

OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7th FL

710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243

FAX: 615-401-2535 EMAIL: OSCME.ROI@TN.GOV

Case Number: 17019

Report of Medicolegal Death Investigation

| DEMOGRAPHIC INFORMATION | | | | | | |
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| County of Death | Last Name | First Name | Middle | Race | Age | Sex |
| Roane | Templeton | Elizabeth | Ann | White | 70yr | Female |
| Residential Address | | City | County | State | Zip | |
| 161 Evans Heights | | Rockwood | Roane | TN | 37854 | |
| 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: | James Templeton | | Relationship: | Ex-Husband/Caregiver | | Is decedent known to have fingerprints on file? |
| Address: | 161 Evans Heights, Rockwood, TN 37854 | | Phone #: | (865) 245-8595 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY | | | | | | |
| Date of Birth: | 11/03/1946 | | 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 | Cashiere | Industry: Retail 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 checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> Clothing <input type="checkbox"/> None <input type="checkbox"/> Color: MUCUS | | 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 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 | 01/24/2017 | 0615 | (Where: Address) 161 Evans Heights, Rockwood, TN 37584 (By whom: Name & Phone Number) James Templeton | Roane | Apartment | |
| FOUND DEAD | 01/24/2017 | 0629 | (Where: Address) 161 Evans Heights, Rockwood, TN 37854 (By whom: Name & Phone Number) James Templeton | Roane | Apartment | |
| POLICE NOTIFIED | 01/24/2017 | 0630 | POLICE AGENCY: Rockwood Police Department | INVESTIGATOR/PHONE NUMBER: Det. Dwayne Gray 865 354 3366 | | |
| 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) | 01/24/2017 | 0721 | (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 | 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 |

