

DEKALB COUNTY MEDICAL EXAMINER'S OFFICE



ANNUAL REPORT

GERALD T. GOWITT, M.D.
CHIEF MEDICAL EXAMINER

PATRICK L. BAILEY
DIRECTOR

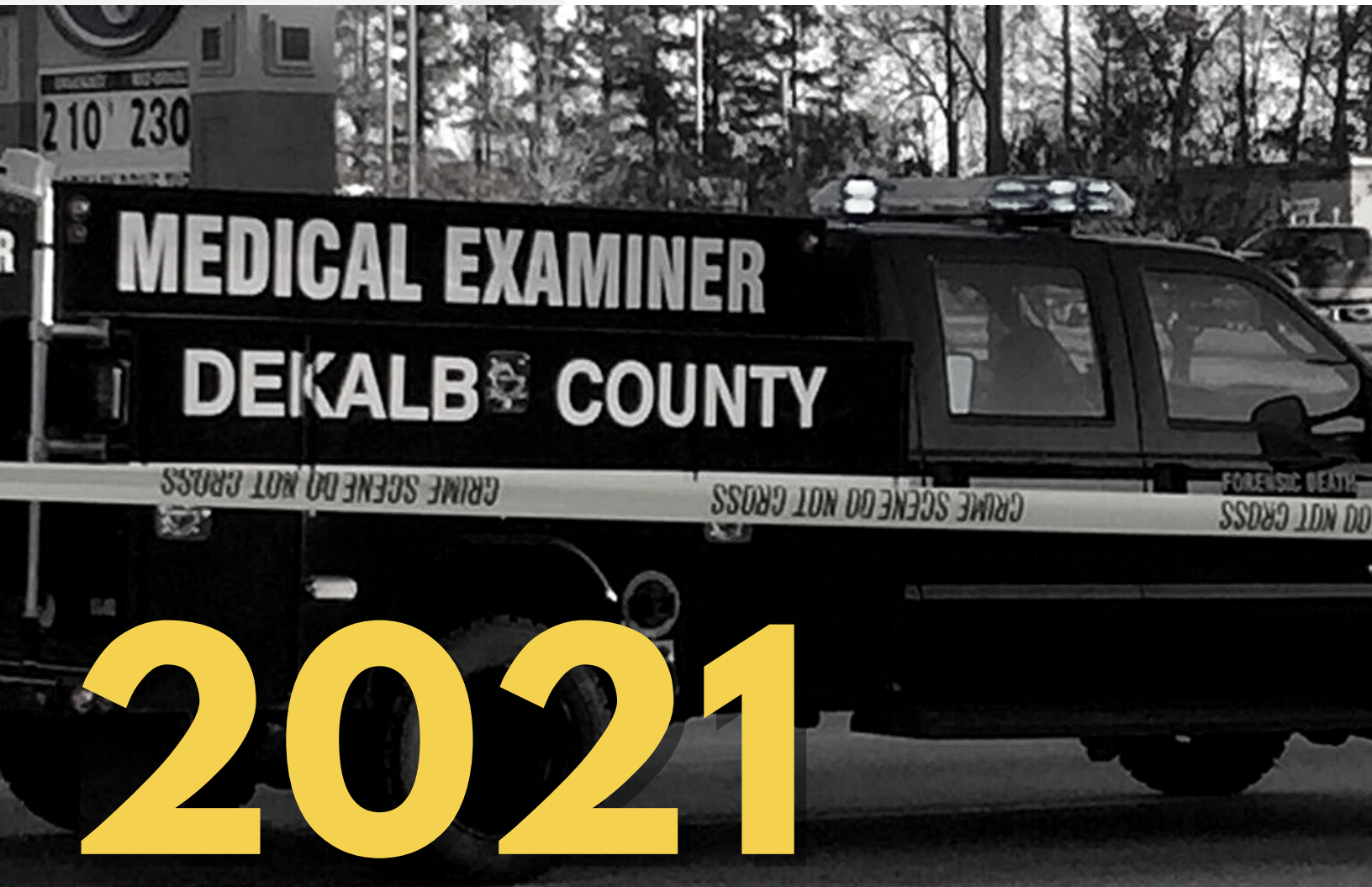


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REPORT PREPARED BY: CLAIRE WALICZEK

MESSAGE TO THE DEKALB COUNTY CEO AND THE BOARD OF COMMISSIONERS

The DeKalb County Medical Examiner's Office (DCMEO) conducts inquiries into reported deaths within the jurisdictional boundaries of DeKalb County, Georgia. This authority is outlined under the provisions of the Georgia Death Investigations Act (O.C.G.A. 45-16-20). These inquiries include, but are limited to, deaths reported by law enforcement agencies, medical institutions, long term care and assisted living facilities, correctional facilities, funeral services, and State Vital Records.

