



# OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7<sup>th</sup> FL  
 710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243  
 FAX: 615-401-2532 EMAIL: OSCME.ROI@TN.GOV

Case Number: 17030

## Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Powell	Don	Earl	White	60yr	Male
Residential Address		City	County	State	Zip	
817 Siluria		Harriman	Roane	TN	37748	
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:	Betty Powell		Relationship:	Wife		Is decedent known to have fingerprints on file?
Address:	817 Siluria, Harriman, TN 37748		Phone #:	(865) 320-3086		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	08/17/1956		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	Electrical 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 type="checkbox"/> 1 <input checked="" 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 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	02/05/2017	0600	(Where: Address) 817 Siluria, Harriman, TN 37748 (By whom: Name & Phone Number) Betty Powell	Roane	House	
FOUND DEAD	02/05/2017	2124	(Where: Address) 817 Siluria, Harriman, TN 37748 (By whom: Name & Phone Number) Betty Powell	Roane	House	
POLICE NOTIFIED	02/05/2017	2125	POLICE AGENCY: Harriman Police Dept.		INVESTIGATOR/PHONE NUMBER: Det. Kent Warren 865-882-3383	
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)	02/05/2017	2145	(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"/>	<b>MOTOR VEHICLE INVOLVED</b>	<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"/>	<b>GUN</b>	<input type="checkbox"/> Rifle – Cal. <input type="checkbox"/> Handgun – Cal. <input type="checkbox"/> Shotgun – Cal. <input type="checkbox"/> Unknown Type	<input type="checkbox"/>	<b>OTHER INSTRUMENT:</b>	<input type="checkbox"/> Blunt <input type="checkbox"/> Sharp <input type="checkbox"/> Unknown	<input type="checkbox"/>	<b>SURGICALLY TREATED:</b>	<input type="checkbox"/> Yes: <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<b>DRUG, POISON, CHEMICAL (Suspected)</b>	<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

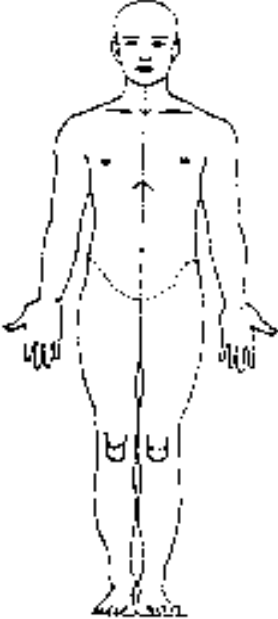
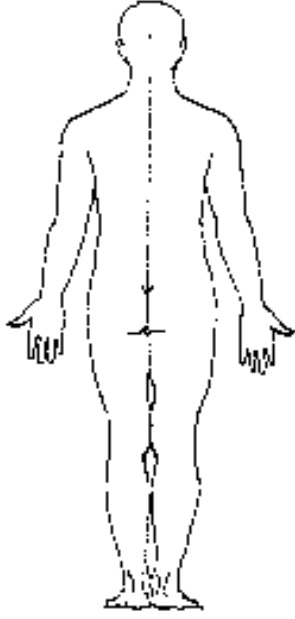
**MEDICAL HISTORY**

<b>CONDITION:</b> <input checked="" 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 type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure <input type="checkbox"/> Recent Fall/Injury <input checked="" type="checkbox"/> Other: <b>Hypertension</b>	<b>FAMILY PHYSICIAN – DOCTOR:</b> Michael Holmes FNP <b>ADDRESS:</b> 415A North Roane St., Harriman, TN 37748 <b>PHONE #:</b> 865-228-9598 <b>MEDICATIONS (Please use attached Medication Log)</b>
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<b>NEXT OF KIN</b> Address and Phone #:	<b>Betty Powell</b>
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<b>FUNERAL HOME</b> Address and Phone #:	Cremation Options, 223 S. Peters Road, Knoxville, TN 37923 865-693-2273
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**NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add Sheet if Needed):**

	<p><u>Decedent lived with wife and other family members. History of Alcoholism and Tobacco Abuse. Had not been drinking recently. He would sleep for a few hours then wake up and go back to bed. Wife talked to him @ 0600--he was coming to bed as she was leaving for work. She returned home after a 12 hour shift and found him dead. During the day, other family members were either at work or assumed he was sleeping. Daughter did see him at computer around 0700.</u></p> <p><u>Wife states he was "stubborn" and rarely went to a doctor. Only medication was Lisinopril/HCT.</u></p> <p><u>Enroute 2133; 10-97 2144; 10-98 2233; 21 miles. TDL 114940143.</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: <b>Acute Myocardial Infarction</b>	Date: <b>02/05/2017</b>	<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: <b>Thomas Boduch MD</b>	Physician Responsible for Death Certificate: <b>Thomas Boduch MD</b>
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The accompanying body of Don Powell 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: \_\_\_\_\_