DEKALB COUNTY MEDICAL EXAMINER'S OFFICE



ANNUAL REPORT

GERALD T. GOWITT
CHIEF MEDICAL EXAMINER

PATRICK L. BAILEY
DIRECTOR



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REPORT PREPARED BY: CLAIRE WALICZEK, EKENE NWANKO & JENNA AUNGST

DEPARTMENT LOCATION

ADMINISTRATIVE &
OPERATIONAL FACILITY
WITH MORGUE

3550 KENSINGTON ROAD DECATUR, GEORGIA 30032





MISSION STATEMENT

DeKalb County Medical Examiner's Office will provide comprehensive professional forensic death investigations and conduct exhaustive post mortem examinations within our jurisdiction, for it is not justice that we seek, but the truth in death so that justice may be served.

DEPARTMENT DESCRIPTION

The DeKalb County Medical Examiners
Office performs investigations, post mortem
examinations, and forensic scientific testing
into deaths that are required by law to be
reported under the provisions of the Georgia
Death Investigation Act.

Department promotes the following DeKalb County Strategic Priorities:

- Enhanced Public Safety
- Ensure Efficient Operations
- Invest in Employees
- Improve Internal Communication, Collaboration, and Implementation
- Promote Fiscal Integrity



GEOGRAPHIC INFORMATION

Area: 271 mi²

Population: **759,297**

Age:

< 5: 6.9%6 - 18: 23%

• 19 - 64: **57.2**%

• > 65: **12.9**%

Sex:

Females: 52.8%Males: 47.2%

Race & Ethnicity:

• Black or African American: 54.8%

White: 35.9%Asian: 6.5%

American Indian or Alaskan

Native: **0.5**%

Two or More Races: 2.2%Hispanic or Latino: 8.5%

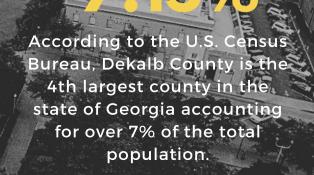
• White alone, not Hispanic or

Latino: 29.3%

Veterans: 4.8%

Foreign born persons: 16.4%





FACILITIES

Age of Building: 23 years

Size of Facility: 18,238 sq.ft

Size of Autopsy Suite: 1,200 sq.ft

Number of Autopsy Tables: 15

SUPPORT SERVICES

Toxicology Lab: Georgia Bureau of Investigations (GBI) Crime Lab & NMS

Radiologic and Histology Facilities are located on-site

Forensic Science Lab: Georgia Bureau of Investigations (GBI) Crime Lab

Forensic Dentistry: Dr. Thomas David

Forensic Anthropology: Dr. Rick Snow

Forensic Neurology: Dr. Stephen Hunter

Forensic Entomology: University of Georgia Entomology Department

Size of Autopsy Suite: 1,200 sq.ft

Number of Autopsy Tables: 15

JURISDICTION

The DeKalb County Medical Examiner (DKME) serves all incorporated and unincorporated areas within DeKalb County. In 2019, these areas included the cities of Atlanta, Avondale, Brookhaven, Chamblee, Clarkston, Decatur, Doraville, Dunwoody, Lithonia, Pine Lake, Stone Mountain, Stone Crest, Tucker, unicorporated DeKalb County and other areas served by special law enforcement agencies such as Georgia State Patrol, MARTA and post secondary educational institutions campus police/law enforcements agencies

As per State Law, deaths occuring on State owned and/or State leased property are investigated by the State Medical Examiners Office

Under the provisions of the Georgia Death Investigation Act (§ 45-16-20), DKME investigates deaths that are suspected or known to have resulted from external causes, 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.



GEORGIA DEATH INVESTIGATION ACT

The Georgia statute detailing the duties of Medical Examiners in Georgia is detailed within the Official Code of Georgia Annotated, Title 45, Chapter 16, titled the "Georgia Death Investigations Act."

The type of death(s) required to be reported to the Medical Examiner include:

- Violence (injury)
- Casualty (accident)
- Suicide
- Suddenly when in apparent good health
- When unattended by physician (a PCP has not been located or refuses to sign the death certificate)
- Suspicious or unusual
- Children under 7 if death is unexpected or unexplained
- Executions pursuant to death penalty
- Inmate of state hospital, or state, county, or city penal institution
- Admitted to hospital unconscious and dying within 24 hours without regaining conciousness

Decisions about autopsies are not mandated and are left to the discretion of the Medical Examiner.