Under the Georgia Death Investigation Act, the Medical Examiner's Office shall be notified of the following types of death:

1. As a result of violence;
2. By suicide or casualty;
3. Suddenly when in apparent good health;
4. In any suspicious or unusual manner, with particular attention to those individuals 16 years of age and under;
5. After birth but before seven years of age if the death is unexpected or unexplained;
6. As a result of an execution carried out pursuant to the imposition of the death penalty under Article 2 of Chapter 10 of Title 17;
7. When an inmate of a state hospital or a state, county, or city penal institution;
8. After having been admitted to a hospital in an unconscious state and without regaining consciousness within 24 hours of admission;
9. As a result of an apparent drug overdose;
10. Who is a pregnant female or a female who was pregnant within 365 days prior to such female's death; provided, however, that this paragraph shall not apply to a female whose death resulted from an incidental or accidental cause, including a motor vehicle accident, or from any other event or condition where it is apparent that the death was not causally related to the care of or physiology of pregnancy or its maintenance; or
11. When unattended by a physician.



PATRICK L. BAILEY
Director

MESSAGE TO THE DEKALB COUNTY CEO AND THE BOARD OF COMMISSIONERS (CONTINUED)

In order to meet this mission in 2021, DCMEO, like many other counties and municipalities across the United States, was challenged by the continuing impact of COVID 19 and the evolution of the viruses, the impactful rise of the opioid crises and traumatic incidents, and significant increase in reported natural deaths.

In addition to operational concerns, external stakeholders request for data and information also increased significantly. In order to meet this challenge, data partnerships with our law enforcement, hospitals, public health, and other State agencies to exchange data in real time. The most notable was creating a direct link to State Vital Records to provide death certificate data in a more efficient and timely fashion.

There was also an increase in demand to provide an educational environment for medical residents, public health master programs, internships in forensic science and criminal justice, and a military detachment. In order to facilitate educating current and future medical, public health, and forensic scientist affiliation agreements were put in place.

Along with enhancing operational and training opportunities, upgrades in facility HVAC and modifications to administrative office space to maximize utilization and air quality were initiated.

We want to extend our sincere gratitude to the DeKalb County CEO Michael Thurmond and the Board of Commissioners for their continued support for the Medicolegal Death Investigative Service we provide to the Citizens of DeKalb County, Georgia.



PATRICK L. BAILEY
Director

DEPARTMENT LOCATION

**ADMINISTRATIVE &
OPERATIONAL FACILITY**

**3550 KENSINGTON ROAD
DECATUR, GEORGIA
30032**





MISSION STATEMENT

DeKalb County Medical Examiner's Office will provide comprehensive professional forensic death investigations and conduct thorough post mortem examinations within our jurisdiction, for it is not justice that we seek, but the truth in death so that justice may be served.

DEPARTMENT DESCRIPTION

The DeKalb County Medical Examiners Office performs investigations, post mortem examinations, and forensic scientific testing into deaths that are required by law to be reported under the provisions of the Georgia Death Investigation Act.

Department promotes the following DeKalb County Strategic Priorities:

- Enhanced Public Safety
- Ensure Efficient Operations
- Invest in Employees
- Improve Internal Communication, Collaboration, and Implementation
- Promote Fiscal Integrity



GEOGRAPHIC INFORMATION

Area: **271 mi²**

Population: **757,718**

-0.9% population decrease since 2020

Age:

- < 5: **6.9%**
- 6 - 18: **23%**
- 19 - 64: **57.2%**
- > 65: **12.9%**

Sex:

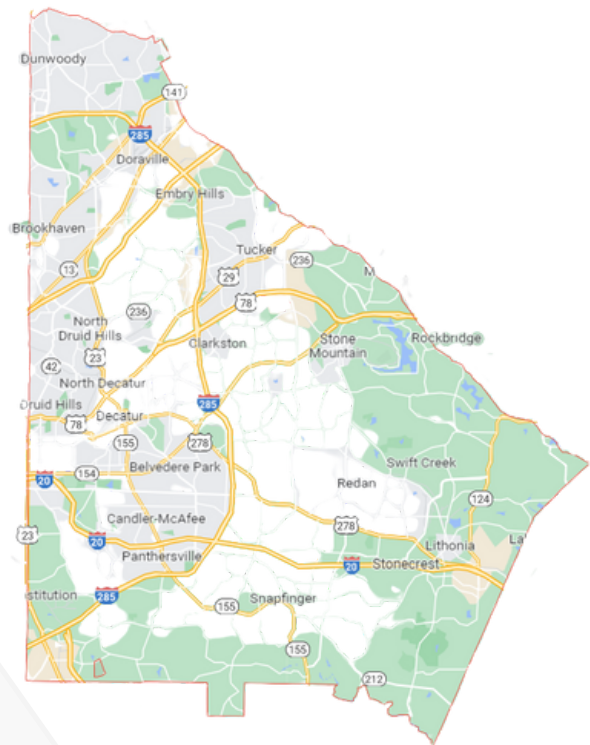
- Females: **52.8%**
- Males: **47.2%**

Race & Ethnicity:

- Black or African American: **54.8%**
- White: **35.9%**
- Asian: **6.5%**
- American Indian or Alaskan Native: **0.5%**
- Two or More Races: **2.2%**
- Hispanic or Latino: **8.5%**
- White alone, not Hispanic or Latino: **29.3%**

Veterans: **4.8%**

Foreign born persons: **16.4%**



7.15%

According to the U.S. Census Bureau, DeKalb County is the 4th largest county in the state of Georgia accounting for over 7% of the total population.

