REGIONAL FORENSIC SCIENCE CENTER
SEDGWICK COUNTY, KANSAS

Timothy P. Rohrig, Ph.D. — Director
Jaime L. Oeberst, M.D. — District Coroner-Chief Medical Examiner
Shari L. Beck — Forensic Administrator/Chief Medical Investigator

FORENSIC PATHOLOGY DIVISION
2008 ANNUAL REPORT

HISTORY/OVERVIEW

The Regional Forensic Science Center officially opened on December 21st, 1995. The Center houses the Pathology Division (including the Office of the District Coroner) and the Forensic Science Laboratories. The Pathology Division is organized into three sections: Pathology Administration, Medical Investigations and the Autopsy Service.

As mandated by law, the District Coroner has the responsibility for investigating deaths within Sedgwick County that are a result of violence, unlawful means, suddenly when in apparent health, not regularly attended by a physician, any suspicious or unusual manner, when in police custody, or when the determination of the cause of death is held to be in the public interest. The primary goal of investigation and the postmortem examination is to determine cause and manner of death in order to generate a death certificate.

Cause of death is the injury or disease that results in death. Manner of death is determined by circumstances in which the death occurred and includes natural, accident, homicide, suicide, and undetermined. Undetermined manner of death is used when circumstances are unknown or are unclear.

Since 1996, the Pathology Division has seen a steady increase in the number of cases reported to the office and the number of postmortem examinations performed. There has been greater than a one and half fold increase in the number of reported cases and approximately a two and half fold increase in the number of required examinations and medical records review since 1998.

PATHOLOGY LEADERSHIP

District Coroner-Chief Medical Examiner
Jaime L. Oeberst, M.D.

Chief Medical Investigator
Shari L. Beck, F-ABMDI

Chief Pathology Assistant
Patricia Bird

SIGNIFICANT ACHIEVEMENTS

Angela Benefiel, Medical Investigator, became a fellow with the American Board of Medicolegal Death Investigators [ABMDI] upon successfully passing the board certification exam.

Jaime L. Oeberst, M.D., District Corner/Chief Medical Examiner, continues to serve as a member of the State Child Death Review Board.

COUNTIES SERVED

In 2008, the Pathology Division provided service to Sedgwick County and 34 other counties in the state of Kansas [Figure 1].

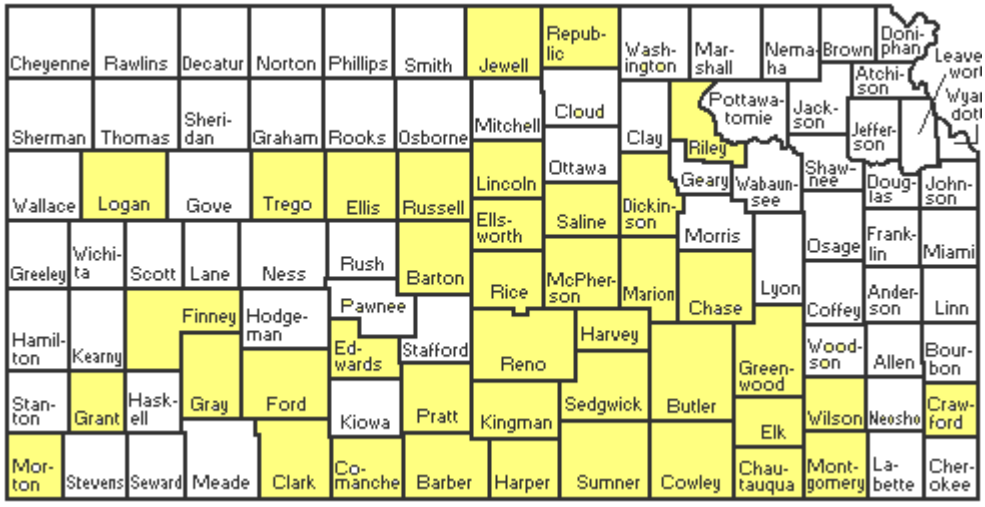

Figure 1

DISTRIBUTION CASES: IN-COUNTY VS OUT-OF-COUNTY

The Pathology Division serves as a resource to other counties in the state of Kansas. In 2008, 37.6% of the autopsy cases were preformed for other counties [Figure 2]. There has been a steady rise in both in and out of county cases.

