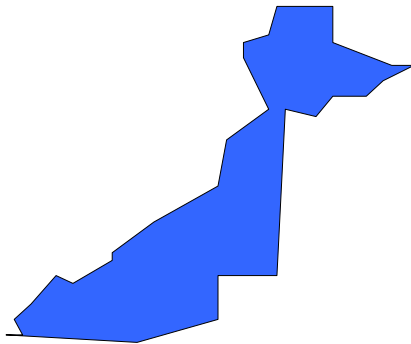


# ***2013 Annual Report***



## **Fulton County Medical Examiner**



**Prepared by:**

**Michele T. Stauffenberg, MD  
Deputy Chief Medical Examiner**

**May 2014**

## 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, Chief Administrative and Investigative Officer  
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

Randy Hanzlick, MD, Chief Medical Examiner  
Michele T. Stauffenberg, MD, Deputy Chief Medical Examiner  
Michael M. Heninger, MD, Associate Medical Examiner  
Karen E. Sullivan, MD, Associate Medical Examiner  
Melissa A. Pasquale, MD, Associate Medical Examiner  
Kim A. Collins, MD, Medical Examiner  
Emily Gorman, MD, Forensic Pathology Fellow (first 6 months of 2013)

### Investigative Staff

Mark Guilbeau, PhD, Senior ME Investigator/Forensic Anthropologist  
Tami Sedivy-Schroder, Senior ME Investigator  
Mike Alsip, ME Investigator  
Mary Beth Hauptle, DDS, ME Investigator, Forensic Odontologist  
Betty Honey, ME Investigator  
Mark Ruffin, ME Investigator  
Jon Hager, ME Investigator  
Laura Salm, ME Investigator  
Dumonder "Reda" Dawson, ME Investigator  
Clinton Harbin, ME Investigator  
James Bartlett, ME Investigator

### Forensic Technical Support

Charles Love, Forensic Technician Supervisor  
Angie McCray, Forensic Technician Assistant Supervisor  
Carlos Evans, Forensic Technician Assistant Supervisor  
Kathy Robinson, Forensic Technician  
Chefrene Gory, Forensic Technician/Medicolegal Photographer  
Filomena Fernandes, Forensic Technician  
Glenda Washington, Forensic Histologist  
Mary Burgess, Medicolegal Photographer  
Steve Moore, Forensic Technician/Medicolegal Photographer  
Monica Melchor, Morgue Attendant  
Candice Dalton, 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 2014 and this Annual report is for calendar year 2013. 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.

Michele T. Stauffenberg, MD  
Deputy Chief Medical Examiner  
May 7, 2014

## TABLE OF CONTENTS

Preface .....	2
Section I. Introduction .....	5
Section II. All Reported Cases .....	8
Section III. Manner of Death: Homicide .....	10
Section IV. Manner of Death: Suicide.....	11
Section V. Manner of Death: Accident .....	12
Section VI. Manner of Death: Motor Vehicle Accident.....	14
Section VII. Manner of Death: Undetermined .....	15
Section VIII. Manner of Death: Natural .....	16
Section IX. Special Topics.....	18
Deaths among Children.....	18
Deaths among the Homeless.....	18
Deaths caused by Drugs and Poisons.....	19
Procedural Summary.....	20
Comparisons with the Past.....	21
General Trends and Comments.....	22

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 2013, 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 to have 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 1,033,756. Countywide, the population is about 48.1% white, 44.6% black, 3% Asian, and 5.9% Hispanic/Latino.

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 \$4.1 million for year 2014. The FCME staff consists of 36 employees including 5 full-time physician medical examiners, 11 investigators, 6 administrative support staff, 3 administrators, 10 forensic technicians and morgue support staff, and 1 facility support staff. We also have one forensic pathology physician in training 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/fcme-home](http://www.fultoncountyga.gov/fcme-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](http://www.TheNAME.org)

### **Data Source and Analyses**

The data herein are derived from the HOMER (Holds Our Medical Examiner Records) Access database. In 2013, there were 2429 deaths reported to the office. Eight of these records were non-human remains. Thus, after excluding these 8 records from data analysis, there were a total of 2421 unique human death cases for this report. The numbers in the tables below may not always add up to this figure due to absent demographic information, preventing the database from capturing an occasional case.