FACILITIES

Age of Building: 26 years

Size of Facility: 18,238 sq.ft

Size of Autopsy Suite: 1,200 sq.ft

- Including separate suite for decomposed bodies and infectious disease cases

Number of Autopsy Tables: 14

SUPPORT SERVICES

Toxicology Lab: Georgia Bureau of Investigations (GBI) Crime Lab & National Medical Services, Inc. (NMS)

Radiologic and Histology Facilities are located on-site

Forensic Science Lab: Georgia Bureau of Investigations (GBI) Crime Lab

Forensic Dentistry: Dr. Thomas David

Forensic Anthropology: Dr. Rick Snow

Forensic Neurology: Dr. Stephen Hunter

Forensic Entomology: University of Georgia Entomology Department



JURISDICTION

The DeKalb County Medical Examiner's Office (DCMEO) serves all incorporated and unincorporated areas within DeKalb County. In 2021, these areas included all, or parts of, the cities of Atlanta, Avondale, Brookhaven, Chamblee, Clarkston, Decatur, Doraville, Dunwoody, Lithonia, Pine Lake, Stone Mountain, Stone Crest, Tucker, unincorporated DeKalb County, and other areas served by special law enforcement agencies such as Georgia State Patrol, MARTA and post-secondary educational institutions campus police/law enforcements agencies.

As per State Law, deaths occurring on State owned and/or State leased property may be investigated by the State Medical Examiner's Office (Georgia Bureau of Investigation).

Under the provisions of the Georgia Death Investigation Act (§ 45-16-20), DCMEO investigates deaths, as are described in detail on the next page.



**FORENSIC DEATH
INVESTIGATIONS**

GEORGIA DEATH INVESTIGATION ACT

The Georgia statute describing the duties of Medical Examiners in Georgia is detailed within the Official Code of Georgia Annotated, Title 45, Chapter 16, titled the "Georgia Death Investigations Act."

The type of death(s) required to be reported to the Medical Examiner include: 1

- a. All violent deaths, which includes all homicides, suicides, and accidents
 - o Sudden when in apparent good health
 - o When unattended by a physician
 - o Suspicious or unusual
 - o Children after live birth but before seven years of age if death is unexpected or unexplained
 - o Executions pursuant to the death penalty
 - o Patient of a state hospital, or inmate of a state, county, or city penal institution
 - o Admitted to hospital unconscious and dying within 24 hours without regaining consciousness
 - o 9. As a result of an apparent drug overdose;
 - o 10. Who is a pregnant female or a female who was pregnant within 365 days prior to such female's death; provided, however, that this paragraph shall not apply to a female whose death resulted from an incidental or accidental cause, including a motor vehicle accident, or from any other event or condition where it is apparent that the death was not causally related to the care of or physiology of pregnancy or its maintenance; or
 - o 11. When unattended by a physician.
 - o

Decisions about performing autopsies that are not legally mandated are left to the discretion of the Medical Examiner, except in children between birth and seven years of age if the death is unexpected or unexplained, in which case an autopsy is legally required.

When a death is reported to DCMEO, jurisdiction is either accepted (AJ) or declined (DJ). If a case is accepted, that means the Medical Examiner will be certifying the cause and manner of death and will be signing the death certificate.

A death case is accepted if it meets the criteria specified in the Georgia Death Investigation Act, and:

- o The agonal events that caused and/or contributed to death occurred in DeKalb County, or
- o If the place of incident or onset of fatal events is unknown, and the death occurred or the decedent was found in DeKalb County

A death case may be declined if:

- o The events that caused or contributed to death did not occur in DeKalb County
- o The deceased was attended by a physician and/or was under hospice care at the time of death.

COMMON MEDICAL HISTORIES THAT MAY NOT REQUIRE AUTOPSY

- Atherosclerotic Cardiovascular Disease (ASCVD)
- Congestive Heart Failure (CHF)
- Hypertensive Cardiovascular Disease (HCVD)/High Blood Pressure (HBP)
- Morbid Obesity
- HIV/AIDS
- Cancer, depending on type and stage
- Renal Disease, depending on stage
- Diabetes Mellitus, particularly if insulin dependent

APPROACHES TO THE EXAMINATION OF THE DECEDENT

There are five commonly accepted methods:

- **Sign-out** - the death is certified after reviewing medical records or interview statements. This generally occurs without an examination of the body by the medical examiner.
- **View** - an examination is performed to further evaluate the case and rule out trauma or the need for further in-depth examination. A few simple case notes may be prepared.
- **External examination** - formal external examination with a dictated report of the findings. This examination usually includes toxicology and/or other tests, but does not include an internal examination of the body.
- **Limited dissection** - a partial examination is sometimes performed if:
 - there is expressed objection to an examination or significant health or safety risks exist for staff, or,
 - the circumstances of the death do not require a full autopsy in the judgment of the medical examiner.
- **Full autopsy** - This includes an external examination and a surgical dissection of the body with removal of the organs, of the head, neck, chest, abdomen, and pelvis, and the dissection of said organs.

*External examinations, limited dissections and full post-mortem examinations all require a written report documenting the findings.

