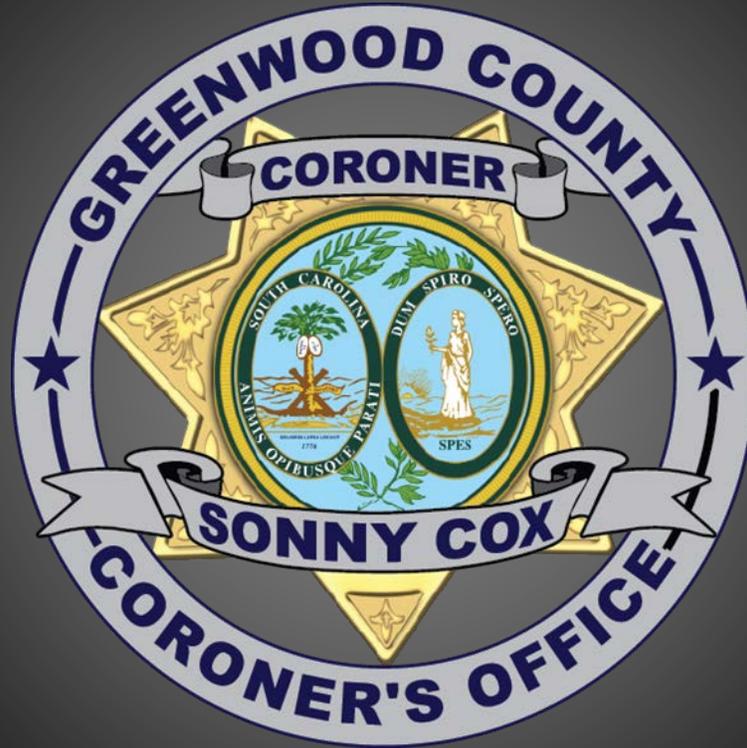


2015 Annual Report



An Internationally Accredited Agency

Roy "Sonny" Cox Jr. D-ABMDI
Coroner

Office of the Coroner,
Greenwood County, SC

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Greenwood, SC 29646

864.942.8552

It is recognized that each case in this report represents the death of a person whose absence is grieved by relatives and friends. To those individuals of Greenwood County who have suffered the loss of a relative or friend, this report is dedicated.



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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.scstatehouse.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 2015 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, abuse of drugs, 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 456 square miles of Greenwood County. Information from the 2015 census from the U.S. Census Bureau lists Greenwood County as having a population of 69,838 which is an increase of .46% over the previous calendar year of having 69,520¹. The county contains all or parts of the following cities and towns: Greenwood City, Ware Shoals, Ninety Six, Troy, 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. 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.² 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 hour³. 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.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. In their most recent 2014 publishing they report the following statement about Illicit Drug Use: “The estimated 27.0 million people aged 12 or older who were current illicit drug users in 2014 represent 10.2 percent of the population aged 12 or older. Stated another way, 1 in 10 individuals aged 12 or older in the United States used illicit drugs in the past month.” The percentage of people aged 12 or older who were current illicit drug users in 2014 was higher than the percentages from 2002 to 2013. Figure 1 Table. Past Month Illicit Drug Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2014⁴

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
12 or Older	8.3	8.2	7.9	8.1	8.3	8.0	8.1	8.7	8.9	8.7	9.2	9.4	10.2
12-17	11.6	11.2	10.6	9.9	9.8	9.6	9.3	10.1	10.0	10.0	9.5	8.8	9.4
18-25	20.2	20.3	19.4	20.1	19.8	19.8	19.7	21.4	21.6	21.4	21.3	21.5	22.0
26 or older	5.8	52.6	5.5	5.8	6.1	5.8	5.9	6.3	6.6	6.3	7.0	7.3	8.3

Nonmedical uses of Psychotherapeutic Drugs are listed in four categories of prescription-type drugs (**pain relievers, tranquilizers, stimulants, and sedatives**) cover numerous medications that currently are or have been available by prescription. They also include drugs within these groupings that may be available as prescription medications but currently are much more likely to be manufactured and distributed illegally; one such drug is methamphetamine, which is included under stimulants.

