



OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7th FL

710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243

FAX: 615-401-2535 EMAIL: OSCME.ROI@TN.GOV

Case Number: 17011

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Christopher	Stanley		White	62yr	Male
Residential Address		City	County	State	Zip	
706 Clinch Street Apt. E		Harriman	Roane	TN	37748	
INDICATION FOR MEDICAL EXAMINER INVESTIGATION						
Type of Death: <input checked="" 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:	Angelia Christopher		Relationship:	Wife		Is decedent known to have fingerprints on file?
Address:	706 Clinch Street Apt. E		Phone #:	(865) 285-9866		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	02/21/1954		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Occupation: Type of Work	HVAC Industry: Construction N/A <input type="checkbox"/>		
Body Temperature:	<input checked="" type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Refrigerated <input type="checkbox"/> Other:		Decomposition	<input type="checkbox"/> Early <input checked="" type="checkbox"/> Advanced <input type="checkbox"/> None		
Rigor Mortis:	<input type="checkbox"/> 0 <input checked="" 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 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 checked="" type="checkbox"/> Anterior <input checked="" type="checkbox"/> Posterior		
INFORMATION ABOUT OCCURRENCE						
ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES <small>(House, Trailer, Apt, Farm, Roadway, Hospital, etc.)</small>	
INJURY OR ONSET OF ILLNESS			(Where: Address) (By whom: Name & Phone Number)			
LAST KNOWN TO BE ALIVE	01/07/2017		(Where: Address) 706 Clinch Street Apt. E (By whom: Name & Phone Number) Angelia Christopher	Roane	Apartment	
FOUND DEAD	01/07/2017		(Where: Address) 706 Clinch Street Apt. E (By whom: Name & Phone Number) Angelia Christopher	Roane	Apartment	
POLICE NOTIFIED	01/10/2017	0101	POLICE AGENCY: Harriman Police Department		INVESTIGATOR/PHONE NUMBER: Det. Cody Guge 865-622-1135	
EMS TRANSPORT TO E.R.		Arrive	HOSPITAL:		BLOOD, URINE obtained in Emergency Room <input type="checkbox"/> Yes <input type="checkbox"/> No (Obtain admission blood/urine & send with the body.)	
DEATH (PRONOUNCED)	01/10/2017	0151	(By Whom/Where: Name & Address) Thomas Boduch MD ME--on scene		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

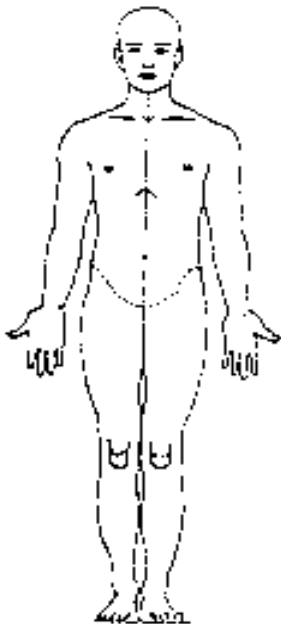
<input type="checkbox"/>	MOTOR VEHICLE INVOLVED	<input type="checkbox"/> Driver (If known) <input type="checkbox"/> Passenger (If known) <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other	<input type="checkbox"/> Lap Belt Used <input type="checkbox"/> Shoulder Belt Used <input type="checkbox"/> 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	SURGICALLY TREATED: <input type="checkbox"/> Yes: <input type="checkbox"/> No	<input checked="" type="checkbox"/>	DRUG, POISON, CHEMICAL (Suspected) <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Other Drug, Poison, or Chemical: _____ <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

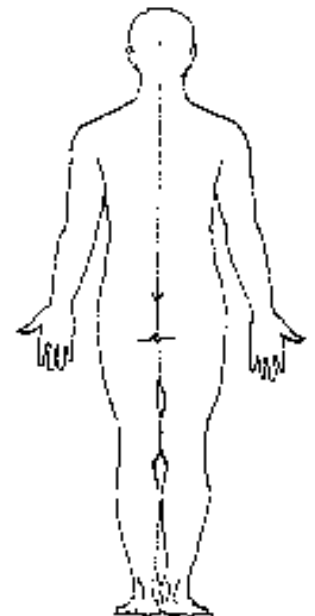
CONDITION: <input checked="" type="checkbox"/> Alcoholism <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Drug Abuse <input type="checkbox"/> Lung Disease <input type="checkbox"/> Fractures <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure <input type="checkbox"/> Recent Fall/Injury <input type="checkbox"/> Other:	FAMILY PHYSICIAN – DOCTOR: None ADDRESS: N/A PHONE #: MEDICATIONS (Please use attached Medication Log)
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NEXT OF KIN Address and Phone #:	Angelia Christopher 865-285-9866
FUNERAL HOME Address and Phone #:	Kyker Funeral Home, 430 Morgan Street, Harriman, TN 37748 865-882-1515

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



Decedent lived with his wife. She recently underwent a Right AKA Amputation for infected non healing tibial fracture. She was wheelchair bound and did not have a prosthesis--stump still had sutures & staples. Decedent has long history of alcohol abuse and per wife, would snort her Lorcet pills. 2 days prior, she and decedent argued about his alcohol use. He struck her and stated he was going to kill himself. He tied an extension cord around his neck, attached it to a door knob, put the cord over the door and used his weight to asphyxiate himself. Wife was in the floor for 2 days and unable to get to a phone for help. She eventually crawled to the sofa and used a baseball bat to break a window and kept pounding on the wall until a neighbor (George Gallaher 865 964 2929) apt.D checked on her. He was not able to enter apartment--body was against the door. He called 911. HPD responded. Wife states she was able to loosen him from cord--decedent was lying on floor.



Detective Guge on scene and documented it with photos.
 Decedent in advanced state of decomposition. Serous blood

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

CAUSE AND MANNER OF DEATH

Presumed Cause of Death: Asphyxiation by Hanging	Date: 01/10/2017	<input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input checked="" 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 Stanley Christopher 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: _____