MANNER OF DEATH CLASSIFICATIONS

- **Natural deaths** are due to a natural disease process, such as infection, heart disease, or cancer, etc.
- **Accidental deaths** occur due to a hostile environment, such as a motor vehicle crash or drowning, without direct intent to harm someone or one's self.
- **Suicide** results from an injury as a result of an intentional self-inflicted act committed to do self-harm or cause the death of one's self.
- **Homicide** occurs when death results from a volitional act committed by another person to cause fear, harm, or death. Intent to cause death is a common element but is not required for classification as a homicide. It is to be emphasized that the classification of homicide is the purpose of death certification and neither indicates nor implies *criminal* intent, which remains a determination made by the legal process.
- **Undetermined** or "could not be determined" is a classification used when the information pointing to one manner of death is no more compelling than other manners of death.

GENERAL RESPONSE

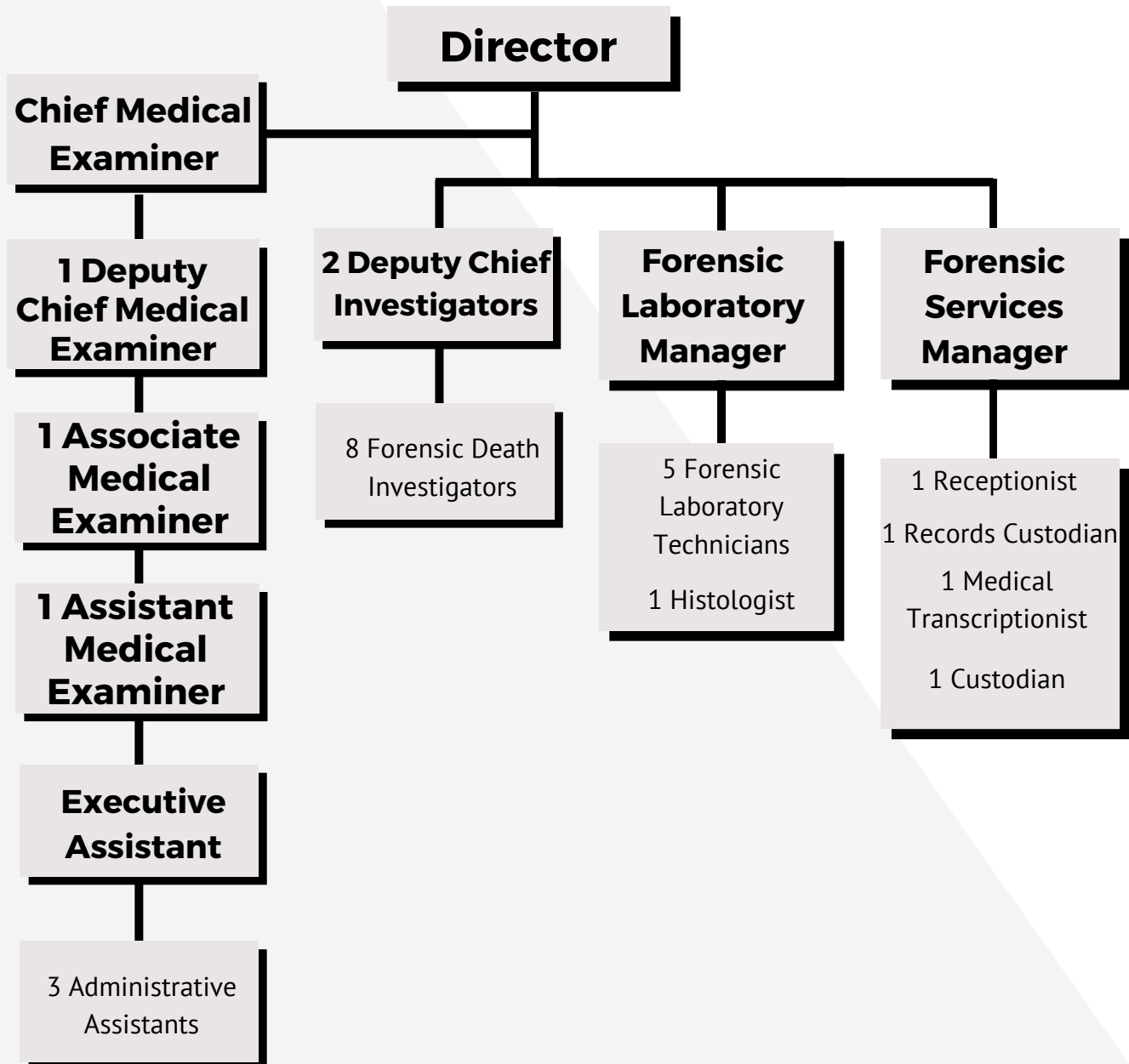
When a death is reported to DCMEO, the case is assigned a sequential case number.

Basic information is obtained on all cases reported. Medical Examiners Investigators, in consultation with the Medical Examiner as needed, make decisions about whether the case should be accepted or declined, if a death scene investigation is required, and whether or not the body needs to be transported to the DeKalb County Forensic Science Center.

