Welcome to the 2014 Hennepin County Medical Examiner’s Office annual report. This report reflects a statistical breakdown of the total caseload of the three counties—Hennepin, Dakota, and Scott—which the Hennepin County Medical Examiner provides with forensic death investigation and autopsy services. The Hennepin County Medical Examiner also provides forensic autopsy services on a referral basis to counties throughout Minnesota and Wisconsin.

All physicians at the Hennepin County Medical Examiner’s Office are certified by the American Board of Pathology in Anatomical and Forensic Pathology. Other board certifications — Neuropathology and Clinical Pathology — are also represented among the physician staff. Death investigators are certified by the American Board of Medicolegal Death Investigators.

Hennepin County Medical Examiner staff occupy key leadership positions and hold committee appointments in numerous state and national organizations, including the National Association of Medical Examiners, the American Academy of Forensic Sciences, the College of American Pathologists, the American Society for Clinical Pathology, the American Board of Pathology, the American Board of Medicolegal Death Investigators, National Institute of Standards and Technology, and the Minnesota Coroners’ and Medical Examiners’ Association. Hennepin County Medical Examiner physicians sit on the editorial boards of two leading forensic science journals, The Journal of Forensic Sciences and Academic Forensic Pathology. The Hennepin County Medical Examiner’s Office is accredited by the National Association of Medical Examiners and administers an American College of Graduate Medical Education approved fellowship in forensic pathology.

Our current strategic initiatives include positioning ourselves for continued growth of the Hennepin-Scott-Dakota model into a larger Regional Center of Excellence for medical examiner services. This includes a planning for a regional facility that provides adequate resources and incentivizes major partners to join us in meeting the needs of a growing population and continuing to meet and exceed our resident expectations.

The culmination of this knowledge and expertise is brought forth in this report for 2014.

Respectfully,

Andrew Baker, MD
Chief Medical Examiner
## BUDGET

<table>
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<tr>
<th>Budget Summary</th>
<th>2012 Actual</th>
<th>2013 Budget</th>
<th>2014 Budget</th>
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*Reflects the adjusted property tax requirement budget, not actual property tax collection.

Budgeted Positions (Full-time Equivalents)  

|            | 26.7 | 34.0 | 34.0 |
In 1963, the Office of the Hennepin County Medical Examiner was established to replace the Coroner’s Office. The current law outlining the duties of the office, Minnesota Statutes, Chapter 390 (revised 2006), states that:

“All sudden or unexpected deaths, and all deaths that may be due entirely, or in part, to any factor other than natural disease processes must be promptly reported to the coroner or medical examiner for evaluation ... No person, other than the county coroner or medical examiner ... shall file or amend the cause or manner of death information with the state registrar in cases of likely or suspected accidental, suicidal, homicidal, violent, or mysterious deaths occurring in the county.”

Cases that must be reported

Deaths that occur within the borders of Hennepin, Dakota or Scott County must be reported, if they meet certain criteria, whether the injury was sustained in these counties or elsewhere. All sudden or unexpected deaths and all deaths that may be due entirely, or in part, to any factor other than natural disease must be reported. These include, but are not limited to:

1. Unnatural deaths, including violent deaths arising from homicide, suicide, or accident;
2. Deaths due to a fire or associated with burns or chemical, electrical, or radiation injury;
3. Unexplained or unexpected perinatal and postpartum maternal deaths;
4. Deaths under suspicious, unusual or unexpected circumstances;
5. Deaths of people whose bodies are to be cremated or otherwise disposed of in such a manner that the bodies will later be unavailable for examination;
6. Deaths of inmates of public institutions and people in custody of law enforcement officers, who have not been hospitalized primarily for organic disease;
7. Deaths that occur during, in association with, or as the result of diagnostic, therapeutic, or anesthetic procedures [these include operating room deaths];
8. Deaths due to culpable neglect;
9. Stillbirths of 20 weeks or longer gestation, unattended by a physician;
10. Sudden deaths of people not affected by recognizable disease;
11. Unexpected deaths notwithstanding a history of underlying disease;
12. Deaths in which a fracture of a major bone such as a femur, humerus, or tibia has occurred within the past six months;
13. Deaths unattended by a physician, occurring outside of a licensed health care facility or licensed residential hospice program [see D. below];
14. Deaths of people not seen by their physician within the past 120 days;
15. Deaths occurring in an emergency department;
16. Stillbirths or deaths of newborn infants in which there has been maternal use of or exposure to unprescribed controlled substances, including street drugs, or in which there is history or evidence of maternal trauma;
17. Unexpected deaths of children;
18. Solid organ donors;
19. Unidentified bodies;
20. Skeletonized remains;
21. Deaths occurring within 24 hours of arrival at a health care facility, if death is unexpected;
22. Deaths associated with the decedent’s employment;
23. Deaths of nonregistered hospice patients or patients in nonlicensed hospice programs [see D. below]; and
24. Deaths attributable to acts of terrorism.

