



# OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7<sup>th</sup> FL

710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243

FAX: 615-401-2532 EMAIL: OSCME.ROI@TN.GOV

Case Number: 17034

## Report of Medicolegal Death Investigation

| DEMOGRAPHIC INFORMATION   |   |   |   |   |  |  |
|---|---|---|---|---|--|--|
| County of Death   | Last Name   | First Name  | Middle  | Race  | Age  | Sex  |
| Roane   | Barger  | Katherine   | Joyce   | White   | 46yr   | Female   |
| Residential Address   |   | City  | County  | State   | Zip  |  |
| 306 Meadows Place   |   | Rockwood  | Roane   | TN  | 37748  |  |
| INDICATION FOR MEDICAL EXAMINER INVESTIGATION   |   |   |   |   |  |  |
| Type of Death: <input type="checkbox"/> Violence or Trauma <input type="checkbox"/> Suddenly when in apparent health <input type="checkbox"/> Prisoner or person in state custody<br><input type="checkbox"/> On the job or related to employment <input type="checkbox"/> Threat to public health <input type="checkbox"/> Suspected abuse/neglect of extended care resident<br><input type="checkbox"/> Identity is unknown or unclear <input type="checkbox"/> Suspicious/unusual/unnatural manner <input checked="" type="checkbox"/> Found dead <input type="checkbox"/> Cremation request<br><input type="checkbox"/> Sudden unexpected death of infants/children (USE SUIDI/SUDC) <input type="checkbox"/> Jurisdiction Declined (Skip to Narrative Summary) |   |   |   |   |  |  |
| IDENTIFICATION OF BODY  |   |   |   |   |  |  |
| Preliminary <input type="checkbox"/>  | Viewing <input checked="" type="checkbox"/>   | <input type="checkbox"/> Need Scientific Identification |   | Dentist:  |  |  |
| Positive <input checked="" type="checkbox"/>  | Photograph <input type="checkbox"/>   | Will need dental records, antemortem x-rays.            |   | Dentist #:  | ( )  |  |
| If by viewing, viewed by:   |   |   |   |   |  |  |
| Name:   | Steve Barger  |   | Relationship:   | Husband   |  | Is decedent known to have fingerprints on file?          |
| Address:  | 306 Meadows Place, Rockwood, TN 37854   |   | Phone #:  | (770) 654-8489  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY  |   |   |   |   |  |  |
| Date of Birth:  | 08/08/1970  |   | Marital Status:   | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown |  |  |
| History of Domestic Violence:   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   | Occupation: Type of Work  | Disabled  |  | Industry: N/A <input checked="" type="checkbox"/>        |
| Body Temperature:   | <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Refrigerated <input type="checkbox"/> Other:  |   | Decomposition   | <input type="checkbox"/> Early <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> None   |  |  |
| Rigor Mortis:   | <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  |   | '0' = Absent, '3' = Full  | JAIL/POLICE CUSTODY   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      |  |
| Blood/Froth:  | <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> Clothing <input checked="" type="checkbox"/> None <input type="checkbox"/> Color: |   | Livor Mortis:   | <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Blanchable  |  |  |
| Other: (Dirt, water etc.):  | <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears  |   |   | <input checked="" type="checkbox"/> None <input type="checkbox"/> Anterior <input checked="" type="checkbox"/> Posterior  |  |  |
| INFORMATION ABOUT OCCURRENCE  |   |   |   |   |  |  |
| ITEM  | DATE  | TIME  | LOCATION  | COUNTY  | TYPE OF PREMISES<br>(House, Trailer, Apt, Farm, Roadway, Hospital, etc.) |  |
| INJURY OR ONSET OF ILLNESS  |   |   | (Where: Address)<br>(By whom: Name & Phone Number)  |   |  |  |
| LAST KNOWN TO BE ALIVE  | 02/08/2017  | 0400  | (Where: Address)<br>306 Meadows Place, Rockwood, TN 37854<br>(By whom: Name & Phone Number)<br>Steve Barger | Roane   | Apartment  |  |
| FOUND DEAD  | 02/08/2017  | 1001  | (Where: Address)<br>306 Meadows Place, Rockwood, TN 37854<br>(By whom: Name & Phone Number)<br>Steve Barger | Roane   | Apartment  |  |
| POLICE NOTIFIED   | 02/08/2017  | 1002  | POLICE AGENCY:<br>Rockwood Police Department  | INVESTIGATOR/PHONE NUMBER:<br>Officer Jarred Hall 865 354 3366  |  |  |
| EMS TRANSPORT TO E.R.   |   | Arrive  | HOSPITAL:   | BLOOD, URINE obtained in Emergency Room<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>(Obtain admission blood/urine & send with the body.)                     |  |  |
| DEATH (PRONOUNCED)  | 02/08/2017  | 1145  | (By Whom/Where: Name & Address)<br>Thomas Boduch MD ME--@ Roane Medical Center                              | TOXICOLOGY Ordered:<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specimen site:<br>(Do not draw toxicology if sending for autopsy.)                  |  |  |

