



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: 17038

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Hutson	David	Anthony	White	52yr	Male
Residential Address		City	County	State	Zip	
925 Sewanee St. Apt B221		Harriman	Roane	TN	37748	
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 type="checkbox"/> Suspicious/unusual/unnatural manner <input 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:	Daniella Paer-Warren		Relationship:	Friend		Is decedent known to have fingerprints on file?
Address:	929 Sewanee St., Apt. A117, Harriman, TN 37748		Phone #:	(480) 267-4912		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	08/30/1964		Marital Status:	<input checked="" type="checkbox"/> Single <input 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	Disabled		Industry: N/A <input checked="" 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 checked="" type="checkbox"/> Blanchable		
Other: (Dirt, water etc.):	<input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears			<input type="checkbox"/> Fixed		
				<input type="checkbox"/> Anterior <input checked="" type="checkbox"/> Posterior		
INFORMATION ABOUT OCCURRENCE						
ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES (House, Trailer, Apt, Farm, Roadway, Hospital, etc.)	
INJURY OR ONSET OF ILLNESS	02/11/2017	1855	(Where: Address) 929 Sewanee St., Apt. A117, Harriman, TN 3774 (By whom: Name & Phone Number) Daniella Paer-Warren	Roane	Apartment	
LAST KNOWN TO BE ALIVE	02/04/2017	1855	(Where: Address) 929 Sewanee St., Apt. A117, Harriman, TN 3774 (By whom: Name & Phone Number) Danielle Paer-Warren	Roane	Apartment	
FOUND DEAD			(Where: Address) (By whom: Name & Phone Number)			
POLICE NOTIFIED	02/04/2017	1855	POLICE AGENCY: Harriman Police Department		INVESTIGATOR/PHONE NUMBER: Det. Kent Warren 865-882-3383	
EMS TRANSPORT TO E.R.	02/11/2017	Arrive 2026	HOSPITAL: Roane Medical Center		BLOOD, URINE obtained in Emergency Room <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Obtain admission blood/urine & send with the body.)	
DEATH (PRONOUNCED)	02/11/2017	2030	(By Whom/Where: Name & Address) Thomas Boduch MD ME--@ Roane Medical Center ER		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

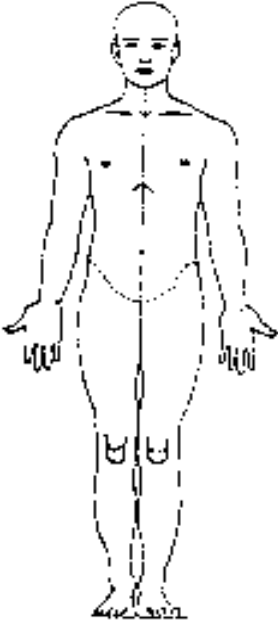
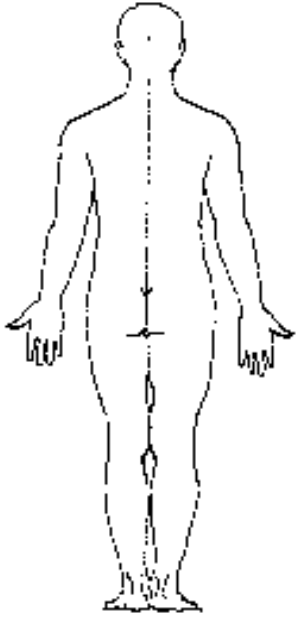
MEDICAL HISTORY

CONDITION: <input type="checkbox"/> Alcoholism <input 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 checked="" type="checkbox"/> Other: Prematurity	FAMILY PHYSICIAN – DOCTOR: Miriam Tedder MD ADDRESS: 525A Devonia Street, Harriman, TN 37748 PHONE #: 865-882-5701 MEDICATIONS (Please use attached Medication Log)
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NEXT OF KIN Address and Phone #:	Anita Lively (Sister/Custodian) 865-368-3227
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FUNERAL HOME Address and Phone #:	Evans Mortuary, 805 North Gateway, Rockwood, TN 37854 865 354 2600
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NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add Sheet if Needed):

	<p>- Decedent was born premature and was mentally "slow" all his life. When parents died, his sister, (Anita Lively RN), became his custodian. He had history of diabetes, hypothyroid, hypertension, GERD, Gout. Had smoked some in the past but not recently.</p> <p>- On 2/7/17 he presented to Park West ER with chest pain. He underwent a heart cath with PTCA and stent placement. He was discharged from Park West on day of death and arrived home around 1400. He lived in Harriman Gardens (B building). That evening, he was visiting a friend at an apartment in A Building. He suddenly stated he had chest pain and then collapsed. EMS contacted; CPR initiated but was unsuccessful.</p> <p>- MEDICATIONS: ASA, Lipitor, Buspar, Colchicine, Gabapentin, Insulin, Levothyroxine, Lisinopril, Metoprolol, Omeprazole, Paxil, Tomapax and Ultram. SSAN 408-15-2930. TN ID 073466334.</p> <p>- Enroute 2009; 10-97 2022; 10-98 2108; 15 miles.</p>	
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Body Viewed by Medical Examiner or Medicolegal Death Investigator: Yes No

CAUSE AND MANNER OF DEATH

Presumed Cause of Death: Acute Myocardial Infarction	Date: 02/11/2017	<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
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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
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The accompanying body of David Hutson 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: _____