Prereporting the imminent deaths of patients who are expected to die at home or at a residential hospice and who are registered with an official hospice program helps to expedite matters once death occurs.

Procedures for reporting and investigating

Reporting a death: When a death occurs that falls into any of the above categories, the physician, law enforcement officer, mortician, or other individual connected with the case makes a report to the Medical Examiner’s Office by telephone (612-215-6300, 24 hours). That report includes the decedent’s name, address, age, sex, race, marital status, next of kin, summary of medical history, physical findings, name of last attending physician, and other pertinent data.

Preserving evidence: At the location of the death, the Medical Examiner, deputy or investigator provides direction for the removal or alteration of the body. Interference with the body or scene of death with intent to mislead the Medical Examiner or conceal evidence, including clothing, effects or any part of the scene, including moving weapons or items near the body, is a gross misdemeanor (Minnesota Statutes §609.502).

Investigation and jurisdiction: The Medical Examiner’s Office contacts the last attending physician and asks about the decedent’s medical history, the most likely cause of death, and the relationship of any physical or chemical injury. After completing a preliminary investigation, the Medical Examiner’s investigator decides which agency has jurisdiction of the case. Although all cases described above must be reported, the Medical Examiner reserves the right to accept or decline jurisdiction. If an attending physician has seen the decedent within 120 days and the death is natural, jurisdiction is usually declined. Any death in which there is uncertainty as to whether it is a Medical Examiner’s case should be reported and discussed with the Medical Examiner’s investigator.

If jurisdiction is assumed, the death certificate is signed only by the Medical Examiner.
Autopsy: When death meeting criteria for a report occurs at a local hospital, any autopsy usually is performed at the Hennepin County Morgue by Medical Examiner’s Office staff. In some cases, autopsy may be performed by the hospital pathologist if he or she has a valid autopsy permit. The Medical Examiner will make these decisions on a case-by-case basis.

Special circumstances: In all instances of organ donation, the Medical Examiner must be notified by the responsible agency prior to arrangements being made for the recovery of any organ. Authorization for tissue donation must be approved by the Medical Examiner before procurement.

When the deceased is to be cremated, the funeral director is responsible for obtaining approval from the Medical Examiner’s Office prior to cremation of the body. It is preferable that this be done via fax at 612-321-3556 Investigative staff of the office can be reached at (612) 215-6300 to explain and assist with this process.

Information for investigating agencies

The Medical Examiner’s Office can provide information concerning the cause of death to the investigating agency and the decedent’s attending physician. Any other person or agency must have authorization from the family or a court order (not a subpoena) to obtain a copy of the autopsy and/or Medical Examiner’s report. A charge is made for copies of these documents.

Attending physicians and hospital staff members may be allowed to attend autopsies at the Medical Examiner’s Office. Staff must express a desire to be present at the autopsy when the death is reported. Every effort will be made to accommodate such requests.
Our responsibility to families and the community

Determining cause and manner of death: The Medical Examiner’s goal is to assist families, law enforcement agencies and the legal system by determining a scientifically unbiased and logical cause and manner of death. The information gathered during a forensic death investigation and subsequent autopsy can be critical in civil or criminal court cases for deaths that occur in Hennepin, Dakota and Scott counties.

In many instances, families can provide information that may be helpful in the case. Families also can benefit from the investigation process because even in straightforward natural deaths, information from the death investigation or autopsy may help surviving family members protect their own health.