¹ <http://www.census.gov/quickfacts/table/PST045215/45047>

² *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.

³ *Alcohol Toxicology for Prosecutors, Targeting Hardcore Impaired Drivers*, July 2003, American Prosecutors Research Institute, Alexandria, VA, Pg. 16

⁴ <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

Aged 12 to 17

An estimated 655,000 adolescents aged 12 to 17 were current nonmedical users of psychotherapeutic drugs in 2014.

Aged 18 to 25

In 2014, an estimated 1.6 million young adults aged 18 to 25 were current nonmedical users of psychotherapeutic drugs, which corresponds to 4.4 percent of young adults

Aged 26 or Older

There were 4.3 million adults aged 26 or older in 2014 who were current nonmedical users of psychotherapeutic drugs. This number corresponds to 2.1 percent of adults aged 26 or older.⁵

The Greenwood Coroner's Office, with the leadership of Coroner Cox, continues to make proactive attempts to reduce the dangers of driving among all ages. What is distracted driving one may ask? Distracted driving is any activity that could divert a person's attention away from the primary task of driving. All distractions endanger driver, passenger, and bystander safety. These types of distractions include: Texting, using a cell phone or smartphone, eating and drinking, talking to passengers, grooming, reading, including maps, using a navigation system, watching a video, adjusting a radio, CD player, or MP3 player. In 2015 this office increased its community awareness goal through increased involvement and educating numerous neighborhood meetings, church groups, and countless hours in high school classrooms training those who can make a difference.

Total Cases/Reportable Deaths

In 2015, there were a total of 928 deaths in Greenwood County. Of these deaths, 745 were reported to the Greenwood Coroner's Office by medical and law enforcement personnel where the Office provided various degrees of investigative services for each of these 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 406 (54.5%) 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 2015), investigation of found human remains (none in 2015), and unidentified and/or unclaimed bodies (none in 2015).

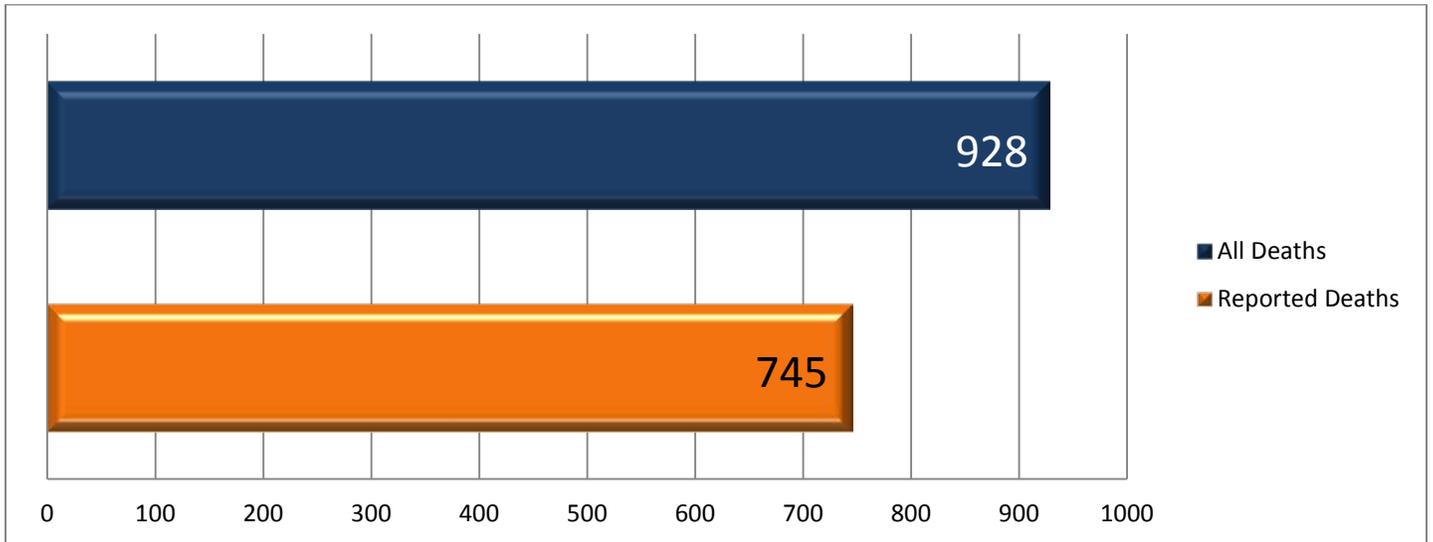
The following tables and figures summarize the manner of death in all cases reported to the Coroner's Office. Of the cases that fell under the Coroner's jurisdiction, a majority (95.17%) were under the natural category,

