

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: 17262

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Miller	Joe	Allen	White	71yr	Male
Residential Address		City	County	State	Zip	
133 Midtown Park Circle		Harriman	Roane	TN	37748	
INDICATION FOR MEDICAL EXAMINER INVESTIGATION						
Type of Death: <input checked="" 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:	Brian Miller		Relationship:	Neighbor/Friend		Is decedent known to have fingerprints on file?
Address:	137 Midtown Park Circle, Harriman, TN 37748		Phone #:	(865) 224-0710		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	07/28/1946		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	Retired		Industry: 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	Livor Mortis:	
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:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Absent <input 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 type="checkbox"/> Posterior	
	<input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears				<input checked="" type="checkbox"/> None	
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	10/09/2017	1830	(Where: Address) 133 Midtown Park Circle, Harriman, TN 37748 (By whom: Name & Phone Number) Joan Miller (ex wife) by phone	Roane	Trailer	
FOUND DEAD	10/09/2017	2053	(Where: Address) 133 Midtown Park Circle, Harriman, TN 37748 (By whom: Name & Phone Number) Joy Doyle	Roane	Trailer	
POLICE NOTIFIED	10/09/2017	2054	POLICE AGENCY: Roane County Sheriff's Office	INVESTIGATOR/PHONE NUMBER: Det. Art Wolff/865 376 5082		
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)	10/09/2017	2130	(By Whom/Where: Name & Address) Thomas Boduch MD/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 checked="" type="checkbox"/>	GUN <input type="checkbox"/> Rifle – Cal. <input checked="" type="checkbox"/> Handgun – Cal. .25 <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

