

Lexington County Coroner's Office

2015 Annual Report

Coroner Margaret W. Fisher



Lexington County

South Carolina

Margaret W. Fisher, Coroner

Deputy Coroners

Candace Berry
Walter Blackmer
Ronnie Corley
Helen Gamble
Ashley Hicks
Laura Moore
Kimberly Simpson
Mike Strickland
Catherine Tack
David Vincent
Amanda Webb



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August 1, 2016

To the Citizens of Lexington County:

It is a privilege and honor to serve you, and in an attempt to provide the utmost service, I would like to share with you the 2015 Annual Report for the Lexington County Coroner's Office. In addition to providing you with statistical information, our goal is to increase awareness of the purpose and responsibilities of the Coroner's Office. More importantly, however, our office sincerely hopes to promote community focus on the exorbitant number of preventable deaths in Lexington County.

The information necessary to compile this annual report has been derived from records obtained and held by the Lexington County Coroner's Office, including but not limited to, our own investigations, police reports, autopsy reports, motor vehicle reports, and death certificates. We have put great effort into ensuring that the information is accurate and complete.

As you review this report, please remember that to our office, and especially to the loved ones of each decedent, these statistics are representative of much more than numerical values. Each life was meaningful, and each individual was valuable. We do not intend to minimize the impact of each death; rather, we seek to gain wisdom from each one that allows us to prevent losses of this magnitude whenever possible.

If we may be of any assistance or you need additional information, please feel free to contact the Lexington County Coroner's Office.

Thank you for your continued support,

Margaret W. Fisher

Table of Contents

Mission Statement.....	4
Background and Objectives.....	5
Organizational Chart.....	8
Lexington County Demographic and Geographic Information.....	9
Responsibilities, Case Investigation and Disposition.....	10
Manners and Causes of Death.....	14
Statistical Information.....	15
Natural Deaths.....	16
Accidental Deaths.....	19
Overdoses.....	20
Traffic Fatalities.....	23
Falls.....	25
Other Types.....	27
Homicides.....	28
Suicides.....	30
Undetermined Deaths.....	34
Community Outreach.....	35
References.....	36

OUR MISSION STATEMENT

The mission of the Lexington County Coroner's Office is to determine the cause and manner of death through the completion of thorough, respectful, and professional investigations. As we endeavor to be the ambassadors of all decedents for whom we are responsible, we will extend to their loved ones unparalleled compassion and commitment.

BACKGROUND AND OBJECTIVES OF THE LEXINGTON COUNTY CORONER'S OFFICE

Since 1900, the Lexington County Coroner's Office has functioned under the leadership of twelve different Coroners. The twelfth and current Coroner, Margaret W. Fisher, is the eighth to reach office through the process of election, and the first female to hold the position. Coroner Fisher was elected to office on November 13, 2014.



Prior to being elected as Coroner, Margaret Fisher served as Senior Deputy, assigned to the Community Action Team, at Richland County Sheriff's Department (RCSD). Although she served Richland County professionally, Margaret has resided in Lexington County for more than 30 years. She began her law enforcement career with RCSD in 2007, and her service and dedication there resulted in various accolades, as well as certifications in various specialties. In addition to Associates Degrees in Criminal Justice and Nursing (RN) from Midlands Technical College, Margaret Fisher received the following certifications: Bike Patrol, National Child Safety Seat, Mounted Patrol, Prevention and Deterrence of Terrorist Acts, and Search and Rescue by horseback, all-terrain vehicle, and ground searching.

Margaret Fisher gained leadership experience as a leader of the Community Action Team and Unit Commander of the Richland County Mounted Patrol Unit. She received several awards, including Region 2 Outstanding Service Award (2009), Deputy of the Cycle, Region 2 (2009), Community Services Division Deputy of the Year (2012), and Deputy of the Quarter (3 times since 2008). She also received Sheriff's Department Commendations in 2009 and 2010. Margaret's dedication led her to serve on the Lake Murray Marine Patrol and the multi-agency Alcohol Enforcement Team. She continues to serve on the boards of the 11th Circuit Domestic Violence Fatality Review Committee, the Lake Murray Association Board of Directors, and the Lexington One Task Force on Drugs and Alcohol.

Since becoming Coroner, Margaret Fisher has been certified by the American Board of Medicolegal Death Investigators (ABMDI) and has implemented various procedural improvements to increase the efficiency of the Lexington County Coroner's Office (LCCO). Her objectives clearly reflect her dedication to the citizens of Lexington County. Coroner Fisher is passionate about her dual role as a public servant and a law enforcement officer, and the position requires her to utilize her investigative and community relations skills. She has high expectations for all Deputy Coroners under her leadership; continual training is mandated, and certain standards of behavior must be adhered to. In addition to maintaining the status of an office accredited by the International Association of Coroners & Medical Examiners (IAC&ME), all Deputy Coroners are expected to become ABMDI certified in the near future.

In order to deserve and establish the trust of our community, it is imperative that we act with professionalism and respect, as well as compassion. Although we represent the deceased, we serve their survivors, and those individuals deserve to be handled with care and understanding as they grieve. In addition to compassion and respect, loved ones also deserve answers and, in some cases, justice. The objective of LCCO's quest for answers and truth is to represent decedents and ensure that the judicial system is successful in holding parties responsible for their deaths accountable, whether civilly or criminally. The process by which the Lexington County Coroner's Office operates and effectively upholds our investigative duties will be outlined in detail later in this report.

The primary focus of the LCCO is to determine the cause and manner of death; however, there are many additional facets that must remain a priority. For example, LCCO personnel must conduct independent investigations, while cultivating a positive relationship with all law enforcement agencies in the county. LCCO works alongside first responders, including law enforcement officers, EMS personnel, and firefighters. We are also in constant communication with physicians, funeral homes, insurance companies, the media, attorneys, South Carolina Department of Health and Environmental Control (DHEC), South Carolina Law Enforcement Division (SLED), Pathology Associates of Lexington, Newberry Pathology Associates, and LifePoint, Inc. Organ and Tissue Donation Services for SC. The role of each of these entities is essential to the Lexington County Coroner's Office, and they will be addressed in greater depth throughout this report.

Lexington County Coroner's Office
Organizational Chart

Coroner

Margaret W. Fisher

Administrative Deputy Coroner

Helen C. Gamble, *10 years at LCCO*

Deputy Coroners

Candace S. Berry, *BA in Criminal Justice from Limestone College*

Walter Blackmer, *25 years in Law Enforcement*

R. Ashley Hicks, *AS in Mortuary Science from Gupton-Jones College of Mortuary Science*

Laura A. Moore, *LPN, AD in Nursing from Midlands Technical College*

Kimberly Simpson, *Studied Biology at Geneva College*

C. Michael Strickland, *9+ years as an Emergency Medical Technician*

Catherine Tack, *AS in Respiratory Therapy from Midlands Technical College*

David Vincent, *15 years in Law Enforcement and 3 years as U.S. Army Armor Crew Member*

Amanda C. Webb, *BS in Forensic Chemistry and MS in Forensic Science from Marshall University*

Evidence/Property Custodian

J. Ronnie Corley, *25 years in Law Enforcement and 10 years at LCCO*

LEXINGTON COUNTY DEMOGRAPHIC AND GEOGRAPHIC INFORMATION

The Lexington County Coroner's Office is responsible for the entire county of Lexington, which is located in the Central Midlands region of South Carolina. The population of Lexington County, per the U.S. Census Bureau estimate, was 281,833 in 2015, making it the 6th most populated of South Carolina's 46 counties. The annual population growth from 2010 to 2015 was 1.5%, resulting in a population increase of approximately 7.5%. Geographically, Lexington County is 699 square miles, which makes it the 17th largest county in the state. The estimated persons per square mile of just over 400, however, makes Lexington among the most densely populated counties.

The population of Lexington County is 76% white, 15% black/African American, 6% Hispanic/Latino, and the remaining 3% is a combination of individuals of multi-racial, American Indian, Asian, Native Hawaiian, and Pacific Islander descent. Nearly 24% of county citizens are under 18 years of age, while 15% are 65 years of age and older. Of those under age 65, approximately 16% are without health insurance, which impacts the level of healthcare, particularly of a preventive nature, that they receive. ¹

The cities and towns within Lexington County include Lexington (county seat), Batesburg-Leesville, Cayce, Chapin, Gaston, Gilbert, Irmo, Pelion, South Congaree, Swansea, West Columbia, and a portion of Columbia (state capital). Although the county has experienced significant growth and development in the past several years, a large area of the county remains quite rural, with many farms and forests. There are several rivers, as well as Lake Murray, where residents and tourists take advantage of the natural beauty and recreational opportunities that Lexington County offers.

¹ United States Census Bureau, 2015.

RESPONSIBILITIES, CASE INVESTIGATION AND DISPOSITION

Per the South Carolina Code of Laws, certain deaths must be reported to the appropriate Coroner's Office so that an inquiry into the cause and manner of death may be initiated immediately. The specific types of deaths that are required to be reported include any that occur:

- As a result of violence.
- As a result of apparent suicide.
- When in apparent good health.
- When unattended by a physician.
- In any suspicious or unusual manner.
- While an inmate of a penal or correctional institution.
- As a result of stillbirth when unattended by a physician.

Upon notification that a death of any of the above circumstances has occurred in Lexington County, the Lexington County Coroner's Office promptly responds to the location of the decedent. When the Coroner and/or Deputy Coroner arrive on scene to conduct the investigation, they follow the same general procedural guidelines, making necessary modifications as the circumstances require. They will first identify and document all first responders present (fire, EMS, law enforcement, etc.), and interview them to obtain any relevant information, including alterations made to the scene, resuscitative efforts, any possible safety concerns, etc.

If first responders did not find any obvious indications that the death was violent or suspicious, the Coroner or Deputy Coroner will perform an initial walk-through of the scene to make general observations, while taking notes and photographs. If for any reason the death appears suspicious, the Coroner or Deputy Coroner will immediately discontinue their observation and contact the appropriate law enforcement agency. No

further entry or observations will be conducted until the required investigators and personnel are present.