⁵ <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

followed by homicidal deaths (.40%), suicide deaths (1.07%), and accidental deaths comprising only 3.35% of the cases.

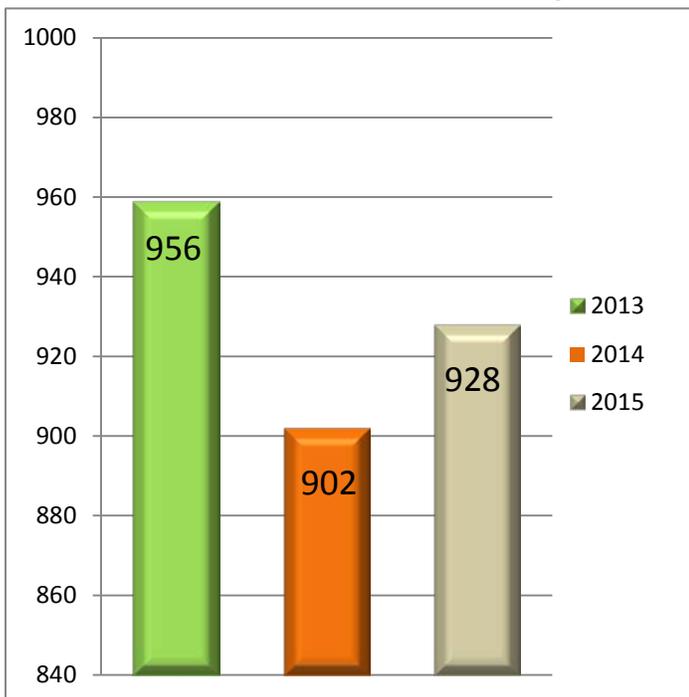
STATISTIC TOTALS

All Greenwood County Deaths -----928⁶
 Reported and/or worked by the Greenwood County Coroner ----- 745