When a death is reported to DKME, the case is either accepted (AJ) or declined (DJ). If a case is accepted, it means that the Medical Examiner will be certifying the death and will sign the death certificate.

A case is accepted if it meets the criteria specified in the Georgia Death Investigation Act, and:

- The agonal events that caused and/or contributed to death occurred in DeKalb County, or
- If the place of incident or onset of fatal events is unknown, the death occurred or the dead body was found in DeKalb County

A case is declined for two reasons:

- The agonal events that caused or contributed to death did not occur in DeKalb County
- The deceased was in the direct care of a physician and/or hospice care who will certify the death.

MESSAGE TO THE BOARD OF COMMISSIONERS & CITIZENS OF DEKALB COUNTY

The DeKalb County Medical Examiner's Office investigates sudden, violent, unexpected, and suspicious deaths that occur in DeKalb County. The Office of the Medical Examiner certifies death after investigation and postmortem examination and issues the death certificate as required by law. Complete findings of the death investigation are distributed to families and law enforcement agencies as appropriate.

The main duties of the Office of the Medical Examiner are to determine the cause and manner of death, and certify deaths that are reported to the medical examiner. The cause of death is the disease process or injury that resulted in death. There are thousands of diseases and injuries that may result in death. The manner of death is a classification in which a determination is made regarding whether the death resulted from natural causes, homicide, suicide, or an accident. On occasion, the manner of death is classified as indeterminate.

Information collected during the investigation helps clarify the circumstances, such as the sequence of events prior to death. Evidence collected during an investigation and/or postmortem examination may help lead to the arrest or successful conviction of a suspect in a homicide case. Because deaths occur around the clock, medical examiner staff members are available 24 hours a day, 365 days per year.

With the skill and experience of the medical examiner investigators and board-certified forensic pathologists. We believe the quality of death investigations in DeKalb County are among the best in the State. The death scene investigation reports filed by the investigators are very thorough and supply comprehensive information to the medical examiners.

Our medical examiners and investigators also extend their duties to the living by answering questions and addressing concerns regarding deaths within the county. Medical examiner investigators frequently make personal contact with family members of a deceased and assist them by providing appropriate answers regarding the circumstances of the death. Medical examiner investigators are supplied with a pamphlet for distribution to families. The information provides answers to common questions and facts about autopsies and also provides resource information pertaining to grief counseling.

In 2008, our office contributed significant input toward the implementation of a web based death investigation report system. After providing assistance to Occupational Research and Assessment, Inc. of Big Rapids, Michigan, the Medicolegal Death Investigation Log or, MDI Log was launched in June of 2008. MDI Log is a comprehensive investigative report/database system that enables the Medical Examiner to review death scene investigation information from a secure Internet site any time of the day. MDI Log enables Medical Examiner Investigators to submit death scene investigation reports via the Internet in an efficient manner. MDI Log has evolved to become a valuable tool for our office and it is now available to medical examiner offices across the country.

We extend our sincere gratitude to the DeKalb County Board of Commissioners for their support of the medical examiner program and the services we provide to the citizens of the DeKalb County.

PATRICK L. BAILEY
Director

MEDICAL & SOCIAL HISTORY

- The medical and social history of a person can be directly linked to a cause of death. If there is no medical history, meaning the person was in apparent good health, without injury, then an autopsy will most likely be conducted.
- When a person indulges in risky behavior such as illegal and legal drug abuse then an autopsy will be conducted.
 Alcoholics will be considered for autopsy as well.

COMMON MEDICAL HISTORIES THAT DO NOT REQUIRE AUTOPSY

- Atherosclerotic Cardiovascular Disease (ASCVD)
- Congestive Heart Failure (CHF)
- Hypertensive Cardiovascular Disease (HCVD)/High Blood Pressure (HBP)
- Obesity
- HIV/AIDS
- Cancer
- Renal Disease
- Pacemaker
- Diabetes
- Terminal Disease

NO MEDICAL HISTORY DEATHS THAT REQUIRE AUTOPSY

- Infants with no known illness or disease
- Children with no known illness or disease
- Adults with no known or known illness or disease
- No cold, fever, or flu like symptoms
- Adult with controlled diabetes, asthma, or HCVD/HBP
- Homicide
- Suicide
- Accidents (traffic accidents, work accidents, accidents at the home)
- Natural death
- Sudden Infant Death Syndrome (SIDS)/Sudden Unexpected Infant Death Syndrome (SUIDS)
- Requested by family (upon approval)

HOW THE MEDICAL EXAMINER CERTIFIES A DEATH

There are four common approaches:

- **Sign-out** the death certified after reviewing medical records and interview statements. This generally occurs after a physician certifies a death noting some injury, trauma, and/or toxicity was exhibited.
- 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
- Full autopsy complete postmortem examination with a dictated report
- Limited dissection a 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

MANNER OF DEATH CLASSIFICATIONS

- Natural deaths are due to a natural disease process, infection, virus, and/or the aging process.
- Accidental deaths occurs 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. 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, based on all available information.

