

2013

Coroner's Office Annual Report

Coroner Roy "Sonny" Cox Jr. D-ABMDI

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Coroner

Introduction

The Coroner's Office serves the living by investigating sudden and unexpected deaths and, in particular, those that occur under violent or suspicious circumstances. The Coroner's Office is tasked by statute with investigating all reportable deaths occurring within the county to subsequently determine the cause and manner of death in such cases, and to provide formal death certification. The Coroner's staff recognizes the tragedy surrounding an untimely death and performs its investigations, in part, to assist the grieving family. A complete investigation also provides information for implementing criminal and civil litigation and may be used for the expeditious settling of insurance claims and estates. Questions which seem irrelevant in the initial hours after death can become significant in the following months. The surviving family, friends, and general public should have the assurance that a complete investigation was conducted.

When a death occurs on the job or is work related, the results of our investigation are immediately forwarded to the State Department of Labor so that the job site can be thoroughly examined. Private insurance companies also routinely use these findings to settle claims. The public health dimension of the Coroner's function is designed to isolate and identify infectious agents or poisons that cause sudden, unexpected death, and when an agent is implicated, the family and persons recently in physical contact with the deceased are notified in order that they might receive any needed medical treatment.

The medical investigation of violent death is frequently required in criminal adjudication. Thus, a prompt medical investigation is conducted to provide the criminal justice system with information and evidence. Although criminal death investigations constitute a small portion of deaths investigated by the Coroner, these deaths are studied in great detail because of the legal consequences involved. The Greenwood County Coroner's Office operates under the South Carolina State Law Title 17. Criminal Procedures, Chapter 5. Coroners & Medical Examiners, Article 1 Definitions – 17-5-5 through 17-5-610. For additional information regarding South Carolina State Law, please refer to the website at www.scstatehous.gov.

Overview

Description and Purpose of the Coroner's Office

The Coroner's Office is part of the governmental body of Greenwood County and is funded through the County by the citizens of Greenwood County. The Coroner is an elected position, voted into office by the citizens of Greenwood County; the elected Coroner, Roy "Sonny" Cox Jr., is a retired law-enforcement officer who for some 35 years adhered to and enforced the laws of this state. Performing various duties such as investigations, community oriented policing, and many more roles which currently aids him in determining the cause and manner of death, particularly in sudden and unexpected, violent, or suspicious deaths. Under the Coroner's direction are Medicolegal Death Investigations, Autopsy Support, and Administrative

Support; these sections are responsible for field investigation of scenes and circumstances of death, identification of the deceased, certification of death, notification of next-of-kin, performance of autopsies where indicated, control and disposition of personal property of the deceased, and archiving of related documentation.

Reportable deaths

Those deaths that occur within the county borders that are to be reported to the Coroner's Office are defined by statute (Section 17-5-530) and include, but are not limited to, the following:

- (A) If a person dies:
 - (1) as a result of violence;
 - (2) as a result of apparent suicide;
 - (3) when in apparent good health;
 - (4) when unattended by a physician;
 - (5) in any suspicious or unusual manner;
 - (6) while an inmate of a penal or correctional institution;
 - (7) as a result of stillbirth when unattended by a physician; or
 - (8) in a health care facility, as defined in Section 44-7-130(10) other than nursing homes, within twenty-four hours of entering a health care facility or within twenty-four hours after having undergone an invasive surgical procedure at the health care facility;

a person having knowledge of the death immediately shall notify the county coroner's or medical examiner's office. This procedure also must be followed upon discovery of anatomical material suspected of being or determined to be a part of a human body.
- (B) The coroner or medical examiner shall make an immediate inquiry into the cause and manner of death and shall reduce the findings to writing on forms provided for this purpose. If the inquiry is made by a medical examiner, the medical examiner shall retain one copy of the form and forward one copy to the coroner. In the case of violent death, one copy must be forwarded to the county solicitor of the county in which the death occurred.
- (C) The coroner or medical examiner shall notify in writing the deceased person's next-of-kin, if known, that in the course of performing the autopsy, body parts may have been retained for the purpose of investigating the cause and manner of death.
- (D) In performing an autopsy or post-mortem examination, no body parts, as defined in Section 44-43-305, removed from the body may be used for any purpose other than to determine the cause or manner of death unless the person authorized to consent, as defined in Section 44-43-315, has given informed consent to the procedure. The person giving the informed consent must be given the opportunity to give informed consent and authorize the procedure on a witnessed, written consent form using language understandable to the average lay person after face-to-face communication with a physician, coroner, or medical examiner about the procedure. If the person authorizing the procedure is unable to consent in person, consent may be given through a recorded telephonic communication.
- (E) If the coroner or medical examiner orders an autopsy upon review of a death pursuant to item (8) of subsection (A), the autopsy must not be performed:
 - (1) at the health care facility where the death occurred;
 - (2) by a physician who treated the patient; or
 - (3) by a physician who is employed by the health care facility in which the death occurred;unless the coroner or medical examiner certifies that no reasonable alternative exists.