The Medical Examiner then makes decisions about the type of examination to be conducted and the extent of additional testing to be performed.

DCMEO BUDGET & ORGANIZATIONAL CHART

FY19 Operating Budget was \$3.1 million. The DCMEO staff consists of 33 full-time employees and 1 part-time employee:



MEDICAL EXAMINER STAFF

Patrick Bailey

Director

Rachel Geller, M.D.

Associate Medical Examiner

Kyle McGlamery

Deputy Chief Investigator

Jess Dillard

Medical Examiner's Investigator

E. P. Sliz

Medical Examiner's Investigator

Lance Taylor

Medical Examiner's Investigator

Dumonder Dawson

Administrative Support Manager

Keonna Jones

Forensic Autopsy Technician

Gail Parker

Medical Practice Manager

Crystal Lee

Case Manager

Claire Waliczek

Case Manager

Desiree Benton

Office Assistant/Receptionist

Gerald Gowitt, M.D.

Chief Medical Examiner

Geoffrey Smith, M.D.

Deputy Chief Medical Examiner

Amber Winslow

Deputy Chief Investigator

Jovan Brown

Medical Examiner's Investigator

Brian Jones

Medical Examiner's Investigator

Ashleigh Nelson

Medical Examiner's Investigator

Jason Crawford

Forensic Laboratory Manager

Andrew Adesinmilolu

Forensic Autopsy Technician

Erika Burgess

Forensic Autopsy Technician

Keisa Heath

Medical Legal Transcriptionist

Tashuna Littles

Records Custodian

T. Taylor Doane, M.D.

Assistant Medical Examiner

Eric Minter

Medical Examiner's Investigator

Julio Alicea

Medical Examiner's Investigator

Bryony Harris

Medical Examiner's Investigator

Paul Brown

Medical Examiner's Investigator

Linda Gochenouer

Forensic Services Manager

Marquel Johnson

Forensic Autopsy Technician

Harry McCray

Histologist

Ke'Aira Rider

Histologist

Jenna Aungst

Project Manager

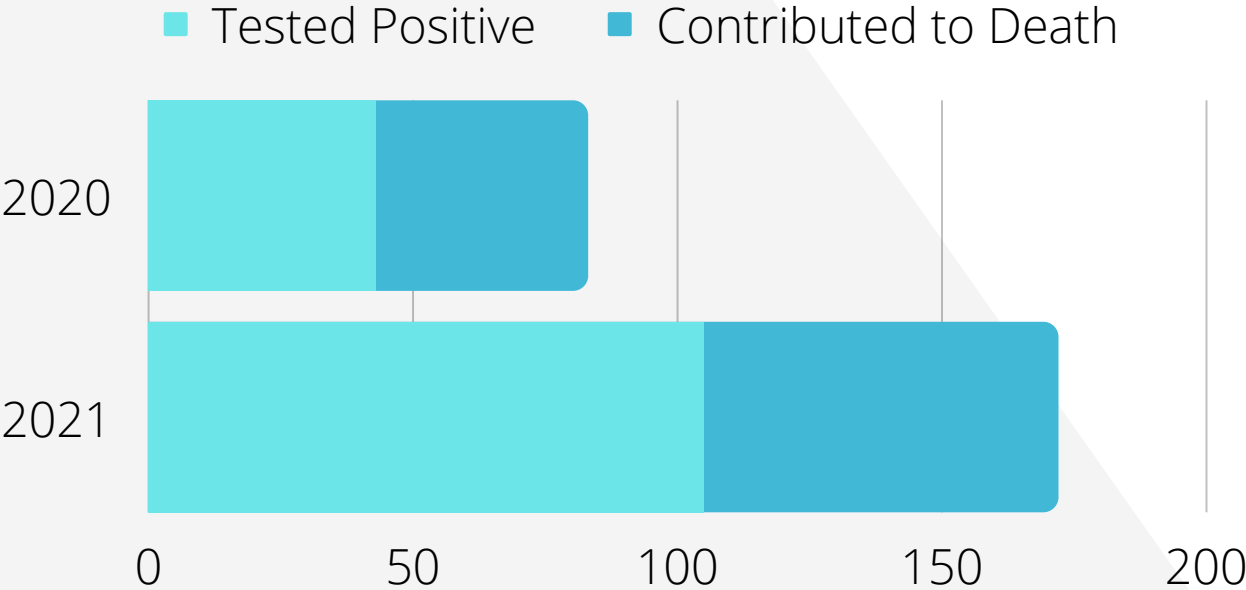
Cali Dyke

Custodian

COVID-19

In 2020, out of the 43 positive COVID-19 cases, COVID-19 contributed to the death in 40 cases.

In 2021, out of the 105 positive COVID-19 cases, COVID-19 contributed to the death in 67 cases.



