



**The  
West Virginia  
Handbook  
For  
Performance of Death Investigation  
and Certification**

***2007 Edition***

*This edition supersedes  
all previous editions of the Handbook*

***James Kaplan, M.D.  
Office of the Chief Medical Examiner  
West Virginia***

**TABLE OF CONTENTS**

Introduction.....	4
Requirements for CoME, ACoME, CC Appointment.....	6
Training and Certification for Death Investigators.....	8
CoME/ACoME/CC Authority When Performing Death Investigation.....	9
Death Criteria Requiring Investigation.....	10
Death Criteria in Practice.....	11
Death Criteria Requiring CoME/ACoME/CC Consultation.....	14
On-Call CoME, ACoME, CC Responsibilities.....	16
The Scene of Death.....	18
When Does the CoME, ACoME, CC Need to Visit the Scene of Death.....	18
Certification of Death Without a Death Scene Visit.....	19
Infant Death Scene Procedures.....	20
Death Scene Protocol Associated with Criminal Investigation.....	21
Hazardous Death Scene Protocol.....	23
Case-specific Restrictions on CoME/ACoME/CC Practice.....	24
Pronouncing a Medicolegal Death.....	25
Taking ACharge@ of the Body.....	26
Identifying the Decedent.....	28
Identification of the Unrecognizable Body.....	29
Examination of the Body at the Scene of Death.....	30
Evaluating the Scene of Death.....	32
Investigation of an In-Hospital Death.....	33
Transport of Human Remains.....	34
When Autopsy is Deferred: Responsibilities.....	35
Complete External Examination of the Body.....	36
Photographic Case Documentation.....	37
Toxicologic Samples, Obtaining.....	38
Infectious Disease Precautions and Other Safety Issues.....	39
Determining Cause and Manner of Death.....	40
Standard of Practice for CoME/ACoME/CC.....	41
Medical Records Use by County Death Investigators.....	42

Handling and Release of Confidential Information.....	43
Release of Case-Associated Information.....	44
Authorization for Professional Presentations by the CoME/ACoME/CC.....	45
The Death Certificate.....	46
How to Complete a Death Certificate.....	48
Manners of Death: Certain Restrictions in their Use.....	53
Authorizing Cremation.....	54
CoME/ACoME/CC Authorization of Tissue Donation Request.....	57
Fee Schedule for Death Investigations.....	58

## **Introduction**

**One of the most important tasks** given to a society is to provide for the safety and well-being of its citizens. As an important part of that effort here in West Virginia, as in other Medical Examiner or Coroner jurisdictions around the country, the Office of the Chief Medical Examiner (OCME) is charged with determining the circumstances of certain deaths which occur in our state, as specified under West Virginia State Law ' 61-12-8. This State Medical Examiner Asystem@, through the expertise of its professional staff, provides the people of the State of West Virginia effective *medicolegal death certification*, the process by which our office determines the *cause and manner of death* for purposes of legal resolution of matters both criminal and civil; recognizes, documents and presents crucial forensic data to our court system, and compiles statistics on injury and disease that are essential for effective public safety and health policy development.

**The position of forensic death investigator** is a key feature of nearly all Medical Examiner or Coroner jurisdictions, and depending on the specific office, may require training and certification in the specialty of medicolegal death investigation. Nationally, medicolegal death investigators can be either full or part-time professional investigators, and an increasing number are being certified nationally by the American Board of Medicolegal Death Investigators. These professionals provide expert investigation and documentation of the circumstances of death for forensic pathologists, medical examiners or coroners, usually in a position based within a medical examiner or coroner office. In West Virginia, the State Medical Examiner offers a formal course of training in the field of medicolegal death investigation, and certifies qualified persons in the field of medicolegal death investigation by passage of an examination of special competency in that field. **Certification in the field of forensic (medicolegal) death investigation is a legal requirement for appointment to the office of County Medical Examiner or Coroner in our State.** *Please see: Requirements for Appointment... page 4.*

**Nationally**, the titles given to practitioners that provide medicolegal death investigative services to medical examiner or coroner jurisdictions are varied, and include medical (death) investigators, (county) medical examiners, assistant medical examiners, or medicolegal investigators, depending on the jurisdiction.

**Here in West Virginia**, as a consequence of our State history and the medical examiner system that serves it, forensic death investigators are part-time, on-call professionals, given the titles of County Medical Examiner (**CoME**), Assistant County Medical Examiner (**ACoME**) or County Coroner (**CC**), depending on professional background, level of training and appointing authority for each office. Together CoME, ACoME, and CC practitioners comprise a state-wide team of currently more than 180 professionals who, alongside a staff of 5 full-time in-house State Medical Examiner investigators, and State forensic pathologist Medical Examiners, are responsible for investigating the circumstances of medical examiner deaths in all 55 counties in our state.

**This handbook** is intended to serve as a comprehensive reference, indexed by the Table of Contents, to basic information needed by West Virginia County Medical Examiners, Assistant County Medical Examiners, and County Coroners in the performance of their duties in the field of medicolegal death investigation, in conformity with legislative Rule and protocol established by the Office of the Chief Medical Examiner, under State law ' 61-12-3 through -14.

**To any reader** that finds fault or difficulty with the content herein, and who contacts me in that regard, will reach an attentive and grateful medical examiner. I want to thank Ms. Jeanette Capocefalo and Ms. Martha Marshall for their generous help in assisting with the design layout of this handbook.

**Finally**, this handbook is dedicated to all of our County Medical Examiners, Assistant County Medical Examiners and Coroners, past and present, for their generous and invaluable service to their communities.

## **Requirements for Appointment: CoME / ACoME / CC**

**NOTE:** As part of the requirement that the applicant be of good standing, the State Medical Examiner will request applicant permission to permit a background check performed by the West Virginia State Police for any previous criminal behavior.

**County Medical Examiner (CoME):** The CoME is a duly licensed physician, registered nurse, physician assistant, certified paramedic or certified emergency medical technician, in good standing, who is trained and certified in the discipline of medicolegal death investigation. The CoME is appointed by the Chief Medical Examiner for a term of 3 years to a position which possesses all of the duties and responsibilities given to medical examiners by state law, within a county-based jurisdiction, and may only be removed from office for cause. CoME duties and responsibilities include, *under the direction of the State Medical Examiner:* establishing *medical examiner jurisdiction* over any death which occurs in West Virginia under circumstances as defined by law (please see: *Death Criteria that Require Investigation*). That jurisdiction, once established, authorizes *the CoME to enter into the place of death*, in order to *pronounce death* under certain circumstances; take *custody of human remains* and associated materials and possessions found with or near the body; to scientifically *examine the body* and investigate the *circumstances of death*, which includes lawful inspection of *decedent medical records* as well as police and other investigative records which pertain to the decedent; to determine the *cause and manner of death*; to document relevant findings in a report, and to *complete a death certificate*.

**Assistant County Medical Examiner (ACoME):** The ACoME may be any duly licensed physician, registered nurse, physician assistant, paramedic or emergency medical technician, in good standing, appointed by the Chief Medical Examiner for a term of 3 years, to a position which possesses all of the duties and responsibilities given to CoMEs by State law, within a county-based jurisdiction. The ACoME may only be removed from office for cause. ACoME duties and responsibilities include, *under the direction of the State Medical Examiner, and any practicing CoME of that county:* establishing *medical examiner jurisdiction* over any death which occurs in West Virginia under circumstances as defined by law (please see: *Certain circumstances which compel medical examiner jurisdiction in a death*). That jurisdiction, once established by the ACoME, authorizes *the ACoME to enter into the place of death*, in order to *pronounce death* under certain circumstances; take *custody of human remains* and associated materials and possessions found with or near the body; to scientifically *examine the body* and investigate the *circumstances of death*, which includes lawful inspection of *decedent medical records* as well as police and other investigative records which pertain to the decedent; to determine the *cause and manner of death*, to document relevant findings in a report, and to *complete a death certificate*.

**County Coroner (CC):** The CC is any learned person of good standing, who is trained and certified in the discipline of medicolegal death investigation, who is appointed by the county commission of that county in which he or she practices, to *serve at the pleasure of the county commission (this means that you may be removed from office without cause)*.

The office of coroner possesses all of the duties and responsibilities as given to county medical examiners by state law, and includes, *under the direction of the State Medical Examiner*: establishing *medical examiner jurisdiction* over any death which occurs in West Virginia under circumstances as defined by law (see: *Death criteria that require CoME/ACoME/CC investigation; page 10*). Once established, that jurisdiction permits entry into the place of death, in order to pronounce death under certain circumstances; take charge of human remains and associated materials and possessions found there; to scientifically examine the body; to investigate the circumstances of death, including lawful inspection of decedent medical records and police and other investigative records; to determine the cause and manner of death, to document relevant findings in a report, and to complete a death certificate.

As noted above, appointment to the position of County Medical Examiner or County Coroner requires, by state law, that person to be trained and certified in the practice of medico-legal death investigation.

## **Training and Certification in the Practice of Medicolegal Death Investigation**

The training requirements for appointment to the position of CoME/CC can be satisfied by pursuing any formal course of study of medicolegal death investigation, which encompasses at least 14 lecture hours, where the syllabus conforms to guidelines for medicolegal death investigation

promulgated by the National Institutes of Justice, Office of Justice Programs. *If there is any question regarding the eligibility of a specific training program, please contact the Office of the Chief Medical Examiner in Charleston.* The State Medical Examiner in West Virginia presents an annual training course in forensic death investigation that will satisfy the above requirements, at relatively low cost to participants.

Certification in the practice of medicolegal death investigation can be obtained in two ways, irregardless of the specific medicolegal death investigation training program taken: the applicant may elect to sit for an in-state examination provided by the OCME-State of West Virginia, or by successful passage of an examination of special competency recognized by the American Board of Medicolegal Death Investigators.

A person becomes qualified to sit for the State Medical Examiner certifying examination by having successfully completed any course of training which satisfies requirements as above, within a period of 1 year. If a person fails the State certifying examination, he or she shall be required to re-attend any training program that satisfies the requirements as stated above before sitting for the examination again. Qualifications for eligibility to sit for the ABMLDI certifying examination are established by the Board.

There is no formal requirement for specific medicolegal death investigation training or certification to be appointed to the position of Assistant County Medical Examiner (ACoME). Persons who have been appointed Assistant County Medical Examiners may be promoted to the position of County Medical Examiner upon successful completion of educational requirements as above.

Pursuant to state law ( ' 61-12-14), County coroners (CC) shall become trained and certified in the practice of medicolegal death investigation prior to their appointment by the county commission. Coroner educational requirements for medicolegal death investigation training and certification are identical to those required for the position of County Medical Examiner. The course of study and the examination offered by the Chief Medical Examiners Office, and test scores required for passage of that examination leading to certification in medicolegal death investigation are the same as established for county medical examiners. A person can become qualified to sit for State certifying examination by completing successfully any course of training specific to death investigation which satisfies requirements as above, within 1 year of sitting for such examination. If an applicant to the position of coroner fails the State certifying examination, he or she shall be required to attend again any training program that satisfies the requirements as stated above before being allowed to sit for the examination again.

Certification for Death Investigation provided by the State of West Virginia expires after 3 years, and requires re-certification by passage of any approved certification examination, as described above.

## **Authority of the CoME / ACoME / CC When Investigating a Death**

**Establishing Medicolegal Jurisdiction:** West Virginia State Law ' 61-12 provides that the CoME, ACoME or CC, under the direction and supervision of the State Medical Examiner, must

investigate a death when pronounced in the State of West Virginia, under special circumstances as described by State Law ' 61-12-8. W.Va. Law requires that the CoME / ACoME / CC be available at all scheduled times to provide medical examiner services, which comprise specific practices and tasks as listed below:

- A. Establishing jurisdiction over a death: recognizing certain circumstances that compel the CoME, ACoME, CC to investigate that death. Establishing medical examiner jurisdiction over the body permits the CoME, ACoME or CC, under the direction of the State Medical Examiner, to lawfully perform all other statutory responsibilities:
- B. Entering into the place of death, in order to:
  - 1. Pronounce a death;
  - 2. Identify the decedent;
  - 3. Assess initial body conditions;
  - 4. Investigate death circumstances.
- C. Provides the legal basis for conducting an investigation into the circumstances of death, including the lawful right to obtain and review pertinent medical/dental/psychiatric/corrective and investigative records of the decedent, within the jurisdiction of the State of West Virginia, and to create a report of findings.
- D. Authorize transport of a body to a facility suitable for the purpose of performing adequate examination.
- E. Perform a complete external examination of the body, and to withdraw biological samples for toxicologic and other forensic testing as needed for determination of cause or manner of death, when autopsy is deferred.
- F. Allows the CoME, ACoME or CC to take custody of certain items and possessions of the decedent discovered by investigation to have (potential) forensic significance, or when necessary for establishing cause or manner of death.
- G. Determine cause and manner of death, *in consideration of death circumstances, examination of the body, and review of pertinent police and/or medical records*; to create a report of findings, and to complete a death certificate.

## **Death Criteria that Require CoME/ACoME/CC Investigation**

- A. Any death known (or suspected) as the result of criminally culpable act;
- B. Death by apparent suicide;
- C. All accidental death, for example: death due to or associated with transport conveyance

- (vehicle) mishap;
- D. Death during and/or associated with work-related activities;
  - E. Death associated with, or suspected to be associated with, any condition which might pose a threat to the public safety;
  - F. Death due to or suspected due to poison, drug or medicinal intoxication;
  - G. When cause of death is not known, to include:
    - 1. Sudden unexpected death when in apparent good health, under the age of 50 years (may be released as non-jurisdictional after inquiry);
    - 2. Unattended death (clinician unavailable to complete DC);
  - H. Death associated with diagnostic or therapeutic procedures (may be released as non-jurisdictional after inquiry);
  - I. Any death occurring in police or court-mandated custody, or during police intervention;
  - J. The death of any unidentified person;
  - K. Death under suspicious or unusual circumstances; or where death is associated with evidence of maltreatment, such as physical abuse or serious neglect;
  - L. Death of a prominent or controversial person (may be released as non-jurisdictional after inquiry);
  - M. Any death resulting from injury due to circumstances as listed above, regardless of the interval; i.e., prolonged hospital course;
  - N. Deaths pronounced in West Virginia, where the body is to be cremated (*special case - see section on cremation, page 54* ).

## **Death Criteria in Practice**

The categories of circumstances listed above represent criteria that require the CoME/ACoME/CC to **investigate** specific deaths; however, many of these criteria do not automatically compel performance of either an autopsy by the State Medical Examiner, or even an examination of the body by the CoME/ACoME/CC and completion of a death certificate. It is the results of initial investigation that will determine subsequent response to the particular death in question: whether to assume medicolegal jurisdiction; what the level of investigation of the death

circumstances and examination of the body will be required, and what specific tasks will be assigned to the CoME/ACoME/CC, depending on the evolving death investigation. The following 3 cases illustrate the issues involved.