Law enforcement will almost always be on scene; the responding agency will be determined by the location and jurisdictional guidelines. LCCO, although conducting a separate and independent investigation, must coordinate with all law enforcement agencies. Depending on the circumstances surrounding a death, SLED and/or specific units, such as Crime Scene Investigation (CSI), from the responding law enforcement agency may be requested. The CSI unit of the appropriate agency will conduct an investigation in cases of violent or suspicious deaths, including homicides, suicides, and some deaths that are later determined to have been accidental or natural in manner. Some circumstances that prompt a scene investigation by SLED include: if a decedent was an inmate at a penal or correctional institution, if the decedent was in custody of law enforcement, or if a law enforcement officer was involved in the death.

When the investigation resumes, with all investigators present, the Coroner or Deputy Coroner will document and photograph anything that may be helpful in determining cause and manner of death, as well as date and time of death. Environmental details, such as living conditions and climate, may be pertinent to how and when the death occurred. An assessment of the decedent's body is necessary to determine if the death may have been the result of injury, when the death occurred, and the identity of the decedent. In many cases, decedents are identified using government-issued photo ID's or physical characteristics specific to them, such as tattoos, scars, or other physical markings. Another responsibility of the Coroner/Deputy Coroner is to collect any property on or near the decedent's body, and secure and document the property until it can be returned to the decedent's legal next of kin. Prescription medications belonging to decedents are also collected, documented, and secured by LCCO until they can be properly destroyed. Any evidence, or potential evidence, is documented by all agencies and collected by the appropriate agency for processing.

After the scene has been processed and physical information has been gathered by all agencies, the Coroner/Deputy Coroner requests the assistance of a contracted removal

service to transport the decedent. All decedents are removed and transported respectfully, and according to DHEC policies. Decedents remain in one of two secure morgue locations until all necessary identification confirmation and/or an autopsy is completed. In order to obtain positive identification of a decedent, LCCO may utilize one or more of the following methods: forensic anthropology analysis (skeleton/bones); DNA analysis; forensic odontology (dental X-rays); fingerprint analysis; the presence of prosthetics and/or birth defects.

If there are family members, witnesses, and/or potential suspects on scene, they will be interviewed in order to obtain as many details as possible. The questions asked by LCCO may vary, based on the specific situation, but the information that is typically requested includes: the decedent's identity; when and by whom the decedent was discovered; next of kin and primary physician of the decedent; account of what happened, including decedent's actions; date and time decedent was last seen or spoken to; decedent's past medical, social, and family history.

In the event that no family members or persons familiar with the decedent are present at the scene, every effort is made by the Coroner or Deputy Coroner to locate and notify the legal next of kin as soon as possible. Any notifications within Lexington County, whether related to a death being investigated by LCCO or another jurisdiction, are made by the Coroner or Deputy Coroner in person. When necessary, LCCO contacts the appropriate agencies in other jurisdictions to make notifications.

When an autopsy is necessary, LCCO notifies one of two contracted vendors, Pathology Associates of Lexington or Newberry Pathology Associates. The circumstances of a death dictate which vendor will be used; for example, Newberry Pathology Associates performs autopsies of all potential homicide victims. When Newberry Pathology Associates performs an autopsy, all related specimens are taken to the SLED crime lab for toxicology, or other required, testing. Toxicology testing of specimens related to autopsies conducted by Pathology Associates of Lexington is performed by NMS Labs, a nationally accredited laboratory. In cases of violent or suspicious deaths, the law enforcement agency responsible for investigating may also be present at the autopsies.

Upon completion of an autopsy, the decedent's legal next of kin is contacted and made aware of any available findings.

When a decedent was known to suffer from significant health conditions, and the scene investigation produced no reason to suspect the death was not natural, the decedent's physician may be willing to certify his or her death. If for any reason the decedent's physician is unavailable or unwilling to do so, medical records may be obtained by LCCO. After a thorough review of those records, the Coroner may certify the death as natural without requiring an autopsy.

The next of kin is responsible for selecting a funeral home and informing LCCO when a decision has been made. The decedent is then released by LCCO to the appropriate funeral home. In the event that no next of kin can be located or the next of kin is financially incapable of procuring the services of a funeral home, county resources are appropriated to provide cremation services.

Whenever possible, the Lexington County Coroner's Office works with LifePoint, Inc., an organ and tissue donation service, to effectuate the wishes of decedent and his/her family. In some situations, unfortunately, organs and tissues do not meet the standards of quality and condition necessary for donation.

The Solicitor's Office, Public Defender's Office, and law enforcement agencies may, in some cases, request a copy of the investigative report compiled by the Coroner's Office. In order to ensure that these requests may be fulfilled and the reports are helpful, the Coroner and Deputy Coroners promptly complete thorough reports.

In order to keep the public informed, the Lexington County Coroner's Office is also responsible for communicating with the media. Various local news outlets, including newspapers and television stations, are often aware of certain types of deaths early in an investigation. The law enforcement agency involved may make an initial statement to the media regarding the situation, but LCCO is responsible for providing additional pertinent information as it becomes available.

MANNERS AND CAUSES OF DEATH

The specific injury or condition that led or directly contributed to an individual's death is known as the **cause of death**. The different specific causes are innumerable, and they vary enormously. For example, a cause of death may be Lung Cancer, Asphyxiation, Exsanguination, Myocardial Infarction, or any conceivable disease or injury.

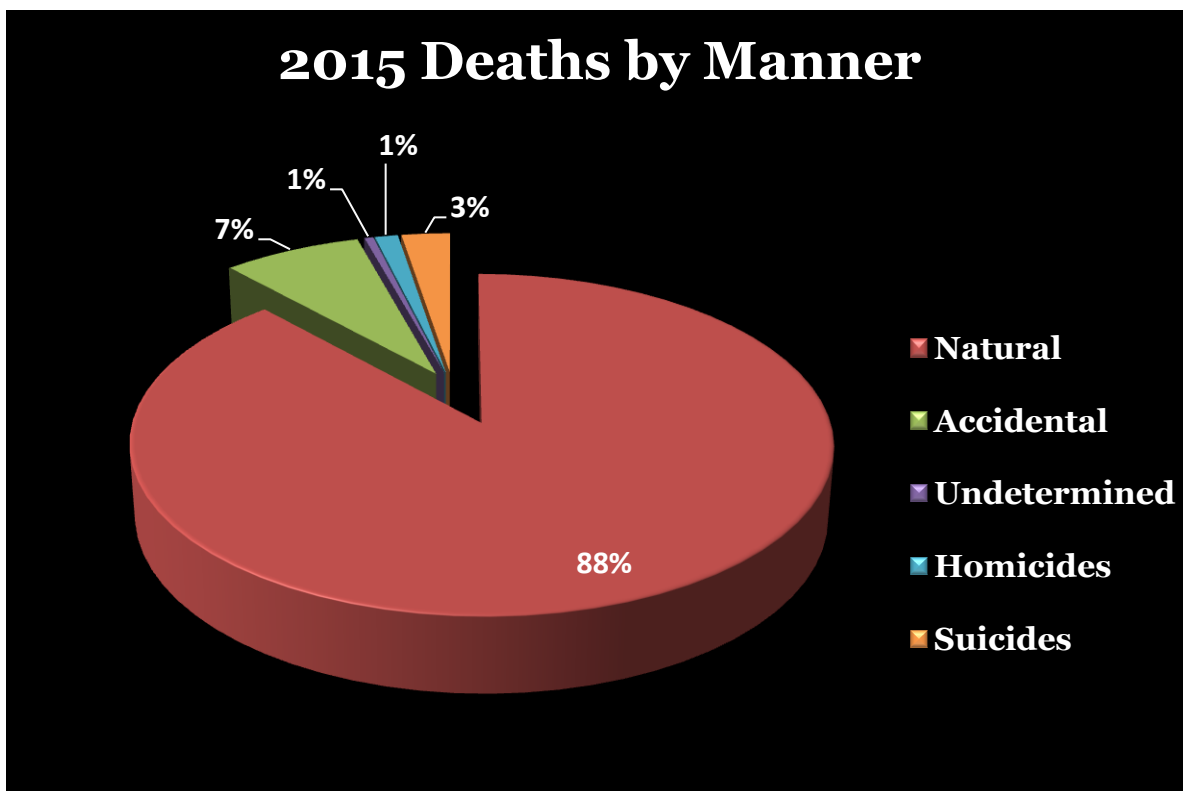
Although the cause of death is typically determined by a decedent's medical history, injuries found during an autopsy and/or toxicology testing, the **manner of death** is determined by the circumstances surrounding the cause. For instance, if a death was caused by a disease, then the manner would be natural. The manner of death is limited to one of the following five classifications:

- **Accident**: Deaths that are not natural but lack any evidence of intent on the part of the decedent or others; motor vehicle collisions, falls, unintentional drug overdoses, etc.
- **Homicide**: Deaths that result from injuries, whether intentionally or negligently, inflicted by another person or people.
- **Natural**: Deaths that occur due to diseases or health conditions that were not the result of some unnatural event.
- **Suicide**: Death resulting from the intentional and purposeful action of a decedent to end his/her life. In some cases, such as drug overdoses, if there are no letters left to establish intent and the individual had not threatened or attempted suicide previously, the death would be classified as an accident.
- **Undetermined**: Deaths are assigned this manner when the evidence and information obtained is insufficient or contradictory, particularly regarding intent, making it impossible to determine a specific manner.