**MEANS OF DEATH (Agency or Object) – IF OTHER THAN NATURAL**

|                          |  |  |  |   |   |   |   |
|--------------------------|--|--|--|---|---|---|---|
| <input type="checkbox"/> | <b>MOTOR VEHICLE INVOLVED</b>  | <input type="checkbox"/> Driver (If known)<br><input type="checkbox"/> Passenger (If known)<br><input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Other | <input type="checkbox"/> Lap Belt Used<br><input type="checkbox"/> Shoulder Belt Used<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Child Restraint | <input type="checkbox"/> Hit-Run<br><input type="checkbox"/> Air Bag Deployed<br><input type="checkbox"/> Other | <input type="checkbox"/> Passenger Car<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Bicycle | <input type="checkbox"/> Farm Vehicle<br><input type="checkbox"/> Train<br><input type="checkbox"/> ATV<br><input type="checkbox"/> Other:  |   |
| <input type="checkbox"/> | <b>GUN</b><br><input type="checkbox"/> Rifle – Cal.<br><input type="checkbox"/> Handgun – Cal.<br><input type="checkbox"/> Shotgun – Cal.<br><input type="checkbox"/> Unknown Type | <input type="checkbox"/>   | <b>OTHER INSTRUMENT:</b><br><input type="checkbox"/> Blunt<br><input type="checkbox"/> Sharp<br><input type="checkbox"/> Unknown                                     | <b>SURGICALLY TREATED:</b><br><input type="checkbox"/> Yes:<br><input checked="" type="checkbox"/> No           | <input checked="" type="checkbox"/>   | <b>DRUG, POISON, CHEMICAL (Suspected)</b><br><input type="checkbox"/> Alcohol<br><input checked="" type="checkbox"/> Other Drug,<br>Poison, or Chemical:<br>Opiated<br><input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> Ingested<br><input type="checkbox"/> Injected<br><input type="checkbox"/> Inhaled<br><input type="checkbox"/> Topical<br><input type="checkbox"/> Unknown |

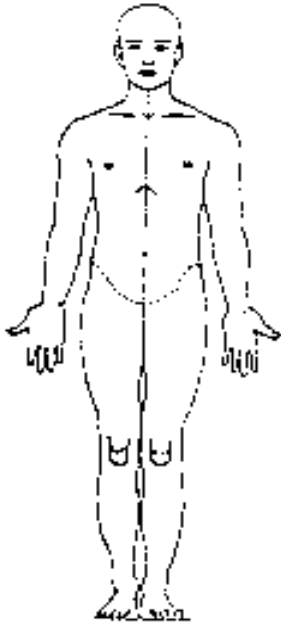
**MEDICAL HISTORY**

|  |  |
|--|--|
| <b>CONDITION:</b><br><input checked="" type="checkbox"/> Alcoholism<br><input type="checkbox"/> Cancer<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Drug Abuse<br><input type="checkbox"/> Lung Disease<br><input type="checkbox"/> Fractures<br><input type="checkbox"/> Heart Disease<br><input type="checkbox"/> Seizure<br><input type="checkbox"/> Recent Fall/Injury<br><input checked="" type="checkbox"/> Other: <b>Chronic Pain</b> | <b>FAMILY PHYSICIAN – DOCTOR:</b> Timothy Bell DO<br><b>ADDRESS:</b> 814 North Kentucky St., Kingston, TN 37763<br><b>PHONE #:</b> 865-717-1121<br><b>MEDICATIONS (Please use attached Medication Log)</b> |
|--|--|

