COUNTY OF SPOKANE STATE OF WASHINGTON

# OFFICE OF THE MEDICAL EXAMINER

## 2015 Annual Report

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Nationally Accredited Office

### 2015 ANNUAL REPORT

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#### Section 1: Overview

#### Mission Statement

"A regional center dedicated to excellence in public service by providing professional, scientific, and compassionate forensic death investigation."

#### Introduction

The Spokane County Medical Examiner's Office has been in existence since January 1, 1999, when the Coroner's Office was replaced. In April of 2004, the office received full accreditation from the National Association of Medical Examiners (NAME). The office was re-inspected and re-accredited in May, 2009. Another inspection was completed in April 2014 and re-accreditation was obtained a third time. **The National Commission on Forensic Sciences (through the Department of Justice) requires that all investigation systems whether coroner or Medical Examiner obtain accreditation by 2020. Roughly 85 of 2342 Medical Examiner/Coroner Offices in the United States are currently accredited.** The office employees two forensic pathologists, an office manager, four full time investigators, two full time administrative staff personnel, one chief autopsy assistant, one half time autopsy assistant, as well as 6 extra help employees who work as investigators on a call-out basis. For more information about the Medical Examiner's Office, visit our web site at www.spokanecounty.org/medexaminer.

The office has been the recipient of six federal Paul Coverdell Forensic Science Improvement grants, totaling approximately \$ 300,000.00. The latest grant was awarded in March 2016. The last two Coverdell grants will provide updated dental x-ray capabilities and new freezers.

#### Foreword

Information presented in this annual report has been compiled from deaths that were reported to the Spokane County Medical Examiner's Office in 2015. This summarized report presents data in a variety of formats with the objective of providing useful information to diverse groups in the community.

**Referral Caseload:** In addition to assuming statutory responsibility for unexpected death in Spokane County, the Spokane County Medical Examiner's Office performs autopsies for 11 "outside" counties in Eastern Washington and the Idaho panhandle. In 2015 a total of 130 autopsies were performed for the following referral counties, Asotin, Benewah, Bonner, Boundary, Garfield, Kootenai, Lincoln, Nez Perce, Pend Oreille, Shoshone and Stevens. The arrangement between these surrounding counties and the Spokane County Medical Examiner is mutually beneficial. The surrounding counties utilize forensic expertise and an accredited forensic pathology facility, without the necessity of having larger staffs, employing Forensic Pathologists, and maintaining an autopsy facility. Spokane County receives payment from outside counties for these services, revenues for autopsies totaled \$210,511.00 in 2015.

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OUTSIDE COUNT	Y AUTOPSIES
2015	130
2014	139
2013	125
2012	136
2011	186
2010	132
2009	157
2008	162

#### SPOKANE COUNTY AUTOPSIES

2015	430
2014	354
2013	408
2012	373
2011	359
2010	410
2009	394
2008	462

 Note 4 of the Spokane County Cases were external body examinations and not complete autopsies

#### **Outside County Autopsies per County**

	2015	2014	2013	2012	2011	2010	2009	2008
Asotin	7	2	1	4	3	6	3	5
Benewah	2	2	1	1	2	2	2	4
Bonner	19	12	9	14	15	8	19	20
Boundary	4	6	3	6	4	2	4	3
FBI	0	0	0	0	1	N/A	N/A	N/A
Garfield	0	1	0	2	1	1	0	N/A
Kootenai	50	57	49	47	84	69	54	62
Lewis	0	0	0	1	1	N/A	N/A	N/A
Lincoln	4	7	6	5	3	1	8	7
Nez Perce	4	9	10	10	16	10	14	5
Pend Oreille	10	8	8	7	12	5	6	6
Shoshone	3	7	8	10	9	6	9	6
Stevens	24	28	30	29	35	22	34	36

In 2015 Spokane County discontinued service to Lewis County and has only periodically performed autopsies at the request of the FBI.

#### Criteria for Reportable Deaths

- 1. Persons who die suddenly when in apparent good health and without medical attendance within 36 hours preceding death.
- 2. Circumstances that indicate death was caused in part or entirely by unnatural or unlawful means.
- 3. Suspicious circumstances.
- 4. Unknown or obscure causes.
- 5. Deaths caused by any injury whatsoever, whether the primary cause or contributing cause.
- 6. Rapidly fatal contagious disease, with public health risk.
- 7. Unclaimed bodies.
- 8. Premature and stillborn infants where suspicious circumstances exist.
- 9. All deaths in children.

#### Function of the Medical Examiner's Office

The Medical Examiner's Office serves the living, by investigating deaths that are unnatural and / or unexpected, such deaths have implications to the greater community. This task begins with careful investigation at the scene of death, supplemented when appropriate, by autopsy examination, toxicology and other testing. The Medical Examiner's Office helps the community by determining the cause and manner of death, recognizing and collecting evidence needed for adjudication, defining public health and product safety risks and providing compassionate services to families including direction of efforts to notify next of kin.

# Standard Annual Reports Data as Identified by the National Association of Medical Examiners (N.A.M.E.)

The Spokane County Medical Examiner's Office (SCMEO) achieved the distinction of Accreditation by the National Association of Medical Examiners in April, 2004. In March 2009 the Spokane County Medical Examiner's Office was inspected again and re-accredited by the National Association of Medical Examiners. Re-accreditation was obtained for another 5 year period in April 2014. The National Association of Medical Examiners (NAME) is the national professional organization of forensic pathologists, physician medical examiners, medical death investigators, death investigation system administrators, and consultants who perform the official duties of medicolegal investigation of deaths of public interest in the United States. Most members work as Medical Examiners or Coroners. Accreditation is a rigorous process, and requires a lengthy inspection by an independent Medical Examiner appointed by the organization. The accreditation requirements are 30 pages long, and include more than 300 items covering diverse points of quality, such as how specimens are labeled, and the qualifications of staff members. The Spokane County Medical Examiner's Office is accredited for a 5 year period, until May 2019. Please refer to the following chart for some of the data required by the National Association of Medical Examiners.

#### 2015 N.A.M.E. Data

Deaths in Spokane County	5111
Deaths Reported to the Medical Examiner's Office	4342
Deaths Investigated by the Medical Examiner's Office	680
Scenes Investigated by the Medical Examiner Office	348
Bodies transported by order of the office via Contract Body Transport	472
<ul> <li>Total bodies transported to the Forensic Institute</li> </ul>	710
Total External Body Examinations	4
Total Partial Autopsies	0
> Total Complete Autopsies	556
Hospital Autopsies Retained Under Medical Examiner Jurisdiction	0
Microscopic Studies Performed	556
Neuropathologic Studies Performed	7
Cardiac Pathologic Studies Performed	3
Autopsies Performed for Outside Jurisdictions	130
Bodies Unidentified after Examination	0
<ul> <li>Organ Donors</li> </ul>	13
Corneal Donors	32
Bone Donors	11
Connective Tissue Donors	11
Heart Valve Donors	4
Skin Donors	5
Unclaimed bodies	15
Exhumations	0

- Some decedents are not transported via contract transport; these include deaths that occur at Holy Family Hospital, where the Forensic Institute is housed; as well as deaths that occur in a referral county.
- > Total complete autopsies includes both Spokane County cases and Referral County Cases.
- Organ and tissue donation agencies must seek an okay from the Medical Examiner's office before proceeding with donation procedures.

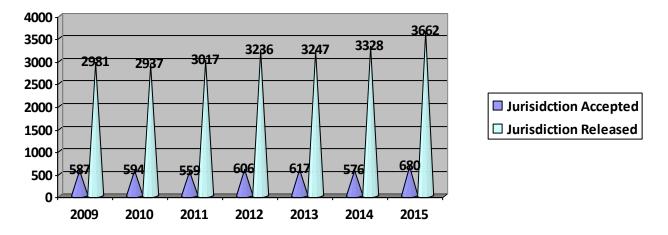
The statistical information which follows includes information regarding Spokane County Deaths only.

#### Spokane County Medical Examiner Cases in 2015

In 2015, there were 5,111 deaths in Spokane County. Based on the latest United States Census Bureau data the estimated population of Spokane County is 490,945. The 5,111 deaths thus represent approximately 1% of the population. Of these deaths, 4,342 or 85% of deaths were reported to the Medical Examiner. Based on analysis of the scene and circumstances of death, and the decedent's medical history, the Medical Examiner assumed jurisdiction in 680 (16%) of these reported deaths, or in 14% of all deaths in the county. These reporting figures and autopsy percentages are similar to other Medical Examiner jurisdictions nationally.

