



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: 17084

Report of Medicolegal Death Investigation

| DEMOGRAPHIC INFORMATION | | | | | | |
|---|---|---|--|--|--|------|
| County of Death | Last Name | First Name | Middle | Race | Age | Sex |
| Roane | Gardner | John | Herbert | White | 55yr | Male |
| Residential Address | | City | County | State | Zip | |
| 8 Cushing Road | | Webster | Worcester | MA | 01570 | |
| 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 type="checkbox"/> | <input type="checkbox"/> Need Scientific Identification | | | Dentist: | |
| Positive <input checked="" type="checkbox"/> | Photograph <input checked="" type="checkbox"/> | Will need dental records, antemortem x-rays. | | | Dentist #: () | |
| If by viewing, viewed by: | | | | | | |
| Name: | Thomas Boduch MD ME | | Relationship: | Is decedent known to have fingerprints on file? | | |
| Address: | | | Phone #: | (865) 376-1212 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY | | | | | | |
| Date of Birth: 09/25/1961 | 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 Stockman Industry: Retail Grocery N/A | | | | | |
| 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 type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 | '0' = Absent, '3' = Full | | JAIL/POLICE CUSTODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Livor Mortis: | |
| Blood/Froth: <input type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> Clothing <input type="checkbox"/> None <input type="checkbox"/> Color: | | | <input type="checkbox"/> Absent <input 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"/> Fixed <input type="checkbox"/> Anterior <input checked="" type="checkbox"/> Posterior | | | |
| INFORMATION ABOUT OCCURRENCE | | | | | | |
| ITEM | DATE | TIME | LOCATION | COUNTY | TYPE OF PREMISES | |
| INJURY OR ONSET OF ILLNESS | | | (Where: Address) (By whom: Name & Phone Number) | | (House, Trailer, Apt, Farm, Roadway, Hospital, etc.) | |
| LAST KNOWN TO BE ALIVE | 03/31/2017 | 1200 | (Where: Address) 120 Farmer Road, Kingston, TN 37763 (By whom: Name & Phone Number) Charlie Brewer | Roane | Camp Ground | |
| FOUND DEAD | 04/03/2017 | 1553 | (Where: Address) 120 Farmer Road, Kingston, TN 37763 (By whom: Name & Phone Number) Charlie Brewer 865-382-8862 | Roane | Inside Vehicle | |
| POLICE NOTIFIED | 04/03/2017 | 1553 | POLICE AGENCY: Kingston Police Dept. | INVESTIGATOR/PHONE NUMBER: Det. Keith Kile 865-376-8798 | | |
| 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) | 04/03/2017 | 1620 | (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 | <input type="checkbox"/> | SURGICALLY TREATED: | <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> No | <input type="checkbox"/> | DRUG, POISON, CHEMICAL (Suspected) | <input type="checkbox"/> Alcohol <input type="checkbox"/> Other Drug, Poison, or Chemical: _____ <input type="checkbox"/> Unknown | <input type="checkbox"/> Ingested <input type="checkbox"/> Injected <input type="checkbox"/> Inhaled <input type="checkbox"/> Topical <input type="checkbox"/> Unknown |

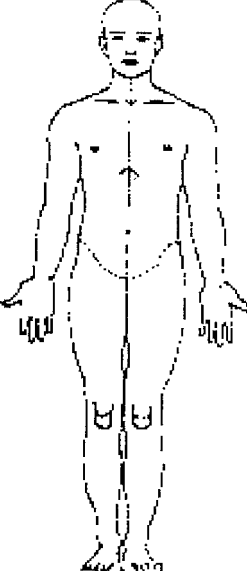
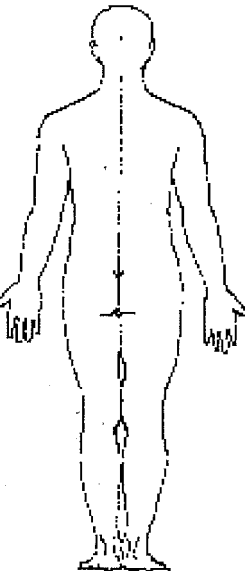
MEDICAL HISTORY

| | |
|---|---|
| CONDITION: <input type="checkbox"/> Alcoholism <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input 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 checked="" type="checkbox"/> Other: PTSD | FAMILY PHYSICIAN – DOCTOR: Boston VA Clinic ADDRESS: Boston MA PHONE #: MEDICATIONS (Please use attached Medication Log) |
|---|---|

NEXT OF KIN
Address and Phone #: **Katherine Gardner (Wife) 508-671-0235 or 735-1899**

FUNERAL HOME
Address and Phone #: **Sitkowski & Malboeuf Funeral Home, 340 School St., Webster, MA 01570 508-943-1515**

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

| | | |
|--|---|--|
|  | <p><u>SSAN: 017 54 1489. Decedent lived in MA but was travelling through this area. He stopped at the 4 Seasons Camp Ground on 3/31/17. He spoke with Camp Ground owner Charlie Brewer and stated he would be staying one night. Brewer went out of town for the weekend. He returned to the camp ground this morning and saw decedent's vehicle and tent still on scene. It was raining most of today. Brewer checked on decedent when rain quit and found him dead.</u></p> <p><u>Decedent sitting in driver's seat leaning toward left. Considerable blood from nose and mouth which had dripped</u></p> |  |
|--|---|--|

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

CAUSE AND MANNER OF DEATH

| | | |
|--|----------------------------|---|
| Presumed Cause of Death: Acute Upper GI Hemorrhage | Date: 04/03/2017 | <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 |
|--|----------------------------|---|

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 John Gardner 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: 

Report of Medicolegal Death Investigation

CONTINUATION OF NARRATIVE SUMMARY

on to the seat and floor. Windows were closed. There was also some blood on Driver's side door with blood on ground under the door suggesting decedent may have coughed blood and then went to sit in driver's seat. Considerable skin slough. Car was parked in an open field with no shade--temperatures yesterday were in the 70's.

Decedent's cel phone found. Det. Kile called wife and informed her of death. Per wife, he was in Army Reserves and worked at a local grocery store as a dairy stockman. He had a disability application pending with the VA.

Decedent has history of PTSD, depression, alcohol use, hypothyroid (thyroidectomy--scar noted), partial lung excision for mass which was fungal (non cancerous)

MEDICATIONS: Thyroid, Zoloft, Statin and Vitamins. A pill organizer was found on scene with mostly vitamins. There also was a blister pack of Benadryl in the vehicle.

Unable to obtain blood on scene. Decedent further evaluated at Roane Medical Center. 1 tube blood obtained from left sub-clavian. Decedent also fingerprinted.

Enroute 1601; 10-97 1615; 10-98 1725; 11 miles.



1. R. THUMB



2. R. INDEX



3. R. MIDDLE



4. R. RING



5. R. LITTLE

ARROWHEAD FORENSICS A-2605B



1. L. THUMB



2. L. INDEX



3. L. MIDDLE



4. L. RING



5. L. LITTLE

ARROWHEAD FORENSICS A-2604 B