### **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=2,429)

Jurisdiction	Manner of Death	Frequency	Percent
AJ	ACCIDENT (Not Traffic Fatalities)	268	18.4
	ACCIDENT (Traffic Fatalities)	102	7.0
	HOMICIDE	141	9.7
	NATURAL	801	55.1
	SUICIDE	119	8.2
	UNDETERMINED	23	1.6
	STILLBORN	0	0
<b>Total =</b>		<b>1454</b>	<b>100</b>
DJ		<b>975</b>	<b>40.1</b>
AJ		<b>1454</b>	<b>59.9</b>
TOTAL		<b>2429</b>	<b>100</b>

**Table 2.** Manner of death by Procedure, cross-tabulated for Accepted (Certified) Cases only (n=1,454)

MANNER	PROCEDURE				Total
	Autopsy	External PM Exam	Signout	View	
ACCIDENT*	194	33	40	1	268
ACCIDENT (T)**	89	7	6	0	102
HOMICIDE	141	0	0	0	141
NATURAL***	387	247	87	80	801
SUICIDE	118	1	0	0	119
UNDETERMINED	23	0	0	0	23
STILLBORN	0	0	0	0	0
<b>Total =</b>	<b>952</b>	<b>288</b>	<b>133</b>	<b>81</b>	<b>1454</b>

\* Non Traffic-related accidents

\*\* Traffic-related accidents, includes 1 Limited Examination

\*\*\* Includes 3 Limited Examinations



Table 3. Police Jurisdiction for Non-Natural Manners of death (n=653)

Police Jurisdiction	TOTAL Non-Natural	ACCIDENT	ACCIDENT (Traffic)	HOMICIDE	SUICIDE	UNDETERMINED
Alpharetta	22	10		3	6	3
Atlanta	336	142	46	84	51	13
College Park	21	10	5	4		2
Chattahoochee Hills						
East Point	29	10	1	9	5	4
Fairburn	6	4	2			
Fulton County	53	12	18	18	5	
Hapeville	9	2	1	4	2	
Johns Creek	20	6		4	10	
Milton	9	2	1	1	5	
Palmetto	3	1	1		1	
Roswell	37	17	3	2	14	1
Sandy Springs	57	29	7	6	15	
Union City	18	4	4	5	5	
Total Above	620	249	89	140	119	23
Other or Unspecified *	33	19	13	1		
All Cases =	653	268	102	141	119	23

\* Includes other police jurisdictions such as MARTA, College Campus Police, other states, and nearby counties.

### SECTION III. Homicides (n= 141)

Cause	Number	MANNER
Asphyxia	4	HOMICIDE
Asphyxia-Strangulation	5	HOMICIDE
Blunt Force	6	HOMICIDE
Cardiac-ASCVD-IHD	1	HOMICIDE
Gun-Assault	1	HOMICIDE
Gun-Handgun	18	HOMICIDE
Gun-Not Specified	76	HOMICIDE
Gun-Pistol	10	HOMICIDE
Gun-Revolver	4	HOMICIDE
Gun-Rifle	2	HOMICIDE
Gun-Shotgun	1	HOMICIDE
Malnourishment-Neglect	2	HOMICIDE
MVA-Pedestrian	1	HOMICIDE
Sharp Instrument	6	HOMICIDE
Sharp Instrument-Knife	3	HOMICIDE
Undetermined	1	HOMICIDE

### Homicides: Age, Race, Sex

	<=10	11-20	21-30	31-40	41-50	51-60	61-70	71+	?	Total
<b>WM</b>			2	1	3	5		2		13
<b>WF</b>					1	1	1	2		5
<b>BM</b>	2	14	38	27	11	6	3	1		102
<b>BF</b>	1	1	2	4	3	2		1		14
<b>HM</b>	1	1		1						3
<b>HF</b>										
<b>AM</b>	1	1				1				3
<b>AF</b>					1					1
<b>Other</b>										
<b>Total</b>	5	17	42	33	19	15	4	6		141

