

Inquests:  
Death Investigations & Reporting

Amy C. Gruszecki, MSFS, DO  
Chief Forensic Pathologist



American  
Forensics

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Inquests:  
Death Investigations & Reporting

- Be able to define and differentiate:
  - Pronouncement of death
  - Mechanism of death
  - Cause of death
  - Manner of death
- Required reporting of cases.
- TMORT - mass fatality

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Inquests:  
Death Investigations & Reporting

- Investigations of specific types of cases
  - Death in custody
  - Delayed deaths
  - Child deaths
  - Other case studies.

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## Reporting Requirements



### Inquests Deskbook

Revised November 2023. This deskbook covers procedure and resources for conducting inquests, including ordering autopsies and formal inquest hearings.

<https://www.tjctc.org/tjctc-resources/deskbooks.html>

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## Inquests: Death Investigations & Reporting

- 2<sup>nd</sup> half
- Case studies
- Questions/cases from you
  - Fill out papers with questions.

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## History of Death Investigation

- Coroner - Latin word corona “Crown”
- Representative of the Monarchy
- 11<sup>th</sup> century England
- If someone died – investigated to determine if money should be paid to the monarchy.
  - Homicide and suicide forfeited all the estate to the Monarchy.

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## Pronouncement of Death

- Time pronounced may not be actual time of death.
- Time found.
- Don't guess backward.
- No scientific way to determine actual time of death if not observed.

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## Mechanism of Death

- Biochemical or physical process leading to death
  - Exsanguination – bleeding
  - Cardiac arrest – heart stops
  - Respiratory arrest – stops breathing

None of these can be listed on Death certificate!

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## Cause of Death

- Actual disease process or injury that causes death
  - Gunshot wound to the chest
  - Injury to the brain
  - Pneumonia
  - Cancer
  - Blunt force trauma

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## Manner of Death

- Investigation helpful and important.
  - Natural
  - Suicide
  - Accident
  - Homicide
  - Undetermined
- Always medical examiner/JP cases

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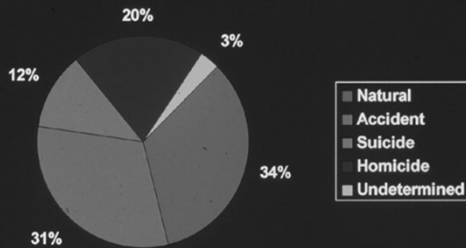
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## Distribution of Cases by Manner



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## Death Investigation

- Autopsy is an important tool
- If COD is not known
  - Decedent without chronic illness that threatens life
  - may need autopsy

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## JP or ME

- Do not need permission for autopsy
- If declined by JP, permission from Next of Kin needed.
  - if performed by the hospital, usually no charge to the family.
  - Also families can hire to get an autopsy by private provider.

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## Death Certification

- Vital statistics collected at state level.
- Federal involvement began in 1900
  - National Center for Health Statistics (NCHS).
- Nationally recommended standards voluntarily adopted by states.

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STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. LEGAL NAME OF DECEASED (Include AKA's if any) (Print Middle, Last)		2. GEDRICH MARRIAGE		3. DATE OF DEATH- ACTUAL OR PRESUMED (mm-dd-yyyy)	
4. SEX MALE	5. DATE OF BIRTH (mm-dd-yyyy)	6. AGE Last (Include Years) (Years)	7. RACE (Type)	8. SEX (M/F)	9. BIRTHPLACE (City & Country (Foreign) Country)
10. SOCIAL SECURITY NUMBER	11. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Divorced (and not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	12. SURVIVOR(S) SPOUSE'S NAME (if spouse, give name prior to first marriage)			
13. RESIDENCE STREET ADDRESS		14. CITY OR TOWN	15. STATE	16. ZIP CODE	17. HUSBAND OR WIFE? (Yes/No)
18. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE		19. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE			
20. PLACE OF BIRTH (Country Only)		21. PLACE OF DEATH (Country Only)			
22. DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Hospital facility <input type="checkbox"/> Nursing home <input type="checkbox"/> Hospice <input type="checkbox"/> Other (Specify)		23. COUNTY OF DEATH			
24. COUNTY OF DEATH		25. DISTRICT, ZIP OR COUNTY CITY STATE (Give Precinct No.)		26. FACILITY NAME (If not institution, give street address)	
27. INFORMANT'S NAME & RELATIONSHIP TO DECEASED		28. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
29. MIDDLE OF DEPOSITION <input type="checkbox"/> Next of Kin <input type="checkbox"/> Coroner <input type="checkbox"/> Embalmer <input type="checkbox"/> Other (Specify)		30. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		31. SIGNATURE	
32. PLACE OF DEPOSITION (Name of cemetery, crematory, other place)		33. LOCATION (City, State, and State)		34. LOCATION (City, State, and State)	
35. NAME OF FUNERAL FACILITY		36. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
37. CERTIFIER (Check only one) <input type="checkbox"/> Medical Examiner/Coroner of the State <input type="checkbox"/> Medical Examiner/Coroner of the County <input type="checkbox"/> Medical Examiner/Coroner of the Precinct <input type="checkbox"/> Medical Examiner/Coroner of the Precinct <input type="checkbox"/> Medical Examiner/Coroner of the Precinct <input type="checkbox"/> Medical Examiner/Coroner of the Precinct		38. DATE CERTIFIED (mm-dd-yyyy)		39. LICENSE NUMBER	
40. SIGNATURE OF CERTIFIER AMY GRUZECZKO BY ELECTRONIC SIGNATURE		41. DATE CERTIFIED (mm-dd-yyyy)		42. TIME OF DEATH (Actual or presumed)	
43. PRINTED NAME, ADDRESS OF GOVERNER (Street and Number, City, State, Zip Code)		44. PRINTED NAME, ADDRESS OF GOVERNER (Street and Number, City, State, Zip Code)		45. TITLE OF CERTIFIER	
46. ANY CRUISE/CRUISE SALES OR HIGHWAY BEE, MISSOURI, TX		47. CAUSE OF DEATH (DISEASE, INJURY, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. SOURCE: ICD-10)		48. APPROPRIATE ICD-10 CODE (I-10)	

