# **ANNUAL REPORT**

MG



2008



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## **HISTORY OF CORONER'S SERVICE**

The office of the Coroner is one of the oldest institutions known to English law. The role of the "Coroner" in England has been noted in references dating back to the time of the Saxon King Alfred in 925 A.D. However, the historical development of the office can be traced back to a time near the Norman Conquest when the Coroner was to achieve an important role in the administration of justice.

It is generally accepted that the office was not regularly instituted until the end of the 12th century. One of the first detailed statutes concerning coroners was the Statute of Westminster of 1276. The title of the office has varied from "coronator" during the time of King John to "crowner," a term still used occasionally in Scotland.

One of the earliest functions of the Coroner was to enquire into sudden and unexpected deaths where in some cases a fee was to be paid to the crown. The Coroner was charged with the responsibility of establishing the facts surrounding a death, a duty that provides for the basis for all coroner systems in use today.

The *Coroners Act* established the territorial jurisdiction of the Coroner. The duties of the Coroner have been modified over the centuries; however the primary focus continues to be the investigation of sudden and unexpected deaths. With the growth of industrialization in the 19th century, social pressure demanded that the Coroner also serve a preventative function. This remains an important element of the Coroner's Service.

There are two death investigation systems in the United States: the Coroner system and the Medical Examiner system. The Coroner system has four main roles to fulfill: investigative, administrative, judicial and preventative. The Medical Examiner system involves medical and administrative elements. The Coroner and the Medical Examiner both collect medical and other evidence in order to determine the medical cause and manner of death. The Coroner receives the information from a variety of sources. The Coroner examines the investigative material, sorts out facts and comes to a judicial decision concerning the death of an individual.

### INTRODUCTION

The long time elected Coroner of Lafourche Parish Coolridge Franklin resigned as Coroner effective May 30th, 2008.

Dr. John C. King was appointed by the Lafourche Parish Council in an emergency meeting and Dr. King was elected unopposed in September 2008.

There is a small office/morgue located 123 Texas Street Raceland that employed one clerk. Autopsies were performed at the Raceland morgue and also at the Jefferson Parish Regional Forensic Center in Jefferson Parish, Louisiana.

Upon Dr. King's appointment, the Lafourche Parish Council authorized the appointment of an Administrator/Chief Forensic Investigator and a Medicolegal Forensic Investigator.

For previous years, there were no records, computer programs or investigators at the Lafourche Parish. There has never been an Annual Coroner's Report.

This report although is lacking critical data prior to Dr. King's administration, but will in the future be able to declare better data.

Upon taking over the Coroner's Office on May 30<sup>th</sup>, 2008 the immediate changes that were made were cost effective and made the office function as a Coroner's Office. In no way should this report show any bad reflection towards the previous Coroner's over the years, as they dealt with limited funding and did an outstanding job and had great dedication.

The organization of the office was performed with an immediate documentation and report writing on all deaths, order of protective custodies and rape exams which are duly functions of the Coroner's Office.

With the hiring of a Chief Investigator, all death cases were screened and investigated. The number of autopsies decreased from an average of 17 per month to less than 5. The high number of autopsy cases to Jefferson Parish Forensic Center stopped with the hiring of our investigators. This results in a huge savings to the Coroner's Office, Parish and taxpayers.

Lab fees for toxicology were averaging \$600-\$1000.00 per case and now are costing \$125.00 with a huge savings to the Coroner's Office. A huge savings to the Coroner's Office, Parish and taxpayers.

Funeral homes were transporting bodies for a charge that was averaging \$30,000.00 per year and a van was purchased and the only charge is minimal for fuel and insurance. An example: Average bill was \$400.00 per case and now is *less* than \$15.00. A huge savings to the Coroner's Office, Parish and taxpayers.