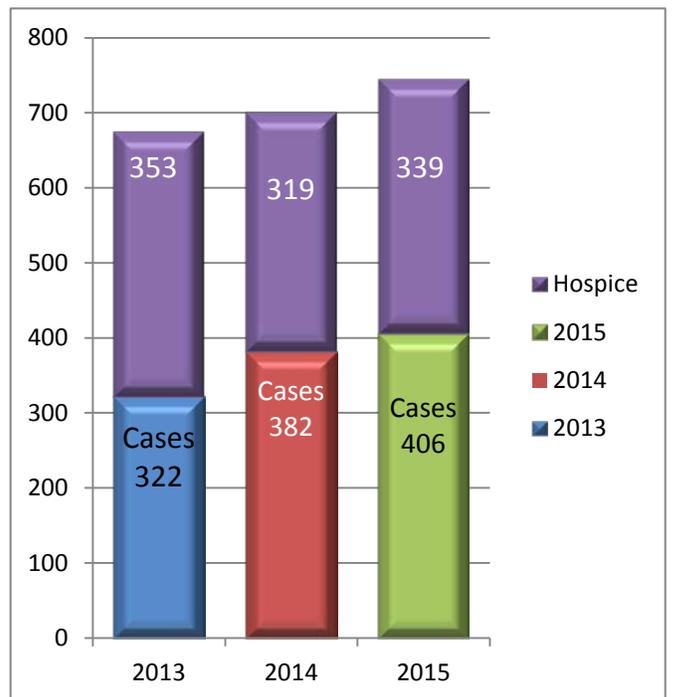


2015 Totals

Total Deaths in Greenwood County



Greenwood Coroner's Office Call Volume

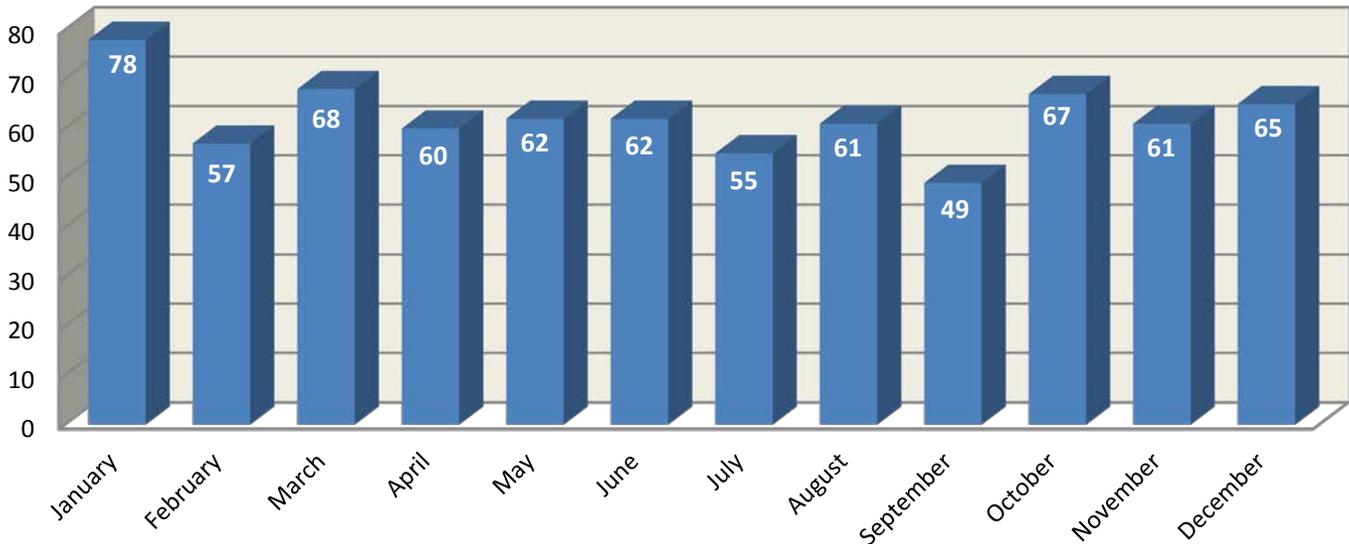


⁶ DHEC Vital Records, February 2016

STATISTIC BY MONTH

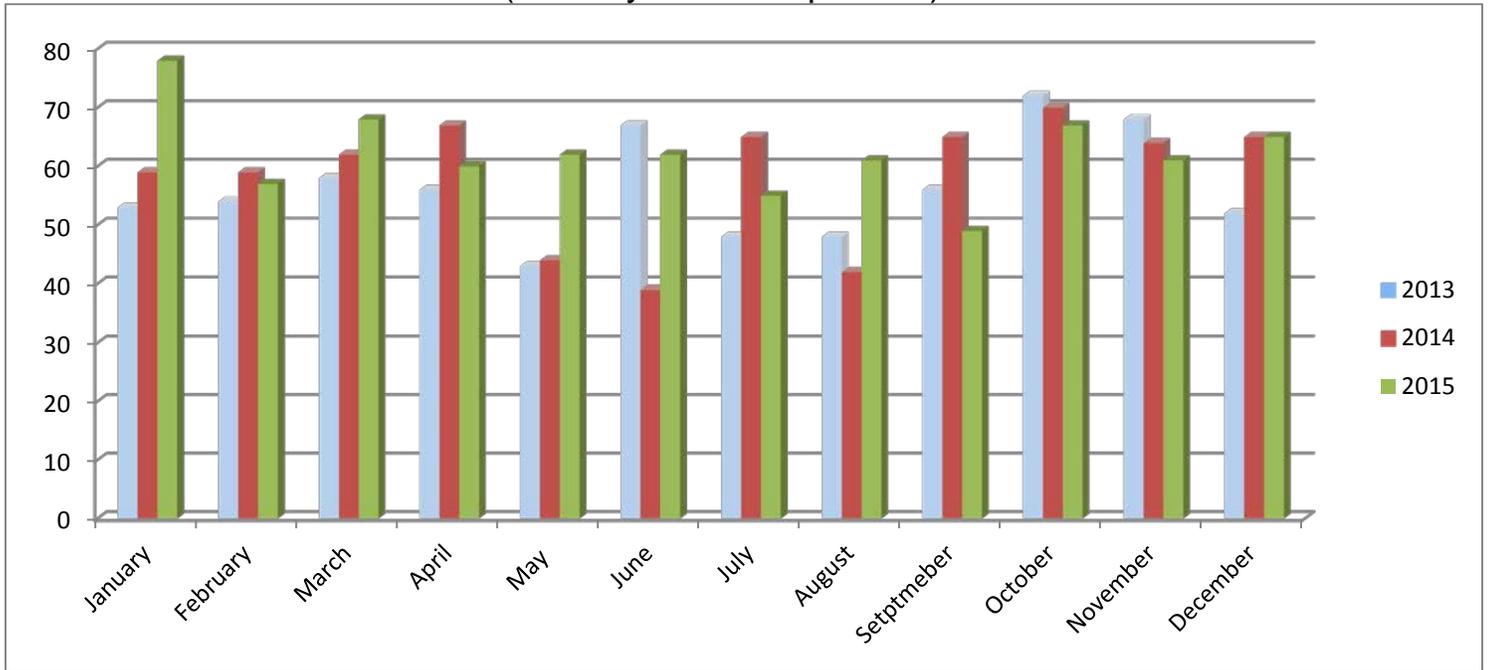
Month	Cases	% Per Month
January	78	10.46%
February	57	7.64%
March	68	9.12%
April	60	8.04%
May	62	8.31%
June	62	8.31%
July	55	7.37%
August	61	8.18%
September	49	6.57%
October	67	8.98%
November	61	8.18%
December	65	8.84%
Total	745	100 %