#### **EXAMPLE: CASE AA@**

The death of a 16 year old boy is initially reported to you as an Aunexpected, sudden@ collapse at home; the child is transported to the hospital, but resuscitation is to no avail. Your response, in this particular case, per protocol as described further in this book (*see AMandatory Consultation@*), will include immediate notification to the State Medical Examiner, and a review of the boy=s past medical history. Past medical history is significant for a diagnosis of cystic fibrosis ( a relentlessly progressive congenital disorder which principally affects the lungs, and may cause death in the second decade of life). The State Medical Examiner check with Child Protective Services shows no previous contacts with the family, and the police have no suspicions regarding the circumstances that surround the boy=s death. You end up talking to the boy=s physician who reports sadly that the boy=s death, due to severe pulmonary changes wrought by his cystic fibrosis, was expected (even though it was described as sudden and unexpected by the family), and the physician is willing to complete the death certificate. After a second phone consultation with the State Medical Examiner, you release jurisdiction over the boy=s death, and permit the attending physician to complete the death certificate. You will be compensated for your time spent investigating a death that was determined Not A Medical Examiner Case (ANAMEC@); no further action on your part is necessary.

**In this case, the death is determined to be entirely natural in manner by your initial investigation, and there is a clinician who will complete the death certificate (the death is Aattended@). You are not asked to go to the scene by the State Medical Examiner because the child=s body was transported from the home to the hospital for attempted resuscitation. You will be paid a fee of \$10 for submitting a short telephonic report to the State Medical Examiner of the initial investigation results, as well as completing an *OCME 1-c* which is a short record of your initial investigation, State Medical Examiner consultation and declined jurisdiction. This is a death that is determined to be an *attended death*; therefore, a case that doesn=t require further investigation.**

#### **EXAMPLE: CASE AB@**

Another death, again that of a 16 year old boy, initially reported to you as an Aunexpected, sudden@ collapse at home: the child is transported to the hospital, but resuscitation is to no avail. Your response, again, will include immediate notification to the State Medical Examiner, and a review of the boy=s past medical history. Past medical history is again significant for end-stage lung disease (a terminal condition) due to cystic fibrosis. Again, the State Medical Examiner check with Child Protective Services shows no previous contacts with the family, and the police report no suspicions regarding the circumstances that surround the boy=s death. However, this time there is no clinician

available; he is on vacation and the covering physician, who does not know the child, refuses to sign the DC. After a second phone consultation with the State Medical Examiner, it is decided that because death was expected, no autopsy is necessary. You notify the family and the police of the State Medical Examiner decision, perform a complete external examination of the body at the hospital, draw specimens for Atox@, and complete the death certificate. You record your findings on the **OCME - 1**, and release jurisdiction of the body to the funeral home chosen by the family.

**In this case, while the case is determined to be natural in manner, there is no physician available to complete the death certificate; therefore, the death is Aunattended@, and will require the CoME/ACoME/CC to complete the death certificate. Had the child not been transported to the hospital for resuscitation, you would be asked to go to the scene to perform an initial examination of the body and the scene. You will be paid a fee of \$127 for review of records, performing a complete external examination of the body, including obtaining blood samples for toxicology, and completing an *OCME - 1* to record your findings.**

#### **EXAMPLE: CASE AC@**

A third death, again that of a 16 year old boy, is reported to you as an Aunexpected, sudden@ death at home. Surprisingly, the child appears to have been dead a relatively long time, and consequently the emergency medical team declines to transport the child to the hospital. Your response, once again, will include immediate notification to the State Medical Examiner and police, and a review of the boy=s past medical history. Past medical history is once again significant for end-stage cystic fibrosis. This time, however, State Medical Examiner check with Child Protective Services shows numerous previous contacts with the family, and the police report that they have visited the family on a number of occasions for violent episodes on the part of both parents. For this reason, the police are suspicious of the circumstances of death, and are pursuing a criminal investigation. Because the body has not been transported to the hospital, the State Medical Examiner requests that you go to the scene of death. After obtaining permission to enter the scene from the police department official in charge of the investigation, you pronounce death, perform a time of death examination and record the initial conditions surrounding the body of the child.

The identity of the decedent is documented by attaching a specific OCME identity tag (**OCME-22; see Appendix C**) to the body and labeling the body bag with the decedent=s name. After the police have completed their crime scene procedures, you authorize transport of the child=s body directly to the State Medical Examiner for autopsy. You complete the appropriate portions of the **OCME - 1**, and send it in with the body. Your responsibilities are completed.

**This third case is different from the first two cases in that:**

- A. **There is a criminal investigation of the death (in cases such as these, the CoME/ACoME/CC works under the direction of both the State Medical Examiner and police agency performing the criminal investigation);**
- B. **The decedent has not been transported from the scene of death, and therefore, you have been requested to perform an initial look at the body as it was found at the scene, and of the scene itself (termed a Adeath scene visit@);**
- C. **Because in this case we can=t be sure that the death is natural in manner (a child with cystic fibrosis may be fatally abused), an autopsy has been ordered: in this case you will not perform a complete external examination of the body, but transport the body directly to the State Medical Examiner=s Office (as the forensic pathologist will be able to far more thoroughly evaluate the body to determine whatever injury/disease is present).**

**You will again be paid a fee of \$127 for your investigation.**

Thus, in these three cases, while the initial reporting criteria was the same (sudden, unexpected death under the age of 50), the eventual response to each death depended on the results of investigation.

**You can see from these three cases that telephone consultation with the State Medical Examiner plays an important role in insuring the proper level of response by the medical examiner system to each reported death. To promote effective communication between the county and state medical examiners, there are rules (please see *Mandated Consultation...* on the next page) for when telephone consultation is needed, and the OCME has provided a toll-free number for the exclusive use of the CoME/ACoME/CC for all mandated phone consultation.**

For a current CoME/ACoME/CC fee schedule, see page 59.

## **Mandatory Notifications/Consultations by the CoME / ACoME / CC**

Under West Virginia State Law, the CoME, ACoME and CC are directed and supervised by the State Medical Examiner=s Office. Thus, the State Medical Examiner is ultimately responsible for the performance of all death investigations in our state, regardless of whether they are performed at the county or at the state level.

In order to insure effective State Medical Examiner supervision and appropriate and timely notification to county, state and federal agencies bearing statutory responsibilities in regards to a death; and to promote accurate handling and recording of death data, the State Medical Examiner=s Office has established mandated reporting by the CoME/ACoME/CC to the State Medical Examiner on all cases investigated, utilizing statewide, toll-free phone access to the State Medical Examiner=s Office in Charleston, on a 24 hour, 7 day a week basis (all calls between 5 PM and 8 AM weekdays, and on weekends, are automatically forwarded through State Police Dispatch: you call the same number, and will still be connected to the State Medical Examiner investigator, or pathologist upon request). The toll-free number, **available only to practicing CoME, ACoME, or CC**, may be obtained by request of the Forensic Investigation Unit of the State Medical Examiner.

**The following categories of death cases, as determined by initial notification by either police or hospital personnel to the CoME/ACoME/CC, require immediate notification, prior to any investigation, by the CoME/ACoME/CC to the State Medical Examiner Office (Charleston); and when the initial notification to the CoME/ACoME/CC is made by non-police entity, the CoME/ACoME/CC must also immediately notify the police agency of jurisdiction as well :**

- A. All homicides or cases which are being handled as possible homicides, or cases which you think should be handled as possible homicides;
- B. All sudden or unexpected deaths of children 17 years or younger, including possible suicides, where not due to transportation accident;
- C. All fatality events causing two or more deaths;
- D. The deaths of incarcerated persons or during court-ordered hospitalization; or while in legal custody of the police; or during, or associated with police intervention;
- E. All deaths associated with fire or explosion;
- F. All discovered unidentifiable human remains, or material thought to be human remains.
- G. When the CoME/ACoME/CC refuses authorization for cremation, for any reason, the denied request must also be reported ASAP to the State Medical Examiner (see page 55-56).

Under this protocol, the CoME/ACoME/CC must notify the State Medical Examiner=s Office in Charleston immediately following CoME/ACoME/CC notification, prior to CoME/ACoME/CC investigation, of death cases which fall under circumstances as listed above, and then again after completion of their investigation, to communicate their findings to the state office and to determine further actions to be taken on that case, if any.

Additionally, all notifications of a death to the CoME/ACoME/CC made by non-police entities require immediate notification to the police agency of jurisdiction.

All other medical examiner deaths should be reported to the State Medical Examiner=s Office

in Charleston immediately following the investigation, as well as all cases of deaths reported to the CoME/ACoME/CC in which medicolegal jurisdiction was declined (Not A Medical Examiner Case, or ANAMEC@); where the CoME/ACoME/CC decided that the circumstances of death did not require medical examiner certification of the death (completion of a death certificate, completion of an **OCME-1**, and submission of toxicology specimens).

All consultation with the State Medical Examiner=s Office by the CoME/ACoME/CC should be documented on the first page of the **OCME-1** by noting the person spoken to, and the date and time of the consultation.

Any CoME/ACoME/CC, upon request, at any time, may discuss the case directly with the State Medical Examiner (forensic pathologist) on call.

## **On-call Responsibilities of the CoME / ACoME / CC**

**The CoME /ACoME / CC must be available at all scheduled times to provide medical examiner coverage for his or her county, pursuant to WV law ' 61-12-8.**

The CoME / ACoME / CC must notify the Forensic Investigative Unit (FIU) of the State Medical Examiner Office in Charleston, and their County Dispatch in timely fashion (304-558-6921, x4421), to arrange for County cross-coverage during anticipated periods of unavailability/absence due to vacation or work responsibilities, or other valid reason.

Notification to the FIU and to County Dispatch must be made ASAP for unanticipated period of absence / unavailability.

## **The Scene of Death**

The scene of death is the location where a dead body is first found; or, when the body has been transported for purposes of attempted resuscitation, where death is pronounced.

The scene of death location boundary may expand or contract, or the scene of death location may change altogether as an investigation proceeds: for instance, the place where the body was first found may not be the place where death/injury occurred, due to someone moving the decedent's remains after death occurred. It is through evaluation of the body as it was first found, at the scene of death, that the CoME/ACoME/CC may help to determine if the body has been moved or otherwise altered after death, primarily by evaluation of body posture and rigor, and by distribution and pattern of

lividity.

## **Why is it important to see whether or not the body has been moved since death?**

**First:** if the body has been moved, it may limit the usefulness of any time of death determination by the CoME/ACoME/CC (movement of a dead body may significantly alter the rate of post mortem changes that we rely upon to help us measure time since death);

**Second:** it is important to determine where the decedent was injured or died, because it may be in that location that most of the forensic trace evidence will be recovered, or where information regarding the circumstances of death can most easily be developed by investigation;

**Third:** if the body has been moved, the issue of where the death (or injury causing death) occurred may become crucial to determining which jurisdiction will be responsible for the investigation and prosecution of any associated crime.

## **When Does the CoME, ACoME, CC Need to Visit the Scene of Death?**

**Note: When entering an out-of-hospital scene of death, the CoME/ACoME/CC must be accompanied by police personnel at all times, and may not remain at a death scene location without police escort being present.**

In general, the CoME, ACoME, CC must travel to the scene of death when the body has not been transported to hospital or moved from the scene of death, as when for attempted resuscitation, or for public safety (for instance; when police have to remove a body which lays in the middle of the road);

WHEN:

- A. When initial evaluation of the circumstances of death do not allow the reasonable assumption that death is due to natural causes, such as when the decedent=s age is less than 50 years of age; and/or after review of a past medical history which is without documented serious illness or other condition likely to cause death; **and/or by initial police or medical rescue personnel evaluation** of a death scene found to be suspicious for non-natural causes, or;
- B. When the CoME, ACoME, or CC is requested by the State Medical Examiner to travel to the place of death, or;
- C. When the CoME, ACoME, or CC believes that it is in the best interest of the case to respond to a scene of death location.

## **When May the CoME, ACoME, or CC Certify a Death Without a Scene of Death Visit?**

It is permitted in a out-of-hospital death for the CoME, ACoME, or CC to authorize removal of an already pronounced body from the scene of death to a hospital morgue or funeral home for viewing, without first visiting the scene of death, **if**:

- A. It is possible to reasonably assume natural disease, by virtue of advanced age and/or past medical history significant for pre-existing conditions or diseases likely to cause death, **and**;

- B. Where the police and/or EMT personnel are at the scene, and find nothing that suggests a potential non-natural cause of death, **and;**
- C. All information necessary for death certificate completion has been clearly established by witnessed event or initial/police investigation, such as decedent identity and time of death.
- D. **Important:** Authorization to release the body from the scene of death without an initial visit to the scene of death and examination of the body at the scene by the CoME/ACoME/CC must be obtained by prior telephone consultation from the Forensic Investigations Unit of the State Medical Examiner (Toll-free #, or 304-558-6921).

## **Sudden Infant/Early Childhood Death Scene Visits**

### **In the event of the sudden unexpected death of an infant or child under the age of two:**

The CoME/ACoME/CC will initially travel to the place of pronouncement, even if different from the place where the child was first found unresponsive, to perform an external examination of the infant=s body, directed primarily at determining a time of death, and position of the child=s body when found, by distribution of livor.

The CoME/ACoME/CC will then be asked to partner with a police escort at the hospital, to accompany the parents or caretaker back to the location where the child was first found unresponsive to evaluate the circumstances under which the child died. In order to expedite timely police escort, the

CoME/ACoME/CC should notify police ahead of time of where the CoME/ACoME/CC will be, and when.

The **OCME-17** (see Appendix C) should be used by the CoME/ACoME/CC to enter all findings when investigating unexplained (i.e.; possible SIDS) infant and early childhood deaths under the age of two.

The CoME/ACoME/CC in cases such as these will be considered to have performed work beyond that encompassed by routine death investigation, with consequent increased fee (\$254 per case) paid to the CoME/ACoME/CC.

The CoME/ACoME/CC should remember that while these infant deaths must be considered to be unexplained, and therefore need to be fully investigated, in the great majority of cases these deaths represent a profoundly tragic family event. While the CoME/ACoME/CC must ask potentially hurtful questions of the parents, as requested by the **OCME-17**, the CoME/ACoME/CC should do so respectfully, and with compassion, regardless of whether the death [scene] circumstances are suspicious or not. It may be of help to let parents know that we must ask these questions in every case of infant death, in order to prevent further infant deaths in the future.

