified that way because a cause of death could not be determined, in cases with decomposed or skeletal remains
- The other 32% are cases in which differentiation between two or more possible manners of death could not be made (such as suicide versus accident)
- SIDSOID deaths are sudden, unexplained infant deaths. “Stressor” means that there was possibly some contributing external factor such as bed sharing. “Classic” means that there were no possible contributory causes identified. “Not SIDS” means that a cause was not clearly identified but the circumstances were inconsistent with “sudden infant death syndrome.” “Both” means that there was a stressor and some evidence of a disease condition, but one that would not normally be fatal.
- All 19 deaths in the under age 10 category were infants.

SECTION VIII. Deaths due to Natural Causes (n=786)

| Cause | Number |
|-------------------------------|--------|
| Cardiac-Hypertension | 236 |
| Cardiac-ASCVD-IHD | 174 |
| Drug-Death-Chronic Abuse | 44 |
| Neoplasm | 39 |
| Thromboemboli | 27 |
| Pulmonary-COPD | 22 |
| Cardiac NOS | 22 |
| Infection-Lung | 14 |
| Renal Disease | 14 |
| Diabetes | 13 |
| Diabetes-Ketoacidosis | 13 |
| GI Tract Disease | 13 |
| Nonspecific Natural | 13 |
| Cardiac-Cardiomyopathy | 12 |
| Infection-HIV-AIDS | 12 |
| Heritable-Genetic-Congenital | 10 |
| Aneurysm Rupture | 10 |
| Diabetes-IDDM | 9 |
| Nervous System-Hemorrhage-HBP | 8 |
| Nervous System-Hemorrhage | 7 |
| Seizure Disorder-Idiopathic | 6 |
| Cardiac-Valvular | 6 |
| Treatment Complication | 6 |
| Dementia-Alzheimers | 5 |
| Seizure Disorder | 4 |
| Infection | 4 |
| Pregnancy-Complication | 3 |
| Pulmonary | 3 |
| Pancreatitis | 3 |
| Aorta Dissection | 3 |
| Psychiatric Disorder | 3 |
| Sarcoidosis | 2 |
| Cardiac-Myocarditis | 2 |
| Diabetes-NIDDM | 2 |
| Cardiac-Anomaly | 2 |
| Infection-Nervous System | 2 |
| Nervous System- Stroke | 2 |
| All Others | 15 |

Conclusions and Comments:

- 58% of natural deaths were due to heart disease and/or hypertension
- These 786 deaths represent about 10% of all natural deaths occurring in the county and typically include deaths which occur outside of health care facilities, deaths due to previously undiagnosed conditions, and deaths in which there is no physician to certify the death.

Section IX. Special Topics

Deaths of Children Age 1 through 18 years

| | <= 10 years old | Cause | 11-18 years old | Cause |
|--------------------|---------------------------|---|------------------------|--|
| Homicide | 4 | Blunt force (4) | 9 | Gun (7) Blunt force (1) Choke hold (1) |
| Suicide | 0 | | 2 | Gun (1) Hanging (1) |
| Accident | 2 | Asphyxia (1) Bicyclist (1) | 1 | Bicyclist (1) |
| MV Accident | 3 | Occupant (2) Pedestrian (1) | 3 | Occupant (3) |
| Natural | 5 | Heritable/ Congenital/ Genetic (4) Treatment Complication (1) | 4 | Cardiac (2) Heritable/ Congenital/ Genetic (1) Seizure (1) |
| Total | 14 | | 19 | 33 |

Deaths Among the Homeless

There were 46 deaths among persons reported to be homeless. 19 deaths were due to natural causes, 16 deaths were accidental, 2 were traffic fatalities, 2 were homicides, 3 were suicides, and the manner of death was undetermined in 4 cases. 4 accidental deaths involved cold exposure and one involved heat exposure. The other accidental deaths involved drugs or alcohol (7), fire (1), falling (1), asphyxia due to compression (1), and drowning (1).

Drug-Caused Deaths

In 2010, there were 266 accidental deaths and 111 (42%) of these were due to alcohol and/or drugs. The number of cases in which various drugs were involved are shown in the Table below. The numbers do not add to 111 because often times, more than one drug is involved in causing the death of a given person.

| Drug | Number of Cases |
|--|-----------------|
| Cocaine | 59 |
| Ethanol | 20 |
| Oxycodone | 18 |
| Opiate, not otherwise specified. Some could be heroin | 17 |
| Morphine (some of these could be heroin) | 14 |
| Heroin | 4 |
| Methamphetamine | 10 |
| Methadone | 9 |
| Alprazolam | 8 |
| Diazepam | 6 |
| Benzodiazepine, not otherwise specified | 5 |
| Amitriptylene/Nortriptylene | 6 |
| Fentanyl | 5 |
| Hydrocodone | 5 |
| Diphenhydramine | 5 |
| Citalopram/Escitalopram | 4 |
| Acetaminophen | 2 |
| GHB | 2 |
| Paroxetine | 2 |
| Quetiapine | 2 |
| Sertraline, Venlafaxine, Zolpidem, Propoxyphene, Ephedrine, Amphetamine, Cyclobenzaprine, Imipramine, Fluoxetine | 1 each |

Conclusions and Comments:

- Although methamphetamine has historically been more common in rural areas, it is now appearing in Fulton County
- Heroin deaths appear to be rising especially among the young adult white population
- Cocaine remains the most common substance implicated in deaths caused by drugs
- Drug deaths result not only from use of illicit substances, but prescription and over-the-counter drugs as well