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## Proper Causes of Death

- Cause-of-death section consistently vague.
- Vagueness usually caused by failure to take causal chain to its starting point.
- “Proximal” cause of death.

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## Cause of Death section

- If you send for Autopsy – write what your Forensic Pathologist suggests.

PART 1 CAUSE OF DEATH (SEE INSTRUCTIONS ON REVERSE) (SEE INSTRUCTIONS ON REVERSE)	(3) PART 1: ENTER THE "SEQUEL OF EVENTS" (DISEASES, INJURIES OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. (DO NOT) ENTER (INTERNAL) SURVIVAL (SUCH AS CARDIAC ARREST, RESPIRATORY FAILURE), OR VENTRICULAR FIBRILLATION UNLESS IT SHOWED THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.		(Approximate interval (Date to death)
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		YEARS
	(4) HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE (Due to or as a consequence of)		YEARS
	(5) (a) Essentially all conditions, (b) Early leading to the issue (c) (d) Enter the (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS
(6) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(7) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(8) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(9) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(10) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(11) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(12) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(13) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(14) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(15) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(16) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(17) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(18) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(19) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(20) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(21) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(22) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(23) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(24) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(25) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(26) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(27) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(28) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(29) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(30) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(31) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(32) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(33) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(34) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
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(42) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(43) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
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(45) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
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(47) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
(48) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	
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(50) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (Due to or as a consequence of)		YEARS	

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## Examples – Proper COD

Poor

COD: Cancer  
 – lacks specificity -What organs? What type?

Better

COD: Metastatic squamous cell carcinoma  
 of lung.

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## Examples – Proper COD

Just wrong

COD: Cardiac Arrest *or* Respiratory Arrest  
- describes state of being dead.

Better

COD: Acute Myocardial infarction  
DUE TO: Coronary artery atherosclerosis.

*or*

COD: Emphysema

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## Death Certification

- Concise narrative of how injury occurred – can write full sentences.
- Place injury occurred
- Work-related?
- Information needed for public health

1. DESCRIBE HOW INJURY OCCURRED		
2. REGISTRAR FILE NO.	3. DATE RECEIVED BY LOCAL REGISTRAR	4. REGISTRAR

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## Death Certification

- Documentation of injuries by JPs and medical examiners vital for injury prevention.
- Examples
  - Bicycle helmet laws and campaigns for kids
  - Ordinances for fencing swimming pools

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## Census of Medical Examiners and Coroners (CMEC)

- Bureau of Justice Statistics (BJS) in 2004
- Nationwide data collection effort to capture crucial information from Coroners.
- [cmec@rti.org](mailto:cmec@rti.org) - email to get log-in info.
- Most recent survey results 2018  
<https://bjs.ojp.gov/content/pub/pdf/meco18.pdf>

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## Describing Fatal MVA

- Person injured
  - Driver, passenger, pedestrian, cyclist?
- Type of vehicle
  - Car, truck, bus, motorcycle, four-wheeler?
- Object vehicle collided with
- Did accident occur on a public road?
- Was safety gear being used?

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## Describing Fatal MVA

- What was person doing when injury occurred?
  - Engaged in organized sports
  - Engaged in leisure activity
  - Working for income

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## Describing firearm deaths

- What general type of gun was used?
- What was person doing when injury occurred?