2015 DEATHS PER MANNER

Total Deaths: 1,691

Natural	1,492
Accidental	126
Undetermined	8
Homicides	21
Suicides	44



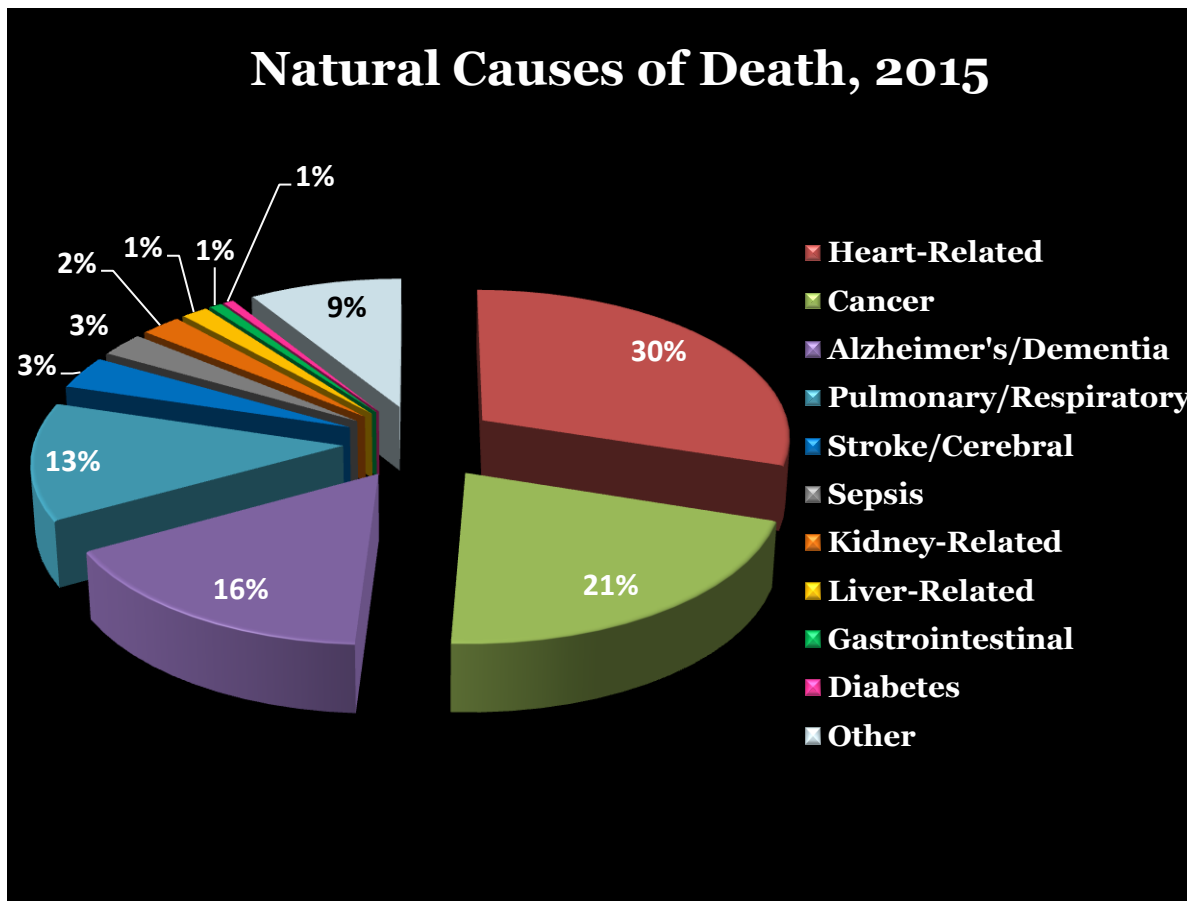
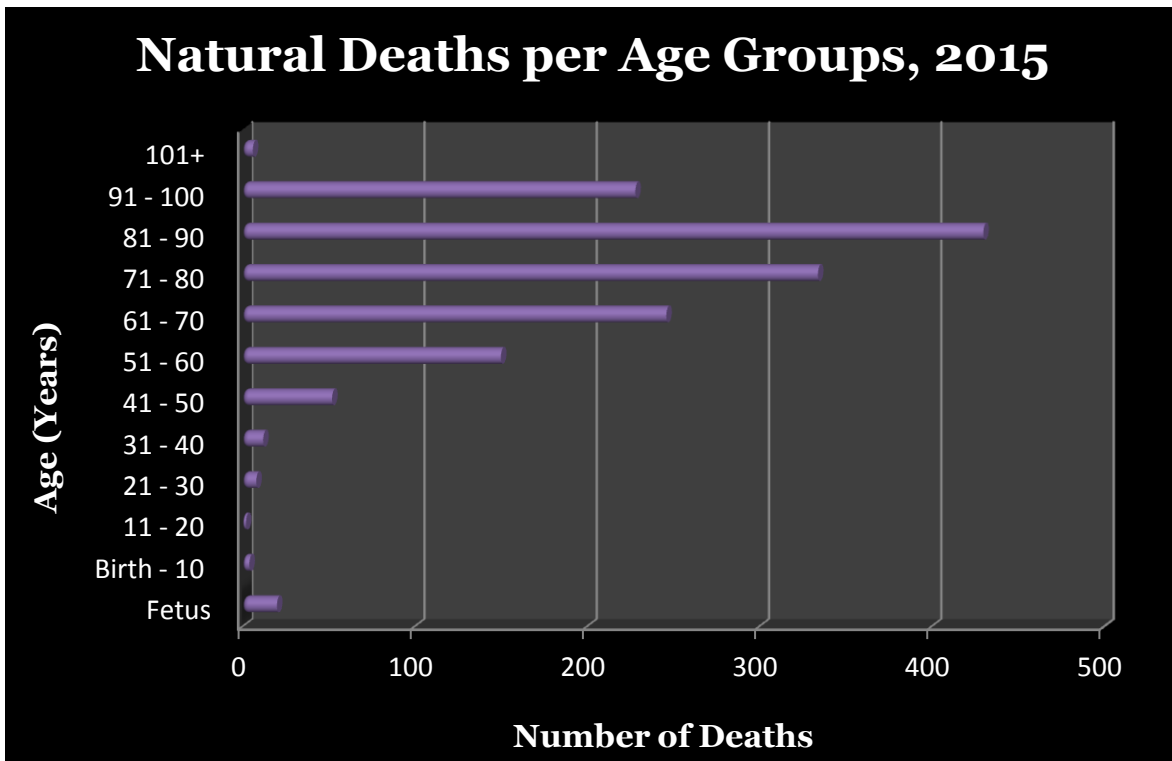
Additional Services Provided in 2015

Bone Investigations:	4
Cremation Permits (for non-LCCO cases):	247
Cremation Permits (for LCCO cases):	621
Notifications for other Jurisdictions:	24
Total Service Requests:	896

2015 NATURAL DEATH STATISTICS

Total Deaths: 1,492
On-Scene Investigations: 381
Limited Investigations: 1,111

Race		Month		Race and Gender	
White:	1,317	January	146	White Males:	608
Black:	159	February	115	White Females:	707
Asian/Indian:	9	March	134	Black Males:	70
Hispanic:	7	April	134	Black Females:	89
		May	135	Asian/Indian Males:	5
		June	102	Asian/Indian Females:	4
		July	103	Hispanic Males:	2
		August	108	Hispanic Females:	5
		September	122	White Undetermined*:	2
		October	126	*Due to Status of Fetus	
		November	128		
		December	139		
Gender					
Male:	685				
Female:	805				
Undetermined:	2				
Age		Number of Cases per Leading Causes of Death			
Fetus:	20	Average age:	75	Heart-Related:	447
Birth - 10 years:	4	Oldest:	107	Cancer:	312
11 - 20 years:	2			Alzheimer's/Dementia:	240
21 - 30 years:	8			Pulmonary/Respiratory:	190
31 - 40 years:	12			Stroke/Cerebral:	53
41 - 50 years:	52			Sepsis:	39
51 - 60 years:	150			Kidney-Related:	35
61 - 70 years:	246			Liver-Related:	23
71 - 80 years:	334			Gastrointestinal:	11
81 - 90 years:	430			Diabetes:	9
91 - 100 years:	228				
101+ years:	6				



Consistent with statewide and national mortality statistics, the majority (88%) of deaths in Lexington County were determined to be natural in manner. Natural deaths in Lexington County accounted for 1,492 of the 1,691 total deaths. Deaths that do not require on-scene investigation, such as deaths of individuals under hospice care, do receive limited investigations. Of the 1,492 natural deaths reported to the Lexington County Coroner's Office in 2015, 1,111 required only limited investigations. The remaining 381 received full, on-scene investigations.

In addition to those 381 natural deaths, the combined 199 deaths classified as accidental, undetermined, homicide, or suicide received full, on-scene investigations. Of the 580 fully investigated deaths in Lexington County, 241 required full autopsies, and 28 required a partial autopsy or toxicology testing to determine the cause of death. Following the necessary postmortem examinations and/or testing, it was determined that 126 deaths (7%) were accidental, 44 deaths (3%) were suicides, 21 deaths (1%) were homicides, and only 8 (1%) were of an undetermined manner.