GENERAL RESPONSE

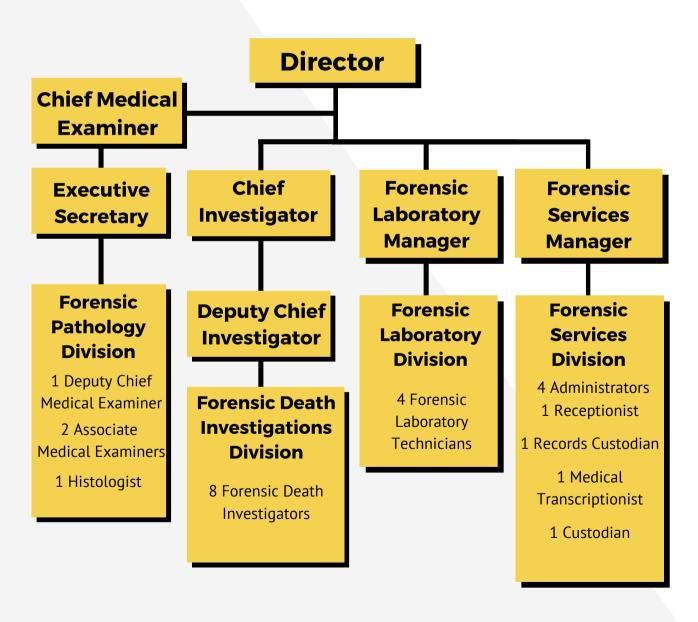
When a death is reported to DCMEO, the case is assigned a sequential case number.

Basic information is obtained on all cases reported. Medical Examiners Investigators, in consultation with the 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 needs to be transported to the DeKalb County Medical Examiner's Forensic Science Center.

The Medical Examiner then makes decisions about the type of examination to be conducted and the extent of additional testing to be performed.

DCMEO BUDGET & ORGANIZATIONAL CHART

FY19 Operating Budget was \$3.012 million. The DCMEO staff consists of 30 full-time employees and 1 part-time employee:



MEDICAL EXAMINER STAFF

Gerald Gowitt, M.D.

Chief Medical Examiner

Christy Cunningham, D.O

Associate Medical Examiner

Patrick Bailey

Director

Jess Dillard

Medical Examiner's Investigator

Richard Grant

Medical Examiner's Investigator

E. P. Sliz

Medical Examiner's Investigator

Lance Taylor

Medical Examiner's Investigator

Deandra DeWalt

Medical Examiner's Investigator

Jason Crawford

Forensic Laboratory Manager

Keonna Jones

Forensic Autopsy Technician

Andrew Adesinmilolu

Forensic Autopsy Technician

Gail Gowitt-Parker

Custodian of Records & Case Manager

Ashlea Ma

Executive Assistant

Desiree Benton

Office Assistant/Receptionist

Rachael Paul-Hus

Administration Assistant

Geoffrey Smith, M.D.

Deputy Chief Medical Examiner

Rachel Geller

Associate Medical Examiner

Kyle McGlamery

Deputy Chief Investigator

Amber Winslow

Medical Examiner's Investigator

Eric Minter

Medical Examiner's Investigator

Brian Jones

Medical Examiner's Investigator

Linda Gochenouer

Forensic Services Manager

Eli Gonzalez

Medical Examiner's Investigator

Erika Burgess

Forensic Autopsy Technician

Marquel Johnson

Forensic Autopsy Technician

Laurie Blanton

Histologist

Rosemary Burns

Records Custodian

Keisa Heath

Medical Legal Transcripitonist

Desiree Benton

Receptionist

Cali Dyke

Custodian

DEKALB COUNTY MEDICAL EXAMINER CASES

Population	759,297
Cases Reported to Medical Examiner	1,950
A. Number of deaths certified after postmortem examination	1,031
 Number of Medical Examiner Cases with Complete Autopsy 	283
 Number of Medical Examiner Cases with External Examination 	216
 Number of Medical Examiner Cases with Limited Examination 	178
B. Number of Deaths certified without postmortem examination	354
C. Number of deaths not certified by Medical Examiner's Office after investigation	565

