



TENNESSEE DEPARTMENT OF HEALTH

DELAYED REPORT OF DIAGNOSIS - DEATHSTATE FILE NUMBER **2017 100470**

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|---|--|---|---|---|--|--------------------------------|
| TYPE/ PRINT IN PERMANENT BLACK INK. | 1. DECEDENT'S LEGAL NAME DUSTIN THOMAS HENLINE | | 2. SEX MALE | | 3. DATE OF DEATH 09/21/2017 | |
| | 5a. AGE 36 | 5b. UNDER 1 YEAR Months _____ Days _____ | 5c. UNDER 1 DAY Hours _____ Minutes _____ | | 6. DATE OF BIRTH 01/21/1981 | |
| A DELAYED REPORT OF DIAGNOSIS MAY BE FILED IF THE CAUSE OF DEATH CANNOT BE DETERMINED WITHIN 48 HOURS. | 8b. FACILITY NAME 749 CLYMERSVILLE ROAD | | 8c. CITY OR TOWN ROCKWOOD | | 8d. COUNTY OF DEATH ROANE | |
| | 24. REGISTRAR'S SIGNATURE /e/ LORI FERRANTI | | | 25. DATE FILED 10/25/2017 | | |
| ALL ITEMS ARE TO BE COMPLETE AND ACCURATE. ITEM NUMBERS ARE SKIPPED SO THAT NUMBERS ARE TO BE SAME AS ON CERTIFICATE OF DEATH. | 26. CERTIFIER (Check only one): 26a. <input type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date, time, and place, and due to the cause(s) and manner stated. 26b. <input checked="" type="checkbox"/> MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, time, and place, and due to the cause(s) and manner stated. | | | | | |
| | 27a. SIGNATURE OF CERTIFIER /e/ THOMAS BODUCH | | | 27b. LICENSE NUMBER 14330 | | 27c. DATE SIGNED 10/25/2017 |
| | 27d. NAME AND ADDRESS THOMAS BODUCH 314 EAST SPRING STREET, KINGSTON, TENNESSEE 37763 | | | | | |
| 28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. COMBINED METHOXYACETYL FENTANYL AND ACRYLIC FENTANYL INTOXICATION Due to (or as a consequence of) b. CHRONIC INTRAVENOUS DRUG ABUSE Due to (or as a consequence of) c. _____ Due to (or as a consequence of) d. _____ Approximate interval: Onset to death 2-4 HOURS YEARS | | | | | | |
| 29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. SEVERE CORONARY ARTERY DISEASE, DILATED CARDIOMYOPATHY UNCERTAIN ETIOLOGY | | | | | | |
| 30. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input checked="" type="checkbox"/> Suicide | | | 31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | 32. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death | |
| 33. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | | 34a. DATE OF INJURY (Month, Day, Year) 09/21/2017 | 34b. TIME OF INJURY 03:00 | 34c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 34d. PLACE OF INJURY AT A FRIEND'S HOME | |
| 34e. DESCRIBE HOW INJURY OCCURRED INTENTIONAL DRUG OVERDOSE | | | | 34f. LOCATION OF INJURY 749 CLYMERSVILLE ROAD, ROCKWOOD, TN | | |