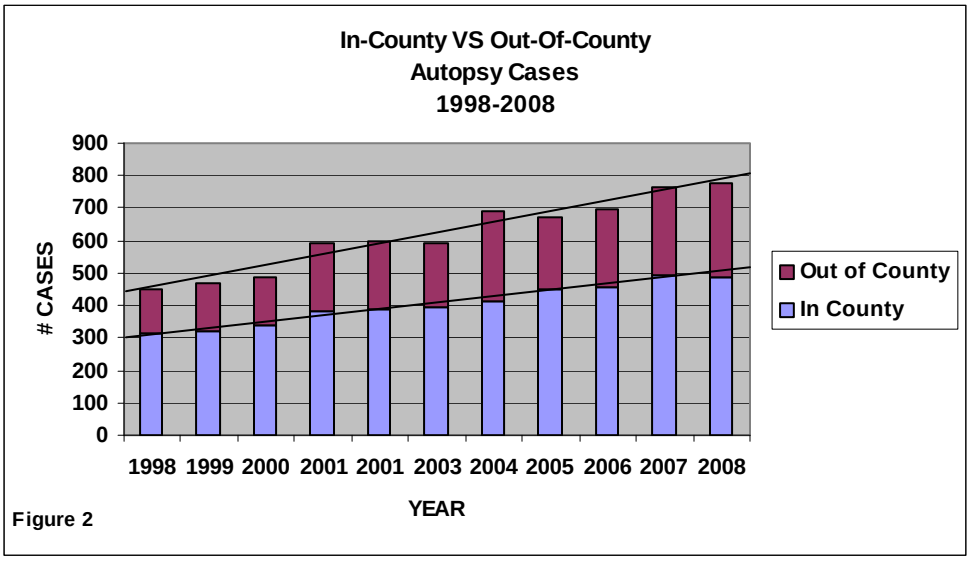

Figure 2

MEDICAL INVESTIGATIONS

The Pathology division has five medical investigators who are on duty year round, twenty-four hours a day, seven days a week. The Medical Investigator serves as the "eyes" and "ears" of the Coroner. The investigators triaged 2875 reported deaths. The District Coroner accepted jurisdiction or assisted in 807 cases [Figure 3] of the reported deaths.