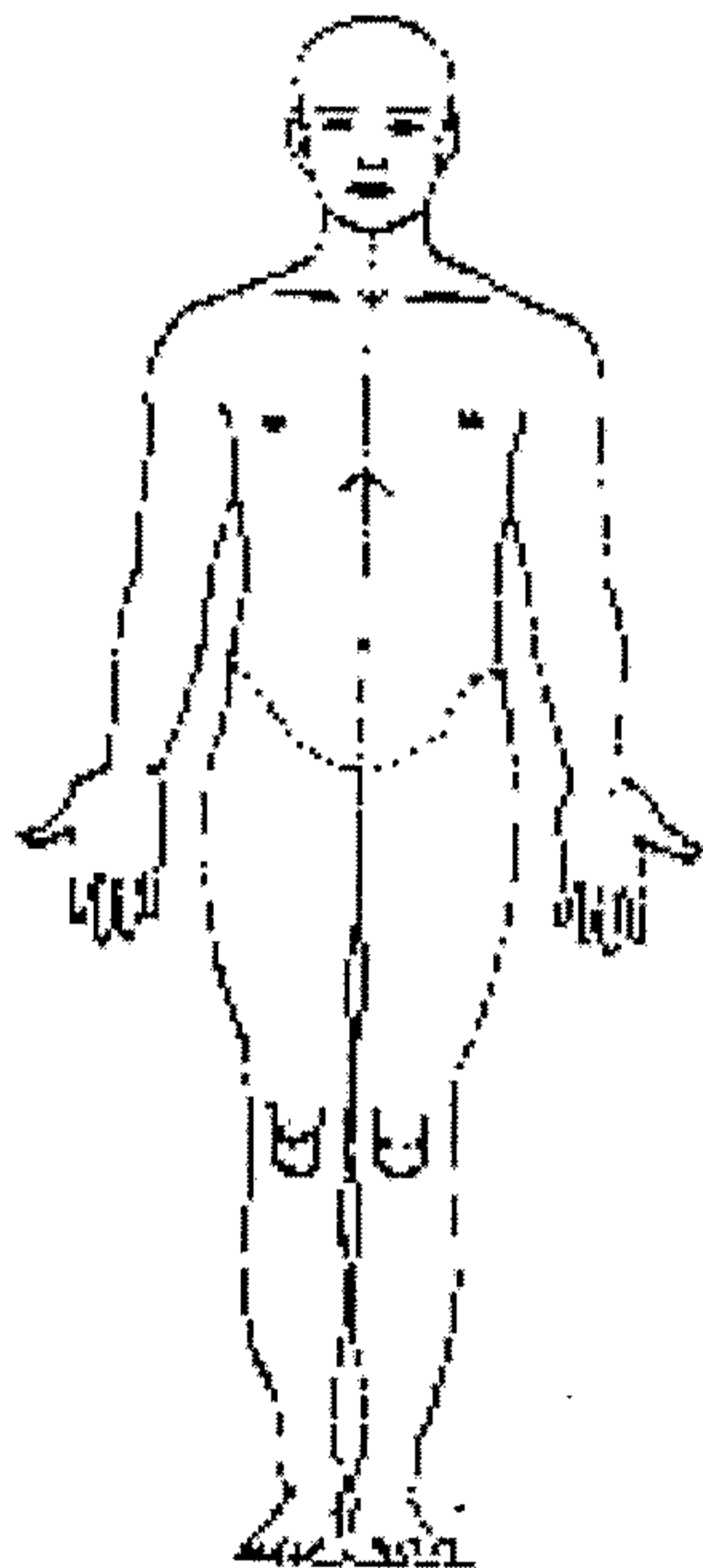
MEDICAL HISTORY

CONDITION: <input type="checkbox"/> Alcoholism <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug Abuse <input checked="" 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: None ADDRESS: PHONE #: MEDICATIONS (Please use attached Medication Log)
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NEXT OF KIN
 Address and Phone #: **Earl Miller (brother) 865-241-3436 or 76-7250**

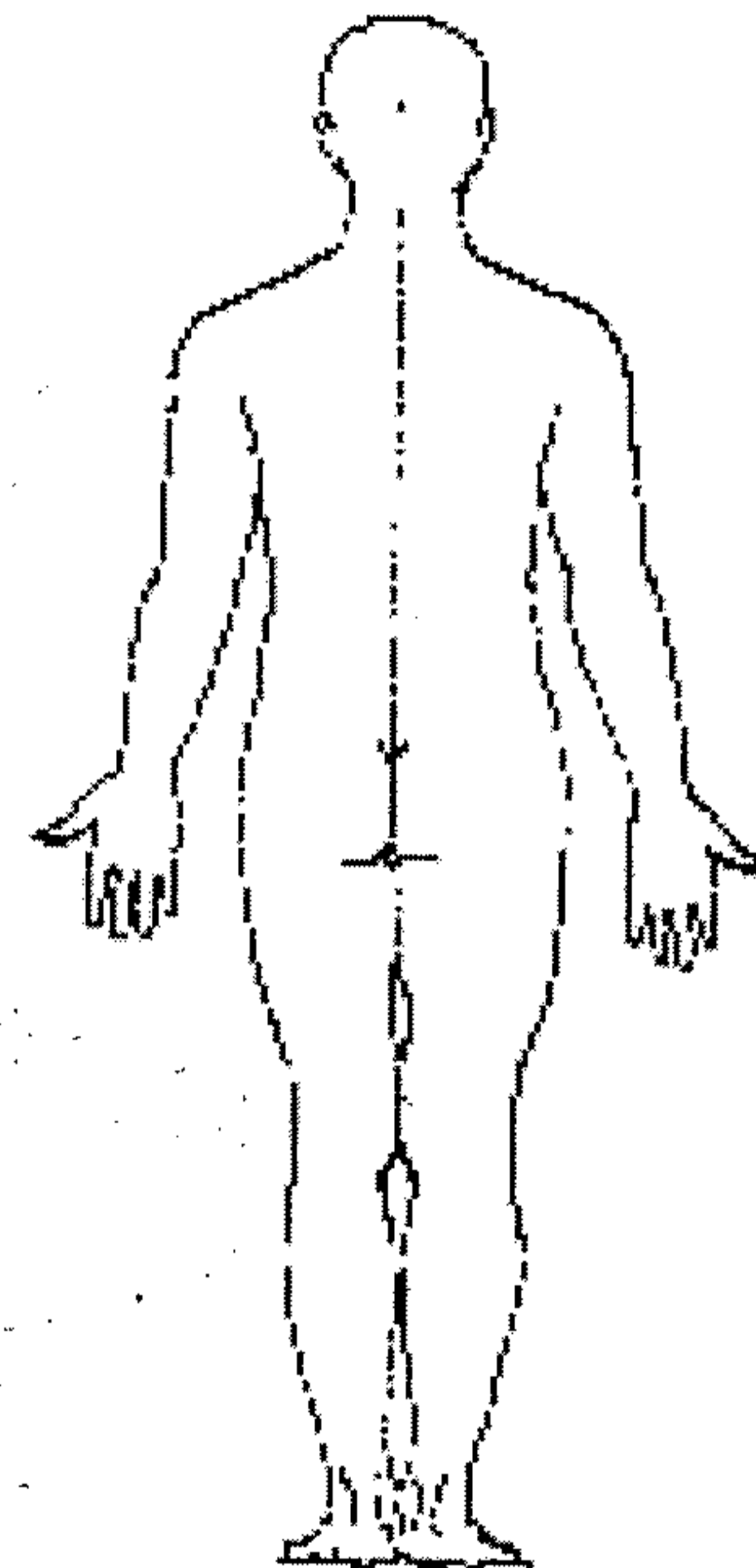
FUNERAL HOME
 Address and Phone #: **Evans Mortuary, 805 North Gateway, Rockwood, TN 37854 865-354-2600**

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



Decedent was diagnosed with non small cell Right Lung cancer while admitted to RMC 10/2-10/4/2017. He was admitted for worsening dyspnea. Per neighbor, Brian Miller (no relation) decedent rarely went to a doctor. Decedent had evaluation set up with Thompson Oncology. Long history of tobacco abuse--quit recently.