Revenue was limited for the Coroner's Office from cremation permits and out of parish Physician Emergency Certificates (PEC) and office administration paperwork such as autopsy reports and toxicology reports. In the past 6 months we have averaged \$3000 per month revenue versus a couple hundred in the past. Revenues for 2009 are expected to be in excess of \$50,000.00. Income generated for Coroner's Office, Parish and taxpayers.

Education and communications with all local law enforcement was established and the cooperation has been outstanding. Mental health laws were discussed and protocols were made. This not only has helped the Coroner's Office, but the citizens of Lafourche Parish. All three hospitals in Lafourche Parish are being utilized for Order of Protective Custody (OPC) versus the old way of sending all the exams to Chabert Medical Center which in return was costing Lafourche Parish Coroner's Office thousands of dollars to Terrebonne Parish Coroner's Office. We are now billing other Coroner Offices for their Physician Emergency Certificates (PEC) instead of paying out each month. A huge revenue for the Coroner's Office, Parish and taxpayers.

Death certificates are now being processed faster and cremation permits are being issued promptly. This certainly helps the families and funeral homes.

Hurricane Gustav and Ike came by in 2008 and the Lafourche Parish Coroner's Office was open and handling numerous natural deaths as well as assisting Terrebonne Parish Coroner's Office when there morgue was shut down from lack of power and needed morgue storage.

We now have a computer program to document all our cases and received several desk top computers donated to our office. We also have cell phones where we can communicate with local law enforcement agencies and respond 24 hours a day, seven days a week. A web page was created at no cost and provides citizens excellent resources.

We have also established a close working relationship with Louisiana Organ Procurement Agency (LOPA) and the Southern Eye Bank. Many donations that were provided with family consent were given to Lafourche Parish residents in desperate need for the gift of life.

Our goal for 2009 is to improve the function of the Coroner's Office and to work with the community in drug/alcohol awareness in the schools, spread the word on preventing infant deaths, and assisting families in their time of need.

We would like to especially thank President Charlotte Randolph, Parish Administrator Crystal Chiasson and the *entire* Lafourche Parish Council for their support and recognition of the Lafourche Parish Coroner's Office.

Further appreciation is to Craig Webre, Lafourche Parish Sheriff's Office and Camille A. "Cam" Morvant II, Lafourche Parish District Attorney's Office. Without these two support/help Lafourche Parish would have a minimally functioning Coroner's Office.

John C. King, MD Coroner



## **MANNER OF DEATH**

All Coroner Reports determine the manner of each death. All deaths investigated by the Lafourche Parish Coroner's Office are classified in one of five distinct categories: Natural, Accident, Suicide, Homicide or Undetermined.

**NATURAL** covers all deaths primarily resulting from a disease of the body and not resulting from injuries or abnormal environmental factors.

**ACCIDENTAL** covers all accidental deaths including motor vehicle incidents where there is no obvious intent to cause death. This classification includes any death resulting from an action or actions by a person which results in the unintentional death to him/herself or any death to any person that results from the intervention of a non-human agency.

**SUICIDE** refers to any death from a self inflicted injury where there is apparent intent to cause death.

**HOMICIDE** includes any death resulting from injuries caused directly or indirectly by the actions of another person (with the exception of unintentional motor vehicle accidents). Homicide is a neutral term that does not imply fault or blame.

**UNDETERMINED** is any death which cannot be classified in any of the other categories. The actual cause of death may or may not be known in these cases. An example of an undetermined death would be a drug overdose where it is unclear if the victim intended to die. Coroners are instructed to make every effort to classify a death in one of the other existing categories before considering a classification of undetermined.