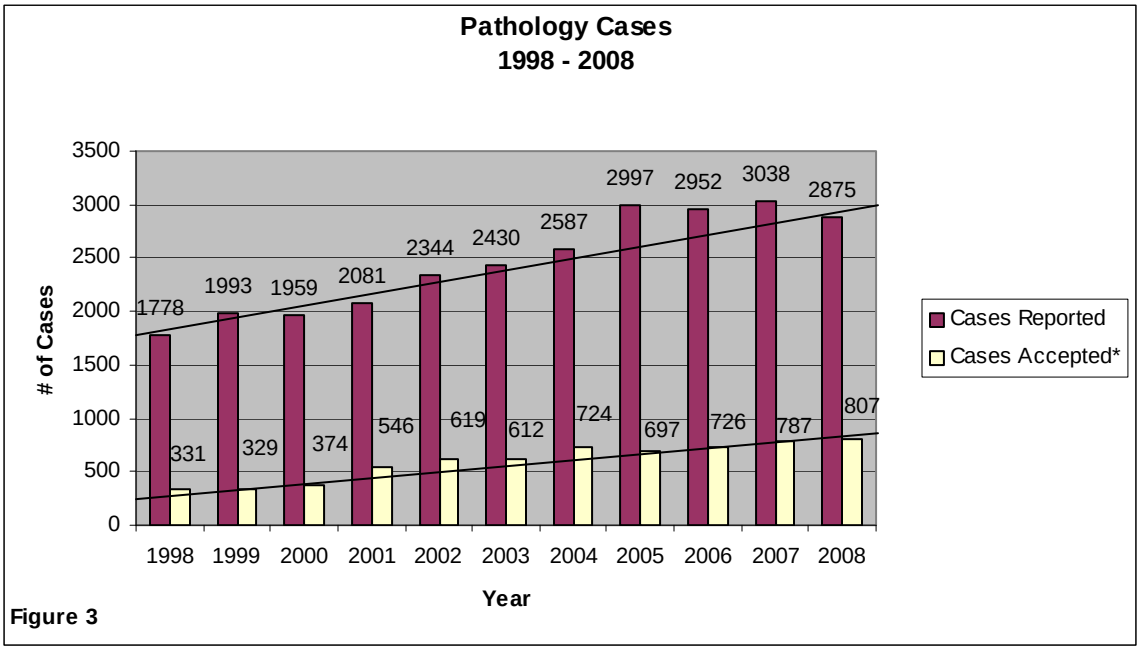

Figure 3

*Records Reviews, Autopsies, and External Examinations

Medical Investigators will attend the scene of a death when it occurs outside of a hospital setting. Pertinent circumstantial and physical observations are documented and photographed, and items of evidence are collected in accordance with state law, good forensic principles and accreditation requirements established by the National Association of Medical Examiners [NAME]. The number of scene investigations by medical investigators per year [Figure 4] has shown a steady increase since 1998.

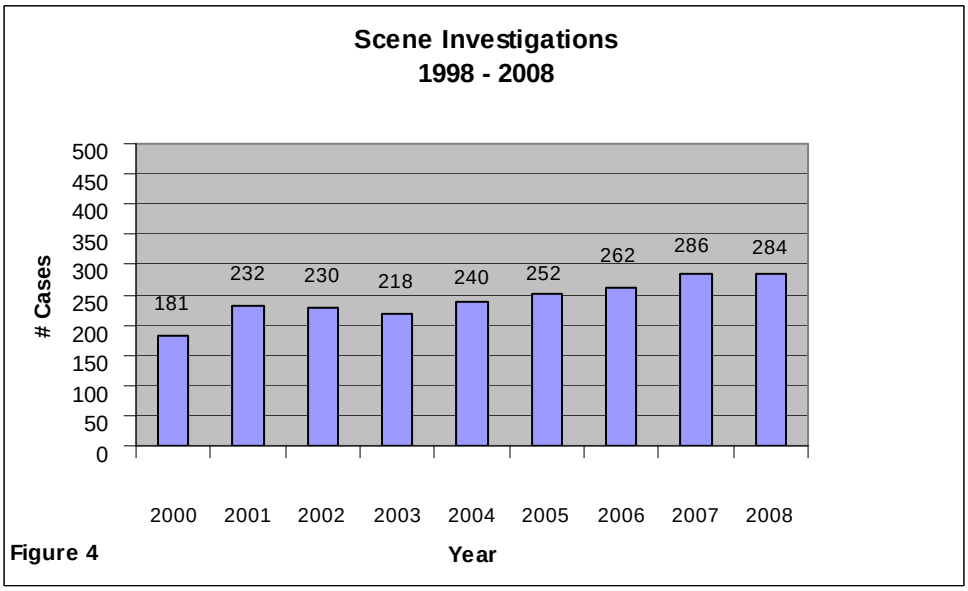

Figure 4

INDIGENT BURIALS

Pursuant to K.S.A. 22a-215, the Sedgwick County is required to decently bury/cremate the bodies of unclaimed deceased persons. In accordance with this statute, a procedure has been established by the Center to facilitate the necessary arrangements regarding indigent burials/cremations. The Center maintains a contract with a local mortuary to handle the disposition of the remains.