He was on good terms with his ex wife Joan Miller (708F Clifty Manor, Harriman, TN 37748 865-285-9460). She had spoken to him around 1830 on 10/9/2017. She reports he sounded depressed on the phone. She was subsequently not able to contact him by



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

CAUSE AND MANNER OF DEATH

Presumed Cause of Death:	Date:	<input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING
Self Inflicted Gunshot Wound to Head	10/09/2017	

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
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The accompanying body of Joe Miller 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

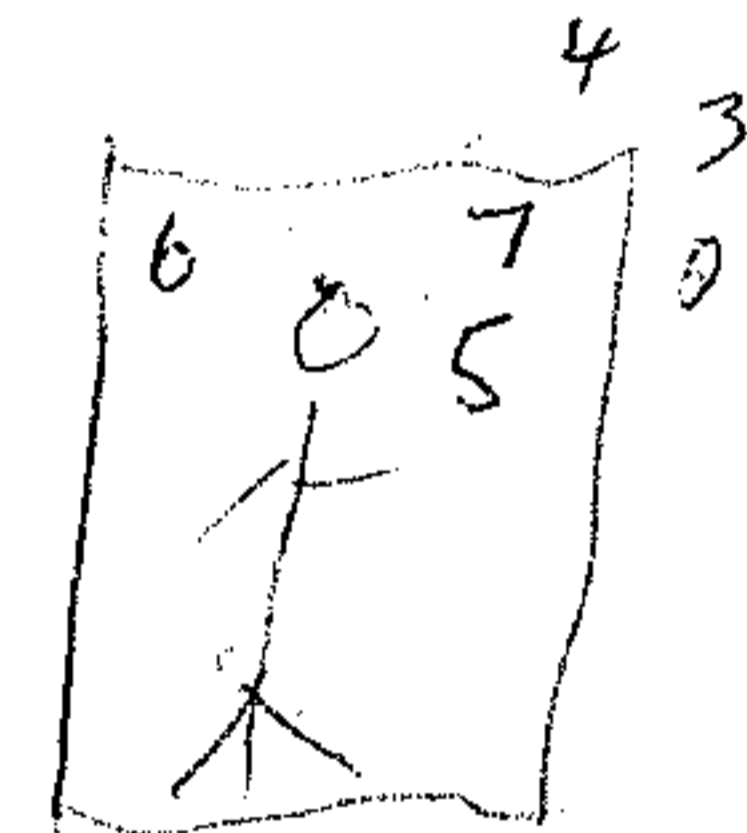
phone and called and asked neighbors to check on him. Brian Miller made entry using a hidden key and found decedent. Neighbors Brian Miller and Joy Doyle had last spoken with decedent the previous evening by phone and did not see him outside his residence during the day.

Decedent lying on a recliner with 5 gun shot wounds. 4 were in left abdomen and chest. Per Brian Miller, decedent was right handed. There was a gun shot wound to head near right ear. The gun was in his right hand with pressure on the trigger. 114 removed the gun to prevent accidental discharge. There was a round in the chamber. 5 spent shell casings were found near the chair (1-5). Decedent's wallet in his back pocket with cash and credit cards (wallet left on kitchen counter). Only medications found were Megace, inhalers and OTCs. CSMD search--NEGATIVE

Head wound probed. Trajectory was nearly horizontal with no exit wound. Mild palpable bulging on left side of skull consistent with trajectory. Exit wounds seen on back and 2 holes in chair (6 and 7) with bleeding overlying. Chair was dark and blood was difficult to photograph.

Guide to scene numbers

1. Spent shell casing consistent with head shot
2. Spent shell casing on floor to decedent's left
3. Spent shell casing on floor to decedent's left
4. Spent shell casing behind recliner
5. Spent shell casing found in fold of recliner
6. Apparent bullet hole in chair with blood surrounding
7. Additional apparent bullet hole in chair with surrounding blood



MEDICATIONS: Albuterol, Budesonide-Formoterol, Cefdinir, Ibuprofen, Megace.

TDL: 032654401; 415 76 5219. 138 and 114 on scene. Discussed with Det. Wolff. Body transported to RMC. Ex wife arrived on scene and when told he had passed developed chest pain. She was transported by EMS to RMC for evaluation.

I subsequently went to RMC to further examine body and to interview Joan Miller. She was being evaluated and treated for chest pain. She was appropriately distraught especially when informed of the manner of death. She states he has no local relatives or family. She and decedent had discussed funeral arrangements especially after his recent cancer diagnosis.

Enroute 2109; 10-97 2125; left scene to RMC; 10-98 RMC 2345.