

OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7th FL

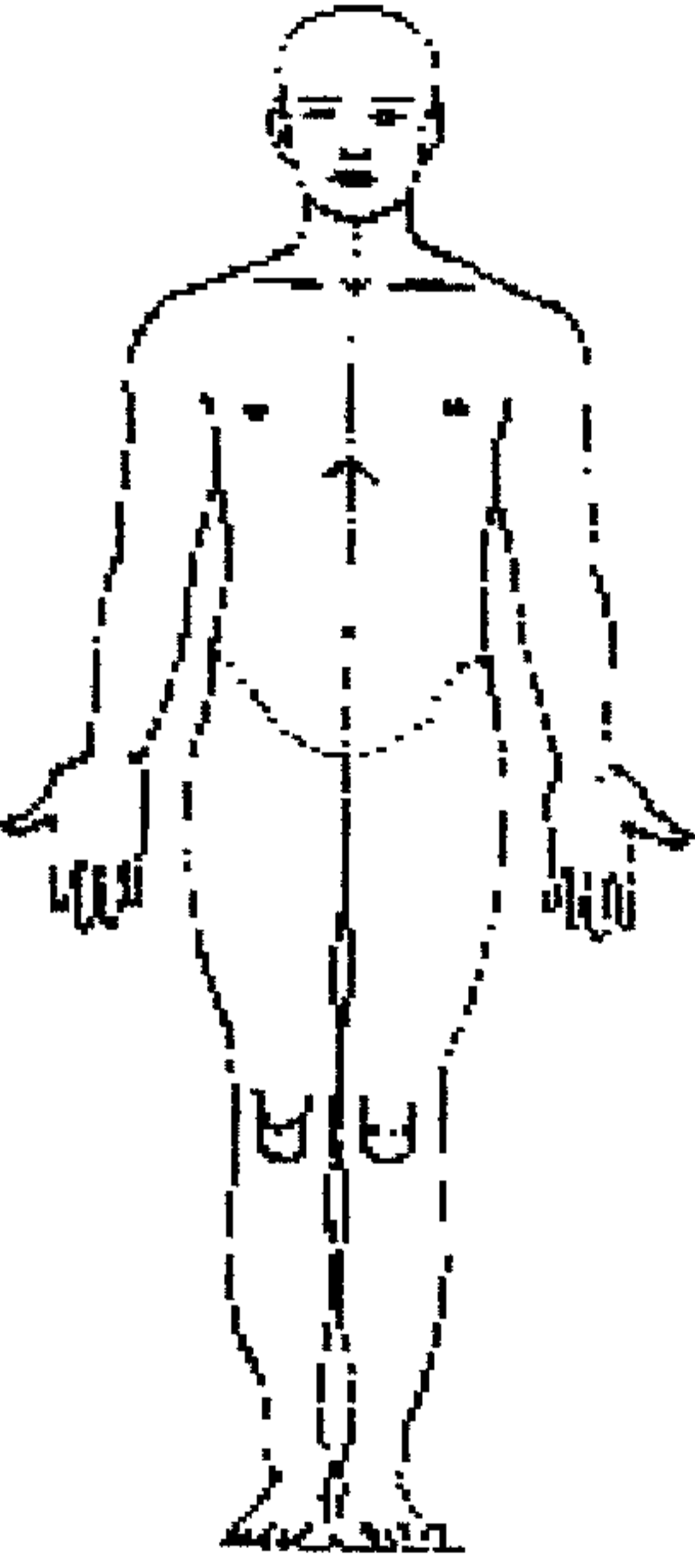