DEKALB COUNTY MEDICAL EXAMINER CASES

Population	757,718
Deaths in Jurisdiction	5,799
Cases Reported to Medical Examiner	2,484
A. Accepted Jurisdiction	1,479
• Full Autopsy	311
• Limited Autopsy	456
• External Examination	303
B. Number of deaths certified without postmortem examination (Sign-Out)	409
C. Declined Jurisdiction	1,005

ALL 2020 REPORTED CASES

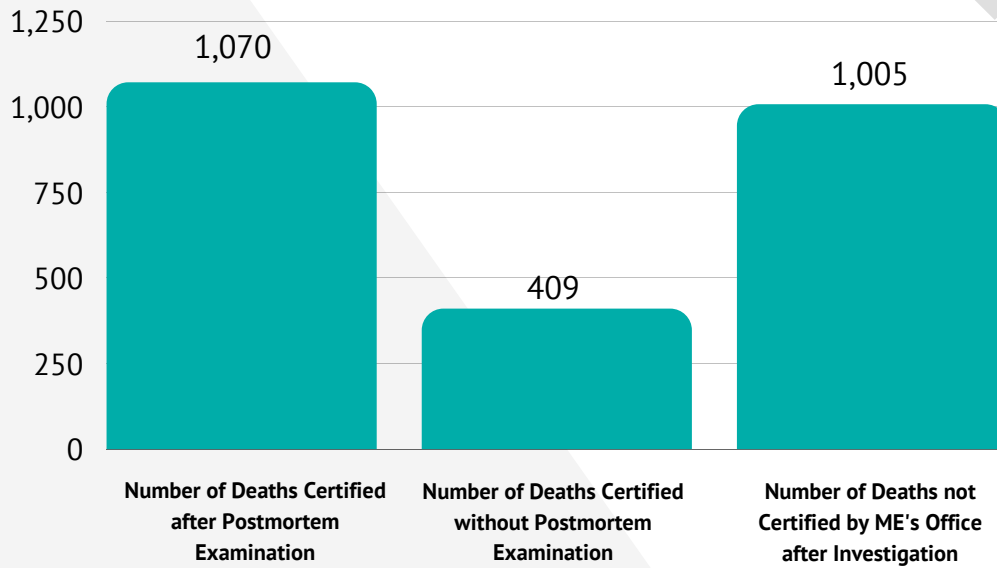
Out of the 5,799 total deaths in Dekalb County, 2,484 unique deaths reported to the office.

Jurisdiction	Manner of Death	Frequency/Examinations performed
Accepted Jurisdiction		
	Accident (Non-Traffic)	276/226
	Accident (Traffic)	154/129
	Homicide	175/174
	Natural	706/451
	Suicide	101/100
	Undetermined	30/27
	Cases Still Open from 2020	2
Tot. Accepted Jurisdiction		1,484/1,070
Tot. Declined Jurisdiction		1,005
Total		2,484

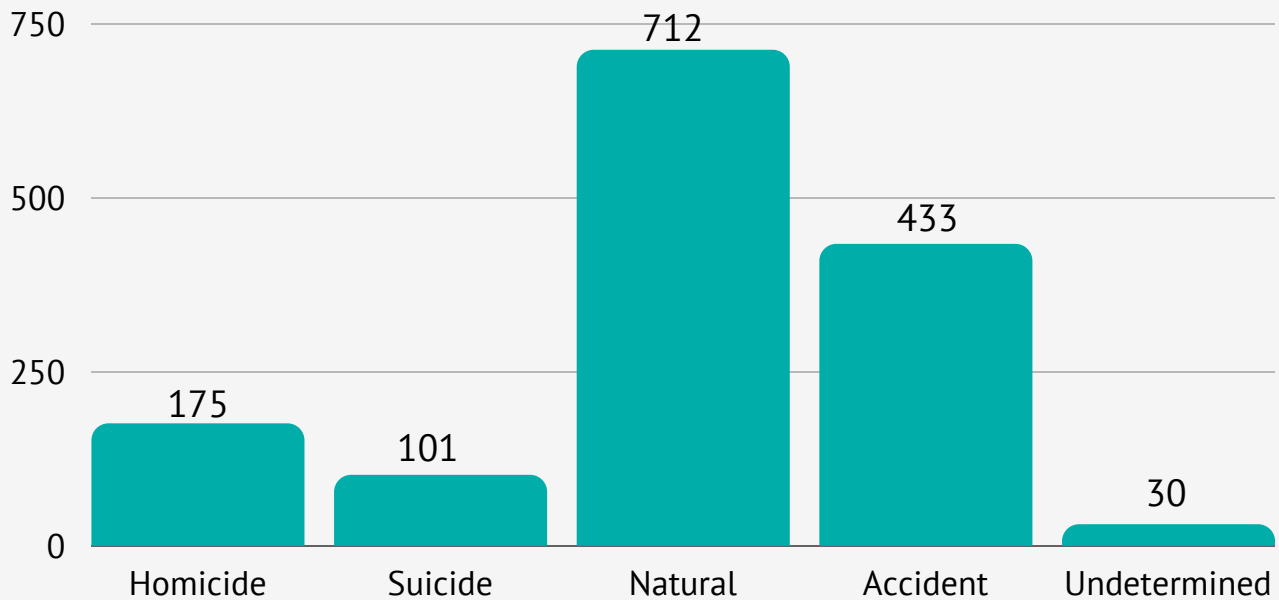
ALL REPORTED CASES

Of All Reported Cases:

- 311 Full Autopsies
- 456 Limited Examinations
- 303 External Examinations



MANNER OF DEATH BY POSTMORTEM EXAMINATION



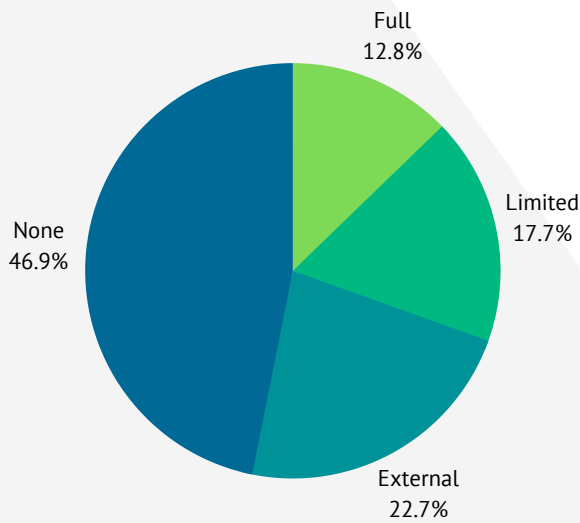
PROCEDURES ON ACCEPTED CASES

MANNER	PROCEDURE				TOTAL
	Autopsy	Limited Dissection	External PM Exam/View	Sign Out	
Accident (Non-Traffic)	45	125	49	57	276
Accident (Traffic)	4	67	64	19	156
Homicide	169	4	0	1	174
Natural	58	215	138	299	710
Suicide	13	40	46	1	101
Undetermined	20	4	4	2	30
Pending Cases	1	0	1	5	7
Total	310	454	302	380	1,446

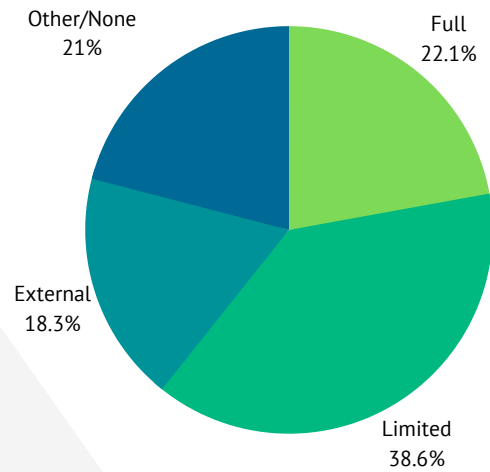
PROCEDURE TOTALS BY MEDICAL EXAMINER

MEDICAL EXAMINER	PROCEDURE	NUMBER OF CASES
Gerald T. Gowitt, M.D.	Full	67
	Limited Dissection	93
	External	119
	Other/None	246
Geoffrey P. Smith, M.D.	Full	93
	Limited Dissection	162
	External	77
	Other/None	67
Rachel Geller, M.D.	Full	119
	Limited Dissection	172
	External	91
	Other/None	77
T. Taylor Doane, M.D.	Full	40
	Limited Dissection	27
	External	16
	Other/None	0

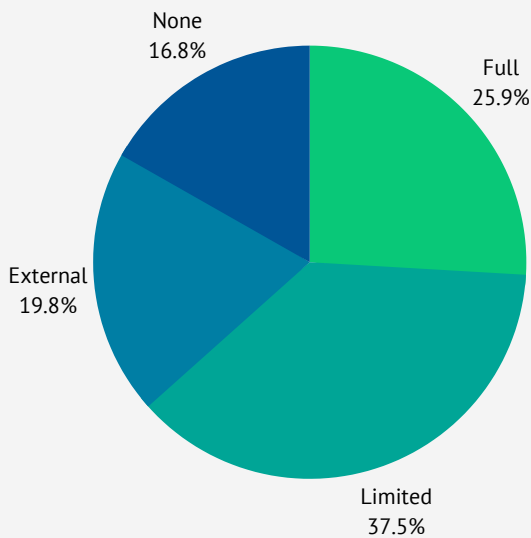
PROCEDURE PERFORMED BY MEDICAL EXAMINER



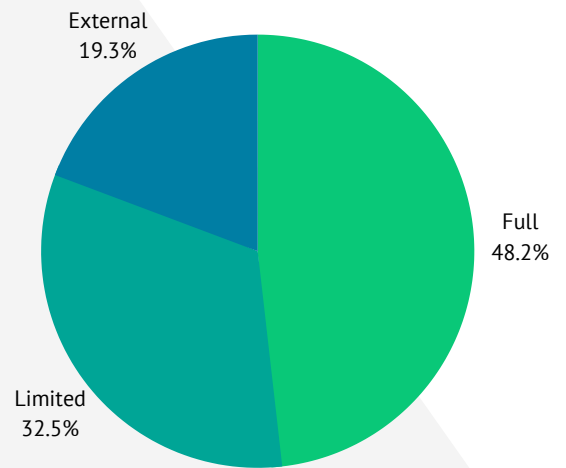
Gerald T. Gowitt, M.D.



Geoffrey Smith, M.D.