## **Investigating a Death Associated With a Criminal Investigation**

When a death becomes the subject of a criminal investigation, it is the police agency of jurisdiction, or other agency holding investigative jurisdiction such as the Fire Marshal=s Office, that is the principal investigating agency (PIA).

The PIA has primary responsibility for direction and control of all activities which take place at the death (crime) scene; thus the CoME, ACoME, or CC must be authorized by the PIA to enter the crime scene for purposes of pronouncement, evaluation and documentation of initial conditions, and for performing an initial examination of the body.

Procedurally, the CoME, ACoME, or CC, when responding to deaths which occur in association

with criminal acts or suspected criminal acts, must perform all routine duties under general supervision of the agent or officer in charge of the investigation.

Specifically, the CoME/ACoME/CC, when investigating deaths as the result of a criminal act or suspected criminal act, should not perform unauthorized interviews of medical/rescue personnel who are present at the scene, or unauthorized interview of police or other investigative personnel without specific authorization from the PIA officer in charge. At no time should the CoME / ACoME / CC interview eyewitnesses or scene bystanders, or perform any other unauthorized scene-based investigation, unless requested to do so by the PIA officer in charge. The PIA will provide the CoME/ACoME/CC with a summary of the known circumstances of the death.

All scene documentation including photos taken and diagrams made of the crime scene must be by the PIA; the PIA officer in charge may be requested by the CoME/ACoME/CC to share all such documentation with the State Medical Examiner. Document all CoME/ACoME/CC requests of the PIA for photodocumentation, etc., disposition in the **OCME-1**. The CoME/ACoME/CC must never personally take death scene photographs or in any way pictorially record death scene circumstances.

All requests by the CoME / ACoME / CC for information regarding a death associated with a suspected criminal act, in order to complete the OCME-1 investigation report should be directed to the PIA officer in charge. Information obtained from any PIA-authorized interview must be shared with the PIA officer in charge, and that liaison fully documented in the **OCME-1**.

**In general, at a crime scene:** The CoME, ACoME, or CC will present their credentials and restrict their activities to:

- A. Entering the death (crime) scene under PIA supervision.
- B. Pronouncing death
- C. Initial assessment for certain causes of asphyxial death, when appropriate; and to see if the body has been moved.
- D. Performing a time of death examination (with the knowledge that the body has/has not been moved).
- E. Assessing the body to see if it is possible to visually identify the decedent (if it is:

document with OCME-22, and OCME-1; if not, the State Medical Examiner and police need to know ASAP)

- F. After tasks **a.** through **e.** have been completed, and the scene has been processed to the point that the body may be removed, it must be transported directly to the State Medical Examiner Office.
- G. **In a criminal investigation, the CoME/ACoME/CC should not obtain medical/investigative records, nor perform any other statutory duties, except as listed above. Any requests from PIA officer-in-charge to the CoME/ACoME/CC to perform any duty outside those listed above should be thoroughly documented in the OCME-1, and notification made to the State Medical Examiner.**

## **Death Scene Locations Which Pose Potential Hazards To Scene Personnel Health or Safety**

**In order to insure the health and safety of all persons at the scene of a death where hazards are reasonably suspected, the CoME, ACoME, or CC may enter such location only when:**

- A. An Incident Commander (IC) or equivalent supervisory person has **first** been identified; **and,**

- B. the CoME, ACoME, or CC is in direct communication with the IC; **and,**
- C. the IC can reasonably insure safe conditions; **and,**
- D. the IC permits CoME / ACoME / CC entry to the death scene.

**Under conditions as described above, the CoME, ACoME, or CC will work under the direction and supervision of the IC, specifically to:**

- A. Gain entrance to, and/or remain at such death location, for the purposes of performing any and all death investigation services;
- B. Perform all death investigation duties only as directed while at such a location;
- C. Conform to all safety protocol and practices as established by IC in the performance of CoME / ACoME / CC official duties.

## **Special Case Circumstances: Restrictions on CoME/ACoME/CC Practice**

When a CoME/ACoME/CC is acting as a member of a medical or rescue team providing health care, emergency treatment or resuscitation/rescue to a person who subsequently expires, that CoME/ACoME/CC may not act in the capacity of CoME, ACoME, or CC to assume medicolegal jurisdiction of that death; further, he or she may not provide any medical examiner/coroner services in association with that case.

Under these circumstances, the particular CoME/ACoME/CC would act as any other medical/rescue personnel, and request that an alternate CoME/ACoME/CC respond to the scene and provide all medical examiner services required in association with that death. Should an alternate CoME, ACoME, or CC not be available, the State Medical Examiner should be contacted as soon as is possible.

In order to avoid issues of potential conflict of interest or other harm to serving CoME/ACoME/CC, when a person whose death becomes the subject of Medical Examiner investigation had significant private or family relationship to the responding CoME/ACoME/CC, that CoME/ACoME/CC may not act in his or her professional capacity to investigate that death, and an alternate CoME/ACoME/CC must be called to the scene to provide investigative services. If an alternate CoME/ACoME/CC is not available, contact the State Medical Examiner Forensic Investigations Unit as soon as is possible (toll-free # or 304-558-6921), and alternate plans will be made to meet case medico-legal needs.

## **The CoME/ACoME/CC Pronouncing Death**

Upon notification of an out-of-hospital death, where pronouncement of death has not yet taken place, and where the CoME, ACoME or CC travels to the place of death and views the body, WV State Law provides that the CoME, ACoME or CC may pronounce death, by noting absence of pulse and respiration, and documenting the time and date of pronouncement, under certain circumstances. **These additional special circumstances are the necessary and only conditions that allow the CoME, ACoME or CC to pronounce death, and they are:**

- A. Appropriate medical/rescue personnel, after evaluating the case, formally decline to perform resuscitation of the individual, or;
- B. Where, after attempting resuscitation of a case, the appropriate medical/rescue personnel formally terminate all resuscitative or other medical support procedures to the decedent (Acall the code@), or;

- C. Where there are changes to the body which indicate a prolonged postmortem interval, other than livor or rigor;
- D. Where there is catastrophic injury to the body which is not compatible with life (example: decapitation, transection of the torso, etc).

**Pronouncement of death by the CoME, ACoME or CC is permitted only under these circumstances; and only when necessary to establish medicolegal jurisdiction over a death (please see Special Case, below).**

**Special Case: When the CoME, ACoME or CC may not pronounce death, regardless of the death circumstances.**

Where the CoME, ACoME, or CC first provides emergency medical treatment or resuscitation/rescue services to the decedent as a certified medical practitioner, that person may not act in the capacity of CoME, ACoME, or CC to establish medicolegal jurisdiction of a death, nor provide any other medical examiner services in association with that case. Under these circumstances, the CoME, ACoME, or CC would act as any other medical rescue personnel, and request that an *alternate* CoME, ACoME, or CC respond to the scene to pronounce death, and provide investigation into the circumstances of that death. Should an alternate CoME, ACoME, or CC not be available, the State Medical Examiner should be contacted as soon as is possible.

## **Taking ACharge@ of the Body**

Under State Law ' 61-12-8, the CoME, ACoME, or CC takes Acharge@of a body when the death occurs under circumstances as listed in this handbook (please see ***Death Criteria That Require CoME/ACoME/CC Investigation***), and therefore is deemed to be a medical examiner case. Under this prerogative, the CoME/ACoME/CC assumes legal custody of those human remains and whatever associated possessions and other articles which lay close by, or are otherwise associated with the body, and which are considered to have potential forensic significance.

**It is this important legal right of custody that allows the CoME/ACoME/CC to request of authorities present at the scene of death to insure that the body remains undisturbed at the scene of death, when the CoME/ACoME/CC intends to perform a death scene investigation.**

### **Except that:**

- 1) **The CoME / ACoME / CC must never interfere with any resuscitation or rescue attempt**

**by medical or public safety agency personnel;**

- 2) **The CoME / ACoME / CC must never interfere with any public safety agency decision to move a body for purposes of public safety or welfare.**

When the CoME, ACoME, or CC takes charge of the body, he or she becomes responsible for the condition of the body throughout the time that the body, and associated items, are under CoME/ACoME/CC custody. Thus, the CoME, ACoME, or CC must document all examination-related procedures they perform as part of their responsibilities, or by the police, by noting at the appropriate place on the **OCME-1**; and document whatever possessions accompany the body, by listing all items accurately in the appropriate place within the **OCME -1**.

Listing of clothing, personal items and jewelry may take place at the scene of death, when such materials are visible and identifiable, but without disrobing or otherwise significantly disturbing the body. However, final accounting of such items and documentation in the **OCME-1** should take place during a complete external examination of the body, either by the CoME, ACoME, or CC at an appropriate place such as a hospital morgue or funeral home (*please see **AWhen Autopsy is Deferred@***), or by the State Medical Examiner, if there is transport of the body for autopsy.

The CoME, ACoME, or CC must insure that personal items belonging to the decedent, such as clothing, or other associated items which may have value, or forensic significance, be transported to the place of examination in secure fashion, in as close to original condition as possible. This is accomplished by enclosing the body prior to transport in a sealed, fluids-impervious plastic body bag, with the identity of the decedent documented by attached **OCME-22**. The State Medical Examiner provides numbered locking tabs that must be used to secure the zippered body bag.

Some personal items, such as large amounts of money, or jewelry, which may be endangered by virtue of their value, or illegal drug substances, or weapons which may pose a safety hazard, are best relinquished to the police; if surrendered to police, document carefully (for example, count the money with police so both parties are in agreement as to the total) in the **OCME-1** *what*, and *to whom* the items/materials were relinquished (see below). Apparently used hypodermic needles recovered at the scene may be collected and submitted with the body, but must be secured with tape within a separate puncture-proof, sealed and labeled container. Do not submit a hypodermic needle or any sharp with the body to the State Medical Examiner that cannot be secured in a reliably safe way. Do not attempt to recap a needle that is found uncovered.

It is very important that in the setting of a death associated with a criminal investigation, that all possessions or other materials pertaining to the decedent which might have forensic value, such as trace evidence, be brought to the attention of the police, to be documented and collected at the scene by police when possible, *and such collection noted in the **OCME-1***.

Upon releasing custody of the body and its possessions back to the funeral home or to the family after investigation, examination of the body and certification of death, the CoME, ACoME, or

CC must insure that release of such possessions to the funeral home or legal next of kin be fully documented, by so noting on the **OCME-1**. Release of possessions or personal items to the funeral home is best documented by constructing a descriptive list of such possessions, under **OCME-1 Possessions** section, and then following that description with an indication of release to the funeral home or legal next of kin. All such transfers of personal possessions should be signed or initialed by the accepting agent (representative of the funeral home, or facility in which the examination was conducted), and dated.

Medicines prescribed to the decedent should be collected as part of the death investigation, and should never be given back to the family for any reason. Medications at the death scene clearly prescribed to another person should not be collected. All medicines to be collected at the death scene should be brought to the immediate attention of the police at the scene, and documented on the **OCME-1**.

When the body is transported to the State Medical Examiner for autopsy, the CoME, ACoME, or CC does not need to document any *transfer* of listed possessions *to the State Medical Examiner*. Under this circumstance, any items or possessions listed on the **OCME-1** where it is not explicitly stated that such items have been returned to police or the funeral home, are, by default, considered to have been made available to the State Medical Examiner for further study, and are expected to accompany the body.

## Identification of the Decedent

Once the CoME, ACoME or CC has pronounced death and established medicolegal jurisdiction over a body, the CoME, ACoME or CC must establish/confirm the identity of the decedent.

**Identification of the body:** the CoME, ACoME, or CC has the responsibility of evaluating the condition of the body to determine whether visual identification by family, friends or police are appropriate. While family members or even police may be willing to identify a decomposed body by facial appearance, the forensic death investigator must realize that identification based on such circumstances could be called into dispute later.

**Reliable visual identification of the body:** the decedent=s identity can be considered to be positively established when the body, judged to be in a state of sufficient preservation, is visually recognized by someone who knew the decedent; either by their examination of the body, by virtue of some very distinct characteristics of that body, such as facial features or a special tattoo, or by recognition of the same when documented by postmortem photograph. The CoME, ACoME or CC may

identify a body by comparison to established ante mortem photographic records. Where identification is made by comparison with photographic ID or by driver=s license photograph by the CoME, ACoME or CC, such documents, or a legible duplicate, should be included in the case file, to be submitted with the **OCME-1**, or with the remains when such case is transported to the State Medical Examiner for further postmortem studies.

The CoME/ACoME/CC, when he or she has established identity of a body at the scene of death, or in a hospital or funeral home, must complete and attach in secure fashion an **OCME-22** identification tag to the body that documents decedent identity, by name and DOB, as well as the CoME/ACoME/CC responsible for establishing identification and the county of death. It=s the responsibility of the CoME/ACoME/CC to complete and affix the **OCME-22**, or, when the CoME/ACoME/CC is unavailable to respond to the scene of death, the CoME/ACoME/CC may direct investigating law enforcement or other appropriate personnel to complete and affix such tag. The CoME/ACoME/CC must also document how identification was established by checking the appropriate location in the **OCME-1**, located on page 3 of that form.

If the CoME/ACoME/CC finds that it is not possible to reliably identify a body by visual examination, or by comparison of the body to driver=s license photograph or other photographic ID, due to post mortem changes, injury or other destruction of the body, the CoME/ACoME/CC must refer the case to the State Medical Examiner for postmortem examination.

If the body cannot be unidentified, the tag should indicate AJane@or AJohn Doe@when the sex of the decedent is assignable. When sex cannot be reliably assigned, the remains are designated just ADoe@. For multiple unidentified remains, use designation (Jane or John) Doe AA@, AB@, AC@, AD@...”Y”, “Z@, “AA@, ABB@, etc. Tentative identity(s) of the decedent, if any, should be listed, and qualified as Atentative@.

## **How the CoME/ACoME/CC Assists the State Medical Examiner To Identify an Unrecognizable Body**

If the CoME/ACoME/CC finds that it is not possible to reliably identify a body by visual examination, or by comparison of the body to driver=s license photograph or other photographic ID, due to post mortem changes, injury or other destruction of the body, the CoME/ACoME/CC may be asked to assist the State Medical Examiner in obtaining pertinent records or x-ray imaging necessary to help the forensic pathologist establish identity. In most cases, this will involve asking family members where the decedent received medical or dental care, or the location of decedent tattoos; and by police inquiry, whether the decedent has fingerprints on file. Prescription medicine bottle labels can help track down decedent doctor/hospital records or imaging studies, which are invaluable information for establishing identity.