Returning the body to the family: Final disposition of the body is the family’s responsibility. They should contact the funeral home of their choice. For information about the circumstances and cause of death and concerns about personal effects, relatives can contact the Hennepin County Medical Examiner’s Office by calling 612-215-6300.

Understanding our roles: The Medical Examiner is a licensed physician, trained in the specialty of forensic pathology. The agency also employs an Assistant Chief Medical Examiner and several Assistant Medical Examiners, who also are licensed physicians and trained forensic pathologists. Medical Examiner Investigators are highly trained, experienced professionals who perform death investigations by gathering and interpreting information to ensure that death investigations are unbiased, thorough and accurate. Investigators may ask you many questions that will help to find answers about how and why your loved one died.

The Medical Examiner is an independent entity and does not work for the Hennepin County Attorney’s Office or any law enforcement agency.

The autopsy: An autopsy is an examination of the body to determine the cause and manner of death and assess any abnormalities that may be present. A complete forensic autopsy includes a review of the decedent’s medical history. Small specimens (biopsies) of internal organs may be examined, and samples of body fluids are retained and tested for drugs and other substances. In deaths resulting from violence, other types of evidence may be collected and examined by a crime laboratory or other agency. In some cases it may be necessary to retain larger portions of tissues, or occasionally even whole organs, for additional or specialized examination.

In many cases of sudden or unexpected death, evidence of preexisting natural disease will make an autopsy unnecessary.

Final results of the autopsy report may take many weeks. In occasional cases, specialized microscopic or laboratory studies may delay the final report longer. However, the autopsy and other tests rarely delay the release of the body to family members.
Can a family refuse an autopsy?

Minnesota law (as of 2014) does not recognize a statutory right to refuse an autopsy ordered by the Medical Examiner. Families who wish to object to an autopsy should consult the Medical Examiner’s website (www.hcmeo.us) for the most current excerpts of the relevant Minnesota statute(s), effective on July 1, 2015. Autopsies are done to answer medical and legal questions in the “public interest,” to protect public health or to address a question of law. However, we recognize that your family beliefs may be contrary to autopsy. We are open to discussion to try to accommodate your wishes, as long as we can fulfill the legal obligation presented by your loved one’s death.

Public and private information

Basic demographic information and the cause and manner of death are matters of public record under Minnesota law. The rest of the information that is gathered is confidential and treated similarly to a medical record. This information is available only to immediate next-of-kin, legal representatives of the decedent’s estate, and treating physicians.

In cases of homicide, Medical Examiner information and autopsy reports can only be provided to the law enforcement agencies that are investigating the death and to the prosecutor in the county where the homicide occurred.

Getting a copy of the autopsy report

Immediate family members can submit a written request for the autopsy report to the Hennepin County Medical Examiner’s Office at 530 Chicago Avenue, Minneapolis, MN 55415. Include your full name, address, daytime telephone number and your relationship to the decedent. There is a $25 charge for this service, so a check or money order made out to “Hennepin County Medical Examiner” must be included with the request.

If the autopsy contains medical language that is confusing to you, you can call the Medical Examiner with questions. The number is 612-215-6300.
Hennepin, Dakota, and Scott counties: 2014

Aggregate data

**Total cases referred** 6763
Jurisdiction accepted 1931
Jurisdiction declined 4557
Referral cases 40

**Jurisdiction Accepted** 1931
Natural 879
Accident (not traffic) 663
Traffic accident 104
Suicides 187
Homicide 46
Undetermined 52

**Total Medical Examiner autopsies** 1060
HCME autopsies (not HCMC) 881
Autopsies at other institutions 9
Partial autopsies 41
External examinations 12
Referral autopsies 40
HCME-HCMC inpatient autopsies 44
HCME-HCMC ER autopsies 45

**Donations (total)** 415
Eyes 145
Tissue/bones 220
Organs 50

Scene visits by investigators 1351
Cremations approved 7463
Subpoenas answered 123
# Hennepin County: 2014

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<td>Homicide</td>
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<th>Scene visits by investigators</th>
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### Dakota County: 2014

**Total cases referred** 1322
- Jurisdiction accepted 285
- Jurisdiction declined 1034

#### Jurisdiction accepted 285
- Natural 141
- Accident (not traffic) 82
- Traffic accident 11
- Suicides 39
- Homicide 3
- Undetermined 9