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There were deaths reported to the Medical Examiner in which jurisdiction was released after investigation (termed "jurisdiction released"). The number of deaths reported to the Medical Examiner's Office is significantly greater each year than reported during the years Spokane County has an elected lay Coroner for death investigations (before January 1, 1999). The number of cases which were reported to the Medical Examiner but released after investigation (jurisdiction released) has also steadily increased during the Medical Examiners years (1999 to present), reflecting efforts by the Medical Examiner's Office to educate reporting agencies and encourage appropriate reporting of deaths to the Medical Examiner and also partly due to population growth. All nursing home and adult care facilities deaths are reported to the Medical Examiner's Office allowing for appropriate agency analysis. This progressive Spokane County Medical Examiner Policy has been adopted recently by other Medical Examiner and coroner systems around the state.



Total autopsies increased 15% in 2015 and total Spokane County deaths reported increased 9%.

#### Forensic Unit

The Forensic Unit is part of the Sheriff's department and provides crime scene documentation, fingerprint comparison and scene photo documentation at the direction of the Law Enforcement Agency with jurisdiction. The Medical Examiner's office often partners with this group in the collection and preservation of evidence.

#### **Chaplaincy Services**

While there are no Washington State laws which require the Medical Examiner to identify and locate next-of-kin, by convention and practice in Spokane County, the Medical Examiner has been depended upon for identifying next-of-kin and for facilitating the locating and notifying of next-of-kin. The Medical Examiner's Office is fortunate to have the assistance of the Chaplains from the Spokane County Sheriff's Office and the Spokane Police Department in notifying family members. The staff of the Medical Examiner's Office recognizes that the Chaplains have considerable experience and professional training to help in this difficult and emotional endeavor.

#### 

### Section 2: Total Cases

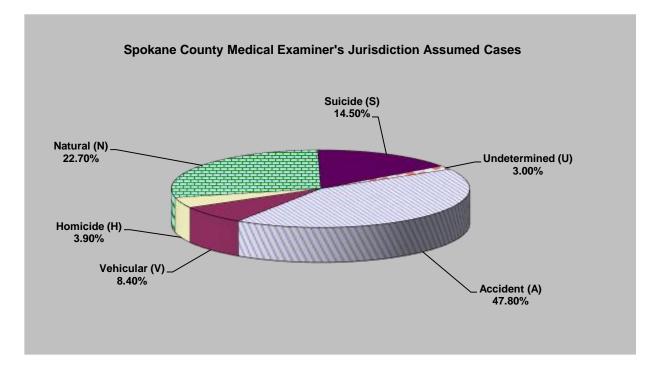
#### Total Cases for 2015

Total Spokane County Population	490,945
Total Death in Spokane County	5,111
Total Death Reported to the Medical Examiner in 2015	4,342
Total Jurisdiction Released after Investigation	3,662
<b></b>	
Total Spokane County Jurisdiction Assumed Cases	680
Total Spokane County Autopsies Performed	426
Total Spokane County External Examinations Performed	4

Jurisdiction Assumed Cases by Manner of Death	Number of Deaths	Percent of Total
Accident (A)	326	47.80%
Vehicular (V)	56	8.40%
Homicide (H)	26	3.90%
Natural (N)	154	22.70%
Suicide (S)	98	14.50%
Undetermined (U)	20	3.00%

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#### Total Cases for 2015



	Jurisdiction Released Cases	Outside Agency Deaths Reported (Adult Care Facilities, Nursing Homes, Hospice, etc)	✤ Spokane County Autopsies Completed	Referral County Autopsies Completed
January	124	209	35	9
February	103	191	36	6
March	118	193	34	9
April	120	185	29	12
Мау	112	176	39	8
June	115	184	34	14
July	107	180	37	15
August	97	189	44	12
September	101	199	37	12
October	112	195	27	12
November	107	202	37	9
December	139	204	41	12
Total	1355	2307	430	130

Includes 426 Spokane County complete autopsies, 4 external only examinations and 0 partial examinations. In addition to the Spokane County autopsies, the Medical Examiner's Office

#### SPOKANE COUNTY MEDICAL EXAMINER ◆ 2015 ANNUAL REPORT PAGE 8

performed 130 complete autopsies for neighboring referral counties, for a total of 556 complete autopsies performed by Spokane County Medical Examiners.

#### Total Cases by Gender and Manner of Death

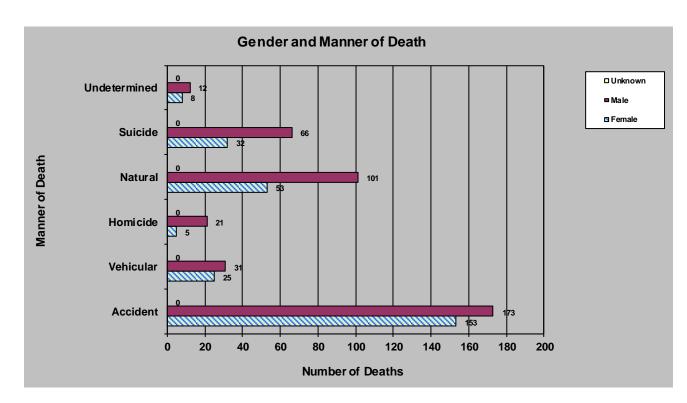
 Accident H – Homicide S – Suicide N – Natural U – Undetermined

A – Accident
V – Vehicular

Gender and Manner Of Death

Sex	А	v	н	N	S	U	Total	Percent
Female	153	25	5	53	32	8	276	40.59%
Male	173	31	21	101	66	12	404	59.41%
Unknown	0	0	0	0	0	0	0	0.00%
Total	326	56	26	154	98	20	680	

The preponderance of males has been the historical norm in Spokane County, and is similar to the experience/practice of nearly all other medical examiner systems.



Predominance of male gender in all categories of death coming under the jurisdiction of the Medical Examiner's Office reflects the experience of most death investigation systems. This male predominance begins in infancy and extends to near the end of life spans. While females statistically attempt suicide more often than males, males more often succeed.

#### Total Jurisdiction Assumed (JA) Cases by Race and Manner of Death

	A	Н	N	S	U	V	Total	% of Spokane County Deaths
Asian	3	0	0	0	0	1	4	0.08%
Black	7	6	3	0	1	1	18	0.35%
Caucasian	295	15	141	94	19	43	607	11.88%
Hispanic	1	3	2	1	0	1	8	0.16%
Native Americar	3	2	3	0	0	2	10	0.20%
Other	1	0	2	0	0	0	3	0.06%
Unknown	16	0	3	3	0	8	30	0.59%
	326	26	154	98	20	56	680	

These data reflect the demographics of Spokane County, where the Caucasian race predominates statistically. Race determination is required on the death certificate.

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#### Total Jurisdiction Assumed (JA) Cases by Age Group and Manner of Death

In Jurisdiction Assumed (JA) cases, the Medical Examiner assumes responsibility for signing the death certificate. In 426 cases a complete autopsy was performed, in 4 cases an external body examination was performed. In 250 cases the death certificate was signed based on death investigation and/or medical records.

		Age an	d Mann	er of De	ath			
Age Group (Years)		А	н	N	S	U	V	
0 to 9	19	2	3	9	0	4	1	
10 to 19	21	6	1	1	10	0	3	
20 to 29	62	22	4	9	14	3	10	
30 to 39	67	28	6	10	16	2	5	
40 to 49	64	20	5	14	16	3	6	
50 to 59	118	32	5	50	18	4	9	
60 to 69	95	40	2	33	10	2	8	
70 to 79	76	45	0	17	5	2	7	
80 to 89	89	67	0	9	7	0	6	
90 to 99	65	60	0	2	2	0	1	
100 to 109	4	4	0	0	0	0	0	
Total	680	326	26	154	98	20	56	

In the 0-9 age group, sudden unexplained infant deaths (SIDS or SUID) are classified as Natural in this jurisdiction. In older Spokane County deaths (age 70 plus) accidents predominate, and most result from falls with fractures or head injuries leading to death.