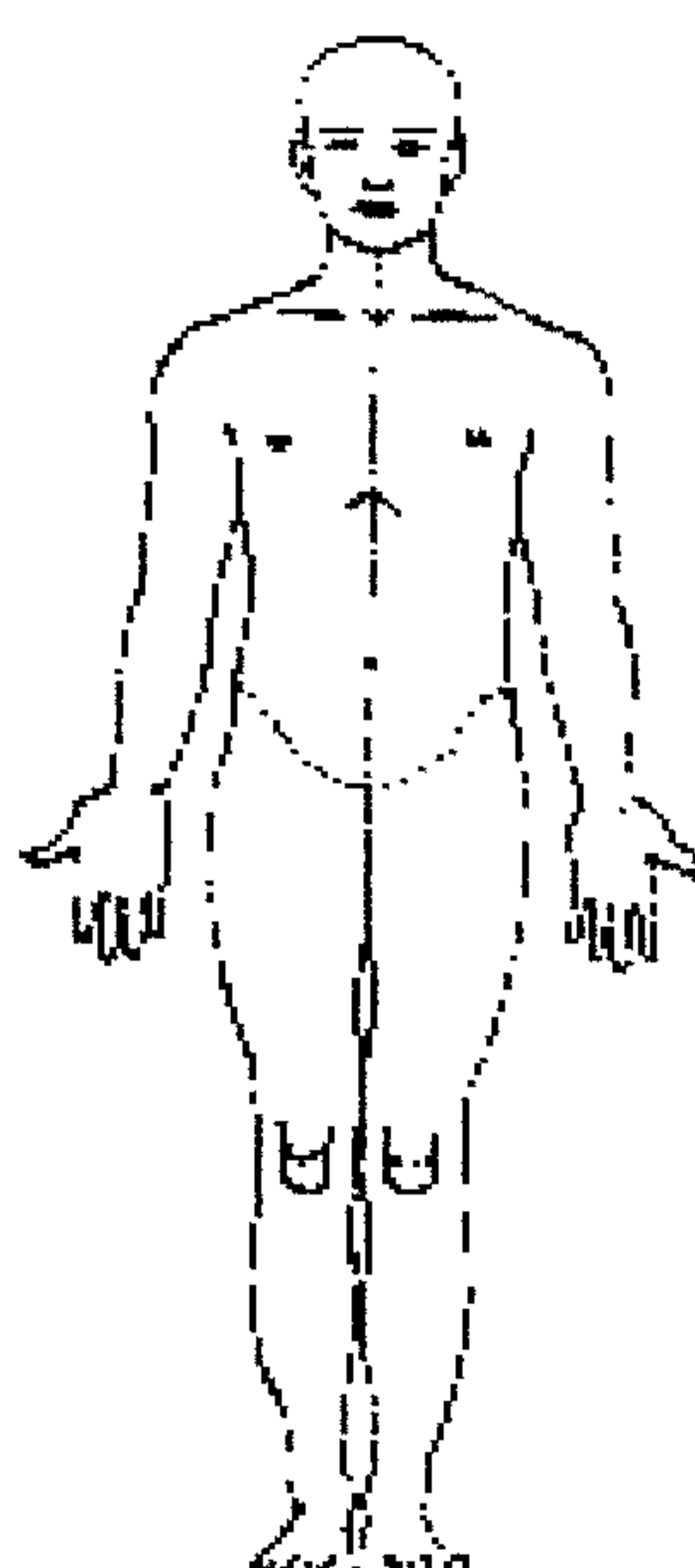
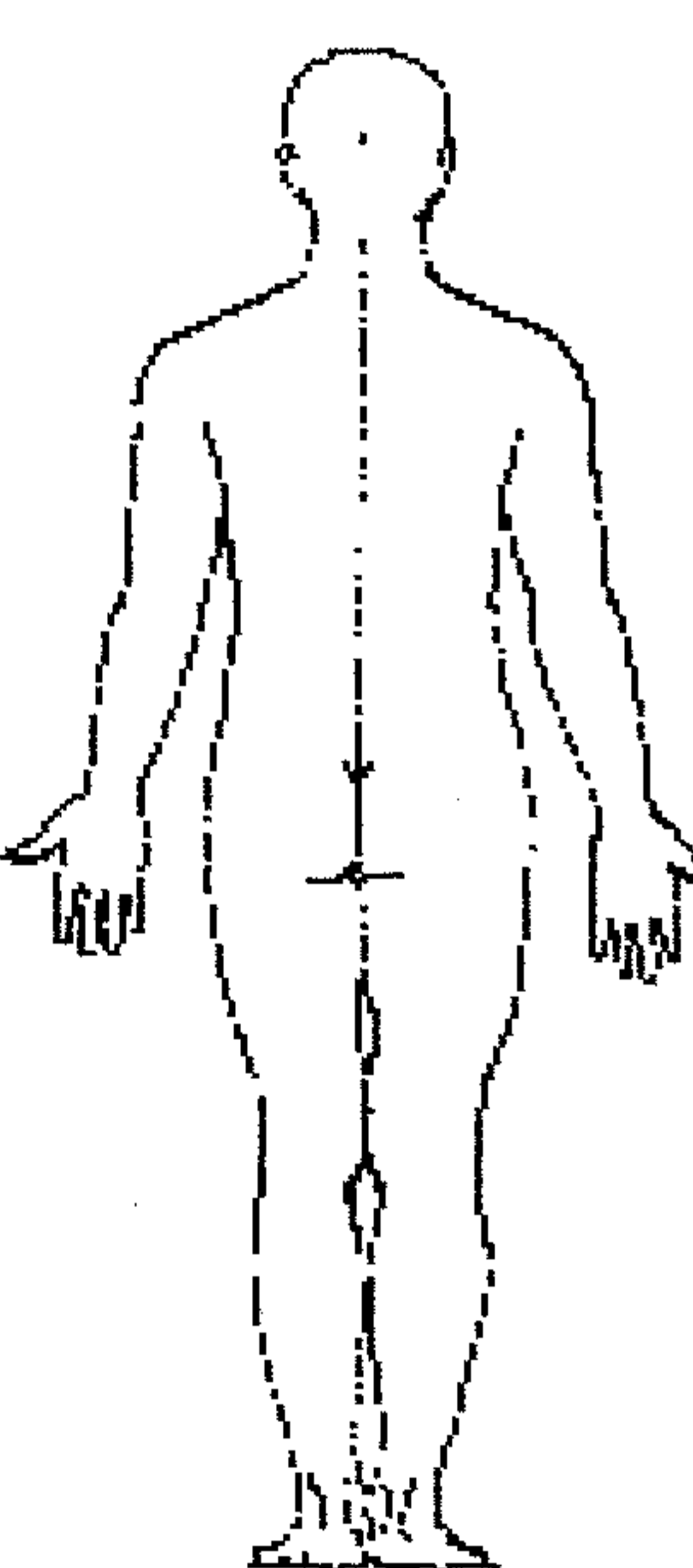
MEDICAL HISTORY

| | |
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| 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: Bi Polar | FAMILY PHYSICIAN – DOCTOR: Sandra Wade APN ADDRESS: 2415 North Gateway, Rockwood, TN 37854 PHONE #: 865-882-2002 MEDICATIONS (Please use attached Medication Log) |
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NEXT OF KIN
Address and Phone #: **Heather Young (Daughter)/415 606 7780**

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):

| | | |
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|  | <p><u>Decedent resided with ex-husband who was her caregiver. She sustained a stroke in November 2014. She rarely went to a Doctor--she last saw Sandra Wade APN. She was in declining health over the past few months. Her 2 daughters (Heather Young and Christine Ginsburg--both reside in CA) were aware of her condition. Decedent made pre-need arrangements with Evans Funeral home 3 weeks ago.</u></p> <p><u>Caregiver states she quit eating last Thursday and slept most of the time. He checked on her @ 0615 and noted agonal respirations. He found her dead shortly after. No Medications. TDL 101746316. Apartment in order. Hospital bed in use. Decedent had mucus from nose and mouth--slight color. No petetchiae or signs of struggle or trauma. No Medications. TOBACCO USER.</u></p> <p><u>Enroute 0655; 10-97 0720; 10-98 0759; 31 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: 01/24/2017 | <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.

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|-----------------------------------------------------------|-------------------------------------------------------------------------|
| Medical Examiner/Investigator: Thomas Boduch MD | Physician Responsible for Death Certificate: Thomas Boduch MD |
|-----------------------------------------------------------|-------------------------------------------------------------------------|

The accompanying body of Elizabeth Templeton 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: 