|  |                                  |
|--|----------------------------------|
| <b>NEXT OF KIN</b><br>Address and Phone #: | <b>Steve Barger/770 654 8489</b> |
|--|----------------------------------|

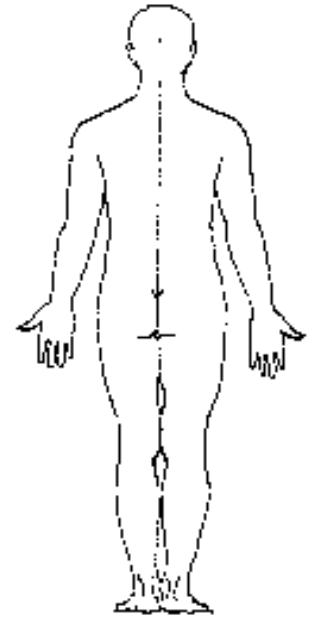
|   |   |
|---|---|
| <b>FUNERAL HOME</b><br>Address and Phone #: | <b>Evans Mortuary, 805 North Gateway, Rockwood, TN 37854 865 354 2600</b> |
|---|---|

**NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add Sheet if Needed):**



Decedent has history of morbid obesity, s/p gastric bypass, chronic pain, s/p knee replacement, h/o right lung adenocarcinoma, s/p resection and chemotherapy, SMOKER-1 ppd since age 16, depression with anxiety. Was seeing Dr. Timothy Bell as a PCP and a Psychiatrist. Her psych. meds were adjusted the day prior to death. Husband reports she was "out of it" and acting strangely after taking new medications. He heard her moving around between 0300 and 0400. He found her unresponsive around 1000. EMS contacted; CPR initiated but was unsuccessful.

MEDICATIONS: Trazodone, Catapres, Buspar, Cymbalta, Gabapentin, Thyroid, Lisinopril, Mobic & Nexium. Per Officer Jarred Hall, house in order. She had bottle of #120 15mg Oxycodone filled on 2/3/17--was empty. Enroute 1132; 10-97 1142; Blood drawn from right sub-clavian 1155; 10-98 1222; 8 miles.



Body Viewed by Medical Examiner or Medicolegal Death Investigator:  Yes  No

**CAUSE AND MANNER OF DEATH**

|   |                            |   |
|---|----------------------------|---|
| Presumed Cause of Death:<br>Probable Accidental Drug Overdose--Toxicology Pending | Date:<br><b>02/08/2017</b> | <input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT<br><input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED<br><input checked="" type="checkbox"/> PENDING |
|---|----------------------------|---|

I hereby declare that after receiving notice of death described herein, I took charge of the body and made inquiries regarding the cause of death in accordance with Section 38-7-109 Tennessee Code Annotated and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

|   |   |
|---|---|
| Medical Examiner/Investigator:<br><b>Thomas Boduch MD</b> | Physician Responsible for Death Certificate:<br><b>Thomas Boduch MD</b> |
|---|---|

The accompanying body of Katherine Barger is the subject of an investigation by the medical examiner. In accordance with Tennessee Code Annotated 38-7-106, I am ordering an autopsy upon the body.

Order for Autopsy:  Yes  No

Was served to the next of kin on \_\_\_\_\_ at \_\_\_\_\_

Was unable to locate the next of kin by a diligent search and inquiry.

Authorizing Signature of Medical Examiner or Delegated Investigator: \_\_\_\_\_