DEFINITIONS

Full Autopsy: A Complete external and internal examination of a decedent **Limited Examination**: An examination which is focused on a specific organ or region of the body, i.e., heart. The limited examination also inludess an external examination

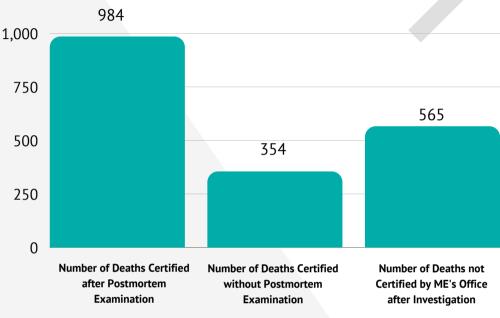
External Examination: An examination of the exterior of a decedent

ALL 2019 REPORTED CASES

Out of the 4,847 total deaths in Dekalb County, 1,950 unique deaths reported to the office.

Jurisdiction	Manner of Death	Frequency/Amount Autopsied
Accepted Jurisdiction		
	Accident (Non-Traffic)	200/150
	Accident (Traffic)	75/53
	Homicide	143/138
	Natural	445/254
	Suicide	98/74
	Undetermined	28/28
	Cases Still Open from 2019	0
Tot. Accepted Jurisdiction		1,017/698
Tot. Declined Jurisdiction		919
Total		1,936

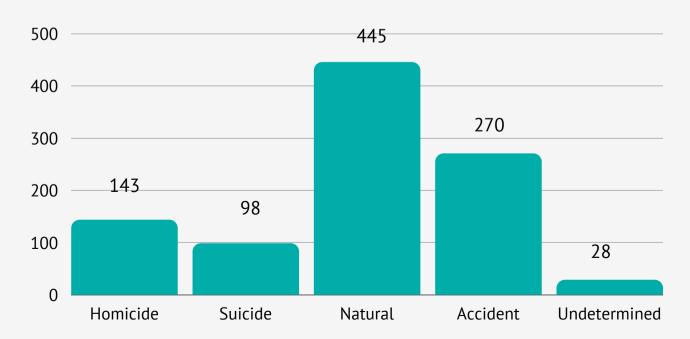




Of All Reported Cases:

- 283 Complete Autopsies
- 216 External Examinations
- 178 Limited Examinations

MANNER OF DEATH BY POSTMORTEM EXAMINATION



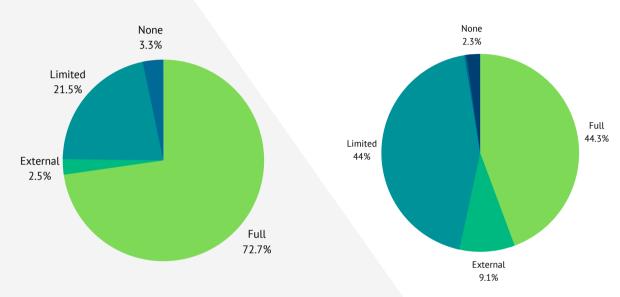
PROCEDURES ON ACCEPTED CASES

MANNER		TOTAL			
	Autopsy	External PM Exam/View	Limited Dissection	Sign-Out	
Accident	69	12	85	3	169
Accident (Traffic)	21	1	35	0	57
Homicide	137	0	4	0	141
Natural	103	32	155	32	322
Suicide	31	22	42	2	97
Undetermined	23	0	4	0	27
Pending Cases	0	0	0	0	0
Total	384	67	325	37	813