Following notification of an indigent/unclaimed decedent, it becomes the responsibility of the Medical Investigator on duty to initiate a diligent search for a family member or concerned party willing to claim the decedent. The following provisions accompany a claim; 1) When any family member or concerned party wishes to make any decision regarding burial arrangement, he/she must "claim" the body thereby assuming all responsibility for the provision of a burial, and 2) Sedgwick County will not be a guarantor of burial expenses for any body that has been claimed by a family member or concerned party.

There has been an exponential increase in the number of unclaimed bodies. In 2008, 15 bodies remained unclaimed/indigent despite a diligent search [Figure 5]. On average, the Medical Investigator will spend 3-5 days conducting a search for family, next of kin, or any concerned party.

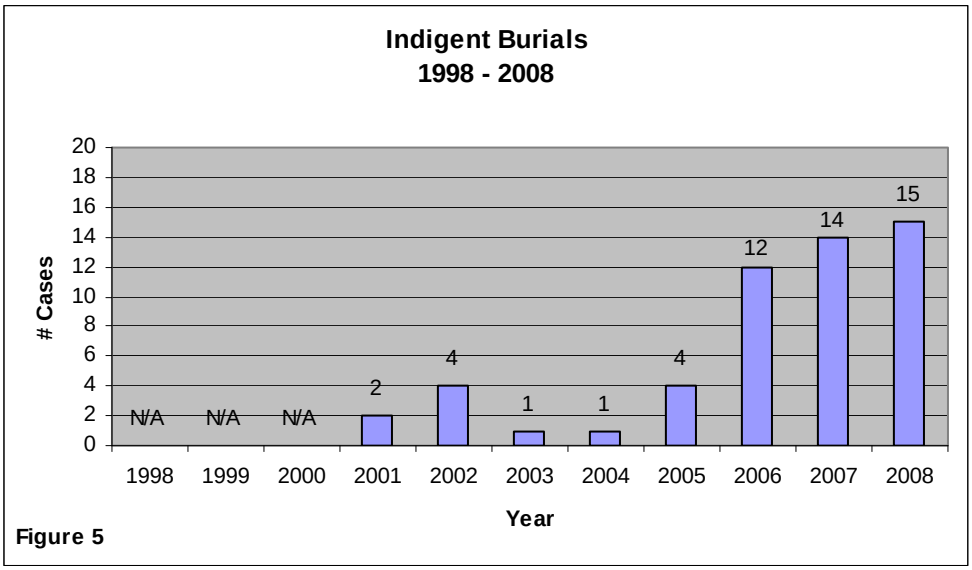

Figure 5

CASE SUBMISSIONS

In 2008, 2875 deaths from Sedgwick County and referring counties were reported. For Sedgwick County deaths, analysis of the scene, circumstances of the death and the decedent's medical history were key factors in determining coroner's jurisdiction. Coroner's jurisdiction for the referring counties was determined by the referring county Coroner. Jurisdiction was assumed or assistance was provided in 774 cases, of which 628 received autopsies. Figure 6 shows the number of postmortem exams, that includes both autopsy and external examinations. External examinations are performed in cases where scene investigation, circumstances, and medical history and the exam are sufficient to certify the death.

The District Coroner also performed autopsies or external examination for other counties within the state of Kansas.