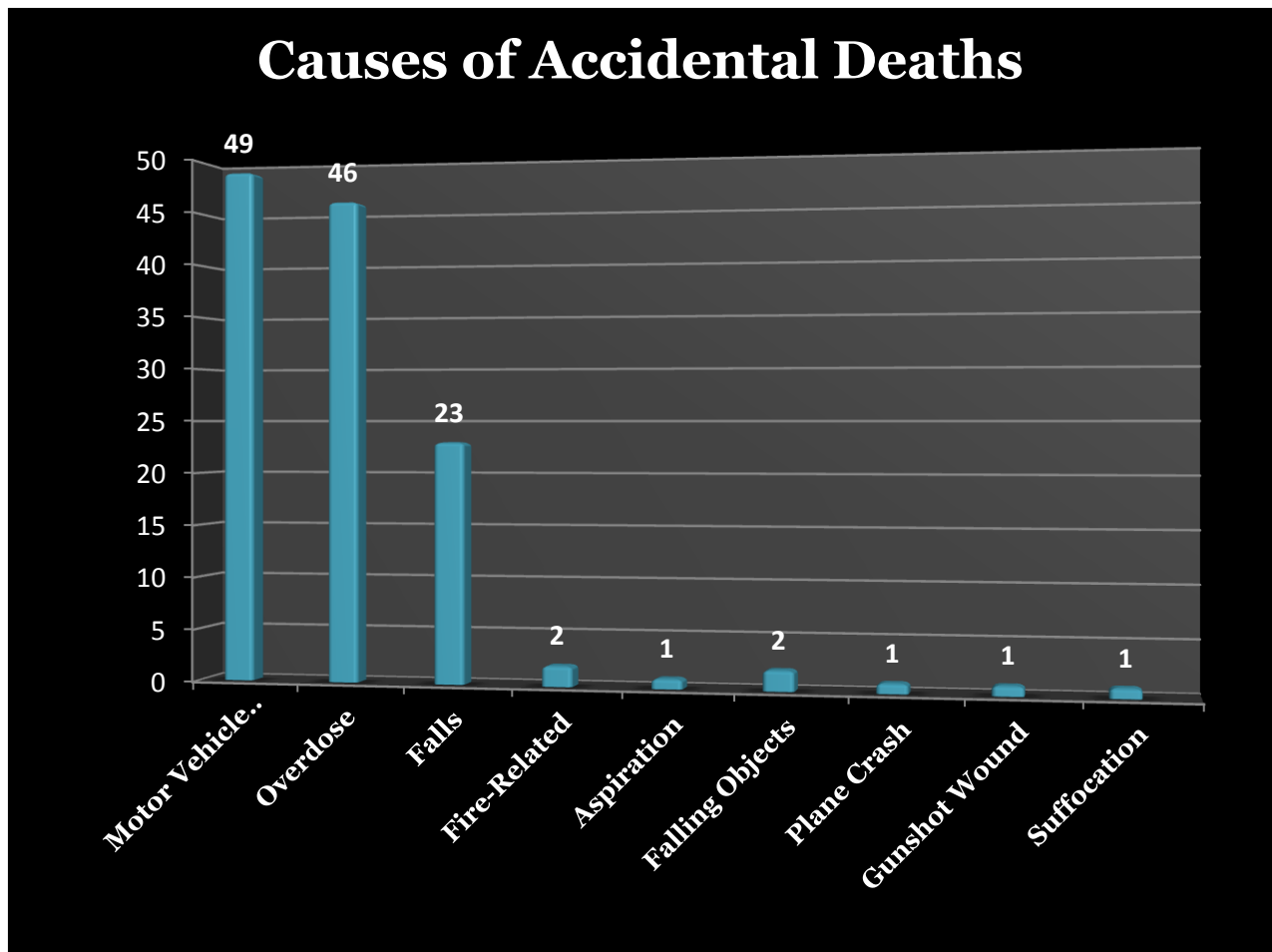
The leading causes of death, nationally, in 2014 were cancer, heart disease, chronic lower respiratory diseases, unintentional injuries, stroke (cerebrovascular accident), Alzheimer's disease, influenza and pneumonia, diabetes, kidney disease, and suicide. In the United States, these causes of death accounted for 73.8% of all deaths in 2014.² In Lexington County, in 2015, 86% of natural deaths resulted from cancer, heart disease and other heart-related issues, pulmonary and respiratory diseases, Alzheimer's disease, stroke, diabetes, and kidney disease. Other significant causes of natural death in Lexington County included sepsis, gastrointestinal conditions, and liver diseases, particularly cirrhosis.

² Centers for Disease Control and Prevention, National Center for Health Statistics, *Mortality in the United States*, 2014.

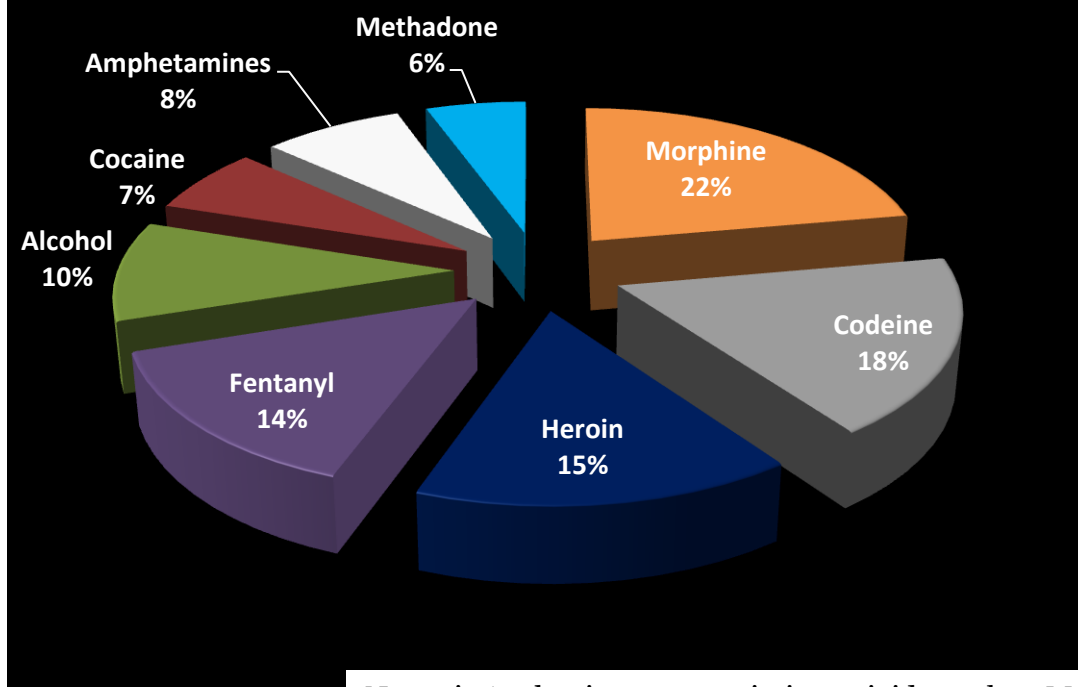
2015 ACCIDENTAL DEATH STATISTICS

Total Deaths: 126

Causes of Death	Deaths per Cause	Average Age per Cause
Motor Vehicle Accidents	49	39.5 years
Overdose	46	44 years
Falls	23	75 years
Fire-Related	2	75.5 years
Aspiration	1	15 years
Falling Objects	2	34 years
Plane Crash	1	85 years
Gunshot Wound	1	44 years
Suffocation	1	3 months



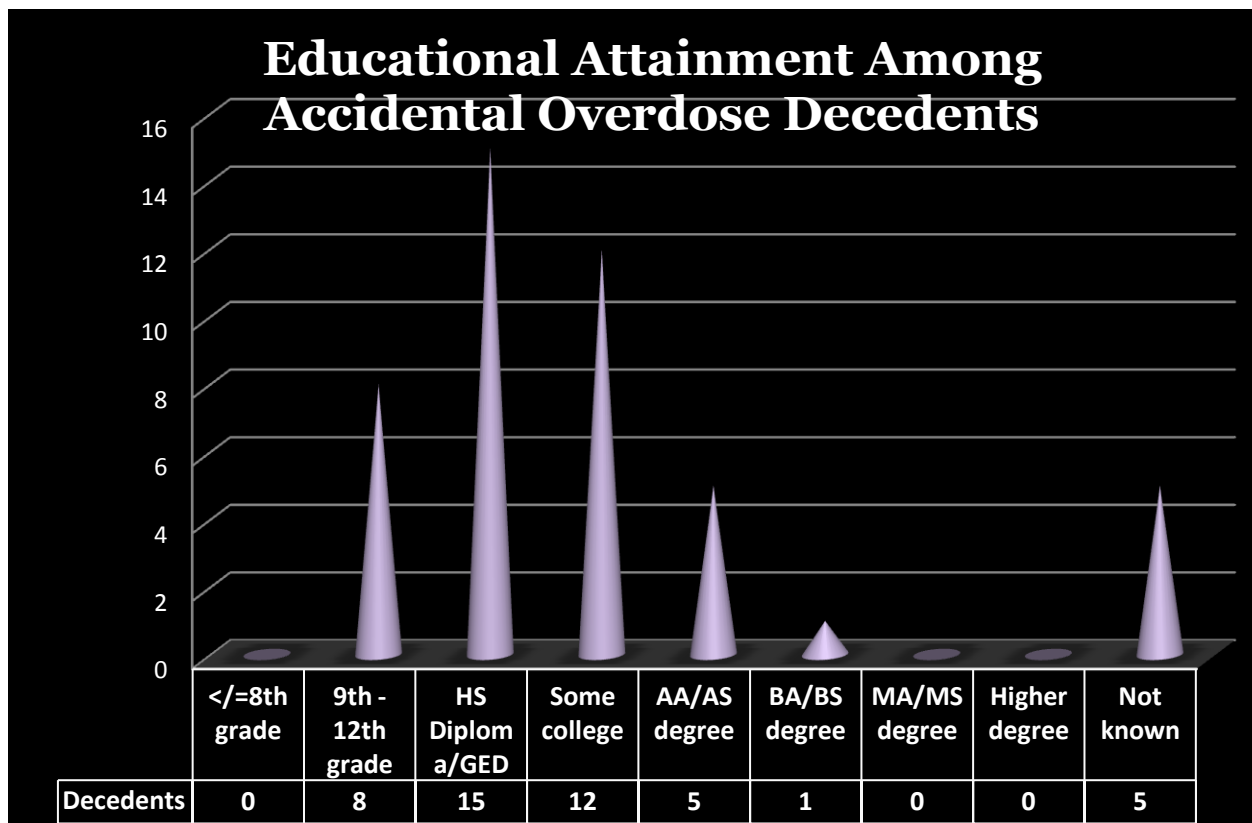
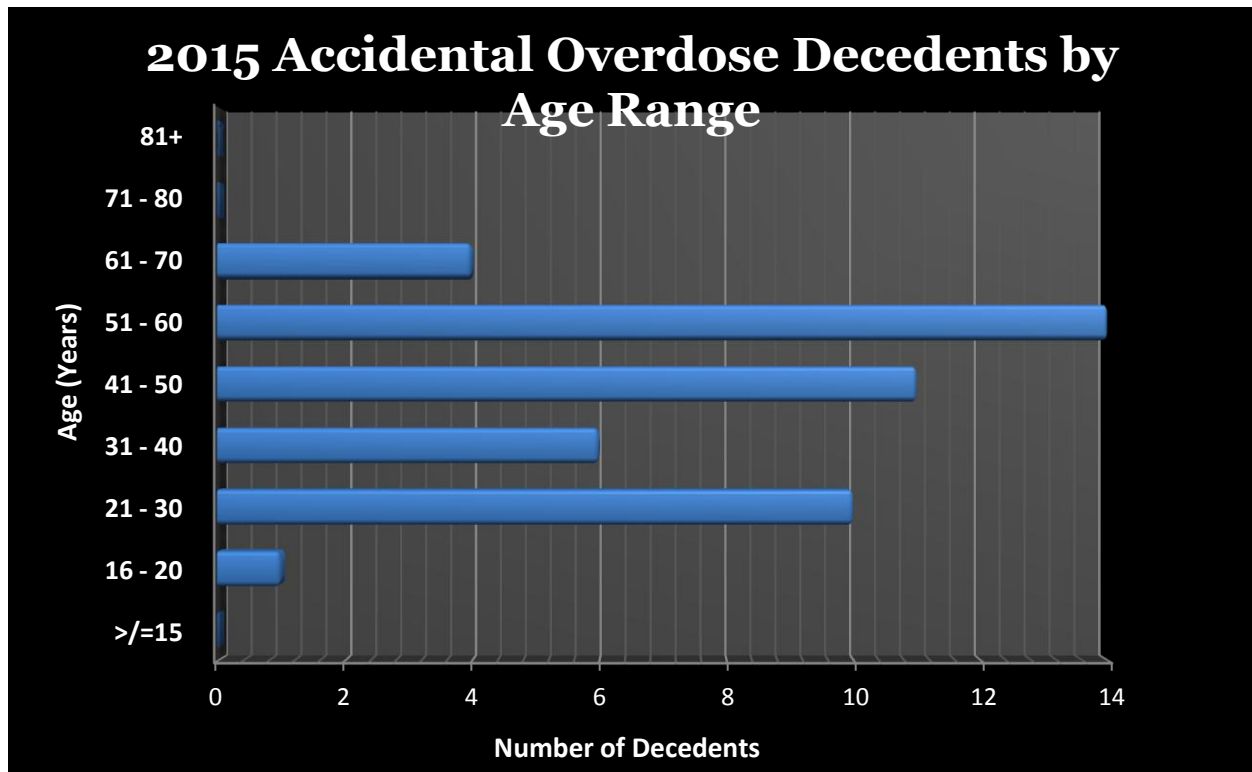
Specific Substances Present Among Accidental Overdose Toxicology Results, 2015