2015 Monthly Call Volume

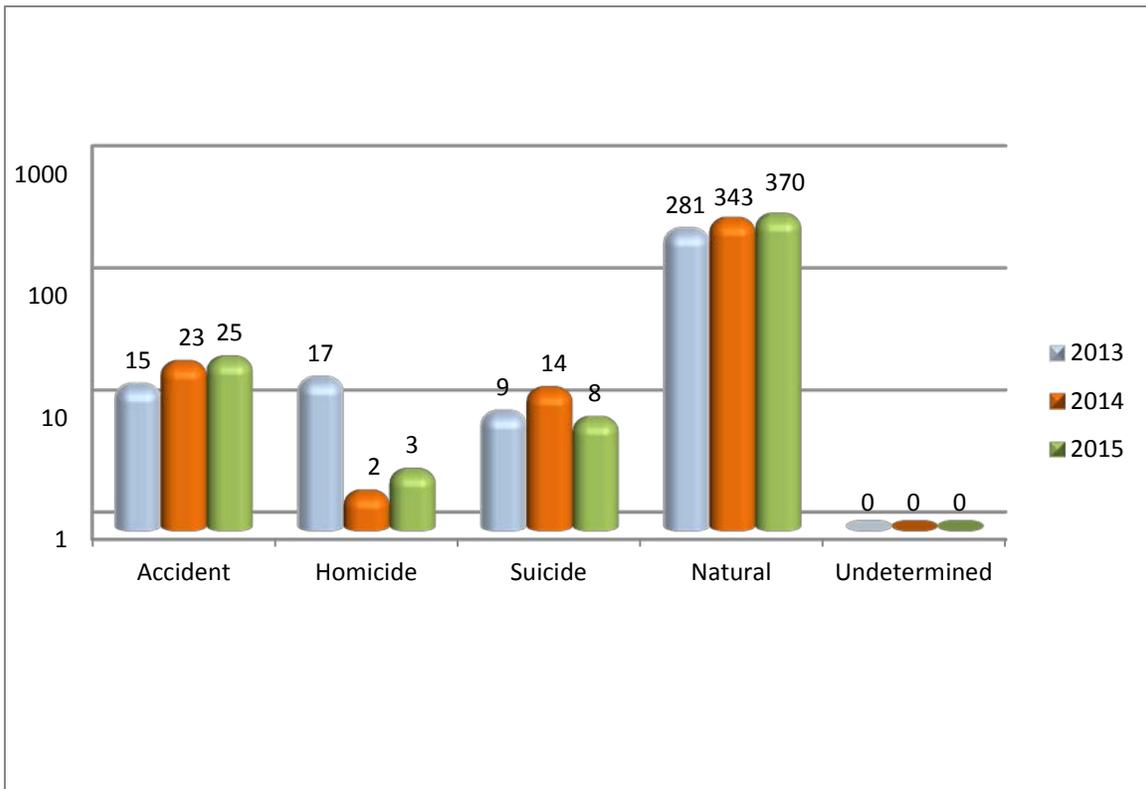


THREE YEAR CALL VOLUME COMPARISON

(Monthly Call Comparison)

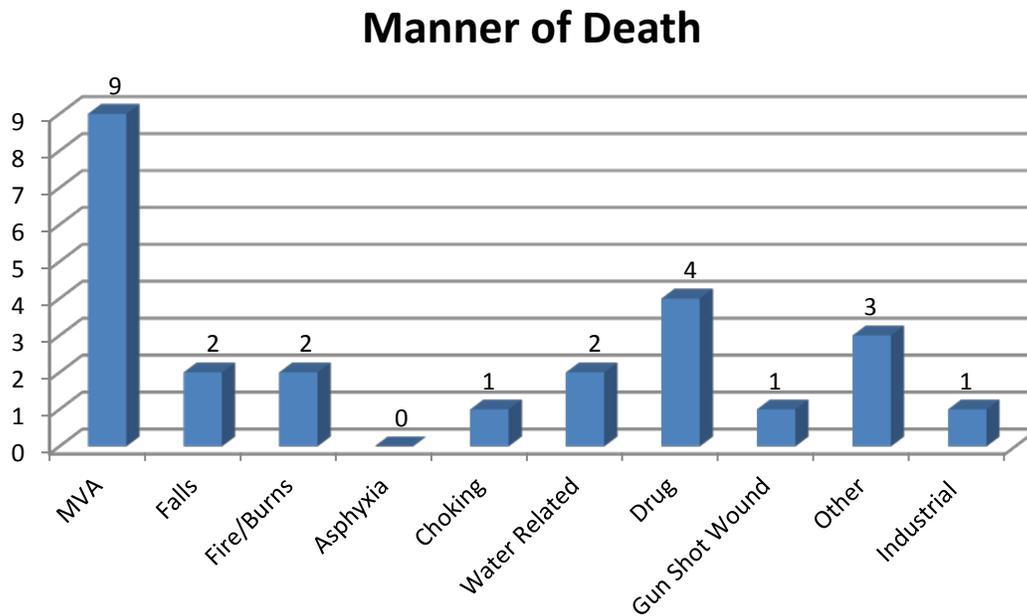


(Three Year Manner of Death Comparison)



Accident

25 deaths (3.35%) were certified as accidental during the 2015 calendar year, including traffic fatalities which accounted for the largest single group of accidental fatalities.