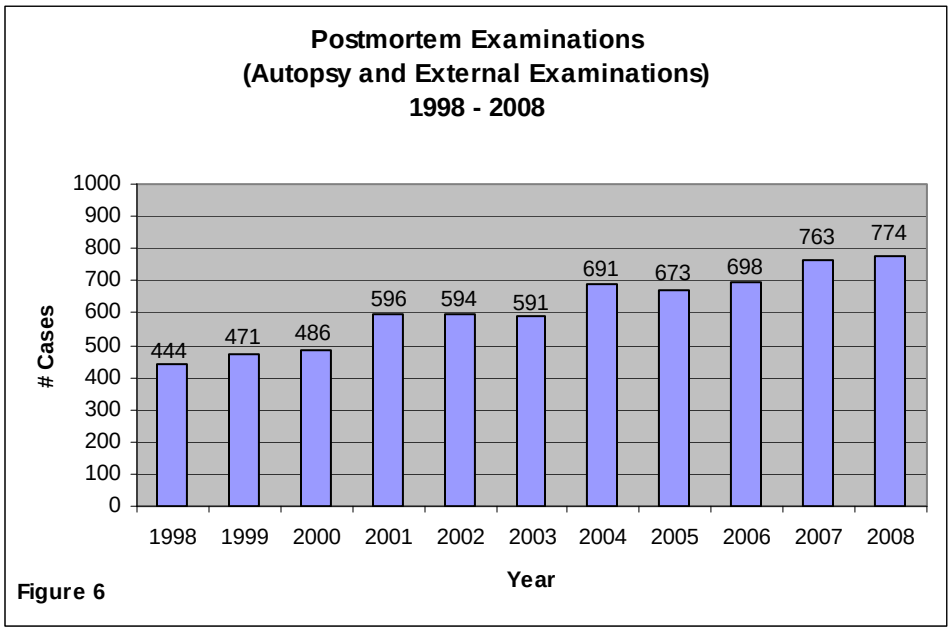

Figure 6

CREMATION PERMITS

In the state of Kansas, the Coroner is also charged with the investigation of death if the body is to be cremated. The investigation involves confirmation that the death certificate is appropriately executed, and that no further circumstances exist which may have contributed to the death. Often this involves interviews with medical personnel, families or other interested parties, and/or a review of medical records. If the cause of death is unclear or falls under the jurisdiction of the Coroner, a post mortem examination and issuance of a revised death certificate may be required. Figure 7 illustrates the steady increase of cremation permits signed by the Coroner.