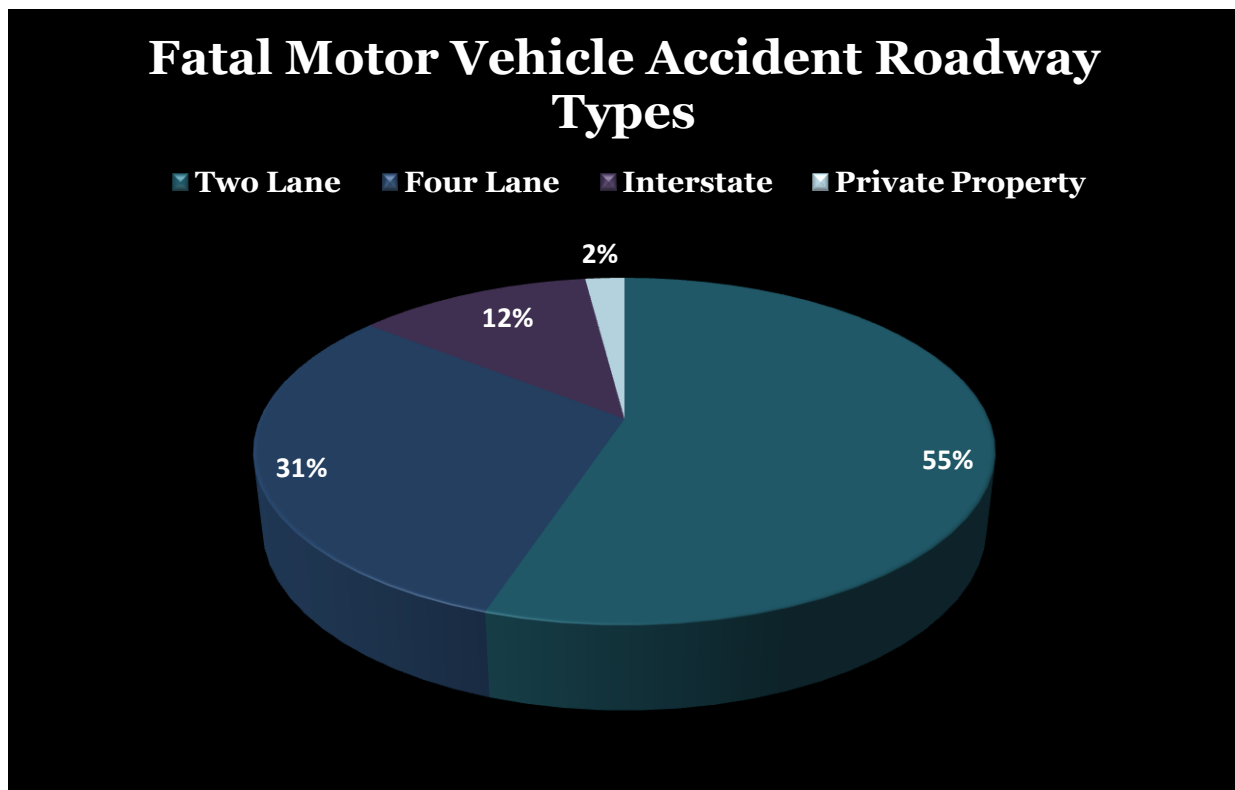
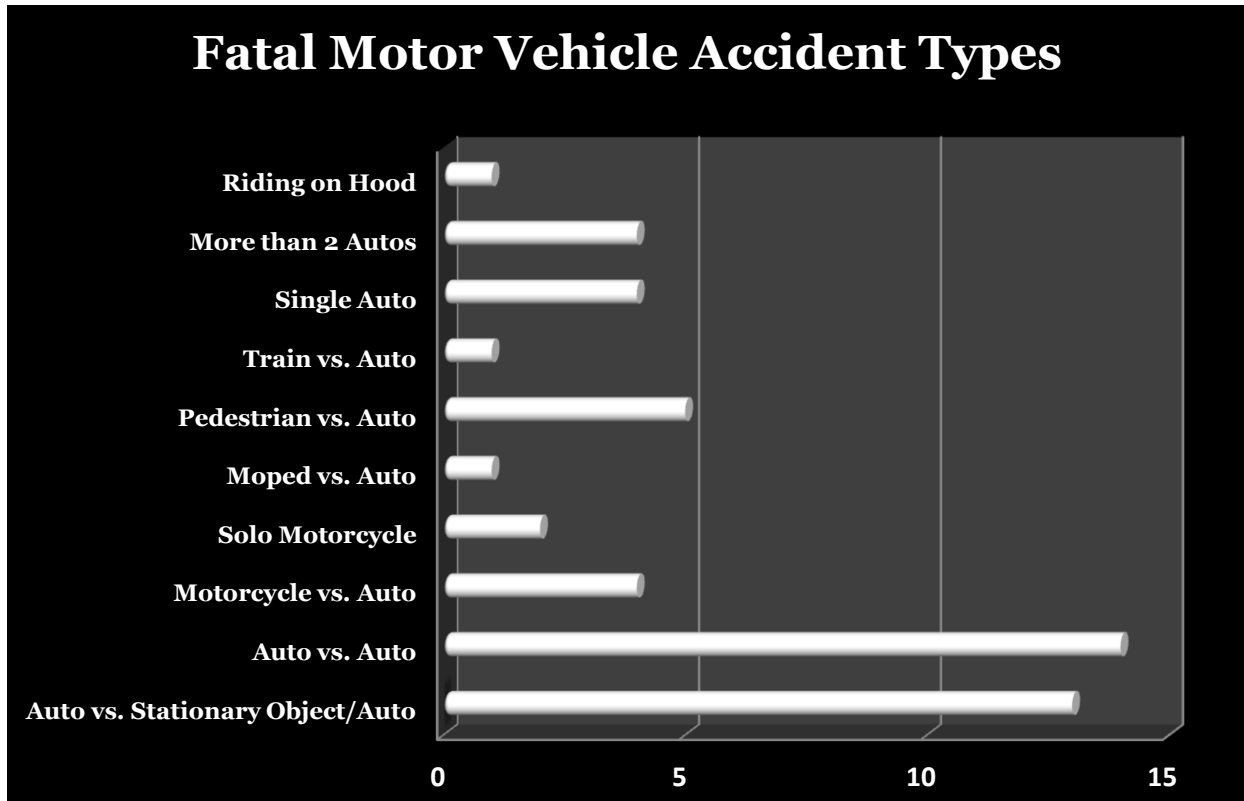


Most Common Specific Substances	
Substance	Cases
Morphine:	20
Codeine:	16
Heroin:	14
Fentanyl:	13
Alcohol:	9
Cocaine:	6
Amphetamines:	7
Methadone:	5

Narcotic Analgesics, or prescription opioids, such as Morphine, Codeine, Fentanyl, and Methadone are of an origin similar to the illicit drug heroin. Due to their potential to produce euphoric effects, they are frequently used nonmedically. All four of these specific substances may be injected or swallowed, and some of them are also snorted or smoked. Medically, Methadone is used to treat opioid addiction, while the other three are typically used to relieve pain. Morphine, a natural substance, is actually used to produce heroin. The potential effects of heroin include nausea, vomiting, infection of the lining and valves in the heart, dangerously slow heart rate and breathing, and, of course, death. When used in conjunction with alcohol, a depressant, the likelihood of severe effects, including

death, increases. The risk of sudden death related to cocaine also increases when combined with alcohol. Cocaine alone may cause erratic and violent behavior, psychosis, issues with heart rhythm, heart attack, seizure, stroke, coma, and infection and death of bowel tissue due to decreased blood flow, as well as many other health issues. Cocaine and amphetamines are both stimulants; however, amphetamines are prescription medications, including Adderall and Ritalin. Due to the therapeutic effects, such as increases of dopamine, amphetamines are commonly misused.