**Total Medical Examiner autopsies** 145

#### Donations (total) 66
- Eyes 35
- Tissue/bones 31

**Scene visits by investigators** 304
Scott County: 2014

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| Scene visits by investigators | 93 |
Natural deaths (autopsied cases): 478
Hennepin, Dakota, and Scott counties 2014

Arteriosclerotic heart disease: 103
Arteriosclerotic and hypertensive heart disease: 51
Hypertensive heart disease: 24
Valvular heart disease: 0
Aortic disease: 9
Cardiac (miscellaneous): 21
Natural causes: 117
Chronic alcoholism: 35
Cerebrovascular disease: 12
Seizure disorder: 2
Neurological disease (other): 3
Respiratory (asthma, COPD): 13
Gastrointestinal and hepatic: 23
Genitourinary and renal: 0
Infectious diseases: 16
Diabetes and metabolic: 11
Pulmonary thromboemboli: 25
Prematurity: 2
Malignancy: 10
Congenital diseases: 0
Debility: 1
Suicide deaths: 187

_Hennepin, Dakota, and Scott counties 2014_

- Firearms: 70
- Hanging: 51
- Alcohol/Meds/Poisons/Drugs: 34
- Jump/fall from height: 9
- Carbon monoxide: 7
- Asphyxia (not hanging): 6
- Hypothermia: 4
- Sharp force: 3
- Vehicular: 2
- Thermal/fire: 1
Accident deaths: 767
*Hennepin, Dakota, and Scott counties 2014*

- Fall: 423
- Alcohol/Meds/Poisons/Drugs: 146
- Vehicular: 94
- Asphyxia: 34
- Thermal/fire: 16
- Drowning: 13
- Pedestrian: 9
- Blunt trauma: 8
- Hypothermia: 8
- Carbon monoxide: 4
- Other: 4
- Perioperative/Therapeutic: 3
- Electrocutions: 2
- Firearms: 2
- Hanging: 1

Total accident deaths: 767 for Hennepin, Dakota, and Scott counties in 2014.
Homicide deaths: 46

Hennepin, Dakota, and Scott counties 2014

- Firearms: 36
- Sharp force: 4
- Blunt trauma: 2
- Unspecified: 2
- Asphyxia: 1
- Thermal/fire: 1
- Vehicular: 0

Homicide deaths: 46
Historical data

Hennepin County: 2013

**Total cases referred** 4881
Jurisdiction accepted 1452
Jurisdiction declined 3157

**Jurisdiction accepted** 1452
Natural 534
Accident (not traffic) 598
Traffic accident 76
Suicides 140
Homicide 64
Undetermined 40

**Total Medical Examiner autopsies** 768

**Donations (total)** 273
Eyes 96
Tissue/bones 139
Organs 38

**Scene visits by investigators** 948
Cases accepted:  
Hennepin County, 2004-2014

Natural deaths:  
Hennepin County, 2004-2014
Traffic accident deaths:
Hennepin County, 2004-2014

Accident (non-traffic) deaths:
Hennepin County, 2004-2014
Suicide deaths:
Hennepin County, 2004-2014

Homicide deaths:
Hennepin County, 2004-2014
## Historical data

### Dakota County: 2013

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### Jurisdiction accepted 298
- Natural: 133
- Accident (not traffic): 102
- Traffic accident: 14
- Suicides: 36
- Homicide: 6
- Undetermined: 7

### Total Medical Examiner autopsies 161

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### Scene visits by investigators 322
Cases accepted:
Dakota County, 2004-2014

Natural deaths:
Dakota County, 2004-2014
Accident deaths: Dakota County, 2004-2014

Suicide deaths: Dakota County, 2004-2014
Homicide deaths:
Dakota County, 2004-2014
## HISTORICAL DATA

**Scott County: 2013**

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| Total Medical Examiner autopsies     | 46    |
| Donations (total)                    | 18    |
| Eyes                                 | 7     |
| Tissue/bones                         | 11    |

| Scene visits by investigators        | 97    |
Cases accepted:
Scott County, 2004-2014

Natural deaths:
Scott County, 2004-2014
Homicide deaths:
Scott County, 2004-2014