



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: 17146

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Griffin	James		White	74yr	Male
Residential Address		City	County		State	Zip
2446 Lawnville Road		Kingston	Roane		TN	37763
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:	Det. Brian Walker		Relationship:		Is decedent known to have fingerprints on file?	
Address:			Phone #:	(865) 376-5582	<input type="checkbox"/> Yes <input type="checkbox"/> No	
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	02/17/1943		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	Banker Industry: Finance 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 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 checked="" type="checkbox"/> Absent <input type="checkbox"/> Blanchable <input type="checkbox"/> Fixed		
Other: (Dirt, water etc.):		<input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input checked="" type="checkbox"/> None		Livor Mortis: <input type="checkbox"/> Anterior <input 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	05/22/2017	0900	(Where: Address) 2446 Lawnville Road, Kingston, TN 37763 (By whom: Name & Phone Number) Frances Baker	Roane	House	
FOUND DEAD	05/30/2017	1358	(Where: Address) 2446 Lawnville Road, Kingston, TN 37763 (By whom: Name & Phone Number) Deputy Gary Morse	Roane	House	
POLICE NOTIFIED			POLICE AGENCY:	INVESTIGATOR/PHONE NUMBER:		
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)	05/30/2017	1708	(By Whom/Where: Name & Address) Thomas Boduch MD @ Roane Medical Center Morgue	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"/> 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 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

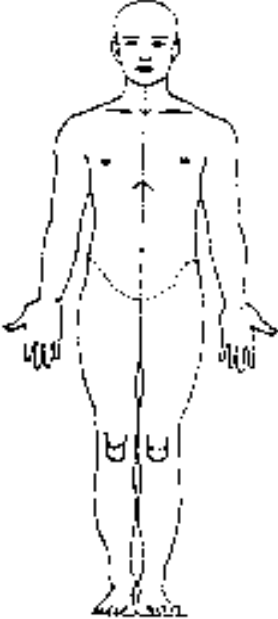
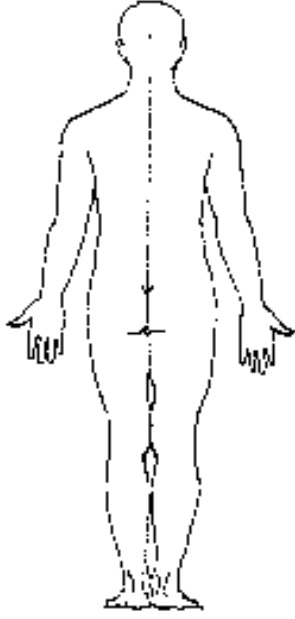
MEDICAL HISTORY

CONDITION: <input type="checkbox"/> Alcoholism <input checked="" 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 type="checkbox"/> Other:	FAMILY PHYSICIAN – DOCTOR: Candace Templeton FNP ADDRESS: 1420 North Gateway, Rockwood, TN 37854 PHONE #: 865-354-7799 MEDICATIONS (Please use attached Medication Log)
---	--

NEXT OF KIN Address and Phone #:	Frances Baker (daughter) 731-571-8786
--	--

FUNERAL HOME Address and Phone #:	Weatherford Mortuary, 158 South Jefferson Circle, Oak Ridge, TN 37830
---	--

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

	<p><u>Decedent lived alone. Has history of Bladder Cance–s/p Urostomy 2016 by Dr. Waters @ UT. Also had. Hypertension but otherwise healthy.</u></p> <p><u>Decedent’s daughter, Frances Baker, lives in Jackson TN. She spent the night at his residence 5/21/17 and left around 1000. She also spoke to him on the phone later that day. She had to go to California. She attempted to call him several times, but was unable to reach him. She called requesting a welfare check. Deputy Morse made entry and</u></p>	
--	---	--

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

CAUSE AND MANNER OF DEATH

Presumed Cause of Death: Acute Myocardial Infarction (instant) due to Coronary Artery Disease	Date: 05/30/2017	<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: Roane Medical Examiner--Thomas Boduch MD	Physician Responsible for Death Certificate: Thomas Boduch MD
--	--

The accompanying body of James Griffin 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

found decedent dead.

Det. Walker on scene. Decedent sitting on a chair. Room temperature was high 70's—daughter states he kept heat around 78 degrees. Wallet found under body. He also was carrying a pistol—daughter states he always carried one.

He had a rental car in driveway. His car was in the shop. He made a call on 5/23/17 to Toyota dealer. Decedent transported via Rescue Squad to RMC. Examined in morgue.

Enroute 1658; 10-97 1707; 10-98 1735; 8 miles.