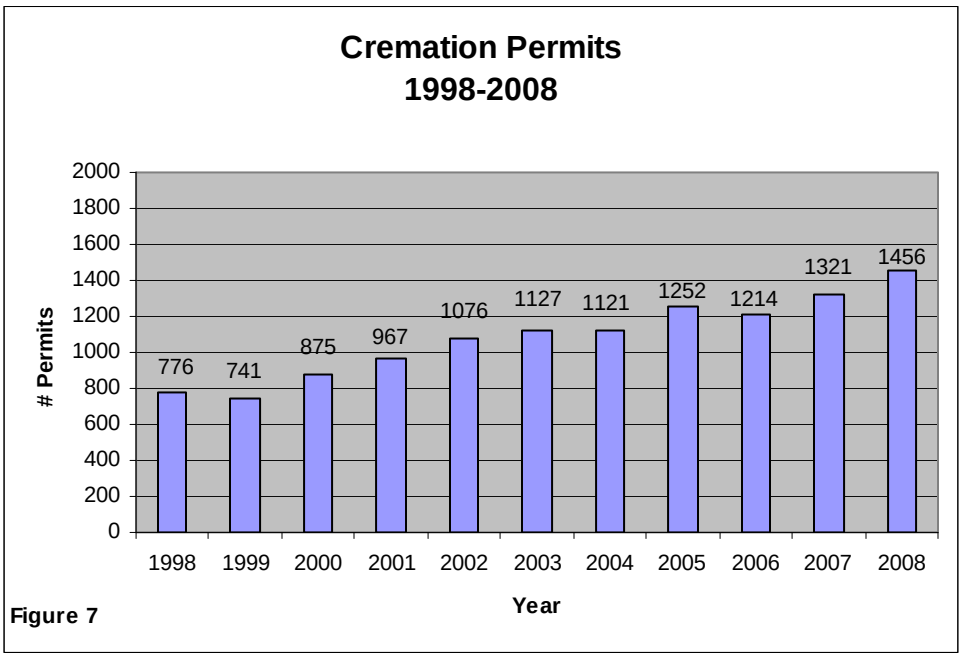

Figure 7

MANNER OF DEATH

In addition to determining cause of death, the District Coroner is responsible for determining the manner of death. Figure 8 shows the breakdown of the deaths by manner. Homicides are deaths that result from injuries that are a result of the actions by another person. Homicides constituted 6% of the cases for 2008. The majority (47%) of these deaths results from gunshot wounds [Figure 9]. Suicides are defined as deaths that result from a purposeful action to end one's own life. In 2008, 13% of the cases were certified as suicides. Deaths that were certified as accidents are those that result from an unintentional event or chain of events. This category includes most motor vehicle accidents, falls, and accidental drug overdoses. Natural deaths are those that are solely caused by natural disease and constituted 36% of the cases. The most common cause of death in cases of sudden, unexpected natural death is coronary artery disease. Cases that were classified as an undetermined manner of death constituted 5% of the total caseload.

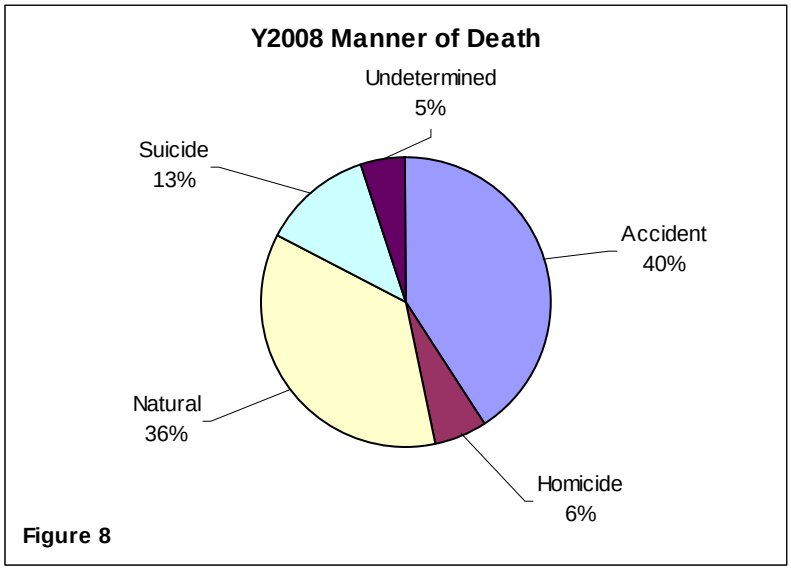

Figure 8

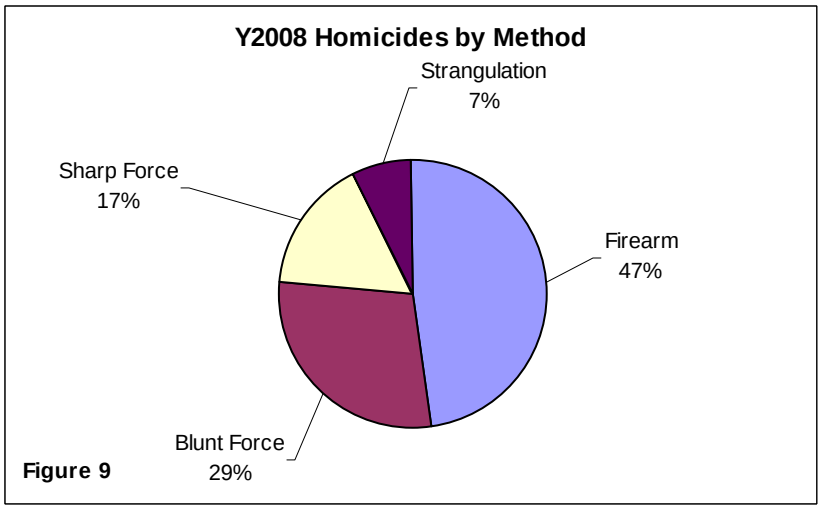

Figure 9

SUICIDES

In Y2008, 97 cases were certified as suicide. The vast majority of suicides were by adult. However 5% [Figure 10] were children under the age of 19. Most children were males and the predominate method was hanging. One 16 year old male committed suicide utilizing a firearm.