#### Total Jurisdiction Assumed (JA) Cases by Age Group and Gender

Age Group (Years)		Female	Male
0 to 9	19	12	7
10 to 19	21	8	13
20 to 29	62	16	46
30 to 39	67	18	49
40 to 49	64	21	43
50 to 59	118	41	77
60 to 60	95	34	61
70 to 79	76	32	44
89 to 89	89	45	44
90 to 99	65	38	27
100 to 109	4	2	2
Total	680	267	413

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#### Out of Area Incidents Leading to Death in Spokane County

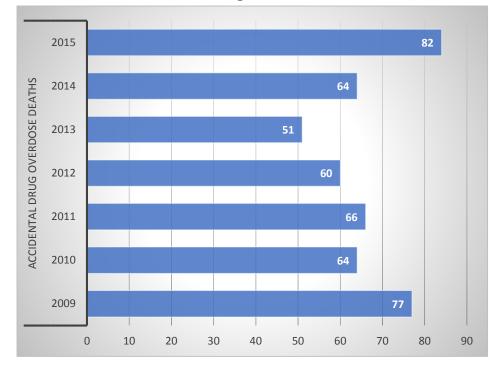
In 2015 there were a total of 50 cases in which an event occurred outside of Spokane County that led to eventual death in Spokane County. According to Washington State law, Medical Examiner and Coroner jurisdiction is based upon where the death occurs. The majority of these cases were transfers from out of county or out of state hospitals to one of the Spokane County hospitals. The manners of death in these cases are: 25 accidents, 4 homicides, 11 motor vehicle accidents, 3 natural, 5 suicide, and 2 undetermined. Nearly 1/3 of the 50 (13 total) originated in Stevens County Washington. Another 11 were from out of Washington State. Please see the link to the data below.

Out of Area Incidents Leading to Death in Spokane County

#### Section 3: Multi-Year Comparison

The Medical Examiner's Office replaced the coroner's system on January 1, 1999. From 1999 to present, the number of Spokane County deaths which have fallen under the jurisdiction of the Medical Examiner System has ranged from a low of 550 to a high of 680, with the number of Spokane County autopsies performed typically under 450.

Overdose deaths may be classified as "accidents". The federal government data categorizes overdose deaths as "unintentional poisoning deaths". Federal data indicates that poisoning deaths have increased significantly in the last decade. Most of the poisoning death increases have resulted from prescription medications or a combination of illicit and prescription drugs. Data below shows accidental drug overdose deaths in Spokane County, in which prescription and/or illicit drugs were demonstrated in toxicology.

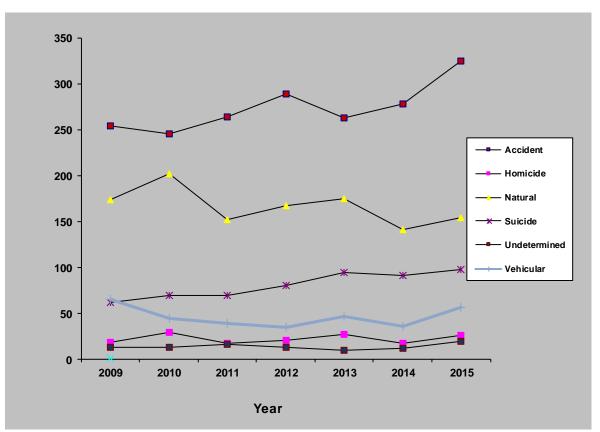


#### **Accidental Drug Overdose Deaths**

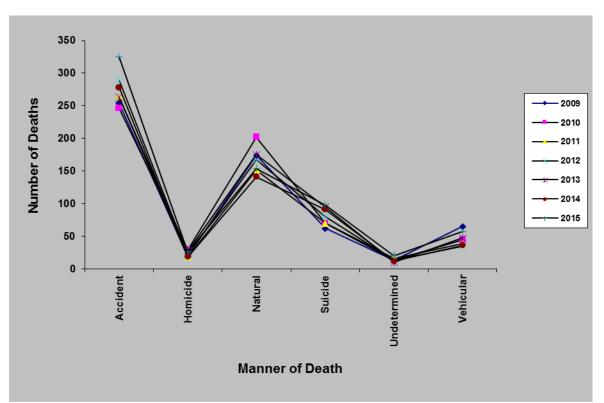
#### Manner of Deaths Comparison (Jurisdiction Assumed – JA Deaths)

Manner of Death	2009	2010	2011	2012	2013	2014	2015
Accident	254	246	264	289	263	278	326
Homicide	19	29	18	21	27	18	26
Natural	174	202	152	167	175	140	154
Suicide	62	70	70	80	95	91	98
Undetermined	13	13	16	13	10	13	20
Vehicular	65	45	39	35	47	36	56
Total	587	605	559	605	617	576	680

#### Comparison of Manners of Death 2009-2015



Medical Examiner Homicide numbers may not mirror the Police Department reports of homicide deaths, because the Medical Examiner certification of homicide is broader in some situations and more narrow in others. The Medical Examiner is using these classifications for the purposes of statistical analysis based on death certificate classification. As above these categories of death certification remain relatively stable through the years. The office has been releasing jurisdiction in more natural deaths, but assumes jurisdiction for more accidents. Part of the increase in accidents in 2015 is attributed to the 18 additional accidental drug overdose deaths.



The proportions of the manners of death have remained remarkably similar through the years.

Manner of Death	2009	2010	2011	2012	2013	2014	2015
Accident	43.27%	40.66%	47.23%	47.77%	42.63%	48.26%	47.94%
Homicide	3.24%	4.79%	3.22%	3.47%	4.38%	3.13%	3.82%
Natural	29.64%	33.39%	27.19%	27.60%	28.36%	24.31%	24.48%
Suicide	10.56%	11.57%	12.52%	13.22%	15.40%	15.80%	14.41%
Undetermined	2.21%	2.15%	2.86%	2.15%	1.62%	2.26%	2.08%
Vehicular	11.07%	7.44%	6.98%	5.79%	7.62%	6.25%	8.24%

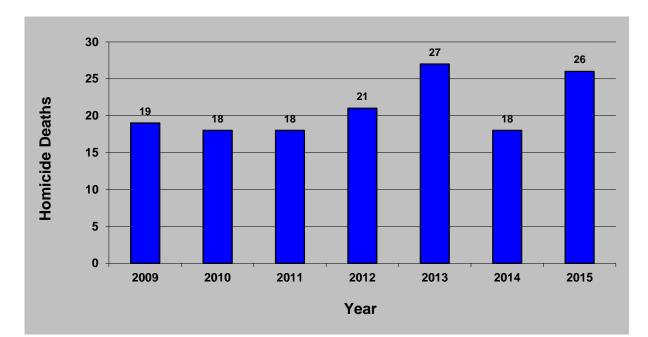
Ideally, a Medical Examiner System strives to keep the percentage of "undetermined" manner of death cases to less than five percent. This requires thorough investigation and autopsy. In the Spokane County Medical Examiner's Office, every "undetermined" manner case is reviewed as part of the office Quality Improvement Program.

#### Homicidal Methods Comparison

Method Used	2009	2010	2011	2012	2013	2014	2015
Asphyxia	0	1	0	0	0	0	1
Blunt Impact	0	0	1	0	1	0	0
Child Abuse	2	2	1	1	1	0	2
Firearms	7	12	9	11	19	12	12
Homicidal Violence	3	1	2	1	1	2	0
Other	1	1	4	0	3	0	6
Stabbing	6	0	0	3	0	3	3
Strangulation	0	1	1	5	2	1	2
Unknown	0	0	0	0	0	0	0
Total	19	18	18	21	27	18	26

#### **Comparison of Homicidal Methods 2009 - 2015**

The number of homicides in Spokane County is small enough that collected data cannot be extensively interpreted.