All X-rays are potentially very useful; the more recently taken, the better. Especially useful studies

include:

- A. Dental bite wing x-rays, or panorex (full-mouth) projections (from the decedent=s dentist),
- B. Adult skull films, taken face-on,
- C. Abdominal (KUB) or face-on cervical spine X-ray films on individuals older than 50 years,
- D. X-rays of sites of previous surgery (surgery often leaves metal prostheses or vascular clips behind, whose pattern on x-ray can serve as a means of identification)

Unfortunately, CAT scans and MRI imaging are not generally useful for purposes of identification.

It is very helpful to ask family/family doctor about:

- A. Decedent characteristic scars or tattoos
- B. Indwelling medical devices/ medical prostheses, which may bear identifying serial numbers
- C. Previous surgeries.
- D. Dental prostheses (bite plates), which may bear the decedent=s name.

As noted above, the police may be queried regarding whether there are fingerprints on file corresponding to the tentative identity of the decedent.

All pertinent information of this type should be documented on the **OCME-1**, or if developed after transport of the body, relayed to the State Medical Examiner Office by telephone.

## The Examination of the Body at the Scene of Death

It is important for the CoME/ACoME/CC to realize that the State Medical Examiner will only examine the body after it has been transported, and usually after an overnight stay in the cooler; thus estimation of time of death by assessment of rigor, livor, and body temperature performed at time of autopsy are of limited usefulness. Further, certain causes of death, such as positional asphyxia cannot be diagnosed at autopsy, but must be recognized at the scene of death.

**At the scene of death**, after pronouncement and identification of a deceased individual, the CoME/ACoME/CC is responsible for performing an initial examination of the body at the scene, focusing on certain attributes pertaining to the body after death, including assessment of rigor, livor and body temperature to estimate the postmortem interval. Lividity, rigor, and body temperature findings are documented on page five of the **OCME-1** investigation form.

The CoME/ACoME/CC also evaluates the *posture* of a body in rigor as first found, to determine if the body has been moved; for example, an arm in rigor, elevated above the floor, would indicate that the body had been moved after rigor had set in. An unusual body position may also relate to a specific

cause of death, such as may be seen in an intoxicated person who has collapsed or fallen into a confined space, resulting in a severely contorted or folded body position, effectively preventing respiration (positional asphyxia). This circumstance may also occur in the setting of an entrapped car occupant following a motor vehicle accident.

Additionally, the distribution of livor mortis, and patterns which may exist within livor, may help the CoME/ACoME/CC to determine whether or not the body has been moved since time of death.

If death is estimated to be recent (within hours) the body may be checked for loss of body heat, generally performed by placing an ungloved hand on some portion of the decedent torso, when the body is not soiled by potentially infectious materials. Under appropriate circumstances, for instance when performing complete external body exam at a funeral home, the rectal temperature may be reliably measured by introducing a thermometer of suitable size and temperature range at least 8 cm. into the rectum.

The CoME/ACoME/CC may note certain phenomena affecting the body other than lividity, rigor and body temperature that will be absent by the time the forensic pathologist views the body, such as pink or white foam in the nose or in the mouth, which indicates recent death due to severe pulmonary edema, and may be associated with either drug-related or asphyxial death.

A focal heat source close to the body may hasten the rate of post mortem change, or cause asymmetric post mortem changes to the body, simulating injury.

These conditions, which may speak to time of injury and/or time of death, explain unusual findings at autopsy, or suggest a cause of death, and may be intrinsic to the scene of death, will alter over time and finally disappear. Thus identification and documentation of such conditions at the scene of death provides invaluable forensic information.

Medications are especially important in most medical examiner deaths because they provide not only a list of medical conditions for which the decedent was being treated, but also provide the names of doctors which have treated the decedent, and thus help locate the decedent's medical records.

The initial examination of the body performed by the CoME/ACoME/CC at the scene of death must be performed in the company of a witness, which should be a police officer when at an out-of-hospital location. Witness identity should be documented on page three of the **OCME-1**.

As stated before: in the setting of a death which is the focus of a criminal investigation, all death investigational activities outside required basic CoME/ACoME/CC tasks to be completed at a crime scene, as listed on page 21, should be performed solely by the principle investigating agency, and findings recorded in the OCME-1 by the CoME/ACoME/CC.

## **Evaluating the Scene of Death for Time of Death**

As stated previously (*see: A*Evaluating the Body at the Scene of Death**), estimation of time of death by assessment of rigor, livor, and body temperature performed at time of autopsy is of limited usefulness. Therefore, it is crucial that the CoME/ACoME/CC, by timely evaluation of the body at the scene of death, and by study of the scene of death itself, provides objective assessment of time of death to the State Medical Examiner for accurate completion of the death certificate.

When investigating a death, especially where there is a prolonged postmortem interval, and changes of decomposition preclude dating of postmortem interval by means of assessing rigor, livor or body temperature measurement, it is important for the CoME/ACoME/CC to be able to approach the scene investigation in such a way as to provide the State Medical Examiner with useful information to help establish the time of death.

Generally, this is done by noting the date and time that the decedent was last seen alive, by looking for datable activities performed by the decedent such as dated entry into a diary, etc. and by changes to the death scene environment associated with the death that have a determinable rate of change.

In particular, items which may play an important role in determining time of death include: identifying the most recent dated documents found in the house; or oldest voicemail message; mail with the oldest postmark to accumulate in the decedent's mailbox; or pills left in a weekly or monthly pill container, which we can use to extrapolate back to the last time the medication was taken.

Further, the CoME/ACoME/CC may provide very important information to the State Medical Examiner by determining the time and date that the decedent was last reliably seen alive, and by whom. Please don't forget to ask the person that last saw the decedent alive for a description of the clothing the decedent was wearing at the time: it is reasonable to assume that the decedent died on that day, should the decedent be found wearing that same clothing.

Time of death may be extrapolated from activities interrupted by death that are associated with a certain time of day, such as breakfast lying out on the kitchen table.

The CoME/ACoME/CC should note transient scene conditions that suggest a short post-mortem interval, such as ice cubes still in a glass, a warm motor in an overturned car, or specific odors which might be present at the scene.

**Beyond time of death issues:** when at the scene of death, the CoME/ACoME/CC can make invaluable observations by noting the presence of alcoholic beverage bottles, drugs and medications, electrical devices near the body, or environmental conditions such as temperature, or general orderliness or cleanliness of the house, which reflects the decedent's life style and level of functioning, and may suggest a specific cause of death. A focal heat source close to the body may hasten the rate of post mortem change, or cause asymmetric post mortem changes to the body, simulating injury.

**For an expanded discussion of this topic:** see *Principles and Practices of Death Investigation*, OCME Death Investigation Training Syllabus, March 2007.

## Investigation of an In-Hospital Death

In situations where the CoME/ACoME/CC assumes jurisdiction of an in-hospital death, there are certain tasks that need to be completed that are peculiar to this set of circumstances.

To insure that the examiner can properly evaluate the contribution that medical treatment efforts make to each case, and to be able to reliably assign needle punctures and other ambiguous injury to resuscitation, the CoME/ACoME/CC must make sure that all medical instrumentation must remain in place, on the body, and that records of medical therapy are reviewed, or sent with the body for review by the pathologist.

In cases where there may be a criminal investigation, it is imperative that all clothing that has been removed from the body during attempted resuscitation of the decedent be retained and placed separately in paper bags or in plastic bags, if blood soaked. Clothing or other items thought to have forensic significance may be directly transferred by the hospital to investigating police agencies, upon their request; note all clothing and disposition in the OCME-1.

Where the decedent has survived for more than one (1) hour in-hospital, or where blood or blood products have been transfused, or significant IV fluid replacement has been given: admission blood, pre-transfusion blood and other hospital fluid samples should be identified, collected and, when

autopsy is to be performed, submitted along with the body to the State Medical Examiner=s Office in Charleston for toxicologic purposes (*please see: Obtaining Appropriate Toxicologic Specimens, p. 32*).

The CoME/ACoME/CC must obtain copies of all appropriate medical records and/or imaging studies when requested by the State Medical Examiner=s Office, as well as the Apronouncing@ death certificate.

When a medical examiner case is to be transferred from the hospital of pronouncement to the State Medical Examiner=s Office for further postmortem examination, it is imperative to obtain and submit copies of hospital records which document transfer of the body and all associated personal items from the hospital of pronouncement to the agent responsible for transport of the remains to the State Medical Examiner.

Accompanying case **OCME-1** and attached investigative/medical records should not be placed in the body bag for transport, but should be placed in a **sealed envelope**, and clearly labeled Afor transport to OCME@ with the decedents name and d.o.b., with your signature written over the sealed envelope flap, and then submitted together with the body to transport personnel; alternatively, the report may be faxed to the State Medical Examiner, and the original mailed to the State Office. Hospital blood samples may be placed in the body bag, in a separate sealed and labeled plastic bag.

When submitting an autopsy case OCME-1 to the State Office, it isn=t necessary to include portions of the OCME-1 that don=t require completion, such as the attached diagrams (used only when the case will be Assigned out@ in the County, to record findings from complete external exam of the body - see below).

## **Transport of Human Remains: Forensic Issues**

After completing all death scene responsibilities, depending on case circumstances, CoME/ACoME/CC must transport the body from the death scene to either a local facility appropriate for complete external examination of the body by the CoME/ACoME/CC; or alternatively, transport of the body to the State Medical Examiner Office in Charleston for further examination.

The body should be transported in a manner which affects minimally the scene and the body. In cases where initial body posture or dried blood patterns on the body may be significant, the body should be carefully transferred in the position which it=s found, to a moisture impervious body bag.

An identification tag (**OCME - 22**; see Appendix C) attesting to the identity of the decedent must be reliably affixed to the body. If the body is unidentified, the tag should indicate AJane@or AJohn Doe@when the sex of the decedent is assignable, . When sex cannot be reliably assigned, the remains should be designated just ADoe@. Multiple unidentified remains at a death scene should be designated as Jane or John Doe, or Doe AA@, AB@, AC@, AD@...@AA@, ABB@, etc.

The name of the decedent or Doe designation should be written on the outside of the body bag using a indelible (Amagic marker@) marker. A special numbered locking tab is available from the State

Medical Examiner, and must be used to secure the zippered body bag closed, by passage of the lock tab ring through the closed zipper pulls. *In order to maintain intact the chain of evidence, and to insure that the contents of the body bag are not opened during transport, the lock tab number should be documented on the first page of the OCME-1 or OCME-17, and on the completed OCME-22.*

In the setting of a death under criminal investigation, it is imperative that all transient or fragile forensic evidence associated with the body, such as fingerprints or other imprints or indentations which exist in moisture, or spatter patterns, or fibers loosely adherent to the body should be documented and collected by the principal investigating agency (PIA) at the scene, prior to transport. To prevent loss of trace evidence during transport, the body should be placed on a clean white cotton sheet in the position that the body was first found; the sheet is then folded over the body, and the body thus wrapped, is then transferred to the body bag for transport. It is also desirable to utilize paper bags to enclose the hands and other areas of the body (head or feet) which might contain trace evidence possibly lost during transport. Paper bags may be secured over the wrists with either tape or rubber bands.

Discarded rubber gloves and all other disposable items used by investigators should not be placed inside the body bag, but should be placed in a separate plastic bag for appropriate biological hazards disposal.

The completed **OCME-1** and all accompanying records to be submitted should not be placed in the body bag, but in a **sealed envelope**, and clearly labeled Afor transport to OCME@ with the decedents name and D.O.B., with the CoME/ACoME/CC signature written over the sealed envelope flap, and then submitted together with the body to transport personnel. Accompanying hospital blood samples and/or medications should be placed in the body bag, but in a separate, sealed and labeled plastic bag.

## **When Autopsy is Deferred: Responsibilities of the CoME/ACoME/CC**

When the CoME/ACoME/CC investigates a medical examiner death where it is determined that postmortem examination by the State Medical Examiner=s Office is not required for accurate determination of cause and manner of death, the CoME/ACoME/CC will be responsible for these additional tasks:

- A. Arranging transport of the body from the scene of death to a local hospital morgue or funeral home.
- B. Performing a complete external examination of the body (external exam must be terminated immediately when suspicious findings are discovered, with immediate notification of findings to the State Medical Examiner);
- C. Obtaining and submitting to the medical examiner=s office in Charleston appropriate forensic toxicologic specimens, and completed **OCME-9**;
- D. Review of pertinent decedent medical records obtained by submission of completed **OCME- 19a** to the institution holding records, or police records;

- E. Documenting findings and conclusions on pages 1 to 4 of the **OCME-1**;
- F. Mandated telephone report to the State Medical Examiner of investigation and body examination findings, and review of proposed death certificate language
- G. Completing the death certificate, and;
- H. Releasing custody of the body back to an appropriate funeral home or family member.
- I. Submitting the original **OCME-1** and a copy of the completed death certificate and **OCME-19a**, if used, to the State Medical Examiner. Keep a copy of each document for your records.

## The Complete External Examination of the Body

This section is designed to provide broad guidelines for the performance of a post-mortem complete external forensic examination of a body. **All practicing CoME/ACoME/CC are encouraged to contact the State Medical Examiner in Charleston, to request the opportunity to view a medico-legal autopsy.** The performance of an external examination of the body is an integral part of autopsy, and provides the opportunity for the CoME/ACoME/CC to see how this procedure is performed and have explained the phenomena of post mortem changes, injury and other related forensically significant findings.

**The complete external examination of the body must be performed according to the following guidelines:**

- A. The complete external examination of the body must be performed in an appropriate facility, such as a funeral home or local hospital morgue. It may not be performed in a residence or at any other out-of-hospital scene of death.
- B. The CoME / ACoME / CC must be accompanied by at least one other appropriate person, such as a nursing assistant or mortician=s assistant, to serve as a witness during performance of the external examination; the identity of the witness, and the time and date of examination must be recorded in the **OCME-1**. Viewing of the body by persons not required to be present, by virtue of job responsibilities or having jurisdiction over

the death, is inappropriate and is prohibited.

- C. The body must be examined first while clothed, and then all clothing worn by the decedent shall be removed, to permit careful inspection of all body areas; body surfaces and all significant findings thereof, when obscured by blood or other soiling, must be cleaned before final evaluation;
- D. Findings on complete external examination of the body must be thoroughly documented as requested on page 4 of the **OCME-1**, and by completion of all pertinent attached **OCME-1 diagrams**;
- E. All clothing and personal items must be described and listed in the OCME-1; all items without evidentiary value must be returned to the custody of the legal next of kin, or their agent (selected funeral home); material which constitutes evidence must be directly surrendered to the PIA, under chain of evidence documentation. Final disposition of all personal items and clothing should be documented in the OCME-1.
- F. The **OCME-1** front page should be checked to indicate performance of complete external exam, and completion of the death certificate.