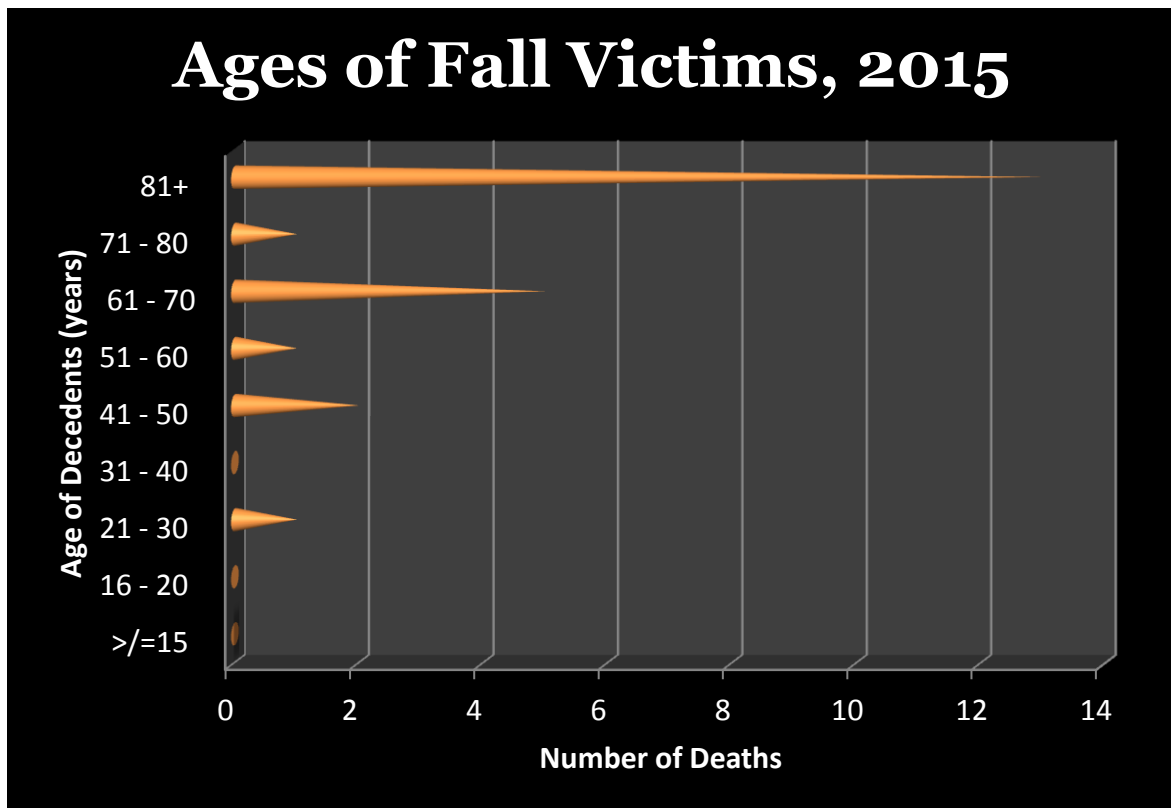
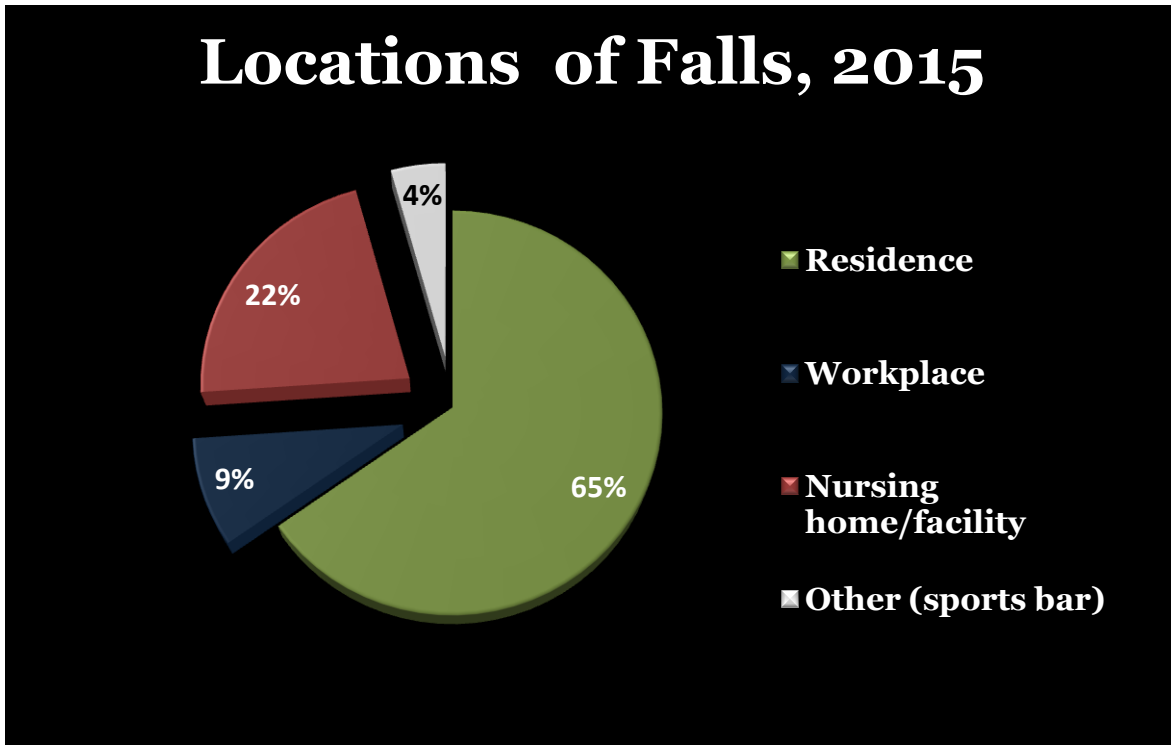
2015 FATAL ACCIDENTAL FALL STATISTICS

Total Deaths: 23

Race	Month	Race and Gender
Hispanic: 1	January 1	Hispanic Males: 1
Multi-Racial: 1	February 3	Hispanic Females: 0
White: 21	March 1	Multi-Racial Males: 1
	April 1	Multi-Racial Females: 0
	May 3	White Males: 10
	June 1	White Females: 11
	July 4	
	August 2	
	September 0	
	October 3	
	November 2	
	December 2	
Gender		Location of Fall
Male: 12		Residence: 15
Female: 11		Workplace: 2
		Nursing home/facility: 5
		Other (sports bar): 1
Age		Cause of Death (due to or in conjunction with fall)
>/=15 years: 0		Subdural Hematoma 14
16 - 20 years: 0		Skull Fracture 3
21 - 30 years: 1		Arrhythmia 1
31 - 40 years: 0		Cardiogenic Shock 1
41 - 50 years: 2		Adult Failure to Thrive 2
51 - 60 years: 1		Pulmonary Embolism 1
61 - 70 years: 5		Respiratory Failure 1
71 - 80 years: 1		Dementia 1
81+ years: 13		
	Average age: 75 Youngest: 24 Oldest: 97	
Factors Contributing to Fall and/or Injuries		
Dementia 4		
Drugs/Alcohol 3		
Osteoporosis 1		

Number of Falls that were Traumatic: **3**

Average Age of Traumatic Fall Victims:	53
Traumatic Falls from Rooftops (while working):	2
Traumatic Falls Down Stairs (at home):	1



2015 OTHER ACCIDENTAL DEATH STATISTICS

Total Deaths: 8

Accident Types	Specific Causes of Death	
Fire	2	Burns / Multisystem Organ Failure
Aspiration	1	Aspiration of pool/ocean water
Falling Objects	2	Head/Body trauma due to falling tree
Plane Crash	1	Multiple blunt force injuries
Gunshot Wound	1	Gunshot wound to head
Suffocation	1	Suffocation due to co-sleeping (infant sleeping with adult)

Race and Gender

Average age of decedents:	45
Youngest (suffocation):	3 months
Oldest (plane crash):	85

Hispanic Males:	0
Hispanic Females:	0
Black Males:	3
Black Females:	1
White Males:	4
White Females:	0

Fire Causes:

Grease fire led to home fire.
Sparks from power tool ignited clothing.

Plane Crash Circumstances:

Decedent was pilot of small airplane; issues with the airplane's engine were reported prior to the plane crashing into a pond.

Falling Object Circumstances:

Tree being cut by decedent fell opposite the intended direction, causing it to strike him.
Tree fell through roof of decedent's home.

Circumstances of Suffocation / Dangers of Co-Sleeping:

In this specific instance, a 3-month-old infant was sleeping in the arms of her father, who was also asleep. When he awoke, he found her unresponsive.

Gunshot Wound Circumstances:

Handgun being fired by decedent kicked back, following an intended shot, and accidentally discharged.

Aspiration Circumstances:

Decedent aspirated on ocean water; however, due to being a child of a premature multiple birth, his respiratory system was already compromised.

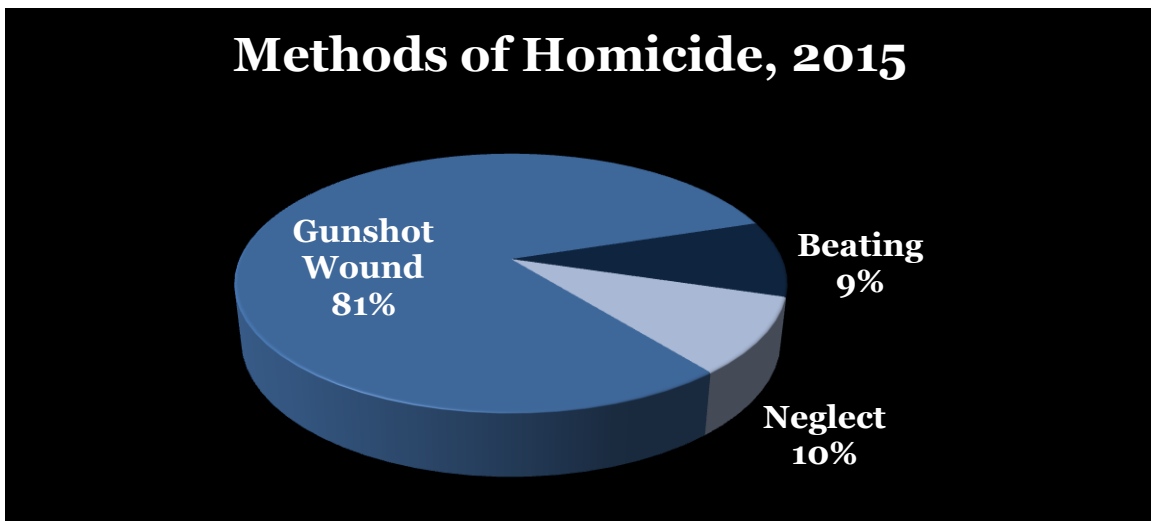
Infant deaths due to co-sleeping are alarmingly frequent, and these deaths are entirely preventable. Despite the urge to sleep with an infant in your arms, whether to pacify the child or to be close to him/her, please be aware that this can create a lethal situation.