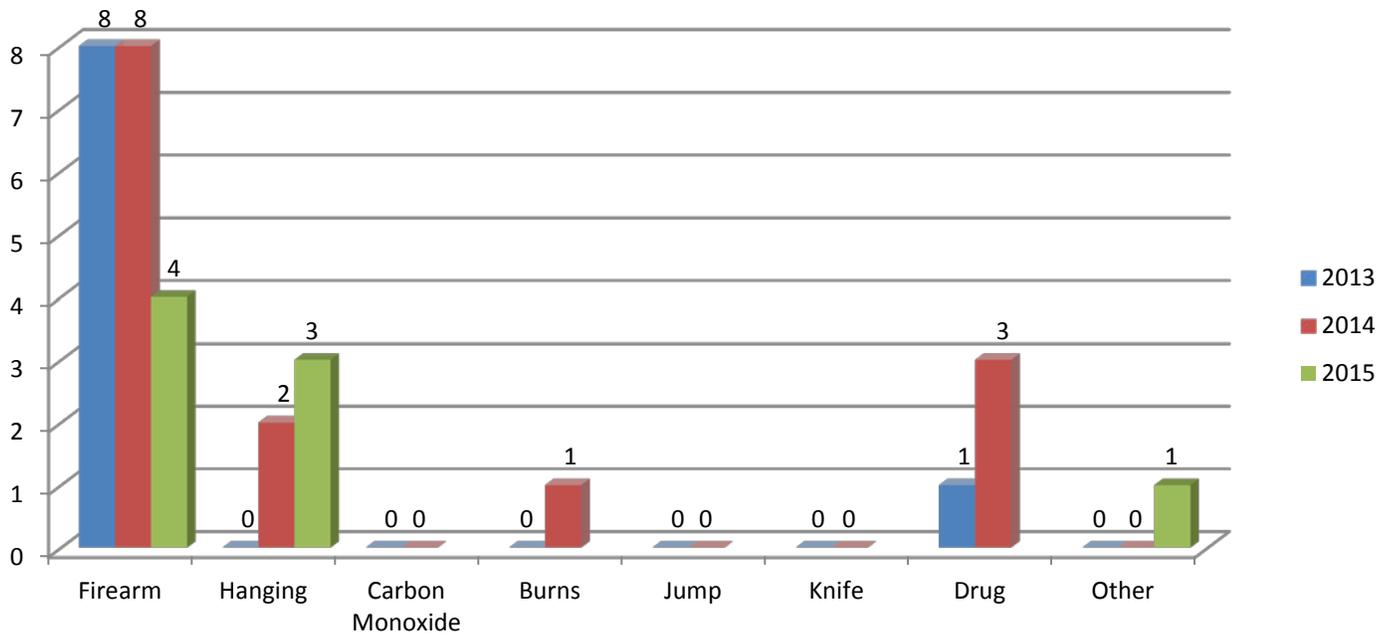
Homicide

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 2015, 3 deaths were classified as homicide, totaling approximately .40% of the yearly death investigations for this year. In comparison in 2014, 2 deaths were classified as homicide. Over the past four years, the Greenwood Coroner's Office has seen slight variation in the number of homicide deaths from year to year; the 17 homicides in 2013, 9 homicide deaths in 2012, 8 homicide deaths in 2011, and 5 homicide deaths in 2010.

Suicide

Suicides are those deaths caused by self-inflicted injuries. During 2015, there were 8 deaths in Greenwood County, accounting for 1.07% of deaths under the Coroner's jurisdiction. In comparison, there were 14 suicidal deaths in Greenwood County, accounting for 2% of deaths in 2014. There were 9 suicidal deaths during the 2013 year. A vast majority of suicides occurred at a residence. In both 2015 and 2014, gunshot wounds were the most common method used to commit suicide. The remaining decedents utilized various methods including but not limited to drug overdoses and hanging.

Three Year Suicide Comparison



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 this Office. Cardiovascular disease and cancer 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, and other forms of cancer.

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 2015, with extensive research, complete autopsies, scene investigation, and toxicology testing there were no undetermined deaths in Greenwood County.

Coroner Activity

The staff of the Coroner’s Office is involved in a wide variety of activities which 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.

GREENWOOD COUNTY – 2014 Profile

Date Formed:	1897
Land Area (square miles):	456
County Seat:	Greenwood
Other Cities and Towns:	
Hodges, Ninety Six, Troy, Ware Shoals	
Form of Government:	Council-Manager
Council Members:	7
Method of Election:	Single Member
Term Length:	4 years
Council of Government:	Upper Savannah

The 2015 Greenwood County Profile
will not be updated until later in 2016. For
updated information please visit
www.statelibrary.sc.gov/sc-counties.