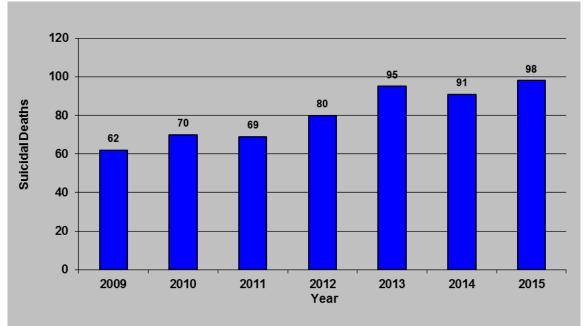


Homicides 2009 - 2015

#### Suicidal Methods Comparison

Method Used	2009	2010	2011	2012	2013	2014	2015
Carbon Monoxide	1	1	3	1	4	2	0
Drowning	0	1	0	3	0	5	1
Drugs/Poisons	7	13	12	11	15	7	19
Firearms	37	35	39	42	44	54	46
Hanging	15	13	7	15	23	16	23
Jumping	1	3	3	4	2	1	2
Other	1	2	2	0	3	1	3
Plastic Bag	0	0	2	3	2	3	3
Stab/incised wound	0	2	1	1	2	2	1
Total	62	70	69	80	95	91	98

### Comparison of Suicidal Methods 2009 - 2015



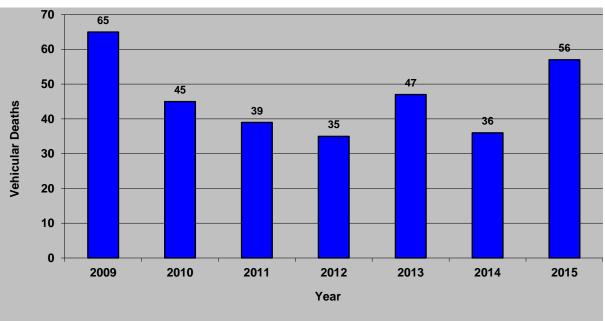
#### Suicides 2009-2015

#### Vehicular Deaths Comparison

Vehicular-related fatalities are separated from other accidents because some community groups have special statistical interests in examining vehicular-related deaths.

Vehicle Circumstances	2009	2010	2011	2012	2013	2014	2015
Automobile Driver	29	19	20	12	19	20	22
Automobile Passenger	10	11	4	3	14	2	11
Bicyclist	1	3	1	1	0	2	1
Motorcycle Driver	6	6	8	6	8	5	6
Motorcycle Passenger	3	1	0	0	0	1	0
Other	1	2	0	1	0	1	2
Pedestrian	14	2	6	9	5	5	11
Unknown	1	1	0	3	1	0	3
Total	65	45	39	35	47	36	56

#### Comparison of Vehicular Deaths 2009 - 2015



Vehicular Deaths 2009-2015

### Accidental Deaths Comparison Comparison of Accidental Deaths 2009 - 2015

Accident Circumstances	2009	2010	2011	2012	2013	2014	2015
Aircraft	0	1	0	0	0	0	4
Alcohol Abuse	5	1	1	1	8	2	5
Anaphylaxis	0	0	0	0	1	0	0
Asphyxiation	1	2	1	4	3	6	3
Aspiration	3	2	0	4	0	1	2
Bicycle Fall	0	1	1	1	0	1	1
Boating	0	0	0	0	0	0	0
Choking	2	3	5	6	1	7	6
Drowning	2	7	7	8	7	5	7
Drugs (any illicit present)	41	24	36	30	33	30	66
Prescribed Drugs (no illicit)	36	40	30	43	24	32	16
Electrocution	0	1	1	0	0	0	0
Fall	143	137	167	172	156	174	179
Farm	1	3	0	0	0	0	1
Fire/burns	5	8	6	3	3	3	5
Firearms	2	2	0	1	3	0	1
Hyperthermia	0	0	0	0	0	1	4
Hypothermia	3	2	2	2	8	3	15
Industrial Accident	1	2	0	1	2	3	1
Motorcycle Driver (race track)	0	0	1	0	0	0	0
Other	9	9	6	13	13	7	9
Surgical Procedure	0	1	0	0	1	0	0
Therapy Complication	0	0	0	0	0	1	1
Total	254	246	264	289	263	276	326

Toxicology may show numerous combinations of medications and illicit drugs, but such deaths are categorized in the chart above as "Drugs".

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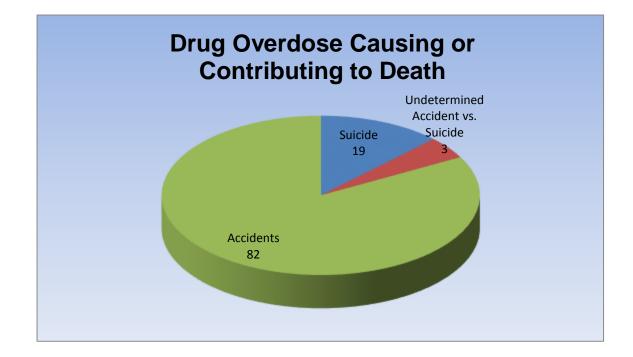
#### Drug Overdose Data Summary 2015

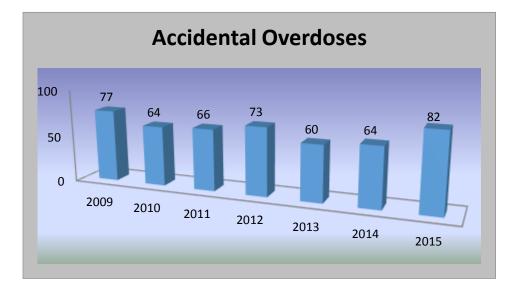
#### Overview

In 2015 a total of 104 deaths had prescription/and or illicit drugs listed on the death certificate as causing or contributing to death. Of these 92 deaths had drugs listed as the primary cause of death.

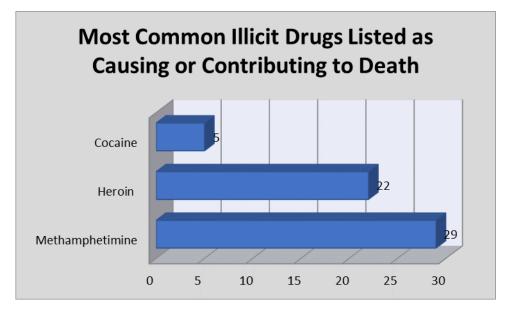
Drug overdoses causing or contributing to 104 deaths:

- > <u>19</u> deaths suicide
- > <u>3</u> deaths undetermined accident vs. suicide
- $\succ$  <u>82</u> deaths accidents





#### Most Common Illicit Drugs in Accidental Deaths



The above chart represents the most common illicit drugs found in Accidental Deaths in Spokane County in 2015. These are listings as the primary cause of death on the death certificate, as well as drugs just listed as contributing to death on the certificate.

# 2015 Most Common Opioids (plus Benzodiazepines) Listed as Causing or Contributing to Accidental Death

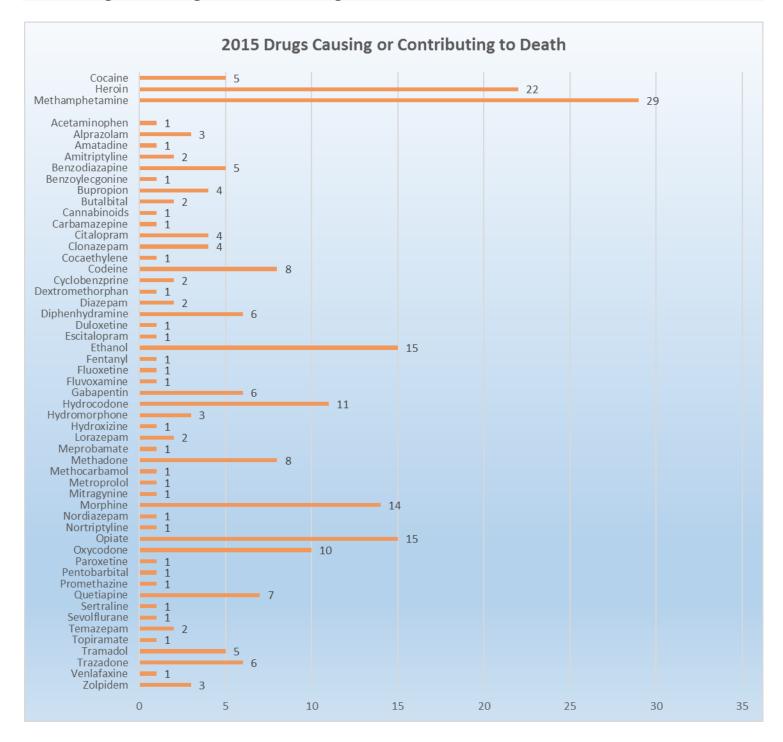
#### **Opioid (plus \*\* benzodiazepines)**

Morphine	14
Hydrocodone	11
Oxycodone	10
Methadone	8
Codeine	8
** Benzodiazepines	16

The above table represents the most common opioids found in Accidental Deaths in Spokane County in 2015. These are listings in both the primary cause of death as well as contributing.