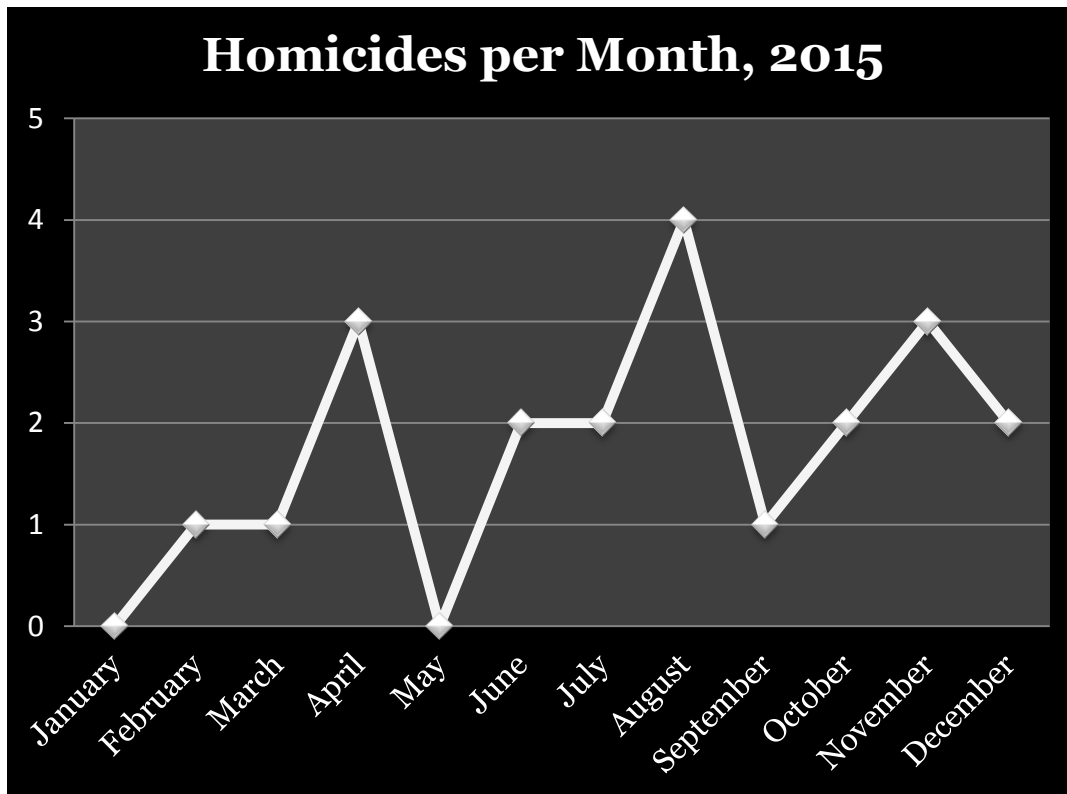
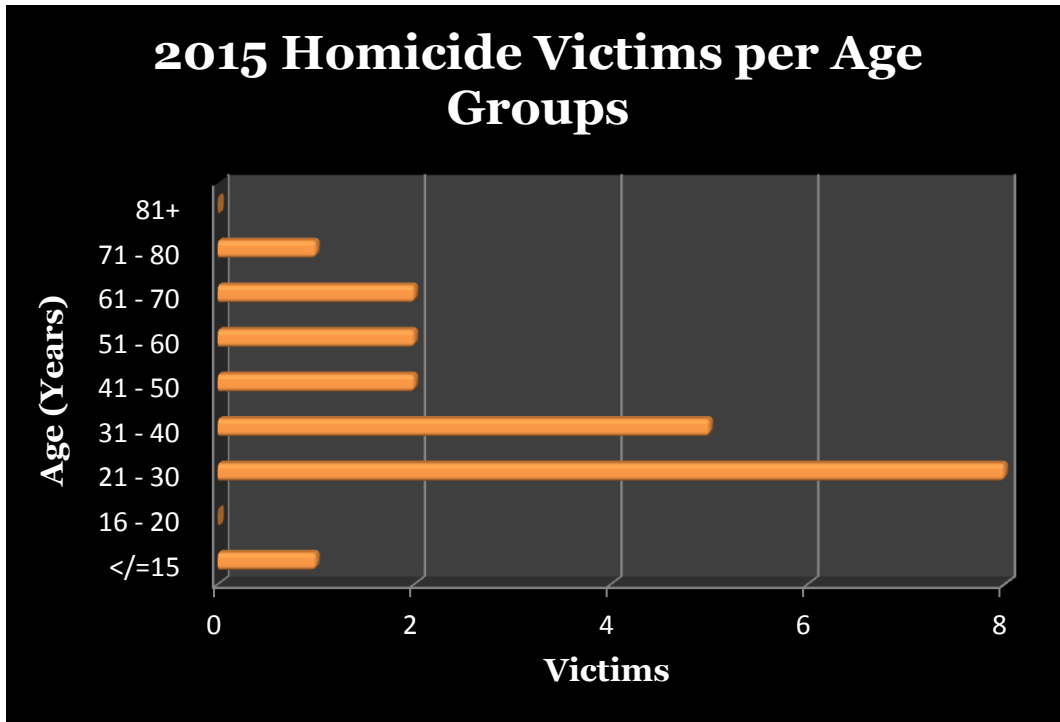
2015 HOMICIDE STATISTICS

Total Deaths: 21

Race	Month	Race and Gender
Black: 6	January 0	Black Males: 6
Hispanic: 3	February 1	Black Females: 0
White: 12	March 1	Hispanic Males: 3
	April 3	Hispanic Females: 0
	May 0	White Males: 8
	June 2	White Females: 4
	July 2	
	August 4	
	September 1	
	October 2	
	November 3	
	December 2	
Gender		Methods
Male: 17		Gunshot Wound 17
Female: 4		Beating 2
		Neglect 2
Age		Shooting Victims
</=15 years: 1		Black Males: 4
16 - 20 years: 0		Hispanic Males: 3
21 - 30 years: 8		White Males: 7
31 - 40 years: 5		White Females: 3
41 - 50 years: 2		Average age: 34
51 - 60 years: 2		
61 - 70 years: 2		
71 - 80 years: 1		
81+ years: 0		

Average age:	37
Youngest:	12
Oldest:	79





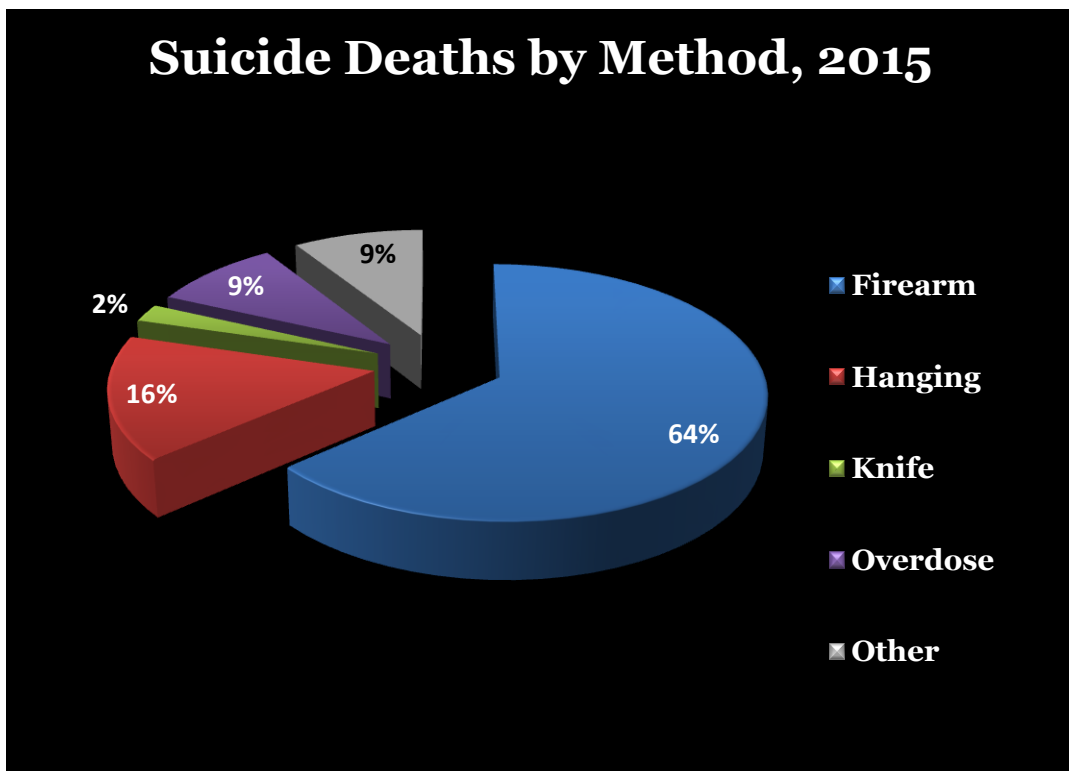
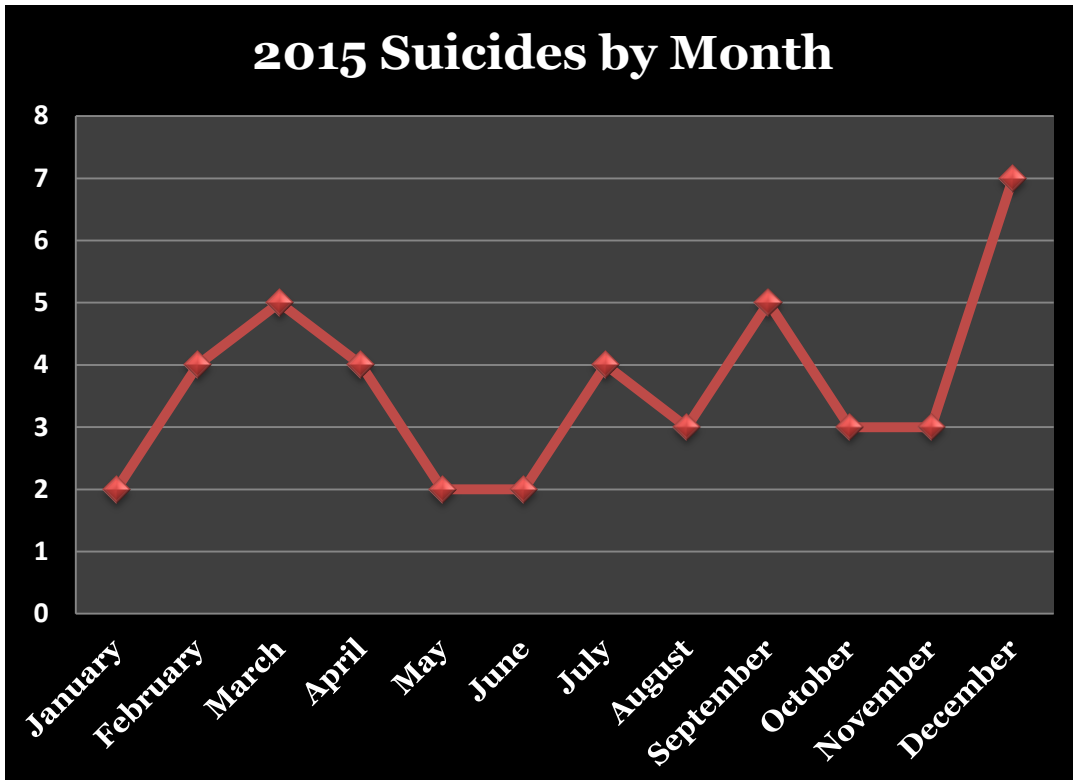
2015 SUICIDE STATISTICS