PROCEDURE TOTALS BY MEDICAL EXAMINER

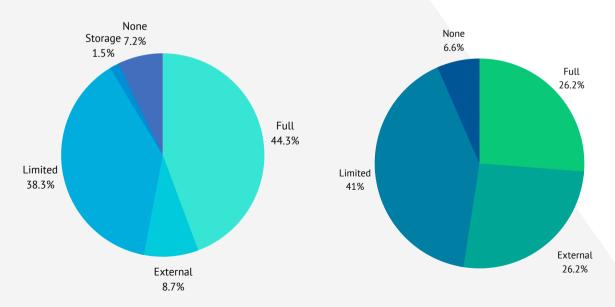
MEDI		
Medical Examiner	Procedure	Number of Cases
	Autopsy	88
	External PM Exam	3
Gerald T. Gowitt, M.D.	Limited Dissection	26
	Other/None	4
	Autopsy External PM Exam Limited Dissection	
	Autopsy	137
	External PM Exam	28
Geoffrey P. Smith, M.D.	Limited Dissection	136
,	Storage	1
	Other/None	7
	Autopsy	148
Christy Cunningham,	External PM Exam	29
, , ,	Limited Dissection	128
D. G .	Storage	5
	Other/None	24
	Autopsy	16
eoffrey P. Smith, M.D. Christy Cunningham, D.O. Rachel Geller, M.D.	External PM Exam	16
Rachel Geller, M.D.	Limited Dissection	25
	Other/None	4

PROCEDURE PERFORMED BY MEDICAL EXAMINER



Gerald T. Gowitt, M.D.

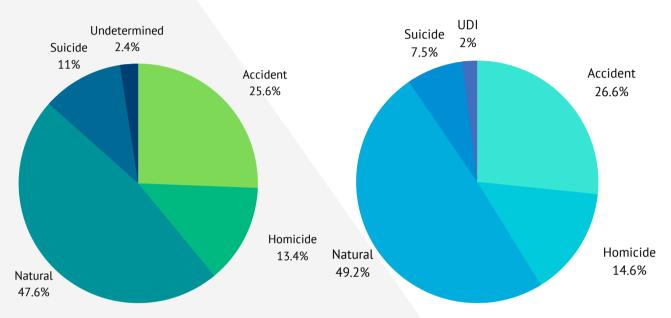




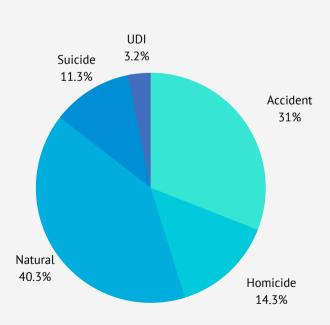
Christy Cunningham, D.O.

Rachel Geller, M.D.

MANNER OF DEATH BY MEDICAL EXAMINER

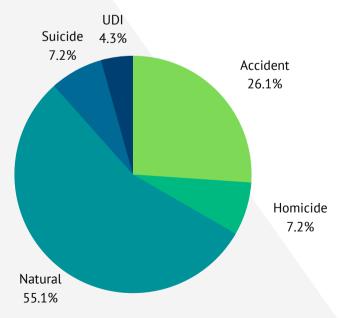


Gerald T. Gowitt, M.D.



Christy Cunningham, D.O.

Geoffrey Smith, M.D.



Rachel Geller, M.D.

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HOMICIDE DEATHS BY AGE, RACE & GENDER

	≤10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	0	0	0	0	0	0	0
АМ	0	0	1	1	0	0	0	0	2
BF	2	1	6	2	2	2	1	0	16
ВМ	1	9	45	26	15	8	1	0	105
HF	0	0	0	0	0	0	0	0	0
НМ	1	1	3	2	0	2	0	0	9
WF	0	0	0	2	2	1	0	1	6
WM	0	0	3	0	2	0	0	0	5
Total	4	11	58	33	21	13	2	1	143

HOMICIDE DEATHS BY WEAPON

Cause	Number of Deaths
AsphyxiaStrangulation	2
Blunt Force	7
Drug Death-Acute Intoxication	2
Fall from Height	1
Gun-Handgun	18
Gun-Not Specified	97
Gun-Pistol	5
Gun-Revolver	1
Gun-Rifle	3
Gun-Shotgun	1
Restraint-Associated	1
Gun-Shotgun	1
Sharp Instrument	3

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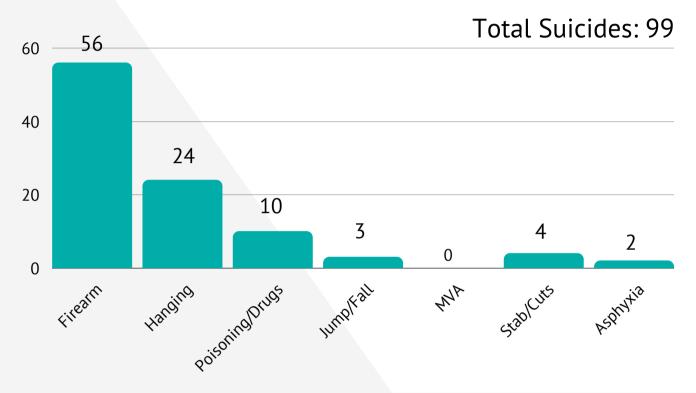
SUICIDE DEATHS BY AGE, RACE & GENDER

