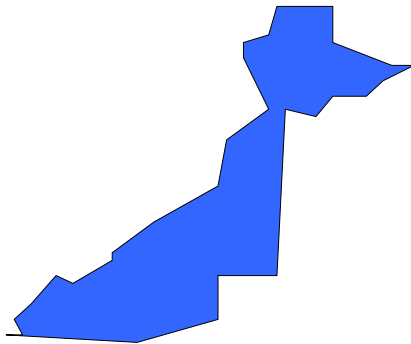
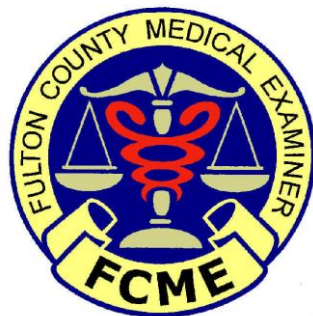


2014 Annual Report



Fulton County Medical Examiner



Prepared by:

**Randy Hanzlick, MD
Chief Medical Examiner**

April 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

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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

Investigative Staff

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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
Artemus Barnes, Forensic Technician
Monica Melchor, Morgue Attendant
Candice Dalton, Forensic Technician
Steve Moore, Forensic Technician/Photographer

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 2015 and this Annual report is for calendar year 2014. 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
April 8, 2015



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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 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 million. 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 about \$4 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 fellowship 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

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 2014, there were 2594 deaths reported to the office. Six of these records were non-human remains. Thus, after excluding these 6 records from data analysis, there were a total of 2588 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 (This includes Asian Indians)
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=2,588)

Jurisdiction	Manner of Death	Frequency	Percent
AJ	ACCIDENT (Not Traffic Fatalities)	332	12.8
	ACCIDENT (Traffic Fatalities)	101	3.9
	HOMICIDE	154	5.9
	NATURAL	860	33.2
	SUICIDE	106	4.0
	UNDETERMINED	30	1.1
	Total =	1583	61.2
DJ		1005	38.8
AJ		1583	61.2
TOTAL		2588	100.0

Table 2. Manner of death by Procedure, cross-tabulated for Accepted (Certified) Cases only (n=1,583)

MANNER	PROCEDURE				Total
	Autopsy	External PM Exam	Signout	View	
ACCIDENT*	259	31	41	1	332
ACCIDENT (T)**	94	2	5		101
HOMICIDE	151	1	1	1	154
NATURAL***	387	282	69	122	860
SUICIDE	105		1		106
UNDETERMINED	28		2		30
Total =	1024	316	119	124	1583

* Non Traffic-related accidents

** Traffic-related accidents, includes 1 Limited Examination

*** Includes 2 Limited Examinations

Table 3. Police Jurisdiction for Non-Natural Manners of death (n=723)

Police Jurisdiction	TOTAL Non-Natural	ACCIDENT	ACCIDENT (Traffic)	HOMICIDE	SUICIDE	UNDETERMINED
Alpharetta	30	18			11	1
Atlanta	423	203	49	102	49	20
College Park	14		3	9	2	
Chatt Hills						
East Point	25	11	1	8	4	1
Fairburn	7	4	2	1		
Fulton Uninc	64	13	21	17	10	3
Hapeville	1			1		1
Johns Creek	14	11	1		2	
Milton	3				3	
Palmetto	4	1	1		2	
Roswell	42	24	6	3	9	
Sandy Springs	49	25	4	7	12	1
Union City	19	10	3	5		1
MARTA	2		1		1	
Fulton Sheriff	1				1	
Total Above	698	320	92	153	106	28
Other or Unspecified (*)	25	12	9	1		2
All Cases =	723	332	101	154	106	30

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

SECTION III. Homicides (n= 154)

Cause	Number
Asphyxia-Strangulation	7
Blunt Force	5
Drug Death-With Restraint	1
Fall- Down Steps	1
Gun-Handgun	19
Gun-Not Specified	75
Gun-Pistol	27
Gun-Revolver	3
Gun-Rifle	1
Gun-Shotgun	1
Prematurity (infant)	1
Restraint-Associated	1
Sharp Instrument	5
Sharp Instrument-Knife	7