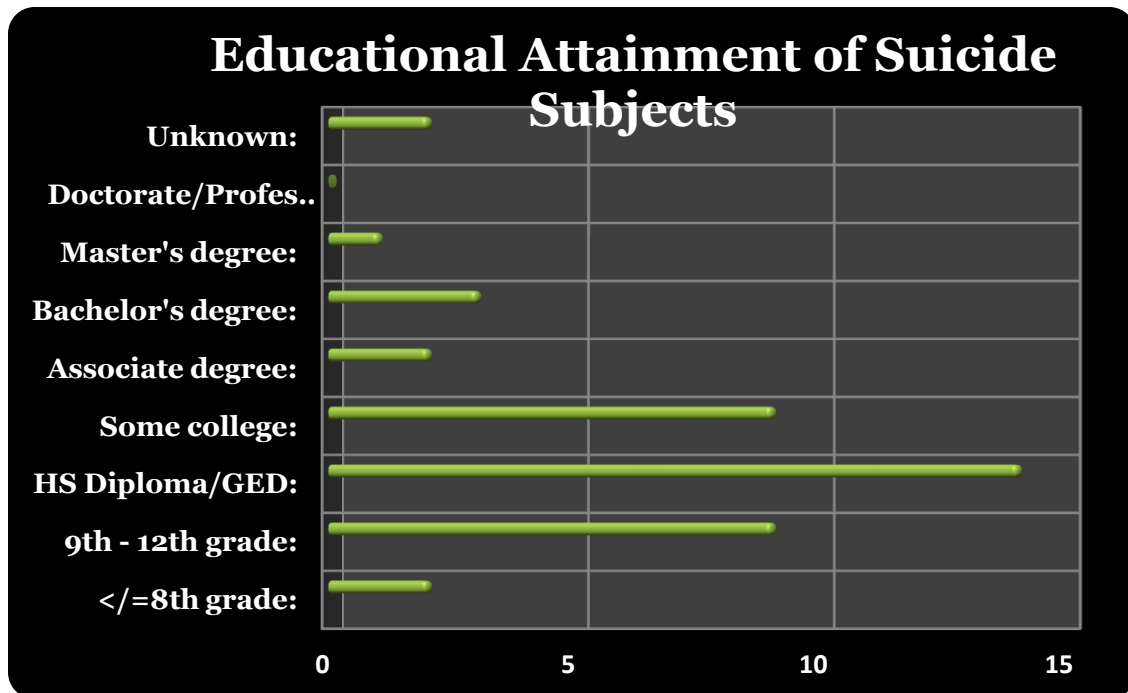
Total Deaths: 44

<u>Race</u>	<u>Month</u>	<u>Race and Gender</u>
Black: 2	January 2	Black Males: 2
Hispanic: 1	February 4	Black Females: 0
White: 41	March 5	Hispanic Males: 1
	April 4	Hispanic Females: 0
	May 2	White Males: 29
	June 2	White Females: 12
	July 4	
	August 3	
	September 5	
	October 3	
	November 3	
	December 7	
<u>Gender</u>	<u>Letters at Scene</u>	<u>Methods</u>
Male: 32	Total: 15	Firearm 28
Female: 12	Male: 10	Hanging 7
	Female: 5	Knife 1
		Overdose 4
		Other 4
<u>Age</u>	<u>Positive for Alcohol/Drugs</u>	
</=15 years: 1	Total: 29	
16 - 20 years: 1	Male: 19	
21 - 30 years: 6	Female: 10	
31 - 40 years: 9		
41 - 50 years: 11		
51 - 60 years: 8		
61 - 70 years: 6		
71 - 80 years: 2		
81+ years: 0		

Average age:	45
Youngest:	15
Oldest:	73

Additional Information of Decedents 18 years of age and older:			
Education		Marital Status	
</=8th grade:	2	Married:	12
9th - 12th grade:	9	Divorced:	15
HS Diploma/GED:	14	Widowed:	2
Some college:	9	Separated:	3
Associate degree:	2	Single, never married:	9
Bachelor's degree:	3	Unknown:	1
Master's degree:	1		
Doctorate/Professional:	0		
Unknown:	2		
Decedents who ever served in United States Armed Forces: 10			





Although there are relatively few studies regarding how education impacts suicide rates, the available studies have shown a significant negative correlation between educational attainment and suicide rates. Individuals who complete college are significantly less likely to commit suicide.⁴

As the above chart displays, the majority of individuals who committed suicide in Lexington County in 2015 had earned, at most, a high school diploma or GED. It is also important to note that, according to the United States Census Bureau, only 28.7% of the population of Lexington County had achieved a Bachelor's degree or higher between 2010 and 2014.

Other socioeconomic factors, such as poverty, contribute to suicide rates as well.⁵ The U.S. Census Bureau found, in 2015, that 13.8% of the population of Lexington County was living in poverty. Unfortunately, the poverty thresholds used to reach that percentage do not accurately reflect the number of people who are experiencing financial hardship. In fact, although research has found that people with an annual

⁴ Ernest L. Abel and Michael L. Kruger, "Educational Attainment and Suicide Rates in the United States," *Psychological Reports*, 2005.

⁵ Mandi Woodruff, "Keeping Up With The Joneses' Could Lead To Suicide," *Business Insider*, November 2012.

income of less than \$34,000 were 50% more likely to commit suicide, the poverty thresholds assert that an annual income of \$34,077 is enough to sustain a household of one adult and six children under 18 years of age. ⁶

Considering the number of Lexington County citizens who are located in rural areas, this must be included as a factor. Rural residents are generally less likely to seek and/or receive adequate mental health services. Due to the shortage of mental health providers in rural areas, the distance that individuals would have to travel to seek mental health services is often too great. Citizens in rural areas are also less likely to have insurance that covers mental health services, and the stigma associated with receiving mental healthcare remains severe enough to create a deterrent.

All suicides are preventable. Unfortunately, so many people feel that they have no hope, no other choice. There are many sources of help and hope for those considering suicide, as well as for concerned friends and loved ones. The only way to lessen these tragedies, and their impact on our families and communities, is to get involved. Below are just a few of the available resources:

National Suicide Prevention Lifeline, available 24/7, at 1-800-273-TALK (8255)

www.suicidepreventionlifeline.org

www.ruralhealthinfo.org/topics/mental-health/websites-tools

www.state.sc.us/dmh/lccmhc/resources.html

PLEASE DO NOT HESITATE TO SEEK HELP!!

⁶ U.S. Census Bureau, *Poverty Thresholds for 2015 by Size of Family and Number of Related Children Under 18 Years*, 2015.

2015 UNDETERMINED DEATH STATISTICS

Total Deaths: 8

Causes of Death	Deaths per Cause	Average Age per Cause
Anoxic Encephalopathy	1	10 months
Encephalopathy	1	21 years
Sudden Unexplained Infant Death	2	45 days
Undetermined	4	2.5 months

Average age:	2.77 years
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Unfortunately, despite the investigations conducted by the Lexington County Coroner's Office and other agencies, it is not always possible to determine, with absolute certainty, the manner and/or cause of death. In many of these eight cases, the Lexington County Sheriff's Department and the SC Department of Social Services (DSS) also completed investigations. Although there was much information gathered, it could not be proven that the deaths were completely accidental, natural, or caused by intentional acts.

In at least three of these particular cases, the decedents, infants, had been co-sleeping with an adult. Co-sleeping could not be determined to have been the specific cause of death; however, it was likely a contributing factor. According to information obtained from the March of Dimes, approximately half of all SIDS (sudden infant death syndrome) deaths occur when an infant shares a bed, sofa, or sofa chair with another person. The highest risk of SIDS is when infants are less than 4 months of age. To lower the risk of SIDS, the American Academy of Pediatrics recommends room-sharing, rather than bed-sharing or co-sleeping. Room-sharing refers to placing an infant in his or her own bassinet or crib near the bed of a parent or caregiver, which enables the caregiver to feed and check on the infant easily.⁷

⁷ March of Dimes, *Bed-sharing*, 2015.

COMMUNITY OUTREACH

In addition to the many responsibilities of the Lexington County Coroner's Office, we are in the process of implementing programs to increase the positive impact that we have on our community. We have already visited some local schools, upon request, to educate students about what we do and remind them of the importance of making wise decisions in regard to driving, drinking, and other issues they may face. The classes that we have visited have been part of criminal justice or forensics programs. Some school groups have also visited our office, which we welcome and encourage. We are happy to coordinate with teachers and/or administrators.



Clockwise from top left: Airport High School students, Brookland Cayce High School students, and Batesburg Leesville High School students.



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