



OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7th FL

710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243

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

Case Number: 17021

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Cawood	Anita		White	55yr	Female
Residential Address		City	County	State	Zip	
480 Black Creek Road		Rockwood	Roane	TN	37854	
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 <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 <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 <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:	Donnie McElhaney		Relationship:	Brother		Is decedent known to have fingerprints on file?
Address:	454 Black Creek Road		Phone #:	(865) 354-1654		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	08/21/1961		Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" 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	Sales Clerk Industry: Retail N/A <input 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 checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> Clothing <input type="checkbox"/> None <input type="checkbox"/> Color:		Livor Mortis:	<input type="checkbox"/> Absent <input checked="" type="checkbox"/> Blanchable <input checked="" type="checkbox"/> Fixed		
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 (House, Trailer, Apt, Farm, Roadway, Hospital, etc.)	
INJURY OR ONSET OF ILLNESS	01/29/2017	1403	(Where: Address) 480 Black Creek Road, Rockwood, TN 37584 (By whom: Name & Phone Number) Donnie McElhaney	Roane	House	
LAST KNOWN TO BE ALIVE	01/29/2017	1410	(Where: Address) 480 Black Creek Road, Rockwood, TN 37854 (By whom: Name & Phone Number) Donnie McElhaney	Roane	House	
FOUND DEAD			(Where: Address) (By whom: Name & Phone Number)			
POLICE NOTIFIED	01/29/2017	1403	POLICE AGENCY: Roane County Sheriff's Office		INVESTIGATOR/PHONE NUMBER: Det. John Mayes 865-376-5582	
EMS TRANSPORT TO E.R.	01/29/2017	Arrive 1514	HOSPITAL: Roane Medical Center		BLOOD, URINE obtained in Emergency Room <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Obtain admission blood/urine & send with the body.)	
DEATH (PRONOUNCED)	01/29/2017	1525	(By Whom/Where: Name & Address) Thomas Boduch MD ME @ RMC ER		TOXICOLOGY Ordered: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specimen site: (Do not draw toxicology if sending for autopsy.)	

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

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

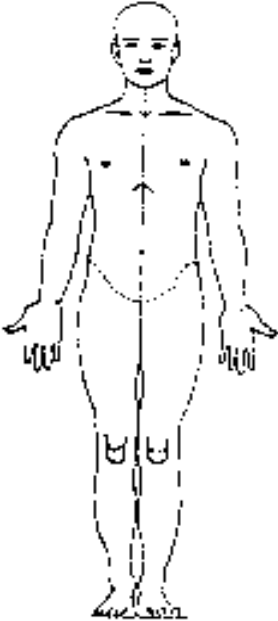
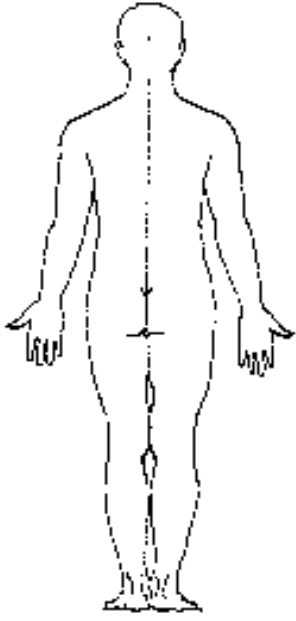
MEDICAL HISTORY

CONDITION: <input type="checkbox"/> Alcoholism <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Lung Disease <input type="checkbox"/> Fractures <input checked="" type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure <input type="checkbox"/> Recent Fall/Injury <input checked="" type="checkbox"/> Other: Hypothyroid, Hypertension	FAMILY PHYSICIAN – DOCTOR: Bhavana Vora MD ADDRESS: 2319 South Roane Street, Ste. 1, Harriman, TN 37748 PHONE #: 865-882-0105 MEDICATIONS (Please use attached Medication Log)
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NEXT OF KIN Address and Phone #:	Jesse Cawood (Son) 423-260-0950
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FUNERAL HOME Address and Phone #:	Evans Mortuary, 805 North Gateway, Rockwood, TN 37854 865-354-2600
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NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add Sheet if Needed):

	<p><u>SSAN 409 27 6023. Decedent had end stage COPD, MRSA, Chronic Respiratory Failure, h/o Aortic Arch Thrombosis, previous Pulmonary Embolus, diabetes, aortic valve endocarditis. Recent admission at Park West. Was at home and became short of breath--called EMS. Family arrived and initiated assist respirations. Progressed to Cardiac Arrest--EMS on scene and initiated ACLS. Decedent was flatline despite epi etc. CPR terminated after discussion with Dr. Batchelor. EMS (and family) report she was markedly cyanotic on scene with a sharp line of demarcation. Color improved some with CPR.</u></p> <p><u>MEDICATIONS: Advair, Eliquis, Cymbalta, Levothyroxine, Lyrica, Metoprolol, Mirtazapine, Omeprazole, Opana, Oxycodone, Prednisone, Proair, Spiriva, Toujeo, Victoza. CSMD shows 180 MS equivalents daily. 60 pack year h/o smoking--quit 2 years ago.</u></p> <p><u>Enroute 1501; 10-97 1519; 10-98-1559; 23 miles.</u></p>	
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Body Viewed by Medical Examiner or Medicolegal Death Investigator: Yes No

CAUSE AND MANNER OF DEATH

Presumed Cause of Death: Acute Pulmonary Embolus	Date: 01/29/2017	<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING
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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: Thomas Boduch MD	Physician Responsible for Death Certificate: Thomas Boduch MD
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The accompanying body of Anita Cawood 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: _____