Homicides: Age, Race, Sex

	<=10	11-20	21-30	31-40	41-50	51-60	61-70	71+	?	Total
WM		3	2	1		1				7
WF			2	1		1	1			5
BM	1	9	46	27	14	15	6	1		119
BF	1		5	4	3	2		1		15
HM			5							5
HF										
AM			2							2
AF										
Other										
Total	2	12	62	33	17	19	7	2		154

Conclusions and Comments:

- Guns were involved in 82% of homicides
- 88% of homicide victims were black/African American
- 78% of homicide victims were black males, 70% of which were 40 years of age or younger, and 39% of which were in their 20s
- 8% of homicide victims were white
- 87% of homicide victims were male
- Although the type of gun was not specified in 75 cases, most of those involved handguns which include revolvers and pistols

SECTION IV. Suicides (n= 106)

Suicides: Age, Race, Sex

Suicides in 2014	
Cause	Number
Asphyxia-Hanging	24
Asphyxia-Suffocation	3
Burn-ClothingFire	1
Drowning-River	1
Drug Death-Poisoning	9
Drug Death-Poisoning+Disease	4
Drug Death-Poisoning+Injury	1
Gun-Handgun	20
Gun-Not Specified	1
Gun-Pistol	18
Gun-Revolver	9
Gun-Rifle	2
Gun-Shotgun	2
Jump from Height	3
MARTA-Train- Blunt Force	1
MVA-Pedestrian	1
Poisoning-CO with no fire	2
Sharp Instrument	3
Sharp Instrument-Knife	1

Suicides: Age, Race, Sex

	<=10	11-20	21-30	31-40	41-50	51-60	61-70	71+	?	Total
WM		2	6	12	11	6	3	8		48
WF		1	3	5	5	5		3		22
BM	1	2	7	10	1	4				25
BF			1		3					4
HM		1	1							2
HF			1							1
AM			1	1		1				3
AF						1				1
Other										
Total	1	6	20	28	20	17	3	11		106

Conclusions and Comments:

- 49% of suicides involved guns (the most common method)
- Suicide by hanging or other asphyxia was the next most common method (25%)
- Suicide by drug or poison was the next most common method (15%)
- 25% of suicides were in persons 30 years of age or younger
- 66% of suicides involved white decedents and 27% involved black decedents
- 74% of suicide victims were male

SECTION V. Non-Vehicular Accidents (n=332)

Accidental Deaths (Non-Motor Vehicle)	
Cause	Number
Asphyxia-Café Coronary	5
Asphyxia-Compression	1
Asphyxia-Hanging	1
Asphyxia-Overlaying	2
Asphyxia-Positional	1
Asphyxia-Strangulation	1
Asphyxia-Suffocation	4
Asphyxia-Wedging	1
Blunt Force	7
Drowning-Other	2
Drowning-Pond	1
Drowning-Pool/Spa	4
Drowning-Tub	1
Drug Death-Poisoning	115
Drug Death-Poisoning+Disease	68
Drug Death-Poisoning+Injury	1
Fall- Down Steps	4
Fall-From Height	8
Fall-Standing Height	71
Fire death	6
Fire death-Electrical	1
Gun-Pistol	1
Hyperthermia-Exogenous	4
Hypothermia-Exogenous	16
Insect-venom	1
Penetrating Injury NOS	1
Sharp Instrument-Chop	1
Train-Commercial	3

Non-Vehicular Accidents: Age, Race, Sex (n=332)

	<=10	11-20	21-30	31-40	41-50	51-60	61-70	71+	?	Total
WM	2	3	25	25	13	15	5	21		109
WF	1	3	5	5	11	9	2	28		64
BM	5	2	8	13	13	27	15	9	1	93
BF	3	2	4	6	4	15	5	12		51
HM				3	2	1		1		7
HF		1	1							2
AM		1	1					1		3
AF				1						2
Other									2	2
Total	11	12	44	53	43	67	27	72	3	332

Conclusions and Comments:

- The most common cause of accidental deaths was drugs and poisons which accounted for 55% of accidental deaths
- Falls, usually among elderly persons, was the second most common cause of accidental death (25%)
- 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 often in combination with fentanyl. In 2014, there were 77 deaths involving heroin. This is a marked increase over recent years.