Procedural Summary

A brief summary of basic operational data for 2008 is as follows:

Comparison with the Past

| Year | Homicides | Suicides | Traffic Fatalities | Other Accidents |
|------|-----------|----------|--------------------|-----------------|
| 1988 | 243 | 76 | 147 | 182 |
| 1989 | 275 | 98 | 149 | 193 |
| 1990 | 252 | 85 | 130 | 159 |
| 1991 | 237 | 87 | 104 | 161 |
| 1992 | 219 | 105 | 109 | 156 |
| 1993 | 244 | 86 | 128 | 171 |
| 1994 | 233 | 86 | 151 | 170 |
| 1995 | 211 | 78 | 124 | 171 |
| 1996 | 235 | 99 | 139 | 190 |
| 1997 | 185 | 81 | 122 | 170 |
| 1998 | 188 | 73 | 157 | 222 |
| 1999 | 183 | 100 | 127 | 207 |
| 2000 | 172 | 76 | 143 | 192 |
| 2001 | 171 | 87 | 125 | 265 |
| 2002 | 203 | 83 | 125 | 221 |
| 2003 | 181 | 79 | 113 | 276 |
| 2004 | 159 | 90 | 137 | 240 |
| 2005 | 145 | 78 | 130 | 262 |
| 2006 | 149 | 77 | 132 | 245 |
| 2007 | 182 | 86 | 121 | 275 |
| 2008 | 156 | 84 | 119 | 255 |
| 2009 | 129 | 86 | 111 | 233 |
| 2010 | 146 | 101 | 80 | 266 |

| Year | Total Cases | Certified | Autopsies | External Exams* | Scenes** | Total Bodies Examined*** |
|------|-------------|-----------|-----------|-----------------|----------|--------------------------|
| 1997 | 2109 | 1380 | 812 | 160 | 776 | 1180 |
| 1998 | 2234 | 1497 | 966 | 248 | 888 | 1424 |
| 1999 | 2199 | 1407 | 885 | 304 | 842 | 1357 |
| 2000 | 2098 | 1349 | 784 | 331 | 832 | 1331 |
| 2001 | 2014 | 1361 | 831 | 355 | 885 | 1406 |
| 2002 | 2063 | 1326 | 843 | 302 | 930 | 1322 |
| 2003 | 2298 | 1312 | 860 | 412 | 960 | 1554 |
| 2004 | 2254 | 1324 | 874 | 310 | 883 | 1312 |
| 2005 | 2171 | 1322 | 887 | 369 | 896 | 1427 |
| 2006 | 2212 | 1401 | 921 | 436 | 890 | 1495 |
| 2007 | 2238 | 1403 | 1002 | 365 | 921 | 1482 |
| 2008 | 2271 | 1386 | 940 | 303 | 894 | 1420 |
| 2009 | 2371 | 1418 | 893 | 456 | 856 | 1441 |
| 2010 | 2477 | 1416 | 910 | 367 | 848 | 1414 |

* Indicates external exams plus views

** Indicates on-site scene investigation

*** Indicates cases in which body was examined by an investigator and/or medical examiner

General trends

- The number of cases reported to the medical examiner is increasing (106 more than last year)
- The homicide rate is highest among the black population
- The suicide rate is highest among the white population
- The number of homicides increased compared with last year (146 versus 129)
- Most homicides are committed with guns
- Most suicides are committed with guns
- Most accidental deaths are due to drug overdoses or falls (mainly in the elderly)
- The number of motor vehicle fatalities (80) is the lowest it has been in more than 20 years
- The majority of cases of undetermined manner of death involve sudden unexplained infant deaths
- More than half of natural deaths are due to hypertension and/or coronary artery disease
- 59% of deaths among the homeless involved non-natural causes
- The most common drug that causes death is cocaine. Heroin and methamphetamine deaths may be increasing.
- Prescription drugs are implicated in drug-caused deaths in addition to illicit drugs

Comments

The services provided by the Fulton County Medical Examiner go far beyond the routine duties of conducting death investigations. Some of these other services include:

- Testifying in Court Cases
- Participating on Child Fatality Review Teams
- Giving Lectures and Training Sessions
- Providing a Forensic Pathology Fellowship Training Program
- Providing Death Investigation Internships and Clerkships
- Instructing Pathology Residents in Forensic Pathology
- Serving on State and National Committees and Advisory Boards
- Reporting Notifiable Conditions to the Health Department
- Reporting Applicable Deaths to Federal Agencies such as the Consumer Product Safety Commission and FDA
- Reporting drug-caused deaths to the DEA High Intensity Drug Trafficking Area (HIDTA) program
- Reporting applicable deaths to the Georgia Violent Death Reporting System (GVDRS)
- Reporting childhood deaths to the Child Fatality Review Team and District Attorney
- Reporting traffic fatalities to the Fulton County Solicitor
- Reporting homicide victims to the Fulton County District Attorney
- Preparing Scientific Articles and Research Papers
- Participating in National Organizations and their Activities
- Preparing Press Releases
- Maintaining an Office Website
- Developing In-house Databases
- Reporting Unidentified Decedents to NCIC and the NamUs Unidentified Decedent Reporting System
- Reporting Relevant Case Information to National Registries such as the National Association of Medical Examiner's Pediatric Toxicology Registry
- Providing Forensic Pathology and Death Investigation Experience to Medical Students at Morehouse School of Medicine, Emory University School of Medicine, and other Medical Institutions
- Participating in Studies and Programs Conducted by the Centers for Disease Control and Prevention