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## Manner of Death

- Undetermined
  - Insufficient information about the circumstances surrounding death
    - Drug overdose—accidental or suicide?
  - Cause of death unknown
    - Skeletonized remains
    - No anatomical/toxicological explanation

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## Cause of death

- Proximal cause of death
  - condition or injury that starts the chain reaction to death
- Immediate cause of death
  - condition that directly leads to death

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## Cause of Death

- Atherosclerosis ⇒ MI/arrhythmia
- GSW chest ⇒ pneumonia 1 week later
- MVA ⇒ repair of aortic laceration ⇒ aneurysm at site 10 years later
- Blunt force injury of head ⇒ altered mental function ⇒ bedridden ⇒ pulmonary embolism

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## Cause of Death

- Drug overdose ⇒ anoxic encephalopathy days later
- Rib fractures from a fall ⇒ pneumonia ⇒ sepsis

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## Cause of death

- Remember to follow chain of events to starting point.
- If hospitalized – GET ADMISSION BLOOD especially if suspected drug overdose.
- Often hospital doctors don't follow chain of events backward.

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## Manner in Delayed deaths

- Elderly individual falls ⇒ subdural hematoma ⇒ nursing home, develops pneumonia, dies 6 months later
  - Accident
- GSW to spinal cord, 2 years later dies of complications of paralysis
  - Homicide

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## Fractures in Elderly

- Hip, ribs etc.
- Considered independent risk factors for death
- At least within the year
- Especially if they don't return to their "baseline"
- Manner - Accident

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## Manner on Death Certificate

If anything listed in either the Part 1 or the Part 2 is anything other than natural, the manner changes with it.

For example, Hip fracture in the elderly 3 months before death – Manner becomes Accident.

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## You are notified of a decedent

- Begin your investigation
- Find out medical history
- Interview family members.

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## Scene Investigation

- Identity
- Evidence/clues to circumstances surrounding death
  - Secure residence
  - Signs of struggle
  - Position of body/clothing
  - Suicide notes
  - Trash contents

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36

U.S. Department of Justice  
Office of Justice Programs  
National Institute of Justice

NATIONAL INSTITUTE OF JUSTICE  
DEATH INVESTIGATION:  
A Guide for the Scene Investigator

<https://www.ojp.gov/pdffiles1/nij/308955.pdf>

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### Cause/Manner Decision Process

- Natural – Sign DC
- Other than natural – need autopsy?
- If drug OD – need autopsy.  
If draw tox at scene and comes back negative then what?

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### Send for Autopsy

- Body bag
- Bag hands
- Chain of custody

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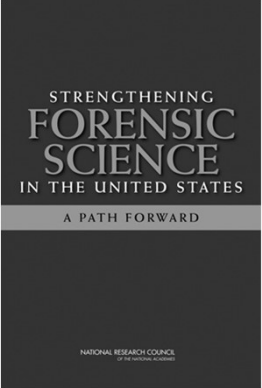
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- 2009
- Found wide disparity in forensic practices

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### Accreditation

- Accreditation is **the external recognition of your adherence to a set of standards to perform an activity or hold a certain status.**

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### Accreditation

- Accreditation is usually a **voluntary program in which trained external peer reviewers evaluate a healthcare organization's compliance and compare it with pre-established performance standards.**

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## Accreditation

- Hospitals - The Joint Commission
- Laboratories – CLIA/ COLA/CAP others
- If they don't get accredited they cannot received funding from Medicare/Medicaid/Insurance

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## Accreditation of Autopsy Providers

- Onsite inspections
- Review of reports
- Staff certifications
- Some ME offices and American Forensics in Texas



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## Forensic Pathologists

- Medical Doctor (Medical school – MD, DO)
- License to practice Medicine
- Board Certified Anatomic Pathology
- Board Certified Forensic Pathology

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## Medicolegal Death Investigators

- “Field Agents”



**ABMDI**  
American Board of  
Medicolegal Death Investigators

- ABMDI certified
- May go to scenes if primary jurisdiction.
- Ask questions that are medical and legal

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## Specific types of deaths

And reporting requirements

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## TxDot report

- Report MVA or bridge collapse
- Information includes Name, pedestrian, passenger, County
- Where autopsy is being performed.
- Toxicology results.
- By the 11<sup>th</sup> of the month.
- <https://www.txdot.gov/government/enforcement/crash-records.html>

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## Motor Vehicle Accident deaths

- Know cause of death is Blunt force trauma
- What exactly caused the death?
- How quick was the death?
- Was there "conscious pain and suffering?"
- Need autopsy to get closer to answering