Explanation of Data

The information presented in this report was compiled on deaths which were reported to the Greenwood County Coroner's Office and occurred during the 2013 calendar year. The report will present routinely collected data in a manner that attempts to answer questions regarding mortality and public health; the role of alcohol, drug of abuse, and firearm use in violent deaths is emphasized. If the quality of life in Greenwood County is to be improved, perhaps this report can serve as an instigator for change. The data included represents only a subset of total mortality figures, representing findings on cases that come to the attention of the Coroner's Office.

The geographic area served by the Coroner's Office includes the entire 454.73 square miles of Greenwood County. Information from the 2013 census from the U.S. Census Bureau lists Greenwood County as having a population of 69,723. The county contains all or parts of the following cities and towns: Greenwood City, Ware Shoals, Ninety Six, and Coronaca.

Demographics in this report are summarized from individual cases under the jurisdiction of the Coroner, and presented here in aggregate form. Each manner of death is addressed individually with appropriate data displayed relating to each category; the variables displayed such as race, gender, age, etc. have been selected as those most likely to assist and interest individuals utilizing this report. Alcohol use is legal for persons age 21 and older, and the majority of people who drink do so without incident. However, there is a continuum of potential problems associated with alcohol consumption. Alcohol is the most used intoxicating substance in the United States—82 percent of people age 12 and older have used alcohol at least once in their lifetimes. And nearly half of all Americans age 12 and older—an estimated 109 million people—have used alcohol in the past month.¹ Blood alcohol data included here represents the blood concentrations at the time of death or injury/hospitalization, when available. Alcohol is metabolized at a rate of 0.015 to 0.018 grams per deciliter per hour². Thus, if there is a significant interval between injury and death, there will be discrepancies between blood concentrations at the time of injury and the time of death. Tables will reflect blood alcohol at the time of injury whenever testing was performed on appropriate samples. When representative samples from the time of injury are not available (due to prolonged hospitalization or other circumstance), blood alcohol testing may not be performed on autopsy samples or if performed, may show a significantly decreased blood alcohol level not reflective of that present at the time of the actual incident.

Total Cases/Reportable Deaths

In 2013, there were a total of 956 deaths in Greenwood County. Of these deaths, 675 were reported to the Greenwood Coroner's Office by medical and law enforcement personnel and

¹ *Substance Abuse in Brief*, April 2003, Vol. 2, Issue 1, National Clearinghouse for Alcohol & Drug Information, Substance Abuse & Mental Health Services Administration, U.S. Department of Health & Human Services.

² *Alcohol Toxicology for Prosecutors, Targeting Hardcore Impaired Drivers*, July 2003, American Prosecutors Research Institute, Alexandria, VA, Pg. 16

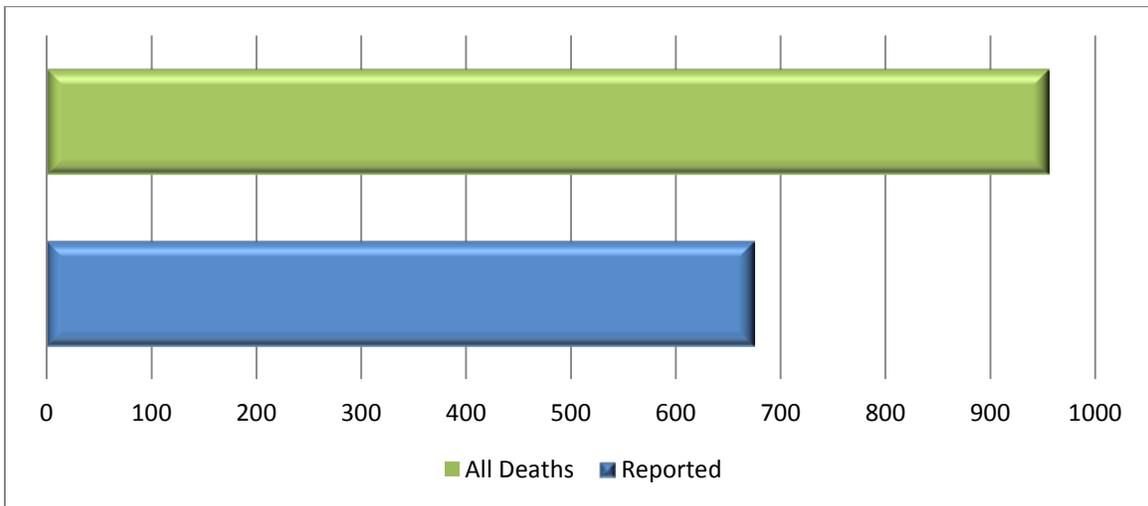
the Office provided various degrees of investigative services for each of these deaths. Scene visits were performed by deputy coroners representing the Coroner's Office in 322 of the reported deaths. Based on an analysis of the scene, circumstances surrounding the death, and the deceased's medical history as gathered by the medical investigators, the Coroner assumed jurisdiction in 322 (47.7%) of these reported deaths. Autopsies are not performed in deaths where the scene, circumstances, medical history, and external examination of the body provide sufficient information for death certification. In cases where jurisdiction was relinquished by the Greenwood Coroner, a local physician certified the death based on knowledge of the deceased's state of health and medical conditions. Deaths certified by local physicians primarily encompass natural deaths in individuals with a known disease process, and include deaths within nursing homes and assisted care facilities. Other unusual circumstances requiring Coroner involvement may include examinations of exhumed bodies (none in 2013), investigation of found human remains (none in 2013), and unidentified and/or unclaimed bodies (One unclaimed in 2013).