	≤1 0	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	2	0	0	0	0	0	2
АМ	0	1	1	0	1	0	2	1	6
BF	0	2	2	3	2	1	1	1	12
ВМ	0	0	6	2	7	3	3	0	21
HF	0	0	0	0	0	0	0	0	0
НМ	0	3	2	2	0	0	0	1	8
WF	0	0	0	2	4	4	1	0	11
WM	0	3	6	5	3	6	7	9	39
Total	0	9	19	14	17	14	14	12	99

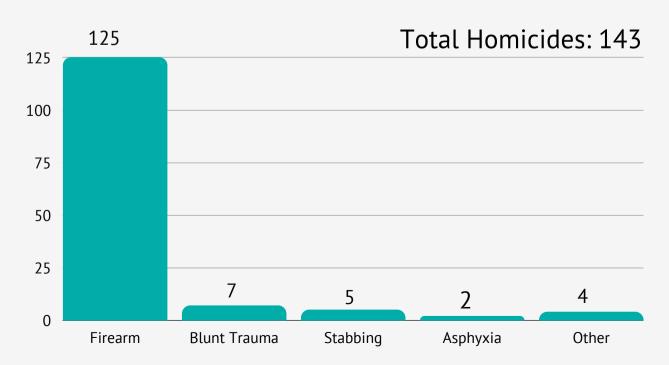
SUICIDE DEATHS BY TYPE

Cause	No. of Deaths
AsphyxiaHanging	24
AsphyxiaSuffocation	2
Drug DeathAcute Intoxication	4
Drug DeathMixed Drug Toxicity	5
Drug DeathPoisoning	1
Fall From Height	2
GunHandgun	18
GunNot Specified	0
GunPistol	19
GunRevolver	14
GunRifle	2
GunShotgun	3
Jump From Height	1
Sharp Instrument	2
Sharp InstrumentKnife	2

SUICIDE BY MEANS



HOMICIDE BY MEANS



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MOTOR VEHICLE ACCIDENTS BY AGE, RACE & GENDER

	<10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	0	0	0	0	0	0	0
AM	0	1	0	1	0	1	0	0	3
BF	1	1	5	2	2	2	6	3	22
ВМ	2	0	9	6	5	9	7	3	41
HF	0	0	1	0	0	0	0	0	1
НМ	0	1	3	0	0	1	0	0	5
WF	0	0	0	0	0	0	0	1	1
WM	1	0	2	0	1	3	1	0	8
Other	0	0	0	0	0	0	0	0	0
Total	4	3	20	9	8	16	14	7	81

MOTOR VEHICLE ACCIDENTS

Cause	No. of Deaths
MVA-Offroad	2
MVA-Bicyclist	3
MVA-Driver	30
MVA- Motorcyclist Driver	7
MVA- Occupant	5
MVA-Pedestrian	24
MVA-ATV	1
Blunt Force	9