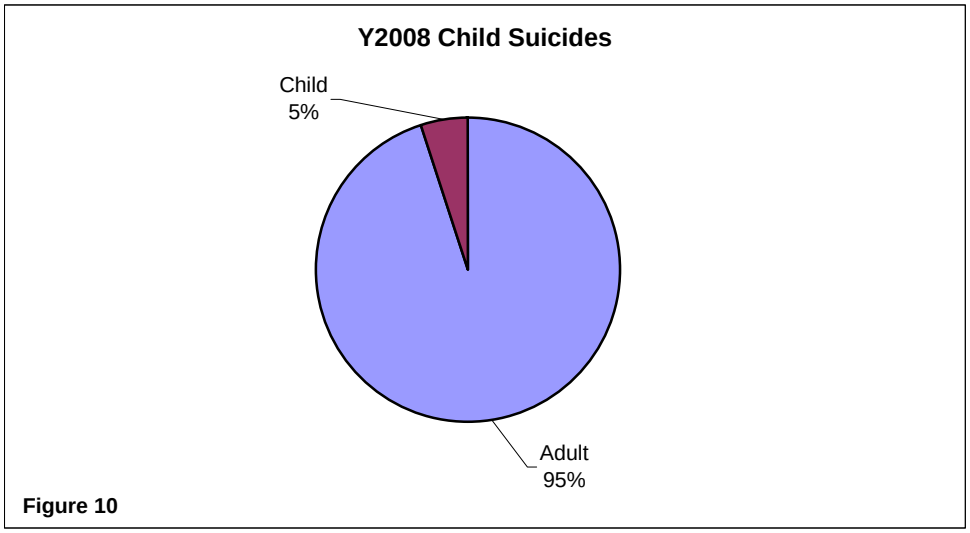

Figure 10

TOXICOLOGY

In Y2008, there were 678 cases in which specimens were collected for toxicological analyses. Although not all cases require toxicological analyses [Fig. 11] this is generally due to a delayed death.

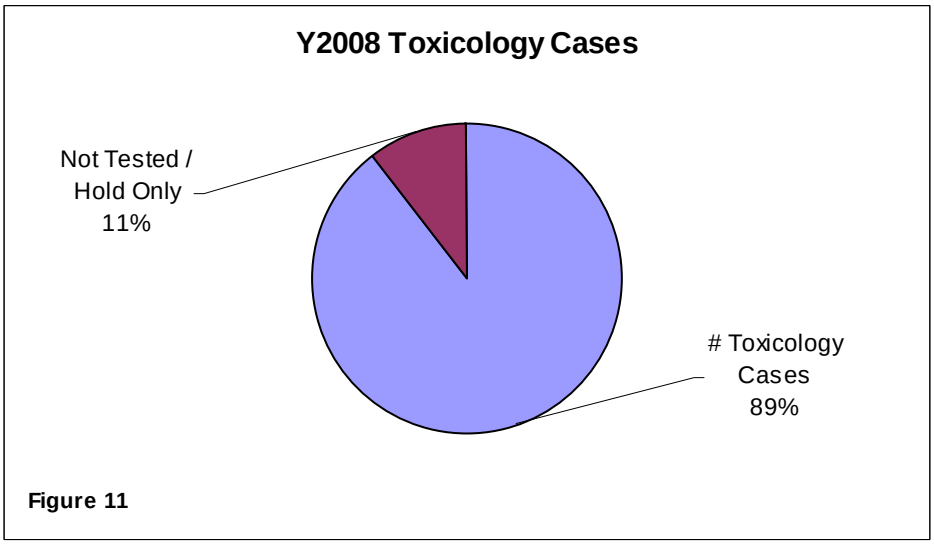

Figure 11

Of the cases toxicological examination was performed, alcohol was detected [>0.02gm %] in 23% of the tested cases. Drugs were detected in 67% of the cases.