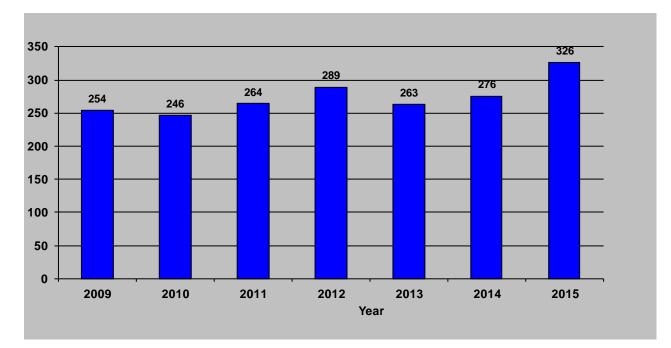
\*\* Though benzodiazepines are not opioids they are included with the opioids as national data which indicates that benzodiazepines are often seen in combination with opioids in prescription medication deaths.

#### 2015 Drugs Causing or Contributing to Death



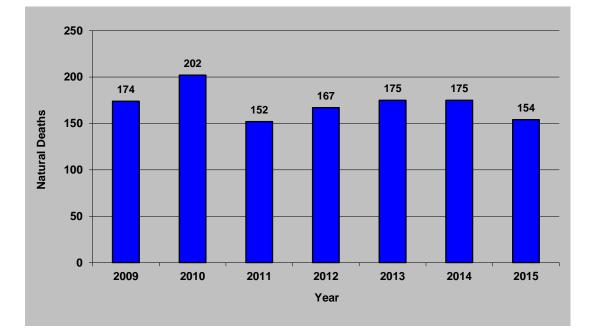
#### 

#### Accidental Deaths Comparison (Jurisdiction Assumed – JA Deaths)



#### Accidental Deaths 2009-2015

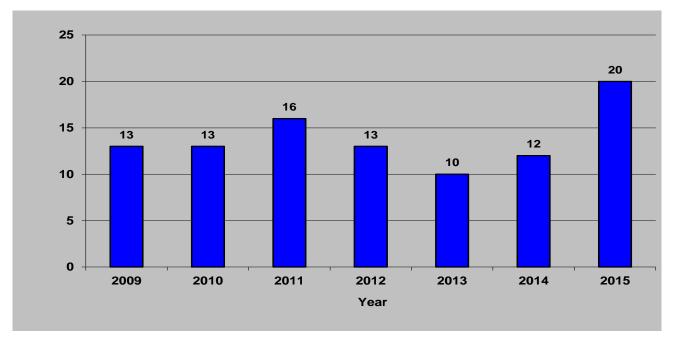
#### Natural Deaths Comparison (Jurisdiction Assumed-JA Deaths)



Natural Deaths 2009 - 2015

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Undetermined Deaths Comparison (Jurisdiction Assumed – JA Deaths)



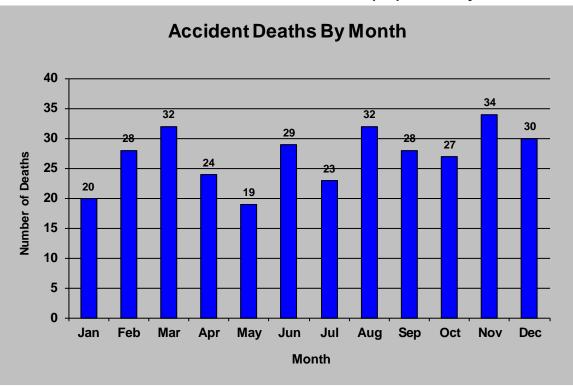
**Deaths of Undetermined Manner 2009 - 2015** 

Ideally the Medical Examiner Systems use the undetermined manner of death category in less than five percent of cases. This reflects fullest utilization of investigation and decedent autopsy. In 2015, the undetermined classification was used in 3.00% of Spokane Medical Examiner cases.

Undetermined manner is used in a wide array of circumstances. An example is an "overdose" death, wherein the intent is unknown despite investigation. The higher absolute number of undetermined deaths in 2015 is partly reflective of the increased caseload.

#### Section 4: Manner of Death

#### ACCIDENT



Accident Deaths in Jurisdiction Assumed (JA) Cases by Month

#### Accident Mode by Gender

As noted elsewhere in this report, the majority of deaths investigated by the Medical Examiner are in males.

Accident Mode	Female	Male	Total
Aircraft	0	4	4
Alcohol Abuse	4	1	5
Asphyxiation	2	1	3
Aspiration	2	0	2
Bicycle Fall	0	1	1
Choking	1	5	6
Drowning	2	5	7
Drugs	15	51	66
Prescribed Drugs	11	5	16
Fall	100	79	179
Farm	0	1	1
Firearms	0	1	1
Fire/burns	1	4	5
Hyperthermia	3	1	4
Hypothermia	8	7	15
Industrial Accident	0	1	1
Other	4	5	9
Therapy Complication	1	0	1
Total	154	172	326

Some of the "other" deaths in 2015 were windstorm related.

#### 

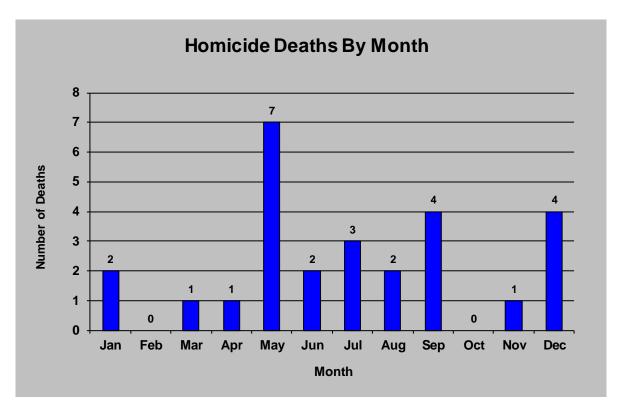
#### Accident Mode by Gender and Age Group (Autopsy Cases)

Accident Mode	Sex	<1	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100-109	Total
Aircraft	Male	0	0	0	0		0			1	0	0	0	4
														4
Alcohol Abuse	Female	0	0	0	0	0	1	1	2	0	0	0	0	4
Alcohol Abuse	Male	0	0	0	0	0	0	0	0	1	0	0	0	1
														5
Asphyxiation	Female	1	0	0	0	0	0	0	0	1	0	0	0	2
Asphyxiation	Male	0	0	0	0	0	0	0	1	0	0	0	0	1
		-	-											3
Aspiration	Female	0	0	0	0	0	0	1	1	0	0	0	0	2
	T CITICIC	-	0	0		0	0	-	-	U	0	- U	0	2
Bicycle Fall	Male	0	0	0	0	0	1	0	0	0	0	0	0	
	Indie	0	0	0	0	0	1	0	0	0	0	0	0	1
Chaling	Famala	_	0	0		0	0	0	0	1	0	0	0	1
Choking	Female	0	0	0	0		0	0	0	1	0	0	0	1
Choking	Male	0	0	0	0	0	0	1	3	1	0	0	0	5
<u> </u>														6
Drowning	Female	0	0	0	0	-	0	1	0	0	0	1	0	2
Drowning	Male	0	0	3	0	1	1	0	0	0	0	0	0	5
														7
Drugs	Female	0	0	1	5		3	2	3	0	0	0	0	15
Drugs	Male	0	0	0	12	16	9	9	4	1	0	0	0	51
														66
Prescribed Drugs	Female	0	0	0	3	3	0	4	0	1	0	0	0	11
Prescribed Drugs	Male	0	0	0	0	1	1	1	0	1	1	0	0	5
														16
Fall	Female	0	0	0	0	1	1	4	6	17	35	34	2	100
Fall	Male	0	0	0	1	0	0	2	7	14	29	24	2	79
														179
Farm	Male	0	0	0	0	0	0	0	1	0	0	0	0	1
														1
Firearms	Male	0	0	0	0	1	0	0	0	0	0	0	0	1
		-	-	-	-		-	-	-	-	-	-	-	1
Fire/burns	Female	0	0	0	0	1	0	0	0	0	0	0	0	1
Fire/burns	Male	0	0	0	0		0	2	1	0	0	0	0	4
		-	0	0		-	0	-	-	0	0		0	5
Hyperthermia	Female	0	0	0	0	1	0	0	1	0	1	0	0	
Hyperthermia	Male	0	0	0	0		0	0		0	1	0	0	3
		0	0	U	0	0	0	0	U	U	1	0	0	1
Hypothormia	Eomolo	-	0	0	0	0	0	2	2	2	4	0		4
Hypothermia	Female	0	0	0	0		0		2	3	1	0	0	8
Hypothermia	Male	0	0	0	0	0	1	1	3	1	0	1	0	7
														15
Industrial Accident	Male	0	0	0	0	0	1	0	0	0	0	0	0	1
														1
Other	Female	0	0	1	0		0		0	0	1	0	0	3
Other	Male	0	1	1	1	0	0	1	2	0	0	0	0	6
														9
Therapy Complication	Female	0	0	0	0	0	1	0	0	0	0	0	0	1
														1
Grand Total		1	1	6	22	27	20	33	40	43	69	60	4	326

Falls that result in mortality are significantly correlated with increasing age. Illicit and prescription drug deaths peak in middle ages in Spokane County.