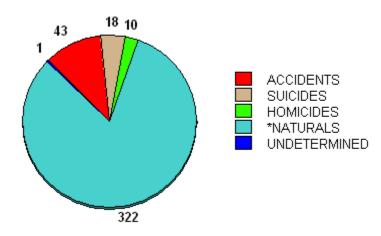


## **TOTAL CASES**

#### **Manner of Death**

Accidental 43
Homicide 10
Suicide 18
Natural 322
Undetermined 1

### **2008 MANNER OF DEATH**



#### Total

\*Not an actual account due to incomplete record keeping prior to May 30, 2008

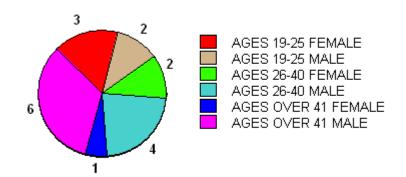
## **SUICIDE BY GENDER/AGE**

#### Age Group Sex **Cases**

01-18 years		
19-25 years 19-25 years		Three Two
26-40 years 26-40 years		Two Four
41-Over 41-Over	Female Male	One Six

#### **Total FEMALE 6**

### SUICIDES GENDER/AGE GROUP



**Total MALE** 12

## **SUICIDE BY AGE/METHOD**

19-25 years Female One Hanging, Two GSW

19-25 years Male Two GSW

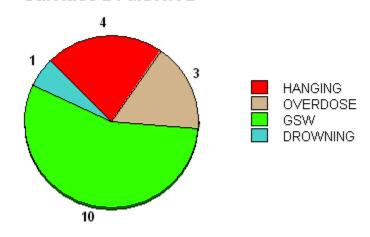
26-40 years Female One Hanging, One OD

26-40 years Male Two Hanging, One GSW, One OD

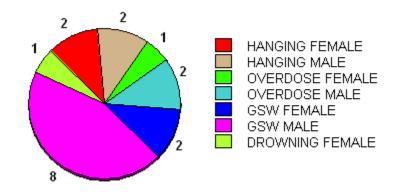
41-Over Female One Drowning

41-Over Male Three GSW, One OD

#### Suicides BY METHOD



### **Suicides BY METHOD**



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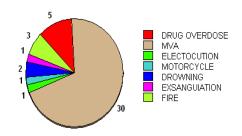
Alzheimer'	s16	Leukemia	2	BLADDER CA	4
Dementia	13	ASTHMA	2	<b>UTERINE CA</b>	3
HTN	13	PARKINSON	2	BREAST CA	9
CVA	13	CIRRHOSIS	1	COLON CA	6
COPD	7	PUL FIBROSIS	1	OVARIAN CA	5
CHF	14	CND	1	ESOPHAGEAL CA	1
CAD	8	LYMPHOMA	1	STOMACH CA	3
DM	3	ANEMIA	1	BRAIN CA	4
CVD	22	MI	51	EAR/NOSE/THROA	T 1
PVD	1	PE	2	PE	2
SEPSIS	4	RENAL	4	LUNG CA	19
<b>PNEUMON</b>	IIA 3	LIVER CA	6	OTHER	59

Accurate figures from May 30, 2008-December 31, 2008

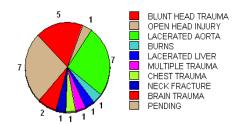
## **ACCIDENTAL DEATH BY CAUSE**

DRUG OVERDOSE	5
MVA	30
ELECTROCUTION	1
MOTORCYCLE	1
DROWNING	2
FIRE	3
EXSANGUIATION	1
TOTAL	43

#### MOTOR VEHICLE ACCIDENTS



#### MOTOR VEHICLE ACCIDENTS



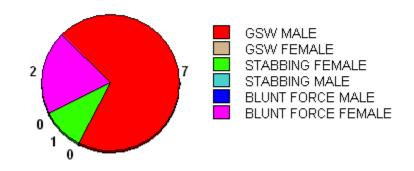


## Females 3

## Males 7

GUN SHOT	7
STAB WOUNDS	1
BLUNT TRAUMA	2

### **HOMICIDE**



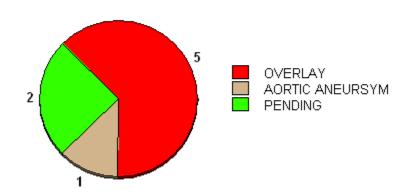


## SUDDEN INFANT DEATH SYNDROME (SIDS) Versus SUDDEN UNEXPLAINED INFANT DEATH INVESTIGATION (SUIDI)

In 2004, about 4,600 U.S. infants died suddenly of no immediately obvious cause. Nearly half of these sudden unexplained infant deaths (SUID) were attributed to sudden infant death syndrome (SIDS). SIDS is the 3rd leading cause of infant death in the United States and the 1st leading cause of death among infants aged 1–12 months.