## **Photographic Case Documentation By CoME / ACoME / CC**

- A. The CoME/ACoME/CC will not, in the performance of his or her duties, take photographs of any case-related subjects.
- B. Photographs taken by the police or other investigative agency at a death scene should be requested by the CoME/ACoME/CC, but only for direct submission from the originating agency to the State Medical Examiner, where such evidence constitutes part of the case file.
- C. Under circumstances where scene findings are best photo-documented, the CoME, ACoME, CC may request police to provide photographic services; all photos to be directly submitted from the police to the State Medical Examiner
- D. Police digital photography is the favored photographic format, but Polaroid, or 35mm film is acceptable. Digital photos may be sent as jpeg files attached to email, or by printing and mailing CD or DVD, or printed photographs mailed directly to the State Medical Examiner.
- E. All submitted photographic evidence must be labeled with the name of the submitting agency, decedent name and date taken, and ;

- F. The CoME/ACoME/CC must document the number and format of photographs taken, as well as the submitting officer and his or her agency, on page two of the **OCME-1**.
- G. Under no circumstances may photographs or any images relating to a medicolegal case be retained by the CoME / ACoME / CC.

## **Forensic Toxicologic Sampling By the CoME/ACoME/CC**

This section is intended to provide general guidelines for collecting toxicologic samples. The practicing CoME/ACoME/CC is encouraged to contact the State Medical Examiner in Charleston, in order to request the opportunity to view the performance of a medico-legal autopsy, where it will be possible to receive instruction in the mechanics of safe and effective collecting and submitting peripheral blood, urine, and vitreous fluid from cadavers.

Current toxicologic techniques employed at the State Medical Examiner in Charleston require at least 25 ml. of blood to be drawn from a peripheral subclavian or femoral venous site. Because some screening tests are more effective when performed on urine, the simultaneous collection of 10 to 20 ml. of urine by percutaneous aspiration is desirable, and may be submitted in addition to the blood, utilizing the same type of container as is used for submitting blood.

Vitreous fluid (fluid taken from the posterior eye chamber) may also be submitted, but only as an adjunct to peripheral blood sample. It is obtained by needle aspiration through the lateral eye globe, which should provide an absolutely clear, somewhat viscous fluid. Vitreous fluid samples should be sent in a red-top vacutainer, and not in the containers utilized for blood or urine sampling. Each of these materials should be collected, per instructions included, in appropriate State Medical Examiner provided containers, sealed with tamper-proof tape, and submitted in approved packing together with documentation of case relevant information as provided on the **OCME-9** form, a separate copy of

which should accompany all specimens.

Hospital-drawn samples that need to be submitted to the State Medical Examiner should never be transferred from an original, intact container: instructions are provided for proper packing and mailing of admission hospital blood, or any fluid samples submitted in vacutainer-type tubes, utilizing the State Medical Examiner mailing containers.

Because attempts to draw blood via a blind cardiac puncture (introduction of a long needle into the chest for the purposes of obtaining heart blood) may provide a bloody fluid easily contaminated with gastric, esophageal or pleural fluids, blind cardiac puncture is not an acceptable means of obtaining a blood sample.

In any case where the CoME/ACoME/CC is unable to obtain an adequate blood sample for any reason, he or she must maintain custody of the body, so as to delay embalming, and immediately notify the State Medical Examiner of failure to obtain blood for toxicologic testing, to allow the State Medical Examiner the option to bring the case to autopsy for the purpose of obtaining blood. Should the State Medical Examiner elect not to bring the case in for autopsy, the CoME/ACoME/CC must submit an OCME-9 to the State Medical Examiner, even if no specimens are drawn, and explain the circumstances of failed blood draw on the form in the appropriate text area.

## **Infectious Disease Precautions and Other Safety Issues**

The CoME/ACoME/CC when examining human remains must at all times utilize appropriate barrier clothing to include disposable gloves and fluid-impervious aprons, and observe respiratory infectious disease precautions which require the use of a face mask. These items may be obtained from the State Medical Examiner, in Charleston, or alternatively from the local hospital or other institution at which the body is being examined. Soiled disposable items such as used gloves should be appropriately discarded into labeled biological hazard containers.

A portion of the case fee of \$127 is provided to practicing CoME and ACoME to allow for necessary purchases of barrier clothing and gloves, as well as other practice related items (see *List of Suggested Equipment*, Appendix D)

Any documentary materials or records that must accompany a medical examiner case to be transported to the State Medical Examiner for autopsy should never be placed in the body bag, but should be placed in a separate, sealed and labeled envelope which bears the name of the decedent and decedent d.o.b., with directions that the envelope accompany the body bag to the OCME. Sign your name over the sealed envelope flap.

To insure the personal safety of County Medical Examiner personnel, and to prevent accusations of impropriety, the CoME, ACoME, or CC may not enter any death scene without a police escort, nor should any examination of the body take place without an appropriate witness. The identity

of witness(es) present during examination of the body needs to be documented in the appropriate place in the **OCME-1**, top of page 3.

The CoME/ACoME/CC should never enter a location which is considered to be in any way unsafe, or where any agency charged with the safety of the death scene location has declined to authorize entry of the CoME/ACoME/CC to the place of death.

Finally, in death scene settings in which trace evidence must be protected from contamination resulting from the presence of scene investigators, the CoME/ACoME/CC must follow direction of the PIA to use barrier clothing to include gloves, booties, and a hair net. Such materials should be provided by the PIA or other agency responsible for scene safety or investigation.

Further information relating to scene safety is described under the section titled ADeath Scene Locations Which Pose Potential Hazards to Scene Personnel Health or Safety@ located on page 22 of this Handbook.

## **Determination of Cause and Manner of Death By the CoME, ACoME, and CC: General Directions**

Accurate and uniform death certification is the central focus of forensic death investigation. In furtherance of that purpose, pursuant to '61-12-7 (c), CoME, ACoME, and CC are authorized to determine the cause and manner of death, subject to direction from the State Medical Examiner Office. State law directs the O.C.M.E. as State Medical Examiner to establish rules and regulations that define investigative procedures to be followed, and to supervise the performance of county-based investigations and conclusions thereof, including completion of the death certificate, to be described subsequently.

This portion of the handbook presents minimum requirements to be met procedurally by the CoME, ACoME, and CC when he or she is asked to certify a death by completion of a death certificate under his or her signature.

The determination of cause and manner of death requires that three fundamentally distinct investigational tasks be successfully completed. When a case is to be completed at the County level (Assigned out@), it is the County death investigator (CoME, ACoME, or CC) who is responsible for the completion of these specialized tasks, which comprise:

- 1) Determination of the circumstances surrounding the death by scene visit, police investigation

and EMT and witness interview based investigation; findings documented in the **OCME-1**.

- 2) Complete forensic external examination of the body by the County death investigator, including collection and transport of peripheral blood sample for toxicologic testing, with documentation in the **OCME-1**.
- 3) Review of the decedent=s pertinent medical or psychiatric diagnoses and treatment records must be performed by the CoME, ACoME or CC, when such records exist, and the agency possessing the documents is located within the State of West Virginia. Pertinent records are defined as decedent records or investigation derived documents, such as suicide notes, which may present evidence of disease, injury and treatment, intent, or other case-related aspect useful to the determination of a decedent=s cause and manner of death. When pertinent to determination of COD/MOD, a copy of the document(s) should be collected and retained with the medical examiner file.

Decedent medical records are lawfully requested by the CoME, ACoME, and CC by completing a State Medical Examiner records request form designated **OCME-19-a**, which may be faxed, mailed or presented in person to the institution which has responsibility for archiving the records to be requested. A copy of the **OCME-19-a, which constitutes documentation of review of medical records**, should be permanently filed with CoME/ACoME/CC case records, or to attached to the **OCME-1**, when submitted to the State Medical Examiner.

## **CoME, ACoME, and CC: Standard of Practice**

It is the duty of the CoME, ACoME or CC to competently and in good faith perform all facets of medico-legal death investigation and certification pursuant to W.Va. State Code, and consistent with promulgated OCME policies and procedures, as described in this book, including:

- A. Comprehensively investigate each death case, pursuant to State Law and Medical Examiner Rule and protocol, so as to discover all reasonably available pertinent findings necessary to determine death circumstances,
- B. Document clearly, appropriately and objectively all investigation findings after completing all required investigation tasks;
- C. Consider all findings, in a disinterested and professional manner, under direction of the State Medical Examiner, so as to arrive at a correct determination of the cause and manner of death;
- D. Completely and in timely fashion share all case findings and professional assessments with the State Medical Examiner Office, per protocol, and;

- E. Complete the cause of death section of the death certificate, under direction of the State Medical Examiner, in a manner consistent with the facts of the death as known.
- F. When significant discrepancy(s) between death investigation findings and conclusions reached thereof are discovered, to communicate such discrepancies to the State Medical Examiner Office as soon as they become reliably known.

## **Rules Regulating Possession and Use Of Decedent Medical Records By the CoME, ACoME, and CC**

The CoME, ACoME, and CC may lawfully obtain and review decedent medical, psychiatric or other diagnostic/treatment records only for the purpose of determination of cause and manner of death, when in the performance of their official duties. Possession of such records by any CoME, ACoME, and CC for any other reason is unauthorized, and constitutes a serious breach of law.

All CoME, ACoME and CC requests for medical records must be documented by submission of a completed **OCME-19-a** addressed to the institution that is the formal record holder, and such request is only lawful when made to an institution located in West Virginia.

The completed **OCME-19-a** must identify the originating institution from which the medical chart was requested, as well as contact voice phone and facsimile phone numbers used, with name(s) and position(s) of personnel contacted, and date of contact.

Upon completion of the death investigation and certification of death, all original medical records must be returned to the originating institution; alternatively, copies of medical records may be either returned to the originating institution or destroyed by shredding, or placed permanently within the ME file. The completed **OCME-19-a** must be placed permanently within the case file, or submitted to the State OCME along with the corresponding **OCME-1**, when the case is to be sent for autopsy.

Medical record documents that are obtained under **OCME-19-a** request are not subject to any further release (such as to police), except to WV State Medical Examiner personnel; nor may such documents be viewed by anyone who is not State Medical Examiner personnel, including police and any other Municipal, County, State or Federal officials.

However, the **OCME-19-a** form itself is considered part of the County investigation report, and must be released to any request authorized to obtain an **OCME-1**, such as the police or prosecutors.

## **Rules Governing Handling Of Confidential Information By CoME / ACoME / CC**

Release of any information developed or received by the CoME / ACoME / CC in the course of performing medical examiner duties is subject to Medical Examiner Rule '84-64 and other State confidentiality law. Violation of any of these rules may be cause for dismissal and prosecution.

### **Utilization of Confidential Records by CoME / ACoME / CC:**

The CoME / ACoME / CC may only obtain and review confidential records under specific request made by submission of an **OCME-19-a** when in performance of their official duties as CoME / ACoME / CC, and only for the purpose of determining cause and manner of death. Records which may be obtained under both State and Federal Law for that purpose include medical and other therapeutic records, or records pertaining to jail inmate incarceration or treatment, as well as police and other investigative records. Additionally, the CoME / ACoME / CC may, as a consequence of official duties, handle certain confidential documents such as death certificates, or have knowledge of the circumstances of a person=s death that may be of considerable interest to certain parties, such as the media. It is an important principle to understand that this information is held by law to be confidential, and must be protected from public disclosure.

### **Restricted Release of any Document or Record Obtained Under '61-12-8 Request:**

Any medical or other therapeutic record, incarceration record or any record of mandated institutionalization of the decedent, or any document, or photocopy or other facsimile thereof,

pertaining to any diagnostic, therapeutic or other record pertaining to health-related services provided to a decedent, which is obtained under **OCME-19-a** request by a CoME / ACoME / CC may be released only to the State Medical Examiner. The CoME / ACoME / CC must DENY all other requests to view or otherwise take possession of such records, and immediately refer such request to the State Medical Examiner.

No information derived from review of such documents may be released to public request, except as outlined under Release of Case-associated Information Derived from Investigation, as below.

Photocopy or other facsimile of records requested under **OCME-19-a** request may be incorporated into the medical examiner file; original documents after review must be returned to the source institution.

Medical record photocopies to be discarded must be destroyed in such fashion so as to be no longer legible (shredded).

A copy of the **OCME-19-a** must be permanently attached to the **OCME-1**, and may be released under the same circumstances which allow release the **OCME-1**, **as part of that document**. Remember that the **OCME-19-a** constitutes a permanent record of medical records request and review, and may not be discarded.

## **Release of Case-associated Information Derived from Investigation**

The CoME / ACoME / CC gains knowledge of circumstances regarding a person's death and past history as part of their responsibilities as death investigators. Release of any case-associated information developed or received by the CoME / ACoME / CC while engaged in the performance of medical examiner duties is subject to the following restrictions:

- A. All media or other public requests made to the CoME / ACoME / CC for any case-associated information must be denied and the requestor immediately referred to State Medical Examiner.
- B. When case has been Assigned out@ at the county level by the CoME / ACoME / CC: The CoME / ACoME / CC of record may release the identity of the decedent, all information relating to cause(s) and manner of death, and time and place of death to: immediate family, police, other local, county, state or federal government agencies= request only. All other requests for information must be denied and the requestor referred to the State Medical Examiner.
- C. Case-related information obtained by investigation/review of records beyond decedent identity, cause and manner of death, and time and place of death must not be released to ANY request; any such request must be immediately referred to the State Medical Examiner.

NOTE: Initial death notification to family members must be performed by police.

- D. When the CoME / ACoME / CC attends a death scene when case will be transported to the

State Medical Examiner for autopsy: any release of initial investigation findings pertaining to cause and manner of death, or information pertaining to any death circumstance, or explanation thereof, other than to involved police agency (PIA) or County Prosecutor, or State Medical Examiner, is prohibited; and the requestor must immediately be referred to the State Medical Examiner office. It is imperative that the CoME / ACoME / CC refer all police queries regarding any autopsy-related findings to the appropriate State forensic pathologist

- E. The CoME / ACoME / CC will provide notification of need to autopsy to the family upon request in non-criminal cases, including explanation of general autopsy issues for the family, such as expected delays, place of autopsy and a contact number for the State Medical Examiner.
- F. Release of all case-associated information to State Medical Examiner request is mandatory.

## **Presentations by CoME / ACoME / CC When Under Medical Examiner Title**

All didactic or public service presentations which are authored by the CoME / ACoME / CC, to be submitted for publication, or otherwise released or presented to public or professional forum under any Medical Examiner title, to include data collected and opinions rendered, must receive prior authorization for such release or presentation by the State Medical Examiner, Department of Health and Human Resources.