The following tables and figures summarize the manner of death in all cases reported to the Coroner's Office. Of the cases that fell under the Coroner's jurisdiction, a majority (87.27%) were under the natural category, followed by homicidal deaths (5.28%), and accidental deaths comprising only 4.66% of the cases.

STATISTIC TOTALS

Figure 1

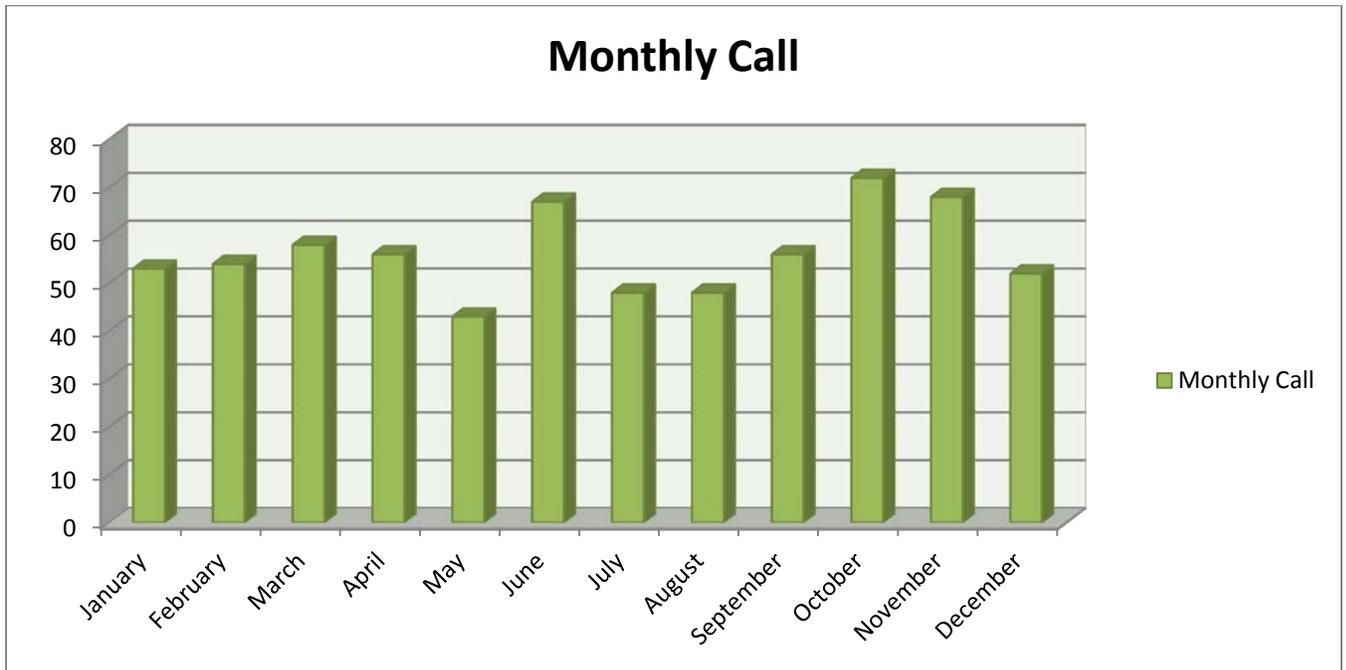
All Greenwood County Deaths	956
Reported to and/or worked by the Greenwood County Coroner	675



STATSTIC BY MONTH

Figure 2

Month	Cases	% Per Month
January	53	7.85 %
February	54	8.00 %
March	58	8.59 %
April	56	8.30 %
May	43	6.37 %
June	67	9.93 %
July	48	7.11 %
August	48	7.11 %
September	56	8.30 %
October	72	10.67 %
November	68	10.07 %
December	52	7.70 %
Total	675	100 %



Accident

15 deaths were certified as accidental during the 2013 calendar year, including traffic fatalities which accounted for the largest single group of accidental fatalities.