The Lafourche Parish Coroner's Office has recognized the need to educate parents to properly place infants in the correct position and will be working to get the word out.

#### SIDS VERSUS SUIDI



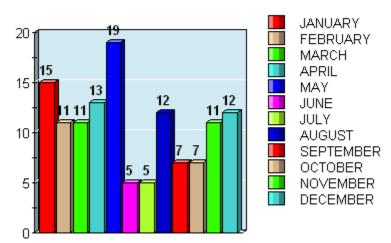


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## **POST MORTEMS 2008**

JANUARY	15
FEBRUARY	11
MARCH	11
APRIL	13
MAY	19
JUNE	5
JULY	5
AUGUST	12
SEPTEMBER	7
OCTOBER	7
NOVEMBER	11
DECEMBER	12
TOTAL AUTOPSIES	127

### **AUTOPSIES**



A post mortem is conducted when the cause and/or manner of death cannot otherwise be determined or when it appears appropriate to conduct the procedure.



## **MENTAL HEALTH EXAMS**

#### ORDER OF PROTECTIVE CUSTODY 143 CORONER EMERGENCY CERTIFICATES EXAMS 633

Previous Out of Parish Coroner Emergency Certificates (CEC's) examinations were running quite expensive due to sending Order of Protective Custody (OPC'S) to Chabert Medical Center. All law enforcement agencies have been instructed to transport patients to the three Lafourche Parish hospitals. This has saved several thousand dollars. With the billing of Coroner Emergency Certificates (CEC's) from out-of-parish residents that are in-patient within the three Lafourche Parish Hospitals have offset the cost of out-of-parish hospitals that our Lafourche residents are admitted. Revenue from our billing is as follows:

\$0
\$0
\$0
\$0
\$0
\$500
\$700
\$2300
\$1300
\$2500
\$1300
\$1500

Total CEC Revenue collected after Dr. John King took office \$10,100.00



## **SEXUAL ASSAULT EXAMS**

\*January-May 30<sup>th</sup>, 2008 Unknown May 31,2008-December 31, 2008 6 cases

• \*NO RECORDS WERE KEPT FROM JAN-MAY 30, 2008



## **SUMMARY**

The focus during 2008 was on procuring capital input and output and using the necessary tools needed to help the office function in a lawful manner.

We still have to have accreditation for the Louisiana Organ and Procurement Agency (LOPA) and the Southern Eye Bank as this is the utmost importance to the citizens of Lafourche Parish who are missing out on potential organ donations. All potential donors are no longer being accepted by Louisiana Organ Procurement Agency (LOPA) due to the leaking roof caused by Hurricane Gustav. The roof leaks have caused mold/mildew and needs immediate attention. As of December 31, 2008, bids were being sought to have the repairs properly performed.

During the 2008 year, over 12 residents of Lafourche Parish received the Gift-of-SIGHT and 4 heart valves were utilized and recovered for Louisiana Organ and Procurement (LOPA). This includes several heart, liver, lungs, kidney, bone and soft tissue cases.

The Lafourche Parish Coroner's Office also participated in the Child Death Review Board for investigational purposes. This participation assists in the review and study to prevent child deaths and is an important function towards education the public as well as assisting multi-agency investigators.

Lastly, our goal is to provide resources and education for the citizens of Lafourche in drug and alcohol abuse and Sudden Infant Death/Sudden Unexplained Death involving the high rate of infant deaths in Lafourche Parish.

Wishing all a Safe and Prosperous New Year.

John C. King MD

Dr. John C. King, Coroner