(1) Age, race, or sex was unknown in 4 cases

### Conclusions and Comments:

- Guns are involved in 79% of homicides
- 82% of homicide victims were black/African American
- 73% of homicide victims were black males, 79% of which were 40 years of age or younger, and 37% of which were in their 20s
- 13% of homicide victims were white
- 86% of homicide victims were male
- Although the type of gun was not specified in 76 cases, most of those involved handguns

## SECTION IV. Suicides (n= 119)

Cause	Number	MANNER
Asphyxia-Hanging	29	SUICIDE
Asphyxia-Suffocation	7	SUICIDE
Drowning-River	1	SUICIDE
Drug Death-Poisoning	14	SUICIDE
Drug Death-Poisoning+Disease	5	SUICIDE
Fall-From Height	1	SUICIDE
Gun-Handgun	18	SUICIDE
Gun-Not Specified	1	SUICIDE
Gun-Pistol	12	SUICIDE
Gun-Revolver	10	SUICIDE
Gun-Rifle	2	SUICIDE
Gun-Shotgun	5	SUICIDE
Jump from Height	3	SUICIDE
Jump from vehicle	1	SUICIDE
MVA-Pedestrian	2	SUICIDE
Poisoning-CO with no fire	2	SUICIDE
Poisoning-Not Drug or CO	2	SUICIDE
Sharp Instrument	2	SUICIDE
Sharp Instrument-Knife	2	SUICIDE

### Suicides: Age, Race, Sex

	<=10	11-20	21-30	31-40	41-50	51-60	61-70	71+	?	Total
<b>WM</b>		6	7	13	8	13	4	9		60
<b>WF</b>		1	1	5	5	5	5			22
<b>BM</b>		2	8	4	2	2				18
<b>BF</b>		3	3		1	3				10
<b>HM</b>			3	2						5
<b>HF</b>										
<b>AM</b>			1			1				2
<b>AF</b>				1		1				2
<b>Other</b>										
<b>Total</b>		12	23	25	16	25	9	9		119

### Conclusions and Comments:

- 40% of suicides involved guns (the most common method)
- Suicide by hanging or other asphyxia was the next most common method (31%)
- Suicide by drug or poison was the next most common method (16%)
- 10% of suicides were in persons 20 years of age or younger
- 69% of suicides involved white decedents and 23% involved black decedents
- 71% of suicide victims were male

## SECTION V. Non-Vehicular Accidents (n=268)

Cause	Numbers	MANNER
Aircraft	2	ACCIDENT
Anaphylaxis-Insect	1	ACCIDENT
Anaphylaxis-Latex	1	ACCIDENT
Animal Bite	1	ACCIDENT
Asphyxia-Café Coronary	7	ACCIDENT
Asphyxia-Compression	2	ACCIDENT
Asphyxia-Overlaying	2	ACCIDENT
Asphyxia-Positional	2	ACCIDENT
Asphyxia-Suffocation	2	ACCIDENT
Bicyclist-Operator	1	ACCIDENT
Blunt Force	6	ACCIDENT
Blunt Force-Sports	1	ACCIDENT
Burn-ClothingFire	2	ACCIDENT
Burn-Thermal-Not Fire	1	ACCIDENT
Drowning-Other	1	ACCIDENT
Drowning-River	2	ACCIDENT
Drowning-Tub	1	ACCIDENT
Drug Death-Poisoning	73	ACCIDENT
Drug Death-Poisoning+Disease	61	ACCIDENT
Fall- Down Steps	4	ACCIDENT
Fall-From Height	14	ACCIDENT
Fall-Standing Height	58	ACCIDENT
Fire death	8	ACCIDENT
Hypothermia-Exogenous	3	ACCIDENT
MVA-Bicyclist	1	ACCIDENT
MVA-Driver	1	ACCIDENT
MVA-OffRoad	1	ACCIDENT
Nervous System- Stroke	1	ACCIDENT
Poisoning-CO with no fire	2	ACCIDENT
Poisoning-Not Drug or CO	1	ACCIDENT
Sharp Instrument	3	ACCIDENT
Train-Commercial	1	ACCIDENT
Treatment Complication	1	ACCIDENT