Homicide

A death is classified as homicide when it results from injuries inflicted by another person. The designation of homicide by the Coroner's Office does not reflect specific charges that may or may not subsequently be filed by prosecuting attorneys or the District Attorney's Office. In 2013, 17 deaths were classified as homicide, totaling approximately 2.52% of the death investigations for the year. Over the past three years, the Greenwood Coroner's Office has seen slight variation in the number of homicide deaths from year to year; the 9 homicide deaths in 2012, 8 homicide deaths in 2011, and 5 homicide deaths in 2010. Nine of the 17 homicides were within the city limits of Greenwood and 8 were in the county.

Firearm deaths made up a majority (88.24%) of all homicides within the county in 2013. The remaining decedents were victims of a variety of types of violence including sharp or blunt force injuries.

Suicide

Suicides are those deaths caused by self-inflicted injuries. During 2013, there were 9 suicidal deaths in Greenwood County, accounting for 1.33% of deaths under the Coroner's jurisdiction. A vast majority of suicides occurred at a residence. In 2013, gunshot wounds were the most common method used to commit suicide. The remaining decedents utilized various methods including but not limited to drug overdoses (16%) and sharp force injuries.

Natural

All natural deaths occurring in Greenwood County do not fall under the jurisdiction of the Coroner's Office; some natural deaths are reported to the Office but were in the presence of a local physician familiar with the decedent. Deaths that are sudden and unexpected in nature are the primary concern of the Coroner's Office; deaths of a natural manner represent one of the largest categories of deaths investigated by the Office. Cardiovascular disease continues to account for the greatest proportion of natural deaths. Such naturals would include, but not limited to coronary artery disease, hypertension, and myocardial infarct.

Undetermined

The Greenwood County Coroner's Office makes all possible efforts to determine both a manner and cause of death for all deaths investigated by the Coroner's Office. In a small percentage of the total cases, the manner of death was unable to be classified, even with a complete autopsy, scene investigation, and toxicology testing. In some of these cases, a cause of death was able to

be determined, however there exists continued doubt as to how the death came about (manner of death); these deaths include primarily drug overdoses where there is insufficient evidence to rule the death as either a suicidal or an accidental intoxication.

Coroner Activity

The staff of the Coroner's Office is involved in a wide variety of activities commensurate with the mission of the office; this includes responding to and investigating the scene of death, performing postmortem examinations, certifying the cause and manner of death, and providing information and assistance to families. Members of the Coroner's staff are versed in working with families suffering the emotional trauma of an unexpected death; staff members alert these families to coroner procedure, review the investigative or examination findings with the families, and clarify the many questions that accompany the sudden loss of life.

Many cases brought to the Coroner's Office are dealt with in a customary manner, because the identity of the deceased is known and next-of-kin can be readily contacted to decide on final arrangements and assist in disposition of the personal property of the deceased. However, there are frequent cases which are more difficult to resolve. In certain deaths, the identification of the deceased may not be established or next-of-kin information is not available. These cases require positive identification to be made using dental, fingerprint, medical or DNA records, or for extensive searches to be performed in pursuit of next-of-kin; these efforts can be very time-consuming but are ultimately rewarding.

The Coroner's office and Forensic Pathologist both provide testimony in court and at depositions. Staff participate in meetings with law enforcement and attorneys (both prosecuting and defending), in a variety of criminal and civil cases. Autopsy reports and related data from individual investigations are provided to appropriate agencies, including law enforcement, attorneys, Labor & Industries (OSHA), the Drug Enforcement Administration, and the Consumer Product Safety Commission. Case information on all child deaths (under 18 years old) is provided to the statewide Child Fatality Prevention Review Team. The Coroner's Office also works in a cooperative effort with regional organ procurement agencies (i.e. LifePoint) to facilitate organ and tissue donation for transplantation.

Death investigations require frequent contact between the Coroner's Office and various media personnel; staff members are skilled in responding to media inquiries. The entire staff participates in a variety of learning opportunities and conferences, and provides information and education on a regular basis to law enforcement, medical personnel, and citizens of Greenwood County on various aspects of the role and function of the Coroner's Office. The data collected and presented in this and other Coroner reports also provides baseline information for further analysis. Coroner staff analyzes data to study relevant death investigation topics which have applications in such fields as law enforcement, medicine, law, social sciences, epidemiology, and injury prevention.