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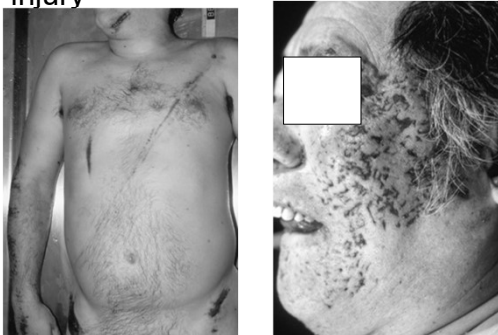
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## Blunt force – may show patterned injury



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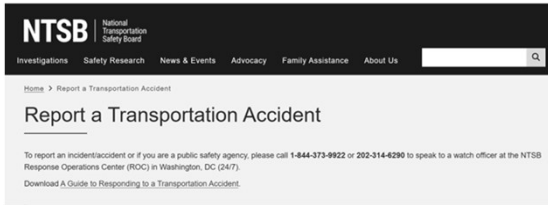
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# Plane, Train, Large bus accidents

NTSB

National Transportation Safety Board

[www.nts.gov](http://www.nts.gov)



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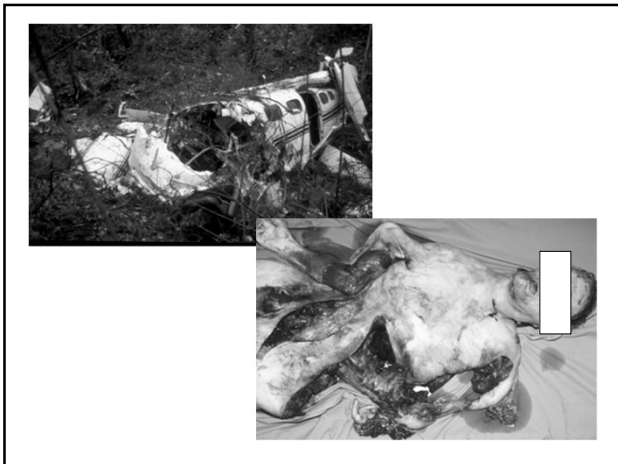
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# FAA tox box



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## Work Related Deaths

- Send for autopsy and toxicology
- Document injuries
- Document natural disease
- Document drug use
- Insurance/civil lawsuits involved

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## OSHA JP not required to report



<https://www.osha.gov/report>

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## Texas EMS & Trauma Registry

- [Injury.web@dshs.Texas.gov](mailto:Injury.web@dshs.Texas.gov)
- Must report within 90 days of death.
- Best to report monthly
  - Submersion injuries (drowning)
  - Traumatic brain injuries
    - Includes suffocation, drowning, blunt force trauma
  - Spinal Cord injuries

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**TMORT**

- Active group
- Meet monthly via Zoom
- We have a GroupME for immediate communication
- Actively engaging contracted partners for all the regions of Texas



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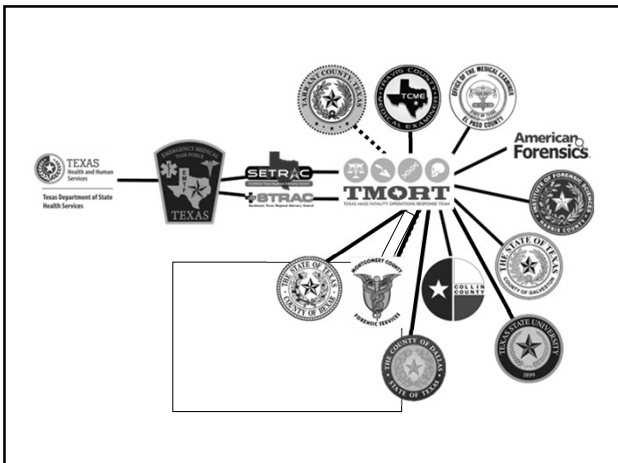
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- Jurisdiction remains with you – the JP
- TMORT will help with the resources.
- Resources will be determined by the type of mass fatality event.
- Webinar - Available for more info

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### Access TMORT

- County Office of Emergency Management via STAR request
- <https://star.tdem.texas.gov/>
- When the county can't fill it, they'll pass to the state

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Welcome to the STAR Web Form

Have you used the STAR Web Form before?