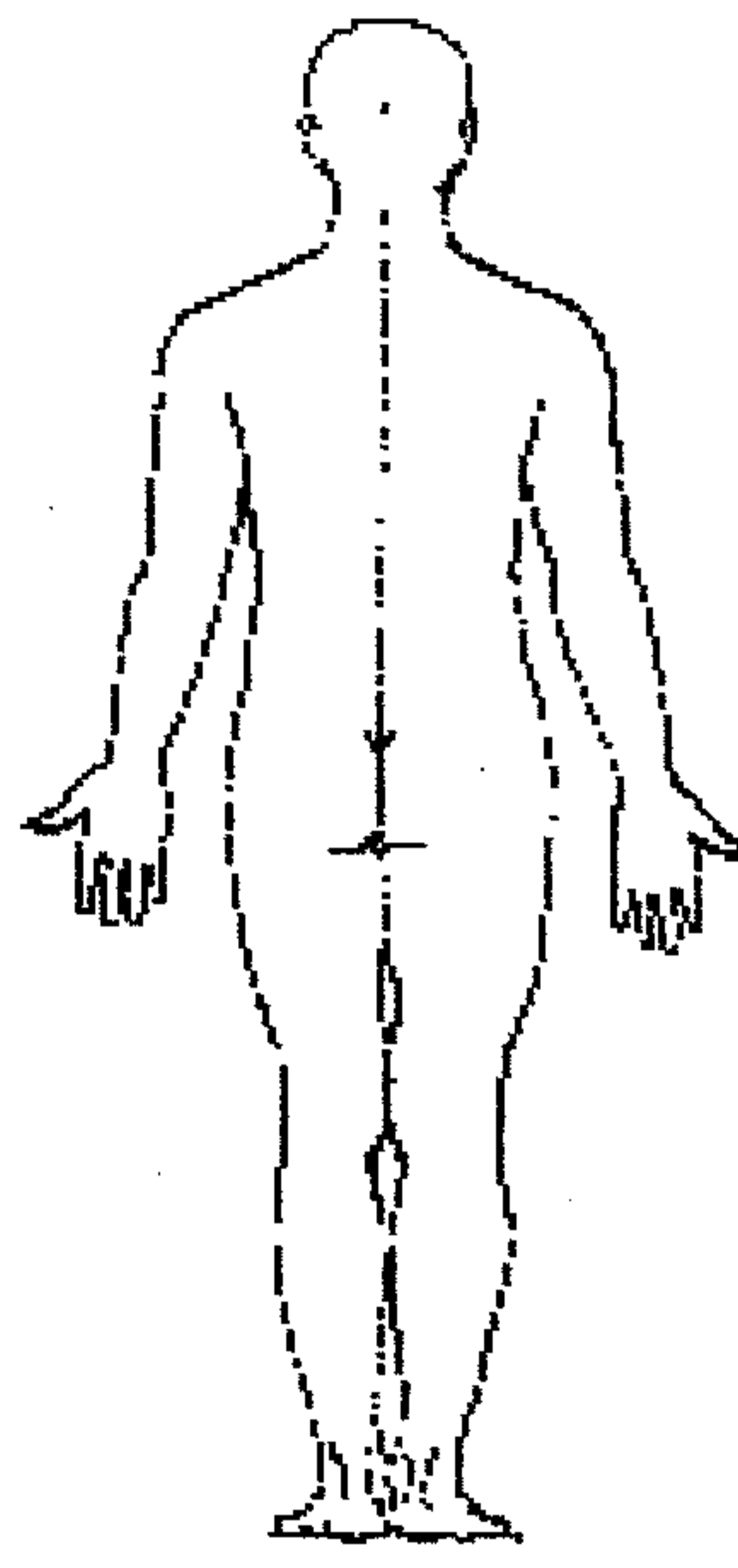
710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243