#### HOMICIDE

In 2015 the recorded 26 homicides represents an increase of 8 from the previous year. Firearms accounted for the single largest method of homicide (12 of 26). Firearms also accounted for the largest number of deaths by suicide. The most frequent age groups of homicide victims in 2015 was 30-59 years.



Homicide Deaths by Month

• Note: The month of May included a triple homicide

Homicide Method	Sex	<1	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100-109	Total
Asphyxia	Male	0	0	0	0	1	0	0	0	0	0	0	0	1
														1
Child Abuse	Female	0	1	0	0	0	0	0	0	0	0	0	0	1
Child Abuse	Male	0	1	0	0	0	0	0	0	0	0	0	0	1
														2
Firearms	Female	0	0	0	0	0	1	1	0	0	0	0	0	2
Firearms	Male	0	0	1	2	2	2	2	1	0	0	0	0	10
														12
Other	Female	1	0	0	0	0	0	0	0	0	0	0	0	1
Other	Male	0	0	0	1	1	2	0	1	0	0	0	0	5
														6
Strangulation	Female	0	0	0	0	1	0	0	0	0	0	0	0	1
Strangulation	Male	0	0	0	0	0	0	1	0	0	0	0	0	1
														2
Stabbing	Male	0	0	0	1	1	0	1	0	0	0	0	0	3
														3
Grand Total		1	2	1	4	6	5	5	2	0	0	0	0	26

#### Homicide Deaths by Method, Gender, and Age Group

#### Homicide Deaths by Age Group

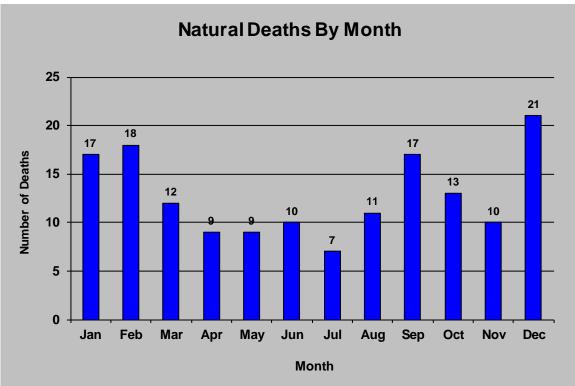


This graph is limited statistically by the small number of total deaths it represents.



#### NATURAL

Typically, the Medical Examiner's Office assumes jurisdiction in cases that turn out to be natural death when the death occurs in a young age group without medical history and is therefore unexpected.



Natural Deaths by Month (Jurisdiction Assumed – JA Deaths)

#### Natural Deaths by Disease Process

	Alcohol	Cardiovascular	Central	Malignancy	Organ	Other	Respiratory	Seizure	Undetermined	
Process	Abuse		Nervous Svstem		Failure			Disorder		Total
Asthma	0	0	0	0	0	0	2	0	0	2
Atherosclerotic Cardiovascular	0	47	0	0	0	0	0	0	0	47
Cardiac Dysrhythmia	0	2	0	0	0	0	0	0	0	2
Cardiomyopathy	0	13	0	0	0	0	0	0	0	13
Cerebral Hemorrhage	0	0	0	0	0	1	0	0	0	1
Chronic Alcoholism	11	0	0	0	0	0	0	0	0	11
Chronic Obstructive Pulmonary	0	2	0	0	0	0	3	0	0	5
Cirrhosis of the Liver	3	0	0	0	0	0	0	0	0	3
Coronary Thrombosis	0	1	0	0	0	0	0	0	0	1
Diabetes	0	0	0	0	1	0	0	0	0	1
Diabetes Mellitus	0	0	0	0	0	5	0	0	0	5
Dissecting Aneurysm	0	1	0	0	0	0	0	0	0	1
Epilepsy	0	0	0	0	0	0	0	2	0	2
Gastrointestial Bleed	0	0	0	0	0	2	0	0	0	2
Hypertensive heart disease	0	3	0	0	0	0	0	0	0	3
Influenza	0	0	0	0	0	1	0	0	0	1
Lung Cancer	0	0	0	1	0	0	0	0	0	1
Multiple Sclerosis	0	0	1	0	0	0	0	0	0	1
Myocardial Infarction	0	4	0	0	0	0	0	0	0	4
Other	0	5	0	0	0	13	0	0	0	18
Pancreatitis	0	0	0	0	0	3	0	0	0	3
Phlebothrombosis	0	0	0	0	0	0	1	0	0	1
Pneumonia	0	0	0	0	0	0	7	0	0	7
Pulmonary embolism	0	0	0	0	0	0	6	0	0	6
SIDS	0	0	0	0	0	4	0	0	0	4
Streptococcal Septicemia	0	0	0	0	0	1	0	0	0	1
Undetermined	0	0	0	0	0	0	0	0	7	7
Valvular Heart Disease	0	1	0	0	0	0	0	0	0	1
Total	14	79	1	1	1	30	19	2	7	154

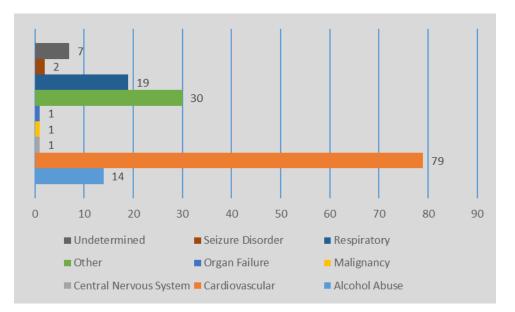
"Undetermined Natural Cause" is sometimes assigned as a cause of death in a very elderly person, without evidence of injury, with little or no medical history, when an autopsy is not performed.

## Natural Deaths by Category (Jurisdiction Assumed – JA Deaths)

The high proportion of deaths related to the cardiovascular system is typical of national statistics defining the categories of natural deaths. By convention, in most Medical Examiner and Coroner's offices, long term (chronic) alcohol abuse is considered "natural".

The cancer deaths are usually not diagnosed until autopsy or are investigated for mitigating circumstances such as concern of overdose.

#### Cause of Natural Deaths by Category



#### Natural Deaths by Category

#### Natural Deaths by Disease Process and Gender

Disease Process	Female	Male	Unknown	Total
Alcohol Abuse	7	7	0	14
Cardiovascular	22	57	0	79
Central Nervous System	1	0	0	1
Malignancy	1	0	0	1
Organ Failure	1	0	0	1
Other	11	19	0	30
Respiratory	7	12	0	19
Seizure Disorder	0	2	0	2
Undetermined	3	4	0	7
Total	53	101	0	154

## Natural Deaths by Gender and Age Group

Natural Death Gende	er and Age Group
---------------------	------------------

Disease Process	Sex	<1	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	>=100	Total
Alcohol Abuse	F	0	0	0	0	0	2	3	2	0	0	0	0	7
Alcohol Abuse	Μ	0	0	0	0	1	1	5	0	0	0	0	0	7
Alcohol Abuse Total													I	14
Cardiovascular	F	0	0	0	0	1	2	9	5	3	2	0	0	22
Cardiovascular	Μ	0	0	0	4	1	2	19	17	10	4	0	0	57
Cardiovascular Total														79
Central Nervous System	F	0	0	0	0	0	0	0	0	0	1	0	0	1
Central Nervous System Total													I	1
Malignancy	F	0	0	0	0	0	0	0	0	1	0	0	0	1
Malignancy Total													I	1
Organ Failure	F	0	0	0	0	0	0	1	0	0	0	0	0	1
Organ Failure Total													I	1
Other	F	5	0	0	1	1	1	2	0	0	0	1	0	11
Other	М	1	2	0	1	2	5	5	3	0	0	0	0	19
Other Total														30
Respiratory	F	0	1	0	0	0	0	4	1	0	1	0	0	7
Respiratory	М	0	1	0	2	3	1	2	1	2	0	0	0	12
Respiratory Total														19
Seizure Disorder	М	0	0	0	1	1	0	0	0	0	0	0	0	2
Seizure Disorder Total														2
Undetermined	F	0	0	0	0	0	0	0	1	0	1	1	0	3
Undetermined	М	0	0	0	0	0	0	0	3	1	0	0	0	4
Undetermined Total														7
Grand Total		6	4	0	9	10	14	50	33	17	9	2	0	154

Four of the deaths listed as "other" in the <1 age group are attributed to Sudden Unexplained Infant Death. *Sudden unexplained infant death (SUID)* applies to the death of an infant less than one year of age, in which investigation, autopsy, medical history review, and appropriate laboratory testing fails to identify a specific cause of death.