## Non-Vehicular Accidents: Age, Race, Sex

	<=10	11-20	21-30	31-40	41-50	51-60	61-70	71+	?	Total
<b>WM</b>		3	19	14	12	19	6	16		89
<b>WF</b>		1	7	5	7	9	5	24		58
<b>BM</b>	2	5	4	9	11	19	16	9		75
<b>BF</b>	5		3		7	8	4	5		32
<b>HM</b>			1		3	2	1	2		9
<b>HF</b>								1		1
<b>AM</b>					2					2
<b>AF</b>								2		2
<b>Other</b>										
<b>Total</b>	7	9	34	28	42	57	32	59		268

### Conclusions and Comments:

- The most common cause of accidental deaths was drugs and poisons which accounted for 50% of accidental deaths
- Falls, usually among elderly persons, was the second most common cause of accidental death (28%)
- 22% of accidental deaths were among persons 71 years of age or older
- In general, the number of accidental deaths rose with age
- Heroin is being seen as the cause of death in increasing numbers of people in their twenties

## SECTION VI. Motor Vehicle Accidents (n= 102)

CodeList		
CaseCode Field	NumberOfDups	MANNER
MVA-Bicyclist	1	ACCIDENT (T)
MVA-Driver	41	ACCIDENT (T)
MVA-MotorcyclistDriver	10	ACCIDENT (T)
MVA-MotorcyclistRider	2	ACCIDENT (T)
MVA-Occupant	15	ACCIDENT (T)
MVA-Pedestrian	33	ACCIDENT (T)

### Motor Vehicle Accidents: Age, Race, Sex

	<=10	11-20	21-30	31-40	41-50	51-60	61-70	71+	?	Total
<b>WM</b>		1	5	3	3	6	1			19
<b>WF</b>			3					1		4
<b>BM</b>	2	7	8	11	7	9	5	1		50
<b>BF</b>	2	4	4		3	6	2			21
<b>HM</b>		1			3	1	1			6
<b>HF</b>										
<b>AM</b>							1			1
<b>AF</b>							1			1
<b>Other</b>										
<b>Total</b>	4	13	20	14	16	22	11	2		102

### Conclusions and Comments:

- Drivers were the most common type of traffic fatality, followed by pedestrians
- 20% of drivers were intoxicated with alcohol
- 50% of pedestrians were intoxicated with alcohol
- In 2011, there were 76 traffic fatalities which is the smallest number of traffic fatalities in Fulton County in at least 25 years. In 2012, the number increased to 89, and in 2013, it rose again to 102. The largest number in the past 25 years was 157 (in 1998). The population has increased during that time so the rate of traffic fatalities has decreased significantly.

## SECTION VII. Undetermined Manner of Death (n = 23)

Cause	Number	MANNER
Blunt Force	1	UNDETERMINED
Drug Death-Poisoning	1	UNDETERMINED
Drug Death-Poisoning+Disease	1	UNDETERMINED
Drug Death-Poisoning+Injury	1	UNDETERMINED
Gun-Revolver	1	UNDETERMINED
SIDSOID-Both	1	UNDETERMINED
SIDSOID-Stressor	6	UNDETERMINED
Undetermined	11	UNDETERMINED

### Undetermined Manner of Death: Age, Race, Sex

	<=10	11-20	21-30	31-40	41-50	51-60	61-70	71+	?	Total
<b>WM</b>	2			1			1	1		5
<b>WF</b>	1			1						2
<b>BM</b>	5				2	1				8
<b>BF</b>	4			1		1				6
<b>HM</b>										
<b>HF</b>										
<b>AM</b>										
<b>AF</b>										
<b>Other</b>									2	2
<b>Total</b>	12			3	2	2	1	1	2	23

