



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: 17276

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Wagner	Joyce		White	74yr	Female
Residential Address		City	County	State	Zip	
222 Hassler Mill Road		Harriman	Roane	TN	37748	
INDICATION FOR MEDICAL EXAMINER INVESTIGATION						
Type of Death: <input type="checkbox"/> Violence or Trauma <input checked="" 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 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:	Kathy Parks		Relationship:	Daughter		Is decedent known to have fingerprints on file?
Address:	222 Hassler Mill Road, Harriman, TN 37748		Phone #:	(865) 719-6484		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	06/16/1943		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	Sitter Industry: Healthcare 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 checked="" type="checkbox"/> Absent <input type="checkbox"/> Blanchable <input type="checkbox"/> Fixed <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior		
Other: (Dirt, water etc.):	<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 (House, Trailer, Apt, Farm, Roadway, Hospital, etc.)	
INJURY OR ONSET OF ILLNESS	10/24/2017	1430	(Where: Address) 222 Hassler Mill Road, Harriman, TN 37748 (By whom: Name & Phone Number) Kathy Parks	Roane	House	
LAST KNOWN TO BE ALIVE	10/24/2017	1435	(Where: Address) 222 Hassler Mill Road, Harriman, TN 37748 (By whom: Name & Phone Number) Kathy Parks	Roane	House	
FOUND DEAD			(Where: Address) (By whom: Name & Phone Number)			
POLICE NOTIFIED	10/24/2017	1435	POLICE AGENCY: Roane County Sheriff's Office	INVESTIGATOR/PHONE NUMBER: Det. Art Wolff, 865-376-5582		
EMS TRANSPORT TO E.R.	10/24/2017	Arrive 1458	HOSPITAL: Roane Medical Center	BLOOD, URINE obtained in Emergency Room <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Obtain admission blood/urine & send with the body.)		
DEATH (PRONOUNCED)	10/24/2017	1504	(By Whom/Where: Name & Address) Bennie Whitehead MD/RMC ER Physician	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

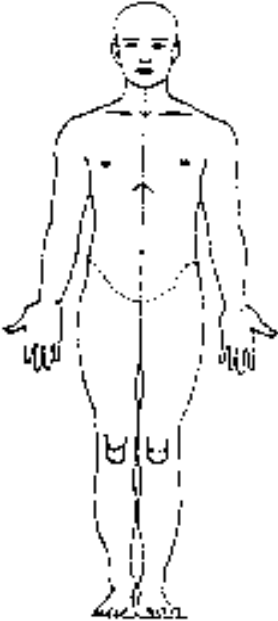
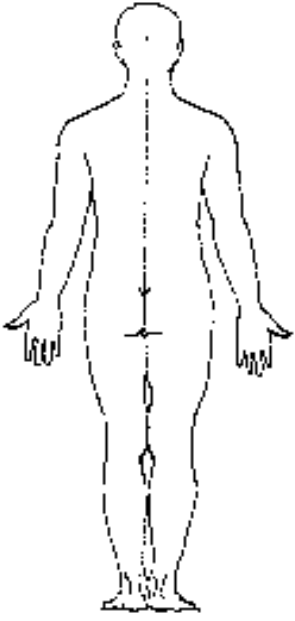
MEDICAL HISTORY

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 checked="" type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure <input type="checkbox"/> Recent Fall/Injury <input type="checkbox"/> Other:	FAMILY PHYSICIAN – DOCTOR: Sandra Wade APN ADDRESS: 2415 North Gateway, Harriman, TN 37748 PHONE #: 865-882-2002 MEDICATIONS (Please use attached Medication Log)
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NEXT OF KIN Address and Phone #:	Kathy Parks (Daughter) 865-719-6484
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FUNERAL HOME Address and Phone #:	Smith Funeral Home, 1402 Tuckaleechee Pike, Maryville, TN 37803 865-983-1000
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NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add Sheet if Needed):

	<p><u>Decedent lived with her daughter and son in law and has history of COPD--TOBACCO USER, h/o Takotsubo Cardiomyopathy, Hypothyroid, Hypertension, Peripheral Vascular Disease. Saw PCP 2 weeks ago for exacerbation and given antibiotics. Had improved and was doing better the last few days. Today she suddenly became short of breath and collapsed. Family contacted 911 @ 1435--EMS arrived @ 1441. CPR initiated. Transported to RMC ER where CPR was continued but unsuccessful.</u></p> <p><u>MEDICATIONS: Stiolto, ASA, Proventil, Lansoprazol, Atrovent, Enalapril, Levothyroxine,</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 Respiratory Failure (30 min)/COPD	Date: 10/24/2017	<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
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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: Roane Medical Examiner/Thomas Boduch MD	Physician Responsible for Death Certificate: Thomas Boduch MD
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The accompanying body of Joyce Wagner 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: _____

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CONTINUATION OF NARRATIVE SUMMARY

Paxil, Prednisone and O2. ENROUTE 1614; 10-97 1625; 10-98 1700; 8 miles.