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## Deaths in Custody

- Death in a penal institution
- Death while involved with police
  - Serving warrant
  - Car chase
  - Responding to a call
- Autopsy
- Notify Texas Rangers
- Reported by penal institution to Attorney General within 30 days

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## Child deaths

- Scene investigation important – even if child taken to hospital

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3 Did you notice anything unusual or different about the infant in the last 24 hrs?  No  Yes → Describe:

4 Did the infant experience any falls or injury within the last 72 hrs?  No  Yes → Describe:

5 When was the infant **LAST PLACED**? \_\_\_\_\_  
 Month Day Year Military Time Location (room)

6 When was the infant **LAST KNOWN ALIVE (LKA)**? \_\_\_\_\_  
 Month Day Year Military Time Location (room)

7 When was the infant **FOUND**? \_\_\_\_\_  
 Month Day Year Military Time Location (room)

8 Explain how you knew the infant was still alive. \_\_\_\_\_

9 Where was the infant - (Placed, (Last known alive, (Found (circle P, L, or F in front of appropriate response)?

P L F Bassinet	P L F Bedside co-sleeper	P L F Car seat	P L F Chair
P L F Cradle	P L F Crib	P L F Floor	P L F In a person's arms
P L F Mattress/box spring	P L F Mattress on floor	P L F Playpen	P L F Portable crib
P L F Sofa/couch	P L F Stroller/carriage	P L F Swing	P L F Waterbed
P L F Other _____			

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## Child Abuse

- Must notify law enforcement agency
- Appropriate child fatality review team within 120 days of death.

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## Fetal Death/Stillborn

- Death occurs prior to delivery
- Death occurs during delivery and not live born
- Fetal death certificate.
  
- If pregnant woman dies and (unborn) fetus dies– no fetal death certificate.

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## Unidentified Person

- Report to Missing Person's Clearing House
- <https://www.dps.texas.gov/section/intelligence-counterterrorism/missing-persons-clearinghouse-mpch>
- 10<sup>th</sup> working day after investigation begins

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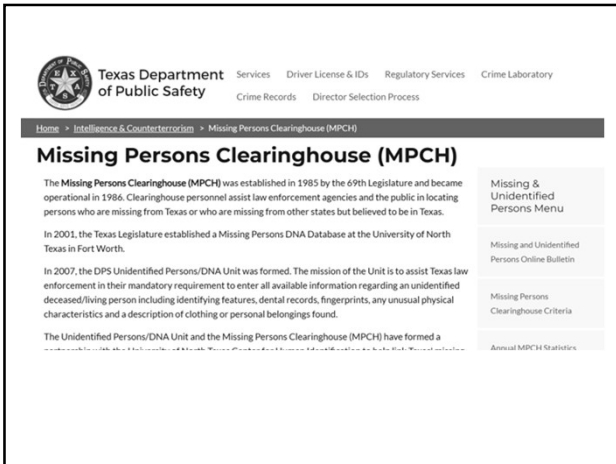
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Texas Department of Public Safety

Services Driver License & IDs Regulatory Services Crime Laboratory  
Crime Records Director Selection Process

Home > Intelligence & Counterterrorism > Missing Persons Clearinghouse (MPCH)

### Missing Persons Clearinghouse (MPCH)

The Missing Persons Clearinghouse (MPCH) was established in 1985 by the 69th Legislature and became operational in 1986. Clearinghouse personnel assist law enforcement agencies and the public in locating persons who are missing from Texas or who are missing from other states but believed to be in Texas.

In 2001, the Texas Legislature established a Missing Persons DNA Database at the University of North Texas in Fort Worth.

In 2007, the DPS Unidentified Persons/DNA Unit was formed. The mission of the Unit is to assist Texas law enforcement in their mandatory requirement to enter all available information regarding an unidentified deceased/living person including identifying features, dental records, fingerprints, any unusual physical characteristics and a description of clothing or personal belongings found.

The Unidentified Persons/DNA Unit and the Missing Persons Clearinghouse (MPCH) have formed a

Missing & Unidentified Persons Menu  
Missing and Unidentified Persons Online Bulletin  
Missing Persons Clearinghouse Criteria  
Annual MPCH Statistics

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## Info needed

- Fingerprints
  - Hair, eye color, height, weight
  - Deformities
  - Scars
  - Tattoos
  - Photographs
- Forensic pathologist will provide this info and can also report

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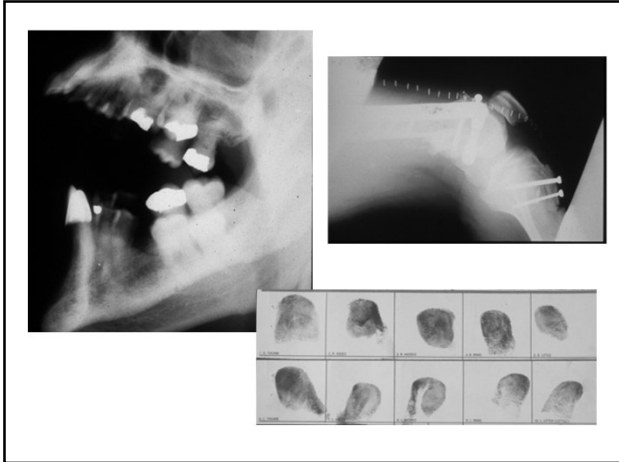
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## NamUs