County History

Greenwood County takes its name from its county seat, Greenwood. The town of Greenwood was named around 1824 for the plantation of an early resident, John McGehee. Greenwood County was formed in 1897 from parts of Abbeville and Edgefield counties, which were originally part of the old Ninety Six District. This part of the backcountry was not settled until the mid-eighteenth century. The town of Ninety Six was established as a frontier trading post around 1730, and it was the site in November 1775 of one of the first South Carolina battles of the American Revolution. In May 1781, American forces besieged the British-held Star Fort at Ninety Six for over a month, but were forced to withdraw when British reinforcements approached. The arrival of the railroad in 1852 stimulated cotton growing and textile manufacturing in this area. Local plantation owner Francis Salvador (1747-1776), who was killed fighting Cherokees during the Revolutionary War, was the first Jewish person elected to the state legislature. U.S. Congressman Preston Smith Brooks (1819-1857) and educator Benjamin Mays (1894-1984) were also residents of Greenwood County.

Population Trends

	<u>Value</u>		<u>Value</u>
Census Population 1990	59,567	Numeric Change Census 1990-2010	10,094
Census Population 2000	66,271	Percent Change Census 1990-2010	16.9%
Census Population 2010	69,661	Numeric Change Pop. Est. 2010-2013	62
Population Estimate 2012	69,800	Percent Change Pop. Est. 2012-2013	0.1%
Population Estimate 2013	69,723	Avg. Annual Growth Rate 2010 - 2013	0.0%
Persons Per Square Mile	152.8		

Economic Data

	<u>Value</u>		<u>Value</u>
Jobs 2012	30,205	Personal Income 2012, in thousands	\$2,259,945
Jobs 2011	30,117	Avg. Annual Growth Rate, 1969 - 2012	6.4%
Jobs 2010	29,900	Per Capita Personal Income 2012	\$32,398
Jobs 2000	35,543	% of U.S. Per Capita PI 2012	74.1%
Jobs 1990	31,880	Average Wage Per Job 2012	\$37,615
Avg. Ann. Growth Rate Jobs 1990-2010	-0.3%	% of U.S. Avg. Wage Per Job 2012	75.8%
Percent Change Jobs 2010-2012	0.3%	Unemployment Rate 2013	8.7%
Numeric Change Jobs 2011-2012	88		

Tax Data

	<u>Value</u>		<u>Value</u>
Assessed Property 2012	\$244,568,187	Per Capita Assessed Property 2012	\$3,511
County Base Millage Rate 2013	0.0743	Additional Sales Tax, if applicable:	
Value of One Mil 2013	\$161,658	Local Option	
Net Taxable Sales FY12	\$558,556,801	Capital Projects	Ended 06-12
State Admissions Tax FY12	\$298,226	School District	
State Accommodations Tax Collected FY12	\$148,079	Transportation	
		Edu. Capital Improvement	

County Finance & Employment Data

	<u>Value</u>		<u>Value</u>
Total Revenues FY12	\$37,653,400	Per Capita Revenues FY12	\$541
Total Expenditures FY12	\$42,166,710	Per Capita Expenditures FY12	\$605
General Fund Budget FY14	\$19,264,488	Per Capita Gen. Fund Budget FY14	\$277
Total Debt Outstanding FY13	\$12,482,319	Per Capita Debt Outstanding FY13	\$179
Payroll FY14	\$14,986,684	Credit Rating(s) FY13, if applicable:	
Full-Time Employees FY14	390	Moody's	Aa3
Part-Time Employees FY14	107	Standard & Poor's	AA-
Full-Time Emp/1,000 Cnty Residents	5.60	Fitch	

County histories obtained from the S.C. State Library Reference Room at www.statelibrary.sc.gov/sc-counties. All other sources listed in the appendix tables. SCAC - County Profiles