



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: 17032

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Heath	James	Engram	White	89yr	Male
Residential Address		City	County	State	Zip	
411 North 4th Street		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 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:	Janice Britt		Relationship:	Daughter		Is decedent known to have fingerprints on file?
Address:	411 North 4th Street, Kingston, TN 37763		Phone #:	(865) 387-7685		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	08/27/1927		Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Unknown		
History of Domestic Violence:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Occupation: Type of Work	Electrician 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 type="checkbox"/> Advanced <input checked="" 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 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 <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	02/01/2017	1500	(Where: Address) 411 North 4th Street, Kingston, TN 37763 (By whom: Name & Phone Number) Janice Britt	Roane	House	
FOUND DEAD	02/06/2017	1310	(Where: Address) 411 North 4th Street, Kingston, TN 37763 (By whom: Name & Phone Number) Janice Britt	Roane	House	
POLICE NOTIFIED	02/06/2017	1315	POLICE AGENCY: Kingston Police Department		INVESTIGATOR/PHONE NUMBER: Det. Keith Kile 865-376-2081	
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)	02/06/2017	1335	(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"/> 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

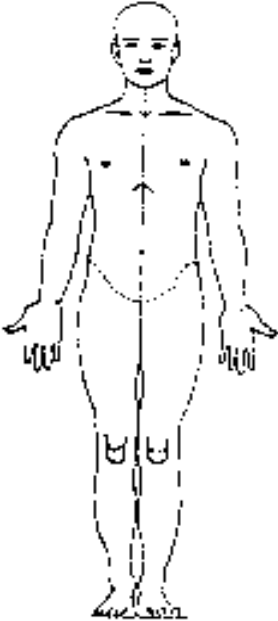
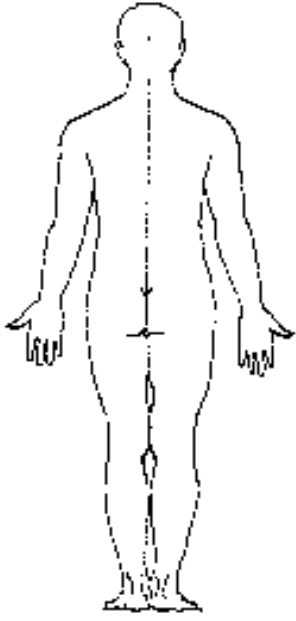
MEDICAL HISTORY

CONDITION: <input type="checkbox"/> Alcoholism <input type="checkbox"/> Cancer <input 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 type="checkbox"/> Other:	FAMILY PHYSICIAN – DOCTOR: Rodney McMillin MD ADDRESS: 1855 Tanner Way, Harriman, TN 37748 PHONE #: 865-376-6272 MEDICATIONS (Please use attached Medication Log)
--	--

NEXT OF KIN Address and Phone #:	Janice Britt 865-387-7685
--	----------------------------------

FUNERAL HOME Address and Phone #:	Kyker Funeral Home, 350 West Race St., Kingston, TN 37763 865-376-6531
---	---

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

	<p><u>Decedent lived alone. He recently returned from a 2 week vacation in Hawaii. Over the past week he began to develop exertional chest pain and pressure and similar symptoms while eating. He saw his PCP on 1/31--Cardiology eval. recommended. Decedent stated he had "had a good long life" and declined further evaluation. Was given NTG for prn use. Prior smoker--quit years ago.</u></p> <p><u>Decedent found by daughter. Lying on bed with legs over side. House in order.</u></p> <p><u>MEDICATIONS: Zetia, Lyrica, Metformin. SSAN 412 30 5414; TDL 012556748. Enroute 1330; 10-97 1331; 10-98 1340 1 mile.</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	Date: 02/06/2017	<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 James Heath 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: _____