- National Missing and Unidentified Person's System
- [www.namus.gov](http://www.namus.gov)
- Shares resources and info with MPCH

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## Communicable diseases

**Texas Notifiable Conditions - 2024**  
*Report all Confirmed and Suspected cases*  
 24/7 Number for Immediately Reportable – 1-800-705-8868

Unless noted by\*, report to your local or regional health department using number above or find contact information at <http://www.dshs.texas.gov/idcu/investigation/conditions/contacts/>

A - L	When to Report	L - Y	When to Report
*Acquired immune deficiency syndrome (AIDS) <sup>1</sup>	Within 1 week	Legionellosis <sup>1</sup>	Within 1 week
Absciss meningitis and encephalitis <sup>1</sup>	Within 1 week	Leishmaniasis <sup>1</sup>	Within 1 week
Anaplasmosis <sup>1</sup>	Within 1 week	Listeriosis <sup>1,2</sup>	Within 1 week
Anthrax <sup>1, 2, 3, 4</sup>	Call immediately	Lyme disease <sup>1</sup>	Within 1 week
Arboviral infections <sup>1, 2, 3</sup>	Within 1 week	Malaria <sup>1</sup>	Within 1 week
*Babesiosis <sup>1</sup>	Within 1 week	Measles (rubella) <sup>1</sup>	Call immediately
Ascariasis <sup>1</sup>	Within 1 week	Meningococcal infection, invasive (Neisseria meningitidis) <sup>1, 2</sup>	Call immediately
Babesiosis <sup>1</sup>	Within 1 week	Mumps <sup>1</sup>	Within 1 work day
Balantidiasis (balantidiasis) <sup>1, 2, 3, 4</sup>	Call immediately <sup>1</sup>	Paragranuloma <sup>1</sup>	Within 1 week
Breastfistula <sup>1, 2</sup>	Within 1 work day	Peritonsillitis <sup>1</sup>	Within 1 work day
Campylobacteriosis <sup>1</sup>	Within 1 week	*Pesticide poisoning, acute occupational <sup>1</sup>	Within 1 week
*Cancer <sup>1</sup>	See rules <sup>1</sup>	Plague (Yersinia pestis) <sup>1, 2, 3</sup>	Call immediately
Cardiffia auris <sup>1, 2</sup>	Within 1 work day	Poliovirus, acute paralytic <sup>1</sup>	Call immediately
Carbapenem-resistant Enterobacteriaceae (CRE) <sup>1</sup>	Within 1 work day	Poliovirus infection, non-paralytic <sup>1</sup>	Within 1 work day
Chagas disease <sup>1, 2</sup>	Within 1 week	Prion-disease such as Creutzfeldt-Jakob disease (CJD) <sup>1, 2</sup>	Within 1 week
*Charooid <sup>1</sup>	Within 1 week	Q fever <sup>1</sup>	Within 1 work day
*Chickpeas (arvicola) <sup>1</sup>	Within 1 week	Rabies, human <sup>1</sup>	Call immediately
*Chlamydia trachomatis infection <sup>1</sup>	Within 1 week	Rubella (including congenital) <sup>1</sup>	Within 1 work day

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Write down  
your  
questions and  
cases!



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76

### Case 1

- 45-year-old female
- Found on the floor in her bedroom having a 'seizure'
- What do we need to think about with this case?

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### Seizure

- Non-specific finding
- Need more history
- Possible causes:
  - Heart/lung disease (lack of oxygen)
  - Drug abuse
  - Ethanol abuse
  - Known seizure disorder (epilepsy).
  - Tumor

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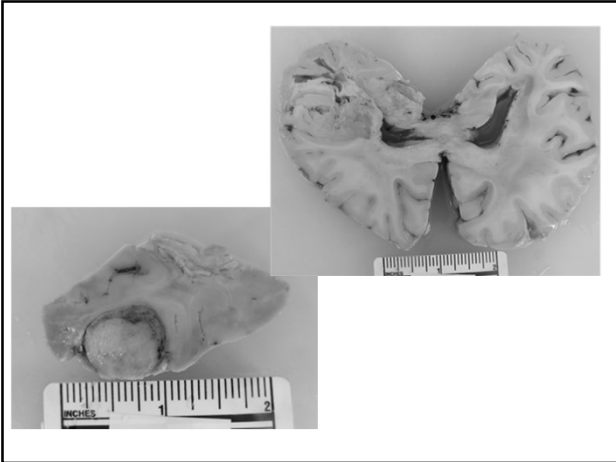
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### Seizure disorder

