



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: 17018

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Lambert	Lavana	Ann	White	64yr	Female
Residential Address		City	County	State	Zip	
2233 Old Harriman Highway		Oliver Springs	Roane	TN	37840	
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 checked="" 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:	John Lambert		Relationship:	Husband		Is decedent known to have fingerprints on file?
Address:	2233 Old Harriman Highway, Oliver Springs, TN 37840		Phone #:	(865) 274-6382		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	10/16/1952		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	Sewing Industry: Manufacturing N/A <input 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 <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		Livor Mortis:	<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			(Where: Address) (By whom: Name & Phone Number)			
LAST KNOWN TO BE ALIVE	01/23/2017	1630	(Where: Address) 2233 Old Harriman Highway, Oliver Springs, TN 378 (By whom: Name & Phone Number) John Lambert	Roane	House	
FOUND DEAD	01/23/2017	1745	(Where: Address) 2233 Old Harriman Highway, Oliver Springs, TN 378 (By whom: Name & Phone Number) John Lambert	Roane	House	
POLICE NOTIFIED	01/23/2017	1810	POLICE AGENCY: Roane County Sheriff's Office	INVESTIGATOR/PHONE NUMBER: Det. Emily Ciaravino 865 376 5582		
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)	01/23/2017	1840	(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

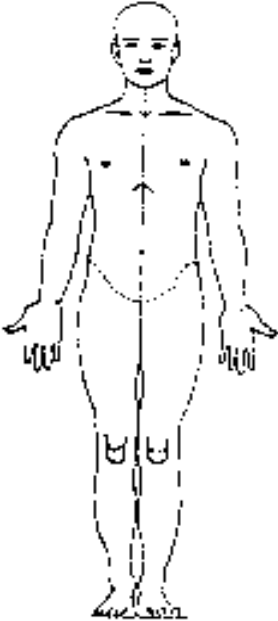
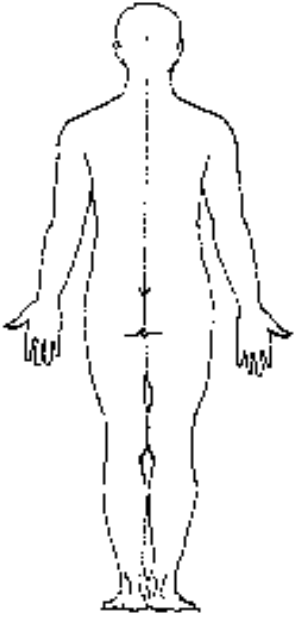
MEDICAL HISTORY

CONDITION: <input type="checkbox"/> Alcoholism <input type="checkbox"/> Cancer <input 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: Barry Bingham MD ADDRESS: 103 Bennett Place, Oliver Springs, TN 37840 PHONE #: 865-435-1953 MEDICATIONS (Please use attached Medication Log)
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NEXT OF KIN Address and Phone #:	John Lambert (husband) 865-274-6382
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FUNERAL HOME Address and Phone #:	Jackson Funeral Service, 7071 Knoxville Highway, Oliver Spring, TN 37840 865-435-3800
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NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add Sheet if Needed):

	<p><u>Decedent resided with husband and son. Has history of heart disease--s/p CABG, PTCA and pacemaker. Husband and son left house for about 1.5 hours. Came home and found her unresponsive. They initiated CPR which was continued by Blair VFD and EMS. IO placed. Unable to intubate, decedent was flatline. Fingertips cyanotic. Code called on scene.</u></p> <p><u>Son reports decedent had a "rough night" and was snoring more than usual. Was seeing Dr. Fisher for PTSD. Cardiologist was Dr. W. Lawson.</u></p> <p><u>MEDICATIONS: Xanax, Lasix, Welchol, Benztropine, Singulair, Vasotec, Calan, Zoloft, Prilosec, Toprol, Pradaxa and Requip.</u></p> <p><u>Enroute 10-97 1840; 10-98 19 32 miles.</u></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 due to Coronary Artery Disease	Date: 01/23/2017	<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 Lavana Lambert 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: _____