### Conclusions and Comments:

- 30% of deaths with undetermined manner are sudden unexplained deaths among infants
- 48% of deaths with undetermined manner are classified that way because a cause of death could not be determined, such as in cases with decomposed or skeletal remains
- The other 22% 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.
- Of the 12 deaths in the under age 10 category, 7 were infants.
- The number of SIDSOID deaths has decreased this year, and the number of asphyxia deaths in infants has increased, likely due to the classification of some of these infant deaths as accidental when there is suspicion of overlay.

## SECTION VIII. Deaths due to Natural Causes (n=801)

Cause	Number	MANNER
Aneurysm Rupture	12	NATURAL
Aorta Dissection	13	NATURAL
Cardiac	31	NATURAL
Cardiac-Anomaly	6	NATURAL
Cardiac-ASCVD-IHD	151	NATURAL
Cardiac-Cardiomyopathy	7	NATURAL
Cardiac-Endocarditis	1	NATURAL
Cardiac-Hypertension	252	NATURAL
Cardiac-Infarct NOS	1	NATURAL
Cardiac-Myocarditis	4	NATURAL
Dementia-Alzheimers	3	NATURAL
Dementia-NOS	1	NATURAL
Diabetes	19	NATURAL
Diabetes-IDDM	4	NATURAL
Diabetes-Ketoacidosis	22	NATURAL
Drug-Death-Chronic Abuse	43	NATURAL
Fall-Standing Height	1	NATURAL
GI Tract Disease	9	NATURAL
Hematologic Disorder	3	NATURAL
Hepatobiliary Disease	4	NATURAL
Heritable-Genetic-Congenital	8	NATURAL
Infection	4	NATURAL
Infection-Genitourinary	2	NATURAL
Infection-HIV-AIDS	7	NATURAL
Infection-Lung	18	NATURAL
Infection-Nervous System	1	NATURAL
Malnourishment	2	NATURAL
Neoplasm	32	NATURAL
Nervous System	9	NATURAL
Nervous System- Stroke	6	NATURAL
Nervous System-Hemorrhage	4	NATURAL
Nervous System-Hemorrhage-HBP	15	NATURAL
Nonspecific Natural	42	NATURAL
Pancreatitis	1	NATURAL
Pregnancy-Complication	4	NATURAL
Prematurity	2	NATURAL
Psychiatric Disorder	2	NATURAL
Pulmonary	2	NATURAL
Pulmonary-COPD	9	NATURAL



Cause	Number	MANNER
Renal Disease	3	NATURAL
Sarcoidosis	3	NATURAL
Seizure Disorder	1	NATURAL
Seizure Disorder-Idiopathic	6	NATURAL
Skeletal Disorder	1	NATURAL
Thromboemboli	23	NATURAL
Treatment Complication	6	NATURAL

**Conclusions and Comments:**

- 466 (58%) of natural deaths were due to heart disease and/or hypertension
- These 801 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. Contrary to what many people think, the most common type of death investigated by the medical examiner is sudden natural death, not homicide or suicide. In fact, natural deaths outnumber homicides, suicides, and accidental deaths combined.

## Section IX. Special Topics

### *Deaths of Children Age 1 through 18 years*

	<b>&lt;= 10 years old</b>	<b>Cause</b>	<b>11-18 years old</b>	<b>Cause</b>
<b>Homicide</b>	5	Gun (1) Malnourishment (2) Sharp (1) Asphyxia (1)	7	Gun (6) Sharp (1)
<b>Suicide</b>			7	Hanging (5) Gun (2)
<b>Accident</b>	2	Blunt force (1) Animal bite (1)	4	Drug (2) Blunt force (1) Carbon monoxide (1)
<b>MV Accident</b>	4	Passenger (2) Pedestrian (1) Bicyclist (1)	9	Driver (4) Passenger (3) Pedestrian (2)
<b>Natural</b>	8	Cardiac disease (3) Inherited or Congenital (3) Lung infection (1) Nervous system disease (1)	4	GI tract disease (3) Nervous system infection (1)
<b>Undetermined</b>	1	Undetermined but not consistent with "SIDS"		
<b>Total</b>	20		31	Total 51