- History of seizures? Or first seizure?
- Why?
  - Epilepsy
  - All other possible causes drugs, natural disease, ethanol abuse
  - need to be ruled out by an autopsy.
  - Previous trauma
    - Accidental?
    - Inflicted injury? (homicide)

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### Molecular Autopsy

- Genetics -carry a gene for disease.
- Cancer, Neurology, cardiology, Seizures, pediatrics, musculoskeletal diseases, dementias.
- BRCA1 or BRCA2, Breast, Ovarian colon cancer

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## Dementia

- 5% of Alzheimer's disease is genetic



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## Case 2

- 13-year-old boy
- Hunting, suddenly dropped dead.
- While walking in the woods
- Witnessed by family

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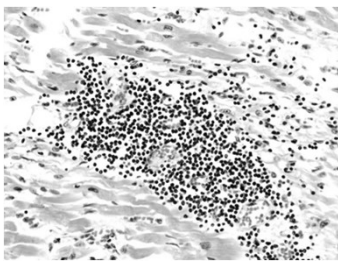
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## Myocarditis

- Cardiac exam showed myocarditis of cardiac conduction system



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## Molecular autopsy

- RYR2 gene mutation associated with sudden death.



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## Case 3

- 95-year-old male
- In car with daughter, complaining about chest pain
- Goes to hospital
- History of hypertension and Coronary artery disease.
- Taken to cath lab for testing

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## Cardiac catheterization

- Inject dye - he has an allergic reaction.
- Becomes unresponsive and dies

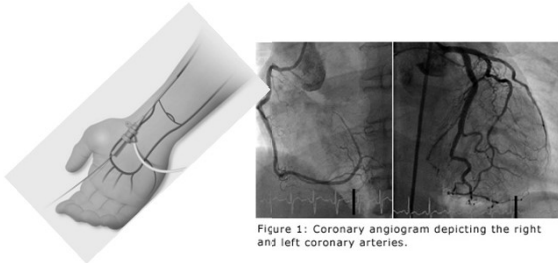


Figure 1: Coronary angiogram depicting the right and left coronary arteries.

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What are cause and manner of death?

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What is the cause of death?

- Complications of Hypertensive and atherosclerotic cardiovascular disease.
- If Testing done – and troponin increased or EKG signs – acute myocardial infarction.
- Contributory – allergic reaction to dye
- Manner of death – natural

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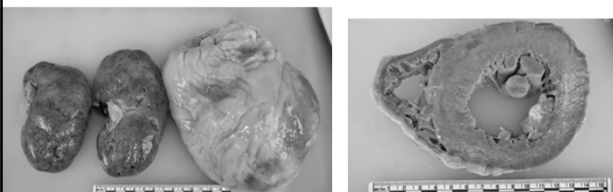
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Hypertensive cardiovascular disease



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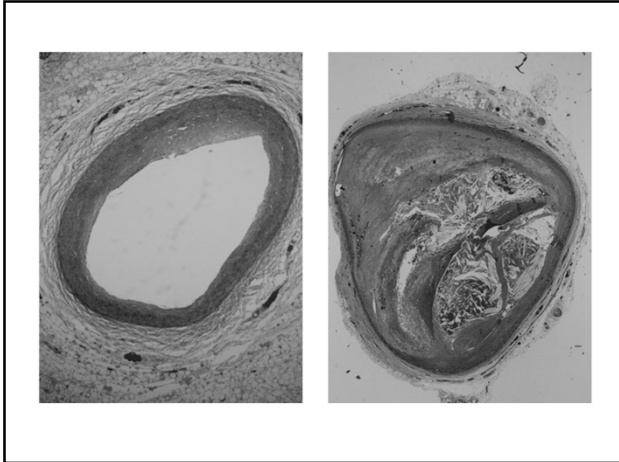
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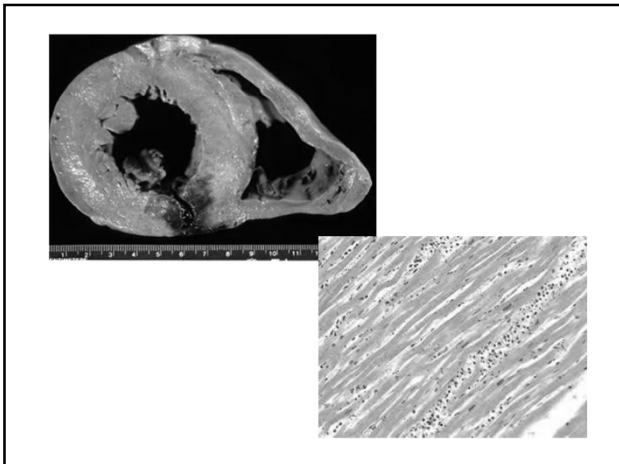
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**Therapeutic misadventure**

- Most common manner is Natural
  - If the death is a reasonable, recognized complication of treatment for the disease.
  - Rarely is considered accident unless the misadventure is very much outside the expected complications.