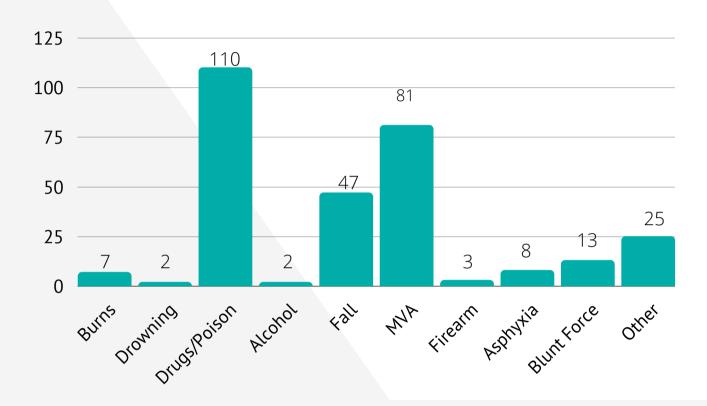
ACCIDENTS (NON-TRAFFIC RELATED) BY AGE, RACE & GENDER

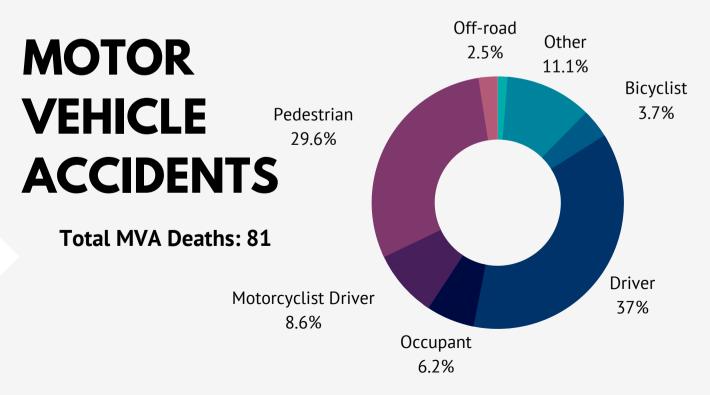
	<10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	0	0	0	0	0	0	0
AM	0	0	3	0	0	0	0	0	3
BF	1	0	2	4	4	4	5	5	25
ВМ	1	1	3	12	6	9	12	7	51
HF	0	0	0	0	0	0	0	0	0
НМ	0	0	2	1	1	1	0	1	6
WF	0	0	3	5	4	10	2	18	42
WM	0	0	13	16	9	13	7	13	71
Other	0	0	0	0	0	0	0	0	0
Total	2	1	26	38	24	37	26	44	198

ACCIDENTS (NON-TRAFFIC RELATED)

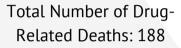
Cause	No. of Deaths	Cause	No. of Deaths
Asphyxia-Cafe Coronary	1	Explosion	1
Asphyxia-Compression	1	Fall	15
Asphyxia-Foreign Body	2	Fall- Down Steps	6
Asphyxia-Hanging	2	Fall- From Height	4
Asphyxia-Positional	2	Fall- Standing Height	22
Blunt Force	12	Fire	5
Cardiac	5	Gun-Not Specified	2
Drowning	2	Gun-Revolver	1
Drug Death-Acute Intoxication	52	Hyperthermia-Exogenous	1
Drug Death-Chronic Abuse	1	Hypothermia- Exogenous	1
Drug Death-Mixed Drug Toxicity	49	Transportation-Private Aircraft	1
Drug Death- Poisoning	8	Nonspecific Natural	1
Electrical	1		

ACCIDENTAL DEATHS BY TYPE

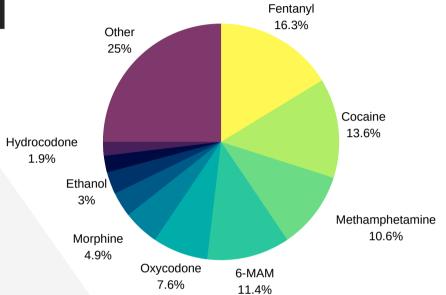




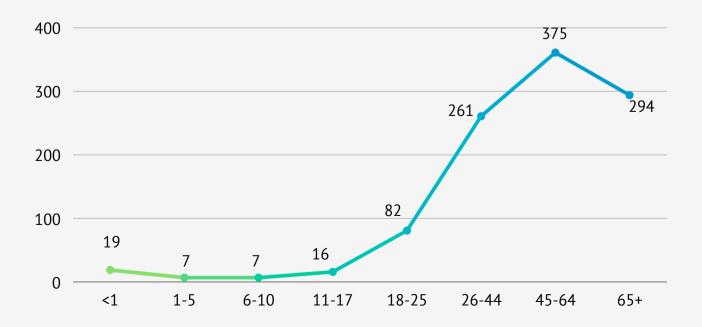
DRUGS THAT CONTRIBUTED TO DEATH



Results were provided by
Georgia Bureau of
Investigation's (GBI)
Division of Forensic
Sciences (DOFS)
Toxicology Section &
National Medical
Services (NMS)
Laboratory



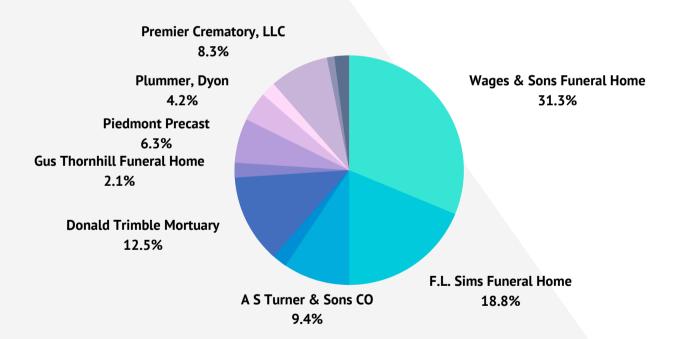
DEATHS BY AGE GROUP



INDIGENT BURIALS

An indigent burial is when the family of the decadent cannot afford a funeral or cremation, or if the decadent is unclaimed.

