



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: 17043

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Stockstill	Annie		White	82yr	Female
Residential Address		City	County	State	Zip	
216 Long Drive		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:	Jennifer Reynolds		Relationship:	Daughter		Is decedent known to have fingerprints on file?
Address:	216 Long Road, Harriman, TN 37748		Phone #:	(865) 776-2778		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	02/19/1934		Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Unknown		
History of Domestic Violence:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Occupation: Type of Work	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 type="checkbox"/> 0 <input checked="" 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 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 checked="" type="checkbox"/> None	<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	1500	(Where: Address) 216 Long Drive, Harriman, TN 37748 (By whom: Name & Phone Number) Decedent	Roane	House	
LAST KNOWN TO BE ALIVE	02/16/2017	0659	(Where: Address) 216 Long Drive, Harriman, TN 3774 (By whom: Name & Phone Number) Jennifer Reynolds	Roane	House	
FOUND DEAD	02/16/2017	0700	(Where: Address) 216 Long Drive, Harriman, TN 3774 (By whom: Name & Phone Number) Jennifer Reynolds	Roane	House	
POLICE NOTIFIED			POLICE AGENCY:	INVESTIGATOR/PHONE NUMBER:		
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)	02/16/2017	0850	(By Whom/Where: Name & Address) Tina Clark RN (Hospice Nurse) @ residence	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

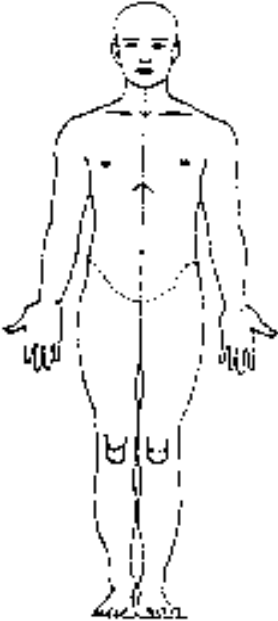
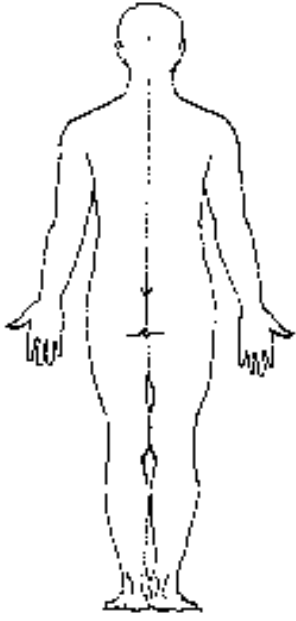
MEDICAL HISTORY

CONDITION: <input type="checkbox"/> Alcoholism <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug Abuse <input 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 checked="" type="checkbox"/> Other: PVD	FAMILY PHYSICIAN – DOCTOR: Thomas Boduch MD ADDRESS: 314 East Spring St., Kingston, TN 37763 PHONE #: 865-376-1212 MEDICATIONS (Please use attached Medication Log)
---	--

NEXT OF KIN Address and Phone #:	Jennifer Reynolds 865-776-2778
--	---------------------------------------

FUNERAL HOME Address and Phone #:	Kyker Funeral Home, 430 Morgan Street, Harriman, TN 37748 865-882-1515
---	---

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

	<p><u>Decedent had not seen a Doctor in years--saw me 4/27/16.</u> <u>Found to have carotid bruit during eye exam and referred to me for further evaluation. Pt. subsequently had bil cataract surgery and bil CEA surgery. Decedent fell at home 1/1/17 and found by family next day. Taken to MMC and was subsequently in rehab. Found to have AAA. Surgery was planned by Dr. Long for February. Lifelong and Current Tobacco User. + Hypertension, COPD, AAA.</u></p> <p><u>Decedent presented to MMC on 2/11/16 with worsening weakness. Found to have gallstones with acute Cholecystitis. Refused hospital admission and stated she wanted to return home to die there. Hospice care initiated on 2/13/17. Per hospice nurse pt. experience some agitation--better when starting O2. Found dead around 0700 by family.</u></p> <p><u>Decedent examined by me at Kyker Funeral Home. Skin was mildly jaundiced.</u></p>	
--	--	--

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

CAUSE AND MANNER OF DEATH

Presumed Cause of Death: Sepsis due to Acute Cholecystitis (5 days)	Date: 02/16/2017	<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
---	----------------------------	---

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
---	---

The accompanying body of Annie Stockstill 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: _____