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## Allergic reactions

- Generally considered natural
- Drugs, bee stings, food allergies etc.

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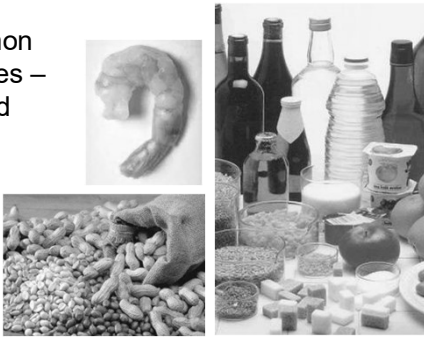
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## Anaphylactic Deaths

Most common  
food allergies –  
peanuts and  
shellfish



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## Anaphylactic Deaths

- Antibiotics  
– Penicillin
- Iodine contrast agents
- Chemotherapy agents



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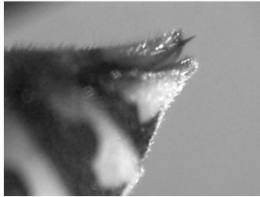
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## Anaphylactic Deaths



Second most common cause of fatal anaphylaxis in United States.



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## Case 4

- 85-year-old female died in nursing home.
- History of dementia, Hypertension, emphysema.
- Reported to you, you decline jurisdiction.
- Nursing home doctor signs DC - as natural death

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## Case 4 continued.

- Family ordered a private autopsy.
- Finding – subdural hematoma and history hip fracture 3 months prior
- Forensic pathologist has duty to report.  
– recommends Accidental manner of death.

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## Subdural hematoma



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## Oh no, now what?

- Open an inquest.
- Death certificate needs to be changed.
  - Decertify the death certificate
  - Physicians cannot sign accident, suicide, homicide and undetermined.

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## Case 5

- Deceased came to hospital 1 week ago.
- ICU admission
- Died with “anoxic encephalopathy”
- Now what?

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## Anoxic encephalopathy

- State of brain disfunction because of lack of oxygen to the brain.
- This is an immediate case of death.
- Big Question – what is the proximal cause?

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## Anoxic encephalopathy

- Cardiovascular disease? Lung disease?
- Drug overdose?
- Infection? – from the hospital or before?
- Asphyxia – hanging, choking, strangulation?

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## Anoxic encephalopathy

- Need to open inquest.
- Investigate events
- Get admission blood for testing
  - Hospitals usually use urine.
  - Test for substances and get true level

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# Case 6

## Toxicology

This decedent had a positive ethanol test at the hospital

She was given 2 units of blood and 1 liter of saline

Admission specimens from the hospital should be requested to be sent with the body

**NMS Labs**  
300 West Road, Houston, TX 77064-2208  
Phone: (281) 887-9900 Fax: (281) 887-9912  
E-mail: nms@nmslabs.com  
Richard A. Weinberg, PhD, FASPT, SABC(FCI), Laboratory

**CONFIDENTIAL**

**Toxicology Report**  
Report Number: 97022024 22 02

To: NMS  
American Forensics, LLC  
Attn: Dr. Amy Greenberg  
2452 US Highway 90 East  
Memphis, TN 38148

Patient Name: [Redacted]  
Patient ID: [Redacted]  
Client: [Redacted]  
DOB: 02/05/1971  
Sex: Female  
Workorder: F1737514  
Page 1 of 2

Positive Findings: None Detected

See Detailed Findings section for additional information

Testing Requested:  
Test Name: Ethanol  
Specimen: Serum w/ Serum Alcohol Confirmation, Blood (if present)

**Specimens Received:**

ID	Item/Container	Volume/Weight	Collection Date/Time	Matrix	Source	Labeled As
001	Grey Stopper Glass Tube	1 mL	8/25/2024 11:30	Femoral Blood		AF24-0487
002	Grey Stopper Glass Tube	1 mL	8/25/2024 11:30	Femoral Blood		AF24-0487
003	Blue Cap Plastic Tube	1 mL	8/25/2024 11:30	Urinary Fluid		AF24-0487
004	White Cap Plastic Container	25 mL	8/25/2024 11:30	Urine		AF24-0487

All sample volumes/weights are approximations.  
Specimens received on 8/25/2024.

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Thank you!



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