Authorization is obtained by submission to the Office of the Chief Medical Examiner of all materials to be presented, within sufficient time prior to the date of presentation to allow for thorough review of the material. It is recommended that presentations be submitted at least six weeks prior to the date of presentation to allow for review and required OCME authorization.

## The Death Certificate

This handbook section is designed to help the CoME, ACoME or CC complete the death certificate (DC) effectively. It does not replace the need for the CoME, ACoME or CC to consult with the State Medical Examiner by telephone according to the **mandated reporting schedule**, and of course, should the CoME, ACoME or CC find themselves trying to complete a DC of a death with complex circumstances, they are strongly encouraged to consult with the State Medical Examiner, available 24 hours, 7 days a week.

### Overview

The CoME, ACoME, or CC is permitted by law to complete the DC of any death that they have lawfully assumed jurisdiction over, under the direction of the State Medical Examiner. In practice, the DC will be need to be completed by the CoME, ACoME, or CC, following their investigation of the death, whenever a medical examiner case is not to be transported to the State Medical Examiner in Charleston for further examination.. The DC is a legal record which documents the identity of the decedent, the Afact@ (the date of pronouncement) of death, and *associated circumstances*, including:

- A. Cause of death,
- B. Manner of death,
- C. Other Aconditions@ contributing to death,
- D. Place of death,
- E. Date and time of death,
- F. Time and date of any injury causing death, and whether it was during work,

- G. Injury scenario (how it occurred)
- H. Place where that injury occurred

It should be apparent that the DC is the repository for exactly that data that we look for in the process of medicolegal death investigation (and hopefully what we find!). It is the death certificate that is the single most important and most easily utilized document by both federal and state public safety and health departments for the purpose of studying Medical Examiner derived mortality causes and effects in our country.

It is the death certificate that allows the United States D.H.H.S to compare the various states= injury and fatality rates, and in West Virginia permits the Department of Health and Human Resources to similarly evaluate the 55 counties of our State for such issues. Therefore, it is important that the CoME, ACoME or CC must not only complete the death certificate in a way that *accurately* reflects our investigation findings and conclusions regarding a death, but must be careful to do so in language that is *precise, readable* and *which conforms to national conventions of uniformity*.

## About Completing the Death Certificate

When the CoME/ACoME/CC completes and signs the death certificate, he or she attests to a reasonable degree of medical (or investigative) certainty that:

- A. The individual listed on the death certificate is correctly identified; and
- B. That the manner of death is appropriate.

However, in the case where no autopsy is performed, the medical examiner or coroner does not have to be so certain about the cause of death: here, the cause of death has only to be stated to the limit of what is currently known about the decedent. In other words, the CoME/ACoME/CC, when certifying a death at the county level, doesn't have to be scientifically certain as to the cause of death statement. In this case, when no autopsy is to be performed, the death certificate records the opinion of the CoME/ACoME/CC where the cause of death statement is the result of a reasonable and professional Aguess@, taken in good faith.

The manner of death (MOD) may not be intuitively obvious or seem to be consistent with circumstances after investigation, in the case of certain special death events. For instance, when a deer hunter mistakenly shoots his hunting partner, thinking him to be a large buck of unusual conformation, we regard the MOD as homicide, even though the underlying incident may have been an accident, in that the partner=s death was entirely unintentional. These MODs, especially Ahomicide@ or even Aaccident@, do not have any direct correlation with any subsequent legal action taken by a court of law. An officer of the law who has to shoot a felon in the line of duty will not be charged or tried for the crime of homicide, even though the medical examiner will rule the death as such, and a person who drives under the influence of alcohol and kills someone may be charged with a felony-crime, even though we rule the death an Aaccident@. These AMOD@s exist primarily to provide an epidemiologic tool to pigeon-hole death circumstances for vital statisticians, and for determination of certain social and civil benefits for family and survivors. Thus uniformity of MOD use is of great importance.

Please note that the CoME/ACoME/CC is encouraged to visit the National Association of Medical Examiners web page at address [www.thename.org](http://www.thename.org), which currently provides a self-tutorial for choosing appropriate manners of death. Click on Areview and comments@to find the program in Apdf@ format.

Whenever you face any uncertainty on how to complete a death certificate, give the State Medical Examiner a call!

## General Directions for Completing a Death Certificate

By law, the DC should reflect the most *probable* cause of death, *in the opinion*, and *to the best ability* of the certifier (the person who completes the DC), *in good faith*. What this means is that the cause of death statement of the DC doesn't have to be completed to scientific certainty, but simply put, must be an impartial A best professional guess@. It is understood by courts of law and epidemiologists that when the DC is completed without benefit of autopsy, the cause of death statement may not be scientifically reliable.

Further, vital records rules for completing the DC allows the certifier to express varying degrees of uncertainty regarding his findings and opinions. When after a thorough investigation, it isn't possible to state with confidence a date/time of death or injury, that item may be listed as unknown, or an Aestimated@ date and time may be entered.

When a place of death cannot be determined with confidence (when the body is found in a river, or has been left by the side of the road), the certifier may modify the death certificate item denoting the place of death by use of the notation, Afound:@. We will see that there are other ways that uncertainty in the statements made in the DC may be communicated by specific language.

On the other hand, when completing the death certificate, it is the responsibility of the certifier to be reasonably certain of the manner of death, and that the identity of the decedent as entered in the DC is correct.

A small point: the DC must be completed in black ink

The material below is organized into the separate 32 items that comprise the West Virginia death certificate (See Appendix C), addressed in sequential order.

**Item 1:** Name of Decedent: The decedents name is not entered by the CoME, ACoME, or CC in the space under item 1 (that is a funeral home responsibility), but in the indicated vertical space

located in the left upper corner of the DC. You can make sure of the spelling of the name by checking with the funeral home, if uncertain. Write the full first and last names in normal order; i.e., not last name, first name. If you know the decedent=s middle initial you may use it.

**Item 2:** No entry.(that is for the funeral home to fill in).

**Item 3:** Date of Death: Fill in by Month/Day/2001,etc.. Depending on the case, this frequently is not the same as date of pronouncement. Example: a prolonged postmortem interval.

**Items 4 through 8:** No entry (that is for the funeral home to fill in).

**Item 9a:** Place of Death: If in-hospital death, check whether Inpatient, ER/outpatient, or DOA (DOA: dead on arrival; no resuscitation measures taken after arrival at the ER). If out-of-hospital death, see AOther@, and check the appropriate box underneath: residence refers to decedent=s residence only. If the decedent dies elsewhere, mark the specific box designated Aother@ and specify: other residence, place of work, wooded area, roadway, etc.

**Item 9b:** Facility Name: Here you need to put the hospital name if appropriate, or the address of the building in which the decedent died. If you are pretty sure that the decedent died elsewhere, and the body was moved after death to the place found, write Afound:@ and then the address of the location. When giving the place of death, in the absence of a numbered street address, don=t put a post office box number, but simply describe the house as ASmith@ residence, and road name (if there is one!).

**Item 9c:** City, Town or Location of Death: Fill in, as requested. If in an unincorporated area, put Anear@ and the nearest town, etc.

**Items 10 through 22:** No entry (those are for the funeral home to enter).

**Items 23a. and 23b:** No entry (these are items filled in by the pronouncing physician).

**Item 24:** Time of Death: This item must be filled in, and does not represent the time of pronouncement, although it may be the same, as in the case of in-hospital deaths. If you are unsure of the actual time of death (for example, an unwitnessed death) you can divide the clock into thirds, so that 12 to 4 o=clock would be considered to be early AM or PM; 4 to 8 o=clock would be mid AM or PM; and 8 to 12 o=clock would be called late AM or PM. You can use the same scheme for Time of Injury (item 30b.).

**Item 25:** Date Pronounced Dead: This item must be entered. There is some confusion here, especially by pronouncing physicians, with item 24 (ATime of Death@) because they are next to one another on the death certificate, but as noted above, ATime of Death@ may refer to an earlier date than ADate Pronounced Dead@, unless an in-hospital death, or timely emergent response with attempted resuscitation.

**Item 26:** Was Case Referred to Medical Examiner/Coroner?: Enter Ayes@.

**Item 27 Part I:** Immediate and Underlying Cause of Death: This is the section of the death certificate that indicates the *diseases, congenital or acquired conditions, injuries or toxicologic factors*

that cause death. These entries, termed cause of death (COD) statements, are entered on separate lines within Item 27, Part I, and are organized sequentially into Immediate, Intermediate and Underlying CODs. By convention, there cannot be more than one Underlying COD listed in part I. of Item 27. The Underlying COD is the disease, injury or other abnormal condition which initiates the train of events that leads to death.

The Intermediate COD is caused by the underlying COD, and in turn, results in the Immediate COD, which is the final or ultimate perturbation in the train of events that leads to death. As listed on the death certificate, in Part I of item 27, the **underlying COD, intermediate COD and immediate COD** are placed sequentially from bottom to top, which reflects the cause and effect relationship, of each of the COD statements to the other; and also follows the temporal sequence along which each condition develops. Note that the column to the right in Part I, which allows the certifier to put in the Approximate (time) Interval Between Onset and Death should be entered with only as much precision as is possible.

**Thus the Underlying COD must be the first condition, injury or disease to exist, have no other antecedent conditions, and be specific (it must be a condition, etc. that has only one cause or etiology).**

**Examples of natural underlying causes of deaths:**

- A. Chronic alcoholism
- B. Diabetes mellitus
- C. Cancer (specify type if known)
- D. Ruptured berry aneurysm
- E. Arteriosclerotic cerebrovascular disease
- F. Pneumonia
- G. Arteriosclerotic cardiovascular disease (a catch-all category; best used when Witnessed sudden death, but without previous documented disease)
- H. Coronary artery disease ( used when documented in records)
- I. Ischemic heart disease ( when documented previous myocardial infarction in health record)
- J. Undetermined natural disease (a catch-all category, used only when sure of natural manner, such as with advanced age, but without specific disease process identified)

**Examples of injuries or external (non-natural) underlying causes of death:**

- A. Blunt / Sharp Force Injuries
- B. Thermal (or chemical) burn injury
- C. Alcohol or drug (specify the drugs) intoxication
- D. Gunshot wound(s) (specify the site, range of fire)
- E. Motor vehicle accident
- F. Drowning
- G. Hanging
- H. Strangulation
- I. Asphyxia, due to (specify) compression, position, chemical intoxication, suffocation, etc.

**Non-specific conditions:** any medical condition that has more than one etiology. May **not** be used as an **underlying cause of death**.

**Examples of non-specific conditions that may not be used as an underlying cause of death. All of these conditions have more than one possible underlying cause.**

- A. Exsanguination (bleeding to death)
- B. Shock
- C. (Congestive) heart failure
- D. Hemopericardium (bleeding into the sac around the heart)
- E. Pulmonary edema
- F. Intracranial hemorrhage (many causes)
- G. Cardiac (cardiopulmonary) arrest
- H. Respiratory arrest
- I. Cardiopulmonary arrest
- J. Electro-mechanical dissociation
- K. Cardiac dysrhythmia

**Item 27 part II:** Other significant conditions contributing to death:

A contributory COD is any disease, injury or other abnormal condition which influenced, or contributed to fatal outcome, but was not causally related to the underlying COD. For instance, you are certifying the death of a person who has both severe diabetes mellitus and hypertension, which are separate and specific conditions. Remember, by convention, you cannot list more than one underlying cause of death in Part I, of item 27. Here you would have to make a choice, depending on your investigation, as to which of these two conditions would be determined to be the underlying COD. The other condition can be said to be Acontributory to death@ and would be placed below item 27 part I block, within the block designated Part II, AOther significant conditions, contributing to death, but not resulting in the underlying cause given in part I@. It is this block, Part II, that may be used for listing multiple conditions not associated with the underlying COD, but contributory to death.

**Examples: contributory causes of death**

- A. Alcohol intoxication, in a fatal car accident (when confirmed by laboratory test)
- B. Tobacco smoking (in death due to lung cancer; as a risk factor)
- C. Diabetes mellitus (in death due to atherosclerotic coronary artery disease)
- D. Hypertension (when the COD is ischemic heart disease and there is also a history of high blood pressure)
- E. Ischemic heart disease (when a person dies from intentionally inhaling car exhaust, but with measured levels of carbon monoxide below lethal range; ischemic heart disease, if present, can be said to contribute to death, because the lethal effect of blocking oxygen delivery by blood as the result of breathing CO is intensified by an already oxygen-deficient heart muscle, due to the heart disease).

Please note that the National Association of Medical Examiners web page, at address [www.thename.org](http://www.thename.org), provides a self-tutorial program for writing effective cause of death statements; the CoME/ACoME/CC is encouraged to utilize this resource.

**Items 28a:** Was autopsy performed?: Fill in NO (unless there will be a hospital or private autopsy that will take place after you complete your DC. Then you can fill in 28a. as YES, and fill in

28b. as NO.

**Item 29:** Manner of Death: the *manner of death* (MOD) is a classification of death based on the type of circumstances by which the underlying fatal disease, injury or toxicologic condition came to be. It is your investigation that will probably determine the MOD. Please remember that assignment of the MOD is by convention, and that there may reasonably be more than one MOD to pick from. The best we can do is to be as consistent as is possible, from case to case. Please see page 43, *Important Notes About Completing the Death Certificate*.

**Items 30a. to 30b:** The data to be entered here refers specifically to fatal injury as captured by the death certificate. THEREFORE, You will need to fill out these items **ONLY** when death is due to injury or other external cause(s); or in other words, when death is not entirely due to natural causes.

**Item 30a:** Date of Injury: this represents the date that the underlying injury was inflicted or occurred. If the certifier cannot be sure of the exact date, after a full investigation, then this item should be listed as unknown.

**Item 30b:** Time of Injury: if the certifier is not able to determine a relatively exact time, he may enter an Aestimated@ time or, alternatively, use the Early, Mid or Late AM / PM scheme as in the time of death calculation.

**Item 30c:** Injury at work? Note: death due to traffic accident while commuting to work is not considered Aat work@.

**Item 30d:** Describing the event causing the injury/intoxication/poisoning. A Atelegraphic@ description detailing as much information as possible is crucial to good DC practice.

**EXAMPLES:**

- A. Unrestrained / restrained / ejected / operator / front seat car passenger in single vehicle / multiple car accident / roll-over / struck fixed object, etc.)
- B. Self-inflicted (contact) gunshot wound
- C. Hung self by neck using (belt, etc.)
- D. Shot by husband (wife, brother/sister, significant other, police, other person(s) etc.)
- E. Intentionally / accidentally over-ingested prescription / non-prescription medications
- F. Injected / smoked illicit drugs

**Certifier Section: Item 31a and 31b, and item 32:** Signature and other signing instructions for the CoME/ACoME/CC:

On line 31.b - Your signature and investigator title (CoME/ACoME/CC, and county).