SECTION VI. Motor Vehicle Accidents (n= 101)

Cause	NumberOfDups
Fall-From Height (Operator Fell from vehicle, hit by another vehicle)	1
Fire death from explosion (working on car)	1
MVA-Bicyclist	1
MVA-Driver	46
MVA-Motorcyclist Driver	8
MVA-Motorcyclist Rider	1
MVA-Occupant (Passenger)	11
MVA-Pedestrian	29
MVA-Rider (Riding on vehicle)	1
MVA-Skateboarder struck by vehicle	1
MVA-Unknown	1

Motor Vehicle Accidents: Age, Race, Sex

	<=10	11-20	21-30	31-40	41-50	51-60	61-70	71+	?	Total
WM		1	4	5	3	5	1	3		21
WF			1	2	1	1	1	2		8
BM	1	6	6	11	10	12	3	4		53
BF	1	2	4		3			1		11
HM		1			1			1		3
HF								1		1
AM			1							1
AF						1				1
Other										
Total	2	10	16	18	18	19	5	12		100

Conclusions and Comments:

- Drivers were the most common type of traffic fatality, followed by pedestrians
- 35% of drivers/operators were intoxicated with alcohol
- 31% 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, similar to the number in 2014. The largest number in the past 25 years was 157 (in 1998).

SECTION VII. Undetermined Manner of Death (n = 30)

Cause of Death	Number
Drug Death, Poisoning	2
Drug Death, Poisoning+Disease	1
Fall-From Height	3
Fire death	1
Jump from Height	1
Nervous System-Hemorrhage	1
SIDSOID-Both	1
SIDSOID-Classic	1
SIDSOID-Stressor	8
Undetermined	11

Undetermined Manner of Death: Age, Race, Sex

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

Conclusions and Comments:

- 37% of deaths with undetermined manner are sudden unexplained deaths among infants
- Some 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, or 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 11 deaths in the under age 10 category were infants.
- The number of SIDSOID deaths has decreased this year, and the portion of infant deaths due to asphyxia deaths has increased, likely due to improved investigations and trends toward classifying more infant deaths as being caused by asphyxia rather than SIDSOID.

SECTION VIII. Deaths due to Natural Causes (n=860)

Natural Causes of Death	Number
Aneurysm Rupture	3
Aorta Dissection	12
Cardiac, not otherwise specified	39
Cardiac-Anomaly	6
Cardiac-ASCVD-IHD	165
Cardiac-Cardiomyopathy	12
Cardiac-Hypertension	312
Cardiac-Valvular	4
Dementia-Alzheimers	1
Dementia-NOS	3
Diabetes, not otherwise specified	19
Diabetes-IDDM	3
Diabetes-Ketoacidosis	12
Diabetes-NIDDM	1
Drug-Death-Chronic Abuse	33
GI Tract Disease	11
Hematologic Disorder	1
Hepatobiliary Disease	2
Heritable-Genetic-Congenital	3
Infection, not otherwise specified	4
Infection-HIV-AIDS	10
Infection-Lung	16
Infection-Nervous System	1
Infection-TB	1
Neoplasm (Tumor)	40
Nervous System, not otherwise specified	6
Nervous System-Hemorrhage	7
Nervous System-Hemorrhage-HBP	10
Nonspecific Natural	28
Obesity (see comments)	4
Pancreatitis	1
Pregnancy-Complication	1
Prematurity	1
Psychiatric Disorder	1
Pulmonary, not otherwise specified	6
Pulmonary-Asthma	5
Pulmonary-COPD	25
Renal Disease	7
Sarcoidosis	6

Natural Causes of Death	Number
Seizure Disorder-Idiopathic	8
Skeletal Disorder	2
Stillbirth	1
Thromboemboli, not otherwise specified	20
Treatment Complication	7