Total Number of Indigent Burials: 126

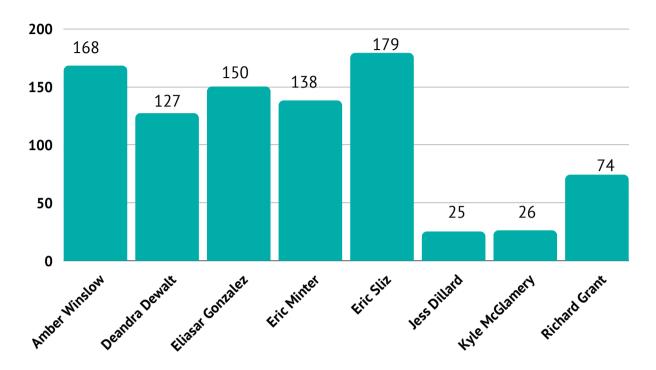


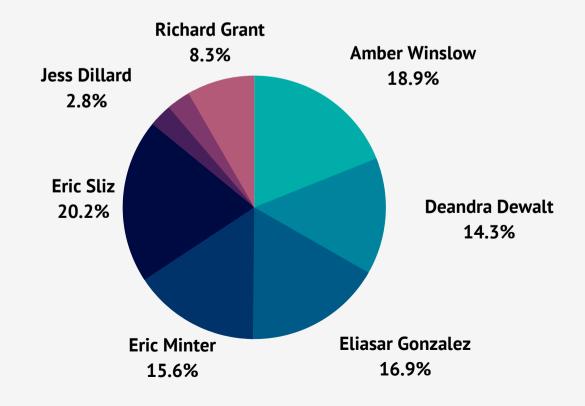
Total amount spent on Indigent Burials: \$89,239.05

CASES BY INVESTIGATOR

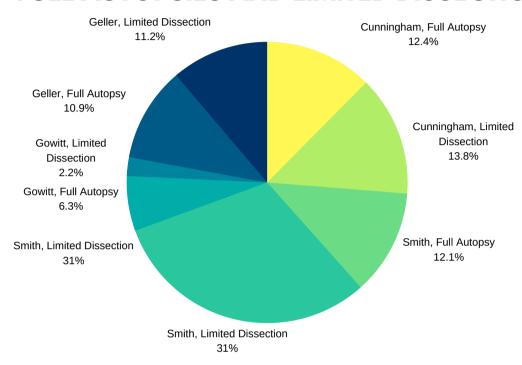


INVESTIGATOR CASELOAD

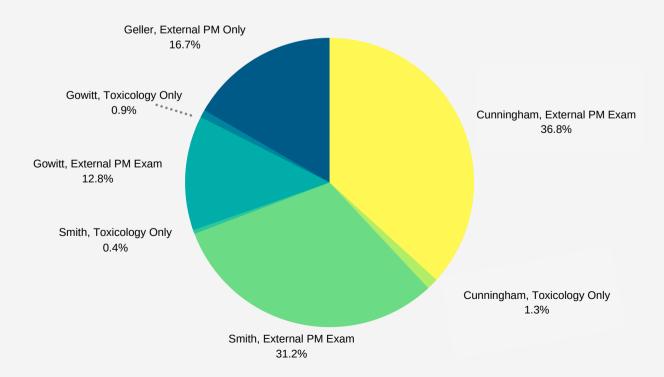




PATHOLOGIST PROCEDURES FULL AUTOPSIES AND LIMITED DISSECTIONS



EXTERNAL AND TOXICOLOGY ONLY



FACILITY TOTALS

- Total GBI Blood Alcohol Concentration: 489
- Total GBI Toxicology: 513
- Total NMS Toxicology: 213
- Total Number of Bodies Transported to Facility: 896
- Total Number of Exhumations: 0
- Total Number of Tissue Procurement with LifeLink of Georgia: 7 Organ Donors & 52 Tissue Donors
- Total Unidentified/Unclaimed Remains: 4
- Total Number of Scenes Investigations: 550

PLEASE CONTACT **OUR OFFICE AT** (404)508-3500IF YOU HAVE ANY QUESTIONS THANK YOU!