Item 31.c - the date of signing; Item 32 - Print your name and work title, if any, such as DO, MD, EMT-B, RN, PA-C, etc.

## **Manners of Death, and Certain Restrictions of Use By the CoME/ACoME/CC**

The manners of death (MOD)s provided for by the WV death certificate are listed below, with a short definition. Because the use of certain MODs stipulate the performance of autopsy, the CoME, ACoME, or CC may **not** use the Aundetermined@ or Apending investigation@ response in item 29; those responses are **restricted** to State Medical Examiner use only, **except by specific authorization from the State Medical Examiner, on a case-by-case basis.**

**Suicide:** death related to injury, intoxication (poisoning) or other external cause that is self inflicted and volitional, **where the intention is to cause death**

**Homicide:** death related to injury, intoxication or other external cause, due to the volitional action or inaction of another; **intentionality not required** (the actor may not have desired to cause injury or death)

**Accident:** death related to injury, intoxication or other external cause as the result of unforeseen / unavoidable circumstances

**Natural:** death entirely the result of natural disease, malformation or condition

**Pending investigation:** **not to be used by CoME, ACoME, or CC** - following autopsy, the state pathologist requires more investigation in order to certify the death

**Undetermined:** **not to be used by CoME, ACoME, or CC** - after autopsy, investigation and review of records--Can=t tell

## Authorizing Cremation

When in the case of any death certified by a West Virginia death certificate, under State law, destruction of the body by cremation (the process by which the body is reduced to inorganic material by application of heat) requires prior authorization by the CoME/ACoME/CC, or State Medical Examiner. The reason for this law is that this process irreversibly prevents any further scientific inquiry or forensic investigation into matters concerning the identity of the decedent, the cause(s) of death, or the presence of any significant condition that might have legal or hygienic (public health or safety) significance.

In order to comply with the intent of the law, the State Medical Examiner has instituted protocol to insure that reasonable care is taken to prevent the premature destruction of human remains within our state, specifically to confirm:

- A. that the statement of death is based on a valid underlying cause of death;
- B. the identity of the decedent is not in question;
- C. that the death was reported to the State Medical Examiner, if appropriate;
- D. that the death does not require further investigation prior to destruction of the body, for any known reason.

In most cases, the CoME/ACoME/CC will only have to review the death certificate, or a photocopy of the death certificate, in order to satisfy protocol for authorization.

The law permits the CoME/ACoME/CC to view the remains, or to obtain pertinent medical records, in order to conduct an investigation, if indicated, in the judgment of the CoME/ACoME/CC.

It is required that the CoME/ACoME/CC immediately notify the State Medical Examiner if he or she is compelled to refuse authorization to cremate a body, under conditions noted immediately below.

If any of the required conditions for authorization is not present, such as the death certificate is incorrectly filled out, then the CoME/ACoME/CC must refuse authorization, and must refer such cases to the State Medical Examiner for further review or investigation. Circumstances that would prevent the CoME/ACoME/CC from granting authorization for cremation include:

- A. A non-specific mode of death, such as cardiopulmonary arrest, electro-mechanical dissociation, hemorrhage or sepsis, substituted for a specific underlying cause of death;
- B. A death certificate relating to a death due to external causes, such as injury or intoxication, or more commonly, to complications of such conditions, where the certifier isn't a CoME/ACoME/CC;
- C. A death certificate where the stated cause of death was incompatible with the indicated manner of death; such as shock due to drug overdose where the manner of death is listed as natural.
- D. A death certificate that describes certification of a death without benefit of a postmortem examination of the body, due to a cause and/or manner of death that should require such examination of the body.

If authorization is given, by signing the authorization form (**OCME - 10**; see *Appendix C*) provided by the State Medical Examiner for that purpose, the CoME/ACoME/CC certifies that he or she has reviewed the death certificate; that the document is properly certified; that there are no issues in regards to the identity of the decedent; that the listed cause of death is specific, and consistent with the stated manner of death; and that there are no other apparent inadequacies of such death certificate known to the CoME/ACoME/CC.

Upon signing the **OCME - 10**, the CoME/ACoME/CC surrenders the white (original copy) to the requesting funeral home, retains the pink copy for their records, and mails the yellow copy into the State Medical Examiner in Charleston.

A fee of \$25 has been established, payable by the requesting funeral establishment to the CoME/ACoME/CC, for authorization of a cremation request.

## CoME / ACoME / CC Authorization for Postmortem Donation of Tissues on Medical Examiner Cases

It is the policy of the State Medical Examiner-State of West Virginia that all postmortem tissue donation requests made by a licensed organ / tissue procurement organization (OPO) be approved by the CoME / ACoME / CC, **ONLY WHEN:**

- A. The circumstances of death fall under the West Virginia medical examiner jurisdiction;
- B. Circumstances of death are clear and well-delineated;
- C. The circumstances of death are not currently under criminal investigation, and are not subject to, or anticipated to be subject to criminal investigation or indictment;
- D. Tissue harvesting processes will not preclude determination of cause and/or manner of death, or documentation of same;
- E. It has been determined by prior consultation with the State Medical Examiner Forensic Investigations Unit that autopsy is not necessary to complete the death certificate, and the case will be completed (Assigned out@) by the CoME / ACoME / CC at the county level.
- F. **Under all other circumstances: the CoME / ACoME / CC must immediately refer all OPO requests to the State Medical Examiner Forensic Investigations Unit (toll-free #, or 304-558-6921).**

## **Protocol for CoME / ACoME / CC Authorization of OPO Tissue Request**

The CoME / ACoME / CC shall, upon giving authorization for postmortem tissue harvest to proceed prior to **forensic examination of the body** request of the OPO that:

- A. At least 25 ml. of peripheral blood be drawn and submitted in labeled grey-top tubes to the CoME / ACoME / CC responsible for completing the case, for submission to the State Medical Examiner toxicology laboratory.
- B. Good quality photographs be taken by the OPO comprising the entire decedent body exterior prior to harvest of tissues, to be submitted by the CoME / ACoME / CC with the **OCME-1**.
- C. Record of all OPO procedures performed be submitted, with a list of tissues collected/harvested, and including documentation of LNOK authorization.

## **Current CoME/ACoME/CC Fee Schedule for Death Investigation Services**

A tiered fee schedule payable to the CoME/ACoME/CC for performing death investigation duties has been established by the State Medical Examiner, and will depend on the level of investigation performed, as follows:

A fee of \$127 is paid, upon submission of an invoice, for all death investigation cases requiring CoME/ACoME/CC scene visits, whether to the place where the body is found, or at the hospital, if the decedent=s body is transported to that institution for purposes of attempted resuscitation.

A fee of \$254 will be paid to the CoME/ACoME/CC for all sudden infant or early childhood death investigations requiring a CoME/ACoME/CC visit to both the hospital and to the place where the child was first found unresponsive, and completion of an **OCME-17**.

In cases where the CoME/ACoME/CC has authorized transport of a pronounced body from the scene of death to a hospital or funeral home without having first performed a scene visit, a fee of \$75 will be paid for performance of complete external body exam, collection of appropriate blood sample for toxicologic testing, review of medical records and completion of a death certificate.

The CoME/ACoME/CC is required to complete a signed affidavit attesting to the level of investigation performed in the **OCME-1**, for revenue purposes. Any intentional misstatement in regards to requested fees for compensable services will be viewed as fraud, and may lead to criminal prosecution by the State of West Virginia.

Where initial investigation of a death by the CoME/ACoME/CC determines that Medical Examiner jurisdiction is not required, so that the case is released for clinician certification of death, a fee of \$10 will be paid to the CoME/ACoME/CC upon receipt of an **OCME-1c**.

**THE OCME WEB SITE.....Appendix A**

**OCME PHONE NUMBERS.....Appendix B**

**SAMPLES OF OCME FORMS.....Appendix C**

- OCME 1      Death Investigation Report Form**
- OCME 1c     Report of a Death - Jurisdiction Declined**
- OCME 9      Toxicology Report - County**
- OCME 10     Certification for Cremation**
- OCME 15a    Local Body Transportation**
- OCME 17     Sudden Infant/Early Childhood Death Event Invest. Report**
- OCME 19a    Request for Medical Records by CoME/ACoME/CC**
- OCME 22     Body Identification Tag**

**Form VS-002 WV Death Certificate**

**LIST OF SUGGESTED/NECESSARY EQUIPMENT.....Appendix D**

**MEDICAL EXAMINER LAW ' 61-12.....Appendix E**

**MEDICAL EXAMINER RULE ' 84-64 .....Appendix F**

**PROCEDURE FOR BIOTERRORIST EVENTS.....Appendix G**

# APPENDIX D

## List of Suggested/Necessary Equipment

A per-case stipend of \$10 will be provided to practicing CoME, ACoME and CC to allow for purchases of barrier clothing and gloves, as well as other practice related items. **Bolded items are not required, but suggested.** Any questions regarding sourcing any of these items may be directed to the State Medical Examiner, Charleston.

5. Gloves (required); **optional, but suggested: disposable (paper) jumpsuits, booties, hair covers, face shield, plastic garbage bag, disinfectant etc.**
6. Writing implements (pens, pencils, markers); with clipboard
7. Communications equipment ( pager required; **cell phone** - optional, but handy)
8. The Handbook, with updates
9. Body ID tags (OCME - 22s)
10. **Camera - Polaroid camera suggested (with extra film, etc)**
11. OCME Investigation forms (1, 1-c, 10, 15-c, 17, 19-a, 22 ); death certificates; anatomical diagrams (included in Sept 2002 Handbook, Appendix C)
12. Measurement instruments (tape measure, ruler, rolling measuring tape, etc.)
13. Official identification (required )
14. Wrist watch
15. OCME blood collection kits; syringes and hypodermic needles (see #14)
16. Evidence seal (use with body bags/locks); adhesive tape, rubber bands
17. Foul-weather gear (raincoat, umbrella, etc.)
18. Medical equipment kit (**scissors, forceps, tweezers**, 12cc and 35cc syringes, 16 gauge needles, **cotton-tipped swabs, etc.**)
19. Phone listings (important phone numbers; with the Handbook,)

## **APPENDIX A**

### **THE OCME WEB PAGE**

#### Web Site Information:

The OCME will provide related information on the State Web Site. To gain access to the web site, go to the Internet and type in the web address: <http://www.wvdhhr.org/ocme>

NOTE: Certain areas of OCME web information access will require a individual security code to access. Each County Death Investigator will be required to register through the web database at the OCME web address above. This will provide each County Death Investigator a unique AUser ID@ and APassword@ to access secured areas.

The items that are accessible or are currently under construction on the OCME web site are listed below. The OCME plans to use the website as a central resource for providing training and communicating work-related issues for County Death Investigators.

- OCME Mission Statement
- Phone Contacts
- Handbook (Secure)
- Listing of CoMEs (Secure)
- Training Program (Secure)
- Educational Opportunities
- AHot Issues@ (Secure)
- Downloadable Forms (Secure)
- State Child Fatality Review Team (Secure)
- State Domestic Violence Review Team (Secure)
- Annual Report
- Related Links

#### Website Registration Instructions:

As of the date the training book went to printing, the registration database is in its final stages. The actual instructions have not been finalized, but will be presented in the conference. Below is a note area so that you may write down instructions. Additionally, directions for site use will be mailed out to all County Death Investigators in the near future. Any questions concerning the web page can be directed to Dwayne Combs, 304-558-5035.

---



---

## APPENDIX B

### OCME/Other Phone Contacts

OFFICE	CONTACT	CONTACT NUMBER
State Medical Examiner Pathologists		(304) 558-6920
Chief Medical Examiner	James A. Kaplan, M.D.	
First Deputy Chief Medical Examiner	Nabila Haikal, M. D.	
Deputy Chief Medical Examiner	Zia Sabet, M.D.	
Deputy Chief Medical Examiner	Hamada Mahmoud, M.D.	
Deputy Chief Medical Examiner	Iouri Boiko, M.D., Ph.D.	
Chief Toxicologist	James Kraner, Ph.D	
Chief Dental Examiner	John Carson, D.D.S.	(304)-276-5466 (cell)
Director of Finance	Larry Kennedy	(304)-558-4936
Director of Administration	Dwayne Combs, M.S.	
Director of Forensic Operations	Michael Scragg	
Chief, Forensic Investigations Unit	Rodney Sloan	(304)-558-6921
Forensic Investigations Unit Fax #	Charleston	(304)-558-9039
Administration/pathologist Fax #	Charleston	(304)-558-7886
Accounts Payable/Receivable	Karen Shuler	(304)-558-4865




# APPENDIX E

## The West Virginia Medical Examiner Law

### ' 61-12

## Postmortem Examinations

' 61-12-1. Repealed. Acts, 1986 Reg. Sess., Ch. 153.

' 61-12-2. Repealed. Acts, 1986 Reg. Sess., Ch. 153.

' 61-12-3. **Office of Chief Medical Examiner established; appointment, duties, etc., of Chief Medical Examiner; assistants and employees; promulgation of rules.**

- (a) The office of Chief Medical Examiner is hereby established within the division of health in the department of health and human resources. The office shall be directed by a Chief Medical Examiner, who may employ pathologists, toxicologists, other forensic specialists, laboratory technicians, and other staff members, as needed to fulfill the responsibilities set forth in this article.
- (b) All persons employed by the Chief Medical Examiner shall be responsible to him or her and may be discharged for any reasonable cause. The Chief Medical Examiner shall specify the qualifications required for each position in the office of Chief Medical Examiner, and each position shall be subject to rules prescribed by the secretary of the department of health and human resources.
- (c) The Chief Medical Examiner shall be a physician licensed to practice medicine or osteopathic medicine in the state of West Virginia, who is a diplomat of the American board of pathology in forensic pathology, and who has experience in forensic medicine. The Chief Medical Examiner shall be appointed by the director of the division of health to serve a five-year term unless sooner removed, but only for cause, by the governor or by the director.
- (d) The Chief Medical Examiner shall be responsible to the director of the division of health in all matters except that the Chief Medical Examiner shall operate with independent authority for the purposes of:
  - (1) The performance of death investigations conducted pursuant to section eight of this article;
  - (2) The establishment of cause and manner of death; and
  - (3) The formulation of conclusions, opinions or testimony in judicial proceedings.