Conclusions and Comments:

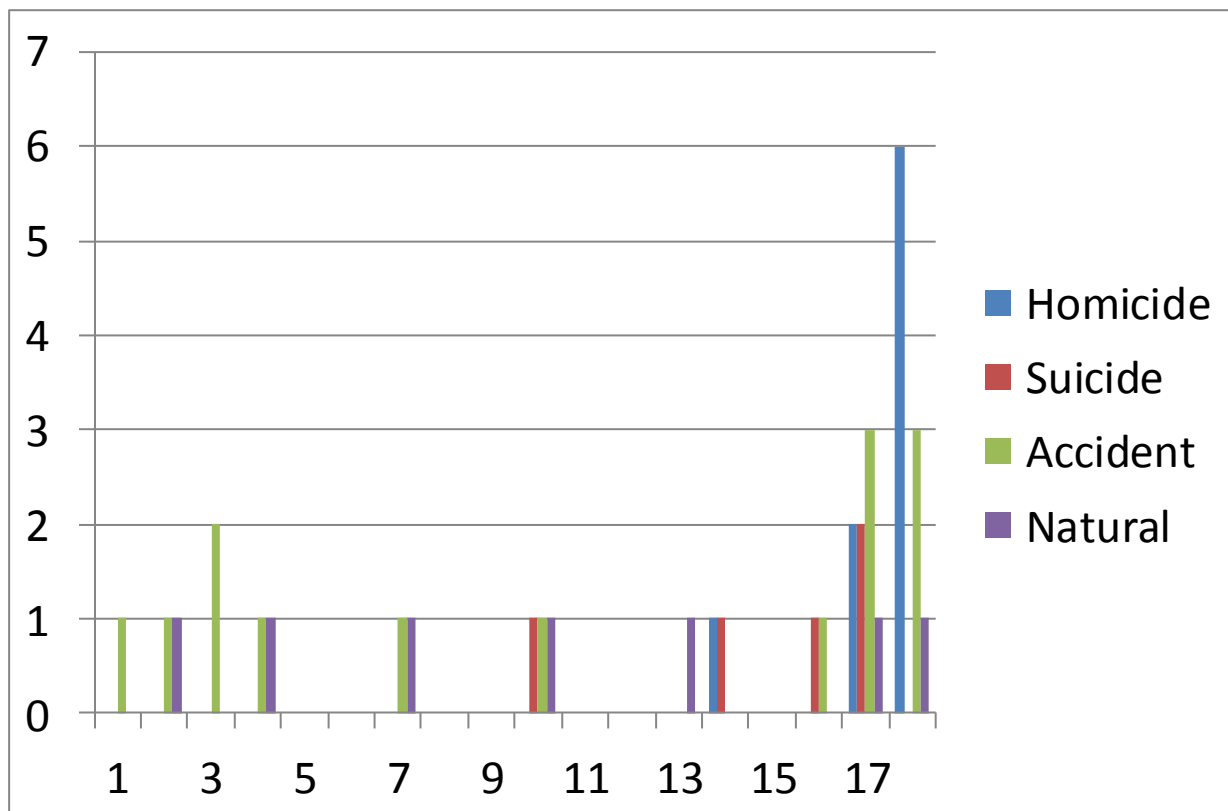
- 538 (63%) of natural deaths were due to heart disease and/or hypertension
- These 860 deaths represent about 10% of all natural deaths occurring in the county and typically include deaths which occur outside of health care facilities, deaths due to previously undiagnosed conditions, and deaths in which 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.
- Although obesity was cited as the cause of death in 4 cases, it was mentioned as a contributory factor in 87 (10%) of cases. It is not uncommon for decedents to have histories of diabetes, obesity, hypertension, and coronary artery disease.