## Natural Deaths by Disease Process (Autopsied)

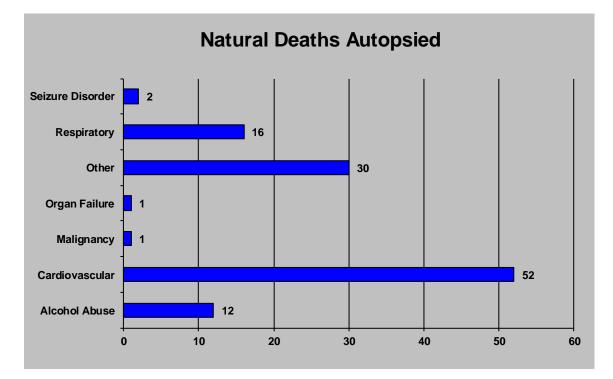
AA=	Alcohol Abuse
C=	Cardiovascular
CNV=	Central Nervous System
M=	Malignancy

- **OF=** Organ Failure **O=** Other
- R= Respiratory
- **SD=** Seizure Disorder
- U= Undetermined

	AA	С	М	OF	Ο	R	SD	Total
Asthma	0	0	0	0	0	2	0	2
Atherosclerotic Cardiovascular Disease	0	28	0	0	0	0	0	28
Cardiac Dysrythmia	0	1	0	0	0	0	0	1
Cardiomyopathy	0	13	0	0	0	0	0	13
Cerebral Hemorrhage	0	0	0	0	1	0	0	1
Chronic Alcoholism	9	0	0	0	0	0	0	9
Chronic Obstructive Pulmonary Disease	0	1	0	0	0	1	0	2
Cirrhosis of the Liver	3	0	0	0	0	0	0	3
Coronary Thrombosis	0	1	0	0	0	0	0	1
Diabetes Mellitus	0	0	0	1	5	0	0	6
Dissecting Aneurysm	0	1	0	0	0	0	0	1
Epilepsy	0	0	0	0	0	0	2	2
Gastrointestinal Bleed	0	0	0	0	2	0	0	2
Hyperstensive Heart Disease	0	2	0	0	0	0	0	2
Influenza	0	0	0	0	1	0	0	1
Lung Cancer	0	0	1	0	0	0	0	1
Other	0	5	0	0	13	0	0	18
Pancreatitis	0	0	0	0	3	0	0	3
Phlebothrombosis	0	0	0	0	0	1	0	1
Pneumonia	0	0	0	0	0	6	0	6
Pulmonary Embolism	0	0	0	0	0	6	0	6
Streptococcal Septicemia	0	0	0	0	1	0	0	1
SIDS	0	0	0	0	4	0	0	4
Total	12	52	1	1	30	16	2	114

Note: the "other" category is smaller than in previous pages, as this chart contains more categories, such as SIDS, decreasing "others".

Natural Deaths Autopsied

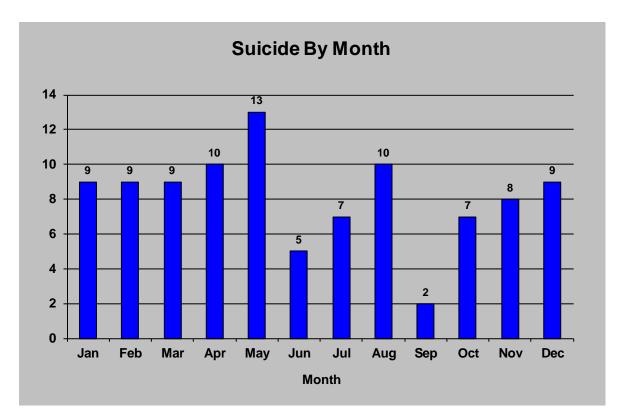


The numbers of cardiovascular deaths reflect the fact that the first symptom of significant heart disease is often a fatal heart attack.

## SUICIDE

Suicides are those deaths caused by intentional, self-inflicted injuries. In Spokane County there were (98) suicides in 2015, an increase of 7 from 2014 which was (91).

The highest number (63/98) of suicides fell within the 20-59 age groups. In the United States, suicide numbers were highest in the 45-54 age range, but the rate by gender was highest in males older than 85 (2008 data). Nationally, suicide deaths in older Americans are associated statistically with depression, relationship difficulties, drug and alcohol abuse, and serious physical health problems. Eleven suicides occurred in teenagers in Spokane in 2015, and 13 in the 20-29 age group.



#### Suicide Deaths by Month

Suicide Method	Sex	<1	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	>100	Total
Drowning	F	0	0	1	0	0	0	0	0	0	0	0	0	1
Drowning Total													I	1
Drugs/Poisons	F	0	0	2	2	3	3	5	0	0	0	1	0	16
Drugs/Poisons	М	0	0	0	1	0	0	0	1	0	1	0	0	3
Drugs/Poisons Total													I	19
Firearms	F	0	0	1	1	2	2	2	3	0	0	0	0	11
Firearms	М	0	0	2	5	2	6	7	5	2	5	1	0	35
Firearms Total													I	46
Hanging	F	0	0	0	0	0	0	0	1	0	0	0	0	1
Hanging	М	0	0	1	3	8	5	4	0	1	0	0	0	22
Hanging Total													I	23
Jumping	М	0	0	1	1	0	0	0	0	0	0	0	0	2
Jumping Total														2
Other	F	0	0	1	0	0	0	0	0	0	0	0	0	1
Other	М	0	0	0	0	1	0	0	0	1	0	0	0	2
Other Total														3
Plastic Bag	F	0	0	1	0	0	0	0	0	0	0	0	0	1
Plastic Bag	М	0	0	1	0	0	0	0	0	0	1	0	0	2
Plastic Bag Total														2
Stab/incised wound	F	0	0	0	0	0	0	0	0	1	0	0	0	2
Stab/incised wound	Total													2
Grand Total		0	0	11	13	16	16	18	10	5	7	2	0	98

## Suicide Method by Gender and Age Group

As has been the case in many Medical Examiner years, gunshot wounds remain the most frequent suicide method partly because of the inherent lethality of firearm injuries (46 total). Gunshot wounds are followed by 23 suicidal hanging and 19 intentional overdoses.

The Centers for Disease Control (CDC) report a rise in the U.S. suicide rate, key findings are as follows:

- From 1999 through 2014, the age-adjusted suicide rate in the United States increased 24%, from 10.5 to 13.0 per 100,000 population, with the pace of increase greater after 2006.
- Suicide rates increased from 1999 through 2014 for both males and females and for all ages 10– 74.
- The percent increase in suicide rates for females was greatest for those aged 10–14, and for males, those aged 45–64.
- The most frequent suicide method in 2014 for males involved the use of firearms (55.4%), while poisoning was the most frequent method for females (34.1%).
- Percentages of suicides attributable to suffocation increased for both sexes between 1999 and 2014.