- (e) The Chief Medical Examiner, or his or her designee, shall be available at all times for consultation as necessary for carrying out the functions of the office of the Chief Medical Examiner.
- (f) The secretary of the department of health and human resources is hereby directed to propose legislative rules in accordance with the provisions of article three, chapter twenty-nine-a of this code concerning:
  - (1) The proper conduct of medical examinations into the cause of death;
  - (2) The proper methods and procedures for postmortem inquiries conducted by county medical examiners and coroners;
  - (3) The examination of substances taken from human remains in order to determine the cause and manner of death; and
  - (4) The training and certification of county medical examiners and coroners.
- (g) The Chief Medical Examiner is authorized to prescribe specific forms for record books and official papers which are necessary to the functions and responsibilities of the office of the Chief Medical Examiner.
- (h) The Chief Medical Examiner, or his or her designee, is authorized to order and conduct an autopsy in accordance with the provisions of this article and this code. The Chief Medical Examiner, or his or her designee, shall perform an autopsy upon the lawful request of any person authorized by the provisions of this code to request the performance of the autopsy.
- (i) The salary of the Chief Medical Examiner and the salaries of all assistants and employees of the office of the Chief Medical Examiner shall be fixed by the Legislature from funds appropriated for that purpose. The Chief Medical Examiner shall take an oath and provide a bond as required by law. Within the discretion of the director of the division of health, the Chief Medical Examiner and his or her assistants shall lecture or instruct in the field of legal medicine and other related subjects to the West Virginia university or Marshall university school of medicine, the West Virginia school of osteopathic medicine, the West Virginia state police, other law-enforcement agencies and other interested groups.

**61-12-4. Central office and laboratory.** The office of the Chief Medical Examiner shall establish and maintain a central office and a laboratory having adequate professional and technical personnel and medical and scientific facilities for the performance of the duties imposed by this article. In order to secure facilities sufficient to meet the duties imposed by the provisions of this code, the

Chief Medical Examiner is authorized to enter into agreements, subject to the approval of the director of the division of health, with other state agencies or departments, with public or private colleges or universities, schools of medicine or hospitals for the use of laboratories, personnel, equipment and other fixtures, facilities or services.

**61-12-5. Certain salaries and expenses paid by state.** The salaries of the Chief Medical Examiner, the salaries of all assistants and employees employed in the central office and laboratory, the expenses of maintaining the central office and laboratory and the cost of pathological, bacteriological and toxicological services rendered by persons other than the Chief Medical Examiner and his assistants shall be paid by the state out of funds appropriated for that purpose.

▪ **61-12-6. Chief Medical Examiner may obtain additional services and facilities.** Subject to the approval of the director of the division of health, the Chief Medical Examiner may, in order to provide for the investigation of the cause of death as authorized in this article, employ and pay qualified pathologists and toxicologists to make autopsies and such pathological and chemical studies and investigations as he or she considers necessary, in the several counties or regions of the state and he or she may arrange for the use of existing laboratory facilities for such purposes. Qualified pathologists shall hold board certification or board eligibility in forensic pathology or have completed an American board of pathology fellowship in forensic pathology.

▪ **61-12-7. Medical examiners.** (a) The Chief Medical Examiner shall appoint for each county in the state a county medical examiner to serve for a term of three years under the supervision of the Chief Medical Examiner. A county medical examiner shall be medically trained and licensed by the state of West Virginia as a physician, registered nurse, paramedic, emergency medical technician or a physician assistant, be certified in the practice of medicolegal death investigation and be of good moral character. County medical examiners are authorized to establish the fact of death, and to make investigations into all deaths in their respective counties that come within the provisions of section eight or ten of this article and shall in timely fashion record findings of an investigation using forms prescribed by the Chief Medical Examiner. A county medical examiner may be removed from office for cause at any time by the Chief Medical Examiner. Any vacancy in the office of county medical examiner shall be filled by the Chief Medical Examiner. One person may be appointed to serve as county medical examiner for more than one county, and a county medical examiner need not be a resident of the county which he or she serves. If the Chief Medical Examiner determines that it is necessary, he or she may appoint any person medically trained and licensed by the state of West Virginia as a physician, registered nurse, paramedic, emergency medical technician or a physician assistant and of good moral character to act as an assistant county medical examiner for a term of three years. An assistant shall have the same powers and duties as a county medical examiner and shall perform his or her duties under the supervision of the Chief Medical Examiner.

- (b) A county medical examiner or his or her assistant county medical examiner shall, at all times, be available to perform the duties required under this article. He or she shall, additionally, be paid a fee, as determined by the Chief Medical Examiner, but only for the actual performance of his or her duties.
- (c) County medical examiners and assistant county medical examiners are authorized to determine the cause and manner of death in any case falling within the provisions of section eight of this article, subject to the supervision of the Chief Medical Examiner, and may exercise any of the powers attendant to the investigation of deaths.

▪ **61-12-8. Certain deaths to be reported to medical examiners; failure to report deaths; investigations and reports; authority of medical examiners to administer oaths, etc., fees.** (a) When any person dies in this state from violence, or by apparent suicide, or suddenly when in apparent good health, or when unattended by a physician, or when an inmate of a public institution, or from some disease which might constitute a threat to public health, or in any suspicious, unusual or unnatural manner, the Chief Medical Examiner, or his

or her designee or the county medical examiner, or the coroner of the county in which death occurs shall be immediately notified by the physician in attendance, or if no physician is in attendance, by any law-enforcement officer having knowledge of the death, or by the funeral director, or by any other person present or having knowledge. Any physician or law-enforcement officer, funeral director or embalmer who willfully fails to comply with this notification requirement is guilty of a misdemeanor and, upon conviction, shall be fined not less than one hundred dollars nor more than five hundred dollars. Upon notice of a death under this section, the Chief Medical Examiner, or his or her designee or the county medical examiner, shall take charge of the body and any objects or articles which, in his or her opinion, may be useful in establishing the cause or manner of death, and deliver them to the law-enforcement agency having jurisdiction in the case. In the course of an investigation of a death required to be reported by this section, the Chief Medical Examiner shall, upon written request to any law-enforcement agency or any state or regional correctional facility, be provided with all records of the investigation of decedent=s death and all records of decedent=s incarceration. Where a decedent received therapeutic, corrective or medical treatment prior to death, the Chief Medical Examiner may request in writing that any person or other entity which rendered the treatment promptly provide all records within its possession or control pertaining to the decedent and the treatment rendered: *Provided*, That nothing contained in this section may be construed as precluding the Chief Medical Examiner from directly inspecting or obtaining investigation records, incarceration records or medical records related to the case. Where records of a decedent become part of the Chief Medical Examiner=s file, they are not subject to subpoena or a request for production directed to the Chief Medical Examiner.

- (b) A county medical examiner, or his or her assistant, shall make inquiries regarding the cause and manner of death, reduce his or her findings to writing, and promptly make a full report thereof to the Chief Medical Examiner on forms prescribed by the Chief Medical Examiner, retaining one copy of the report for his or her own office records and providing one copy to the prosecuting attorney of the county in which the death occurred.
- (c) A county medical examiner or assistant medical examiner shall receive a fee for each investigation performed under the provisions of this article, including the making of required reports, which fee shall be determined by the Chief Medical Examiner and paid out of funds appropriated therefore.

• **61-12-9. Permits required for cremation; fee.** It shall be the duty of any person cremating, or causing or requesting the cremation of, the body of any dead person who died in this state, to secure a permit for the cremation from the Chief Medical Examiner, the county medical examiner or county coroner of the county wherein the death occurred, and any person or persons who willfully fail to secure the permit, upon conviction thereof, shall be fined not less than two hundred dollars. A permit for cremation shall be acted upon by the Chief Medical Examiner, the county medical examiner or the county coroner after review of the circumstances surrounding the death, as indicated by the death certificate. The person requesting issuance of a permit for cremation shall pay a reasonable fee, as determined by

the Chief Medical Examiner, to the county medical examiner or coroner or to the office of the Chief Medical Examiner, as appropriate, for issuance of the permit.

**¶ 61-12-10. When autopsies made and by whom performed; reports; records of date investigated; copies of records and information.** (a) If in the opinion of the Chief Medical Examiner, or of the county medical examiner of the county in which the death in question occurred, it is advisable and in the public interest that an autopsy be made, or if an autopsy is requested by either the prosecuting attorney or the judge of the circuit court or other court of record having criminal jurisdiction in that county, an autopsy shall be conducted by the Chief Medical Examiner or his or her designee, by a member of his staff, or by a competent pathologist designated and employed by the Chief Medical Examiner under the provisions of this article. For this purpose, the Chief Medical Examiner may employ any county medical examiner who is a pathologist who holds board certification or board eligibility in forensic pathology or has completed an American board of pathology fellowship in forensic pathology to make the autopsies, and the fees to be paid for autopsies under this section shall be in addition to the fee provided for investigations pursuant to section eight of this article. A full record and report of the findings developed by the autopsy shall be filed with the office of the Chief Medical Examiner by the person making the autopsy.

- (b) Within the discretion of the Chief Medical Examiner, or of the person making the autopsy, or if requested by the prosecuting attorney of the county, or of the county where any injury contributing to or causing the death was sustained, a copy of the report of the autopsy shall be furnished to the prosecuting attorney.
- (c) The office of the Chief Medical Examiner shall keep full, complete and properly indexed records of all deaths investigated, containing all relevant information concerning the death and the autopsy report if such be made. Any prosecuting attorney or law-enforcement officer may secure copies of these records or information necessary for the performance of his or her official duties.
- (d) Copies of these records or information shall be furnished, upon request, to any court of law, or to the parties therein to whom the cause of death is a material issue, except where the court determines that interests in a civil matter conflict with the interests in a criminal proceeding, in which case the interests in the criminal proceeding shall take precedence. The office of Chief Medical Examiner shall be reimbursed a reasonable rate by the requesting party for costs incurred in the production of records under this subsection and subsection (c) of this section.
- (e) The Chief Medical Examiner is authorized to release investigation records and autopsy reports to the multidisciplinary team authorized by section three, article five-d, chapter forty-nine of this code. At the direction of the secretary of the department of health and human resources the Chief Medical Examiner may release records and information to other state agencies when considered to be in the public interest.
- (f) Any person performing an autopsy under this section is empowered to keep and retain, for and on behalf of the Chief Medical Examiner, any tissue from the body upon which the autopsy was performed which may be necessary for further study or consideration.

- (g) In cases of the death of any infant in the state of West Virginia where sudden infant death syndrome is the suspected cause of death and the Chief Medical Examiner or the medical examiner of the county in which the death in question occurred considers it advisable to perform an autopsy, it is the duty of the Chief Medical Examiner or the medical examiner of the county in which the death occurred to notify the sudden infant death syndrome program within the division of maternal and child health and to inform the program of all information to be given to the infant=s parents.

• **61-12-10a. Costs of transportation of bodies; when state will pay; amount of payment.**

Whenever an examination of a body is ordered pursuant to section eight or ten of this article and the body of the deceased is transported to the central laboratory or other place of examination, the reasonable cost of the transportation shall be paid by the state out of funds appropriated to or for the use of the office of the Chief Medical Examiner. Transportation at state expense shall be provided from the place where the body is being kept at the time the examination is ordered to the central laboratory or other place of examination, and, upon completion of the examination, to the place designated by the person entitled to possession of the body: *Provided*, That if the body is to be returned a greater distance than it was taken for the examination, the state shall only be obligated for the cost of return of the body equal to or less than that incurred to take the body for the examination. The payment shall be of a reasonable amount set by the office of the Chief Medical Examiner, including, but not limited to, payment of any part of the total cost as the office of the Chief Medical Examiner allows.

• **61-12-11. Exhumation; when ordered.** If, in any case of sudden, violent or suspicious death, the body is buried without any investigation by the Chief Medical Examiner, or by a county medical examiner or coroner, it is the duty of the Chief Medical Examiner or the county medical examiner or coroner, upon being advised of this fact, to notify the prosecuting attorney of the county, who shall communicate the same to the judge of the circuit court or other court of record having jurisdiction in the county and the judge may order that the body be exhumed and an autopsy performed thereon, as provided in section ten of this article and the pertinent facts disclosed by the autopsy shall be communicated to the prosecuting attorney of the county.

• **61-12-12. Facilities and services available to medical examiners.** Pursuant to rules promulgated by the secretary of the department of health and human resources, the facilities of the office of the Chief Medical Examiner and its laboratory, and the services of its professional staff, shall be made available to the county medical examiners and coroners in their investigations under the provisions of section eight of this article, and to the persons conducting autopsies under the provisions of section ten of this article.

• **61-12-13. Reports and records received as evidence; copies.** Reports of investigations and autopsies, and the records thereof, on file in the office of the Chief Medical Examiner or in the office of any county medical examiner, shall be received as evidence in any court or other proceeding, and copies of records, photographs, laboratory findings and records on file in the office of the Chief Medical Examiner or in the office of any county medical examiner, when duly attested by the Chief Medical Examiner or by the county medical examiner, assistant county medical examiner or coroner in whose office the same are filed, shall be received as evidence in any court or other proceeding for any purpose for which the original could be received without any proof of the official character of the person whose name is signed thereto unless objected to by counsel: *Provided*, That statements of witnesses or other persons and conclusions upon extraneous matters are not hereby made admissible.

▪ **61-12-14. County coroners; appointment, oath, etc.; duties; fees.** It is the duty of the county commission of every county, from time to time, to appoint a coroner for the county, who shall hold the office during the pleasure of the commission and shall take the oath of office prescribed for other county officers. The county coroners shall be certified in medicolegal investigations, be continually available to perform the duties required under this article and shall be paid such fees or amounts for the services as may be fixed by the Chief Medical Examiner.

▪ **61-12-15. Invalidity of any provision or application.** If any provision or application of this article is held invalid such invalidity shall not affect other provisions or application of this article which can be given effect without the invalid provisions or application, and to this end the provisions of this article are declared to be severable.

# APPENDIX C

**This needs to be updated**

## SAMPLE OCME FORMS

<b>OCME 1</b>	<b>Investigation Report and Report of External Examination / Investigation Report - Case Referred For Autopsy</b>
<b>OCME 1c</b>	<b>Report of a Death - Jurisdiction Declined</b>
<b>OCME 9</b>	<b>Toxicology Request - County</b>
<b>OCME 10</b>	<b>Certification for Cremation</b>
<b>OCME 15a</b>	<b>Local Body Transportation</b>
<b>OCME 17</b>	<b>Sudden Infant/Early Childhood Death Event Investigation Report</b>
<b>OCME 19a</b>	<b>County Medical Examiner Records Request Form</b>
<b>OCME 22</b>	<b>Identification Tag</b>
<b>Form VS - 002</b>	<b>WV Death Certificate</b>