Section IX. Special Topics

Deaths of Children Age 1 through 18 years

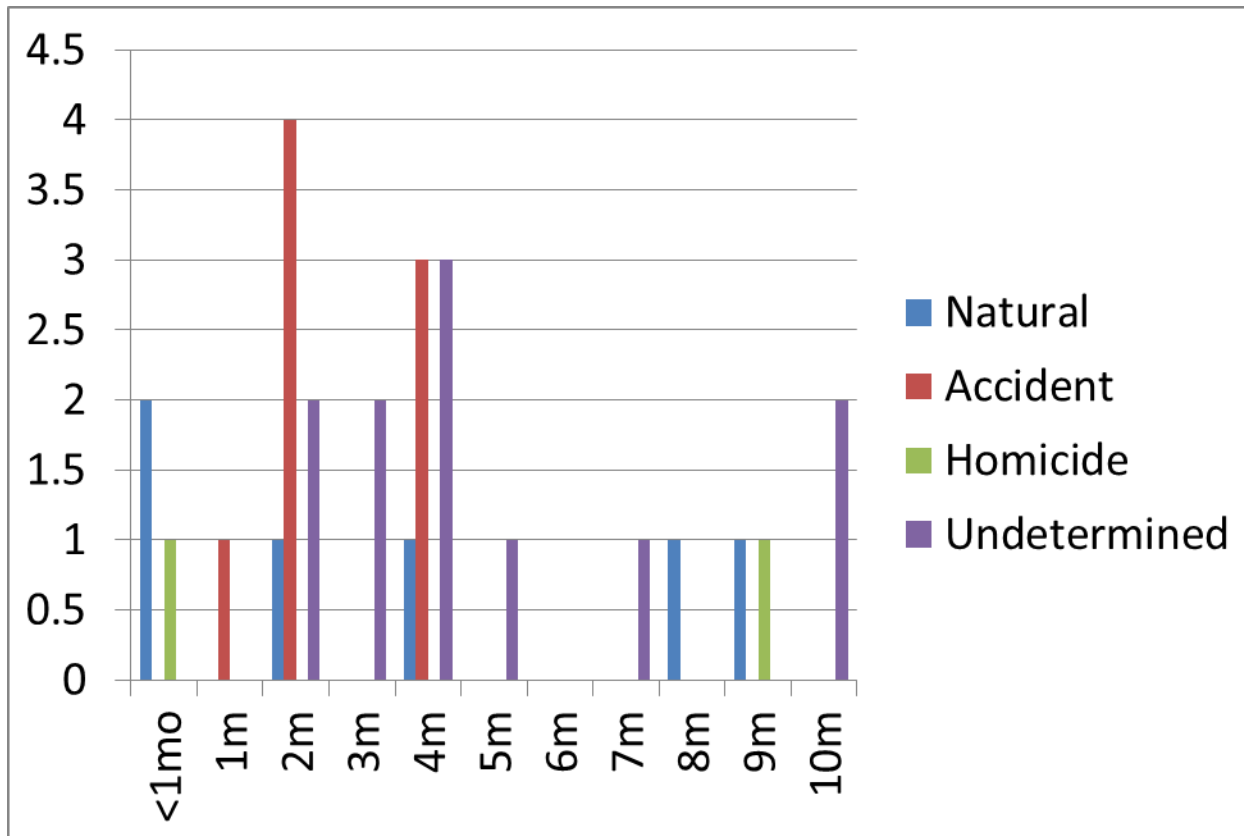
	<= 10 years old	Cause	11-18 years old	Cause
Homicide (9)			8	Gunshot Stabbing
Suicide (5)	1	Hanging	4	Hanging
Accident (8)	4	Drowning	1	Drowning
	1	Hanging	2	Drug Death
MV Accident (6)	2	Pedestrian	2	Pedestrian
			1	Passenger
			1	Driver
Natural (8)	1	Complication of Childbirth	1	Tumor
	1	Medical Complication	2	Cardiac cause
	2	Asthma		
	1	Cardiac Cause		
Undetermined				
Total	13		23	36 Total

Age distribution and manner of death are shown below.



Infant Deaths

There were 27 infant deaths certified in 2014. Age distribution and manner of death are shown below. All infants were black, and there were 15 females and 12 males.