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

Case Number: 17008

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Davis	Glenda	Elaine	White	34yr	Female
Residential Address		City	County	State	Zip	
202 Country Lane		Lenoir City	Roane	TN	37771	
INDICATION FOR MEDICAL EXAMINER INVESTIGATION						
Type of Death: <input type="checkbox"/> Violence or Trauma <input checked="" 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 checked="" 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:	Johnny Spears		Relationship:	Husband		Is decedent known to have fingerprints on file?
Address:	202 Country Lane, Lenoir City, TN 37771		Phone #:	(423) 327-7602		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	08/31/1982		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	Waitress Industry: Food Service 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 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 type="checkbox"/> Blanchable		
Other: (Dirt, water etc.):	<input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears		Livor Mortis:	<input type="checkbox"/> Fixed <input 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	2015	(Where: Address) 202 Country Lane, Lenoir City, TN 37771 (By whom: Name & Phone Number) Johnny Spears	Roane	Trailer	
FOUND DEAD	01/07/2017	2113	(Where: Address) 202 Country Lane, Lenoir City, TN 37771 (By whom: Name & Phone Number) Johnny Spears	Roane	Trailer	
POLICE NOTIFIED	01/07/2017	2114	POLICE AGENCY: Roane County Sheriff's Office	INVESTIGATOR/PHONE NUMBER: Det. Art Wolff, 423-231-4110		
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)	01/07/2017	2211	(By Whom/Where: Name & Address) Thomas Boduch MD ME--on scene	TOXICOLOGY Ordered: <input checked="" type="checkbox"/> No <input 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"/>	OTHER INSTRUMENT:	SURGICALLY TREATED:	<input checked="" type="checkbox"/>	DRUG, POISON, CHEMICAL (Suspected)	<input type="checkbox"/>
	<input type="checkbox"/> Rifle – Cal. <input type="checkbox"/> Handgun – Cal. <input type="checkbox"/> Shotgun – Cal. <input type="checkbox"/> Unknown Type		<input type="checkbox"/> Blunt <input type="checkbox"/> Sharp <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes: <input type="checkbox"/> No		<input type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Other Drug, Poison, or Chemical: Heroin <input type="checkbox"/> Unknown	<input type="checkbox"/> Ingested <input type="checkbox"/> Injected <input checked="" 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 checked="" type="checkbox"/> Drug Abuse <input checked="" type="checkbox"/> Lung Disease				<input type="checkbox"/> Fractures <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure <input type="checkbox"/> Recent Fall/Injury <input checked="" type="checkbox"/> Other: Bi Polar		FAMILY PHYSICIAN – DOCTOR: William Harvey MD ADDRESS: 108 Lovell Road Suite B, Knoxville, TN 37934 PHONE #: 865-288-7777 MEDICATIONS (Please use attached Medication Log)	
NEXT OF KIN Address and Phone #:		Johnny Spears 423-327-7602					
FUNERAL HOME Address and Phone #:		Loudon Funeral Home, 2048 Mulberry, Loudon, TN 37774 865-458-6441					
NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add Sheet if Needed):							
	<p><u>Decedent is known heroin user--typically would snort it. Had used Heroin earlier in the day. She and husband were sleeping. He had URI and went to bed early. He woke about an hour after last seeing her alive and found her dead--sitting up and slumped over. Moved to floor by EMS for attempted CPR.</u></p> <p><u>Decedent has history of COPD--recent admissions to Tennova West for Pneumonia. Smoked cigarettes. Also had diet controlled diabetes. Only medication were PAXIL and Albuterol Inhaler. Recently her 2 children were taken away from her--she was upset and depressed about this. Also has history of Bipolar.</u></p> <p><u>House in order. No defensive wounds. Body intact. Spoon with residue found near bed. SSAN 413 55 5977; TDL 091809028. Enroute 2144; 10-97 2210; 10-98 2327; 21 miles. RCSO Case #1-17-000338.</u></p>						
Body Viewed by Medical Examiner or Medicolegal Death Investigator: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
CAUSE AND MANNER OF DEATH							
Presumed Cause of Death: Heroin Overdose		Date: 01/07/2017		<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			
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			
The accompanying body of <u>Glenda Davis</u> 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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Was served to the next of kin on <u>01/07/2017</u> at <u>2255</u> <input type="checkbox"/> Was unable to locate the next of kin by a diligent search and inquiry.							
Authorizing Signature of Medical Examiner or Delegated Investigator: _____							