### *Deaths Among the Homeless*

There were 44 deaths among persons reported to be homeless of which jurisdiction was accepted in 41. 24 deaths were due to natural causes, 13 deaths were accidental, 1 was a homicide, 1 was suicide, and the manner of death was undetermined in 2 cases. Two (2) accidental deaths involved cold exposure. The other accidental deaths involved drugs or alcohol (5), being struck by a motor vehicle (5), and falling (1). Age ranged from 23 to 74 years with an average of 52 years. 37 (90%) were males and 31 (76%) were black.

## Drug-Caused Deaths

In 2013, there were 268 accidental deaths and 134 (50%) of these were due to alcohol and/or drugs. The numbers of cases involving some of these drugs are shown in the Table below. The numbers do not add to 134 because often times, more than one drug is involved in causing the death of a given person. Ethanol is often present with other drugs.

Drug	Number of Cases
Cocaine	58
Ethanol	25
Oxycodone	13
Morphine (some of these could be heroin)	16
Heroin	31
Methamphetamine	10
Methadone	8
Alprazolam	17
Diazepam	7
Amphetamine/amphetamines	4
Fentanyl	6
Hydrocodone	10
Diphenhydramine	2
Acetaminophen	2
Sertraline	1
Quetiapine	6
Olanzapine	2

### Conclusions and Comments:

- Methamphetamine has historically been more common in rural areas, but it is also seen 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 2011 is as follows:

• Total case reports received	2429
• Non-human cases	8
• Duplicate reports	0
• Relics	0
• Total human deaths reported	2421
• Cased declined, natural death with certifier, or other county	975
• Cases accepted for full investigation and certification	1454
• Natural deaths	801
• Homicides	141
• Suicides	119
• Accidents (excluding traffic fatalities)	268
• Road-traffic related Accidental Deaths	102
• Undetermined manner of death	23
• Stillborn	0
• On-scene death investigations	1032
• Bodies transported to the office	1401
• Cases certified without bodily examination by MD	65
• External examination (Views + External Exams) by MD	437
• Complete autopsies by MD	948
• Partial (Limited) Autopsies by MD	4
• Bodies examined by investigator, not MD	117
• Total bodies examined by MD or investigator	1506
• Certified death but autopsy performed at hospital	5
• Cases submitted for toxicology	1210
• 2012 cases remaining unidentified	2
• County burials on year 2011 cases	27
• Exhumations	0

## Comparison with the Past 1988-2012

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
2011	126	98	76	239
2012	135	102	89	234

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
2011	2337	1299	868	338	780	1321
2012	2241	1315	832	391	825	1313

\* Indicates external exams plus views \*\* Indicates on-site scene investigation

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

For additional information, go to <http://www.fultoncountyga.gov/fcme-statistical-information> for office statistics. Go to <http://www.fultoncountyga.gov/fcme-special-reports-and-registries> for previous years' annual reports.

## General trends

- The homicide rate is highest among the black population
- The suicide rate is highest among the white population
- Most homicides are committed with guns, usually handguns
- Nearly half of suicides are committed with guns
- Most accidental deaths are due to drug overdoses or falls (mainly in the elderly)
- The majority of cases of undetermined manner of death involve children under the age of 10
- More than half of natural deaths are due to hypertension and/or coronary artery disease
- The most common drug that causes death is cocaine. Heroin and alcohol deaths are also seen frequently.
- Prescription drugs are implicated in many 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
- 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
- Working with procurement organizations to facilitate organ and tissue procurement:
  - 41 organ/tissue donors, 64 total organs
    - Eyes 11 donors
    - Organs 17 donors
    - Tissues 22 donors
  - 37 cornea only donors