Total infant death cases by manner of death were as follows:

Manner of Death	Number
Homicide	2
Accident	8
Undetermined	11
Natural	6
TOTAL	27

All accidental deaths among infants were due to asphyxia such as overlaying, suffocation etc. All deaths of undetermined manner were sudden unexplained deaths of infants consistent with "Sudden Infant Death Syndrome" (SIDS/OID deaths).

Drug-Caused Deaths

In 2014, there were 332 accidental deaths and 184 (55%) 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 184 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
Heroin	77
Morphine (some of these could be heroin)	19
Cocaine	74
Ethanol	50
Fentanyl	41
Methamphetamine	19
>>Other amphetamines	9
Alprazolam	16
Oxycodone	15
Hydrocodone	11
Antidepressants/Anxiolytics Includes citalopram, bupropion, duloxetine, nortriptylene, venlafaxine, mirtazapine, sertraline	11
Methadone	8
Hydromorphone	4
Diazepam	3
Diphenhydramine	3
Acetaminophen	2

Conclusions and Comments:

- Drug deaths result not only from use of illicit substances, but prescription and over-the-counter drugs as well
- Deaths due to heroin have skyrocketed in the past few years and heroin is now the most common fatal drug ingestion
- Heroin deaths also involving fentanyl, usually mixed with the heroin, are also on the increase
- Overall, 65 of the 184 drug-caused deaths (37%) involved prescription drugs alone or in combination with other drugs or alcohol.

Deaths Among the Homeless

There were 70 deaths among persons reported to be homeless for which jurisdiction was accepted. 21 deaths were due to natural causes, 29 deaths were accidental, 9 cases were homicides, 3 were suicides, 6 were traffic fatalities, and the manner of death was undetermined in 2 cases. All traffic fatalities were pedestrians. Fifteen (15) deaths were drug-caused. Nine (9) accidental deaths involved cold exposure.

Deaths Among the Elderly

Of the 1583 deaths certified by the medical examiner, 475 (30%) were persons age 66 years or older. 83 (17%) were accidental (mostly falls), and there were 7 homicides, 11 suicides, 16 traffic fatalities, and 2 cases of undetermined manner. The most common manner of death was natural (356 cases) which amounted to 75% of deaths in the elderly age group

Procedural Summary

A brief summary of basic operational data for 2014 is as follows:

Comparison with the Past 1988-2013

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
2013	141	119	102	268
2014	154	106	101	332

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
2013	2429	1454	952	442	1032	1511
2014	2594	1583	1027	525	1084	1635

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

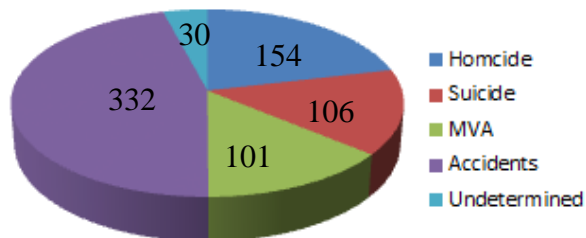
*** Indicates cases in which body was examined by an investigator and/or medical examiner

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.

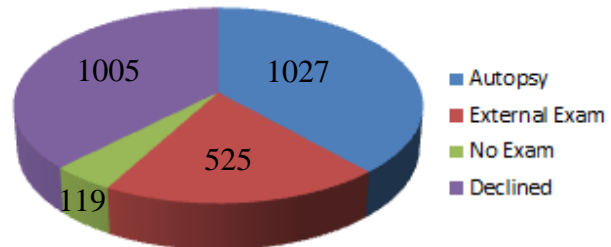
Note that since 2012, total case load has increased by 16% and number of autopsies has increased by 23%. Some, but not all of this increase has resulted from an increase in drug-caused deaths, especially heroin.

Graphic Depictions of Basic Case Load and Case Type

Non-Natural Manners of Death: 2014



Basic Case Procedures 2014



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 for publication in medical and scientific journals
- 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
- Participating with federal entities such as the National Commission on Forensic Science