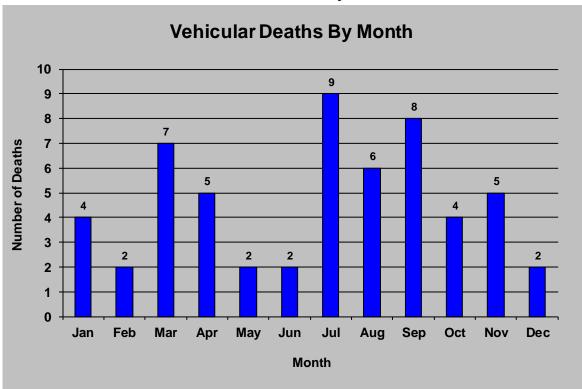
Here is a link to the original CDC National Center for Health Statistics (NCHS) report: <u>http://www.cdc.gov/nchs/data/databriefs/db241.pdf</u>

## VEHICULAR

During the calendar year of 2015, the Medical Examiner's Office participated in the investigation of (6) deaths categorized as vehicular. This is an increase of 20 from 2014 during which (36) deaths were categorized as vehicular.

In vehicle (automobile and truck, listed as "automobile" on page 38) collisions there were 33 deaths, 22 drivers and 11 passengers.

In addition there were 6 deaths among motorcycle operators, and 11 pedestrian deaths. There are 2 deaths which have been categorized as other, one of the deaths was a fetal demise due to the mother being in a vehicular accident, and one death was due to an all-terrain vehicle (ATV) accident. There were 3 deaths categorized as unknown due to it being unknown as to whether the deceased was the driver or the passenger. Finally, 1 death involved a bicyclist. Motorcycle deaths peak in the summer months.



#### Vehicular Deaths by Month

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### Vehicular Deaths by Method, Gender, and Age Group

			V	ehicula										
Vehicular Method	Sex	<1	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100-109	Total
Automobile Driver	Female	0	0	0	0	2	1	0	3	4	1	0	0	11
Automobile Driver	Male	0	0	1	2	3	0	1	0	1	3	0	0	11
														22
Automobile Passenger	Female	0	0	0	3	0	2	0	2	0	1	0	0	8
Automobile Passenger	Male	0	0	0	1	0	0	2	0	0	0	0	0	3
														11
Bicyclist	Male	0	0	0	0	0	1	0	0	0	0	0	0	1
														1
Motorcycle Driver	Male	0	0	0	3	0	0	2	1	0	0	0	0	6
														6
Other	Male	1	0	0	0	0	0	1	0	0	0	0	0	2
														2
Pedestrian	Female	0	0	0	0	0	1	1	1	0	0	1	0	4
Pedestrian	Male	0	0	1	0	0	1	3	0	2	0	0	0	7
														11
Unknown	Female	0	0	1	1	0	0	0	0	0	0	0	0	2
Unknown	Male	0	0	0	0	0	0	0	0	0	1	0	0	1
														3
Grand Total		1	0	3	10	5	6	10	7	7	6	1	0	56

#### Vehicular Method Gender and Age Group

## Traffic Fatalities and Use of Restraint

## **Traffic Fatalities and Use of Restraint**

Circumstances	Restrained	Unrestrained	Unknown	Total
Automobile Driver	7	6	3	16
Automobile Passenger	2	3	2	7
Unknown	0	0	0	0
Total	9	9	5	23

When traffic accident victims are flown / transported to Spokane for advanced medical care, it becomes more difficult to collect use of restraint information.

#### UNDETERMINED

"Undetermined" manner is used to designate a death that does not exactly fit the categories natural, suicide, homicide, accident, or overlaps between two categories. An example is a death due to medication overdose. In some such deaths the determination between accident and suicide cannot be made as the decedent's intent is not clear. Information concerning the circumstances may be lacking because of the absence of background information, or because of a delay between death and discovery of the body. If an extensive investigation and autopsy cannot clarify the circumstances, the death is placed in this category. There were (20) undetermined manner deaths in Spokane County in 2015.

Although the cause of death was established in almost all of these deaths, the manner still could not be established. Again, the reason for undetermined manner is lack of information or conflicting information.

Number	Cause of Death	Month	Sex	Age Yrs	Age Mos	Age Days	Race
1	hypoxic encephalopathy; due to cardiac arrest, cause unknown	February	F	1	7	6	Caucasian
2	sudden unexplained death in infancy	February	F	0	2	9	Caucasian
3	Gunshot wound to abdomen	March	F	22	5	17	Caucasian
4	right hemopneumothorax; due tomultiple right rib fractures with lung lacerations; due to blunt impact	March	М	33	2	29	Caucasian
5	combined alcohol and drug toxicity; due to use of ethanol, hydrocodone, and quetiapine	April	М	51	5	11	Caucasian
6	combined drug toxicity; due to simultaneous use of ethanol, cyclobenzaprine, diphenhydramine, and oxycodone	Мау	F	59	4	24	Caucasian
7	Gunshot wound of the head	Мау	М	28	8	28	Caucasian
8	Lacerations of the heart and aorta Due to blunt chest injury	Мау	M	52	4	20	Caucasian
9	Smoke inhalation	May	М	68	7	1	Caucasian
10	hypoxic encephalopathy; due to hemorrhagic shock; due to cut defect in brachial artery; due to incised wound of the left arm	Мау	м	48	3	19	Caucasian
11	undetermined after complete autopsy	June	М	40		25	Caucasian
12	lobar pneumonia and pyelonephritis; due to chronic left subdural hemorrhage; due to blunt impact to head	June	М	64	1	16	Caucasian
13	dehydration and bronchopneumonia, cause unknown	June	F	55	2	17	Caucasian
14	Right subdural hemorrhage and brain contusions, surgically treated; due to blunt impact to head	July	м	76	7	18	Caucasian
15	smoke inhalation	August	F	37	1	1	Caucasian
16	Smoke inhalation	August	F	4	8	17	Caucasian
17	asphyxia; due to self strangulation by plastic bags encircling neck	August	М	41	8	28	Caucasian
18	smoke inhalation	September	М	72	4	14	Caucasian
19	drowning	October	М	28	7	23	Caucasian
20	intrauterine infant death, cause unknown	November	F	0	0	0	Black

#### **Undetermined Deaths**

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# **Glossary of Terms**

Prescription Drug	Therapeutic drug or Medicine: A substance, other than food, used in the prevention, diagnosis, alleviation, treatment, or cure of disease.
Illicit drug	A drug used non-medically for personal stimulation/depression/euphoria, use or abuse.
Drug Caused Death	Death directly caused by a drug or drugs in combination with each other, including psychiatric drugs or therapeutic drugs for conditions such as asthma or epilepsy
Jurisdiction	The jurisdiction of the Medical Examiner's Office extends to all reportable deaths occurring within the boundaries of Spokane County, whether or not the incident leading to the death (such as an accident) occurred within the county. Also included are people who are transferred to Spokane area hospitals from surrounding Counties/States, who then expire in Spokane.
Manner	A statistical classification on the death certificate of the way in which the cause of death came about (accident, homicide, suicide, natural, or undetermined).
Manner: Accident	Death other than natural, where there is no evidence of intent, i.e., unintentional. In this report, vehicle accidents are identified separately.
Manner: Homicide	Death due to the acts of another.
Manner: Natural	Death caused solely by organic disease. If natural death is hastened by injury (such as a fall), the manner of death will not be considered natural.
Manner: Suicide	Death as a result of a purposeful action, with intent (explicit or implicit) to end one's life.
Manner: Traffic or Vehicular	Unintentional deaths of drivers (automobile, bicycle or motorcycle), passengers, and pedestrians involving motor vehicles on public roadways. By convention, and at the direction of state vital records, accidents involving motor vehicles on private property (such as driveways) are not included in this category.
Manner: Undetermined	Manner assigned when there is insufficient evidence or information to assign to accident, homicide, suicide, or natural categories, or when two plausible manners are equally likely.
Opiate	A broad class of drugs including morphine, heroin, and synthetic medicines such as methadone.
Poison	Any substance, either taken internally or applied externally, that is injurious to health or dangerous to life.
Race	The racial categories used in this report are: Asian, Black, Caucasian, Hispanic, Native American, Other and Unknown. For public Health purposes, race is included in the Washington State death certificate.

Sudden Infant Death Syndrome (SIDS)	Sudden Infant Death Syndrome is defined as the sudden death of an infant less than one year of age that cannot be explained after a thorough investigation is conducted, including complete autopsy, examination of the death scene, and review of clinical history.
Sudden Unexplained Infant Death (SUID)	Applies to the death of an infant less than one year of age, in which <i>(SUID)</i> investigation, autopsy, medical history review, and appropriate laboratory testing fails to identify a specific cause of death. SUID includes cases that meet the definition of Sudden Infant Death Syndrome.