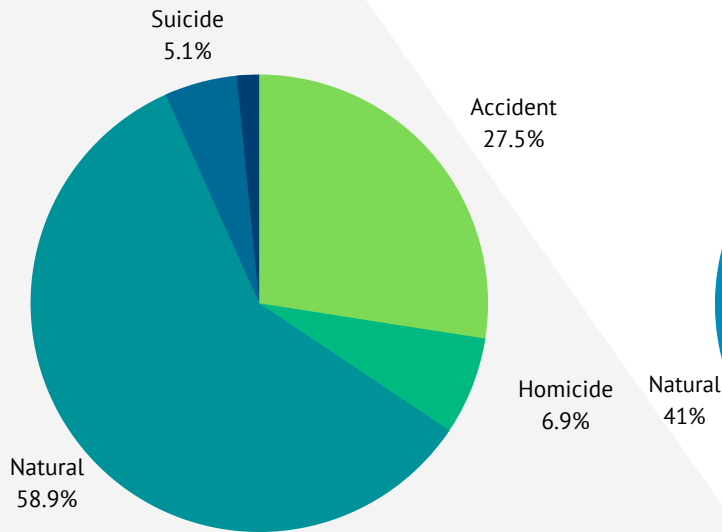


Rachel Geller, M.D.

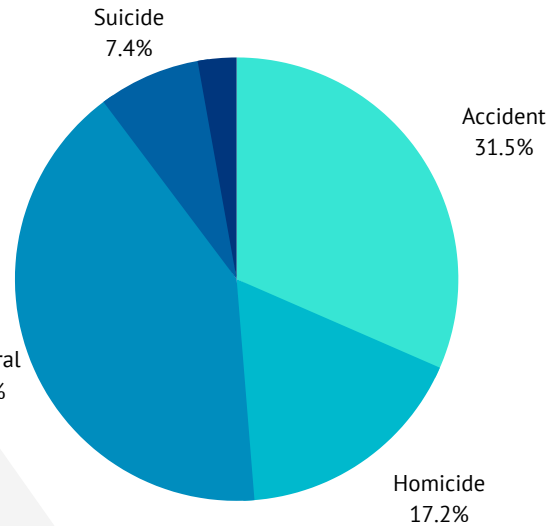


T. Taylor Doane, M.D.

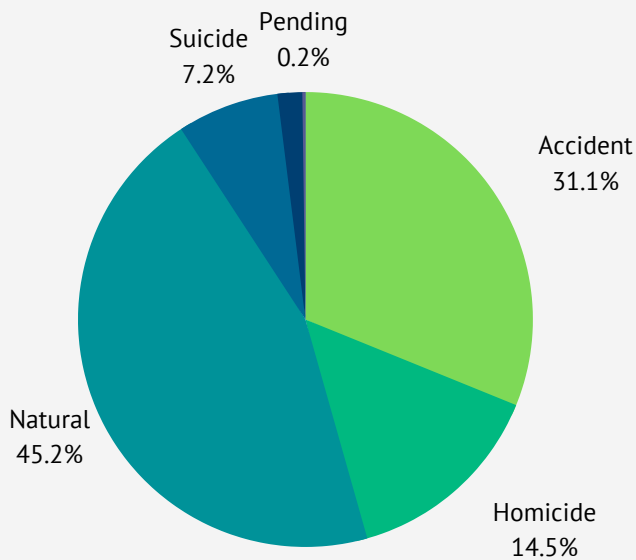
MANNER OF DEATH BY MEDICAL EXAMINER



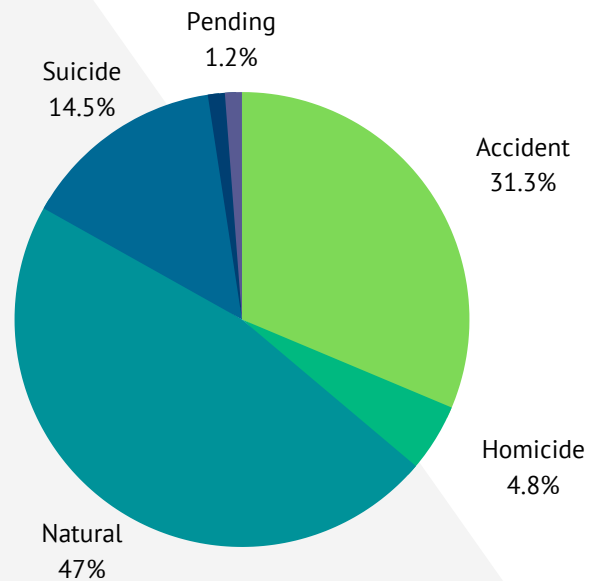
Gerald T. Gowitt, M.D.



Geoffrey Smith, M.D.



Rachel Geller, M.D.



T. Taylor Doane, M.D.

HOMICIDE DEATHS BY AGE, RACE & GENDER

	≤10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF*	0	0	1	1	0	0	0	0	2
AM	0	0	1	1	0	0	0	0	2
BF	1	4	4	3	6	5	2	1	26
BM	2	19	38	30	20	9	3	0	121
HF	0	0	0	1	0	0	0	0	1
HM	0	2	1	2	3	0	0	0	8
WF	0	0	0	1	2	0	0	0	3
WM	0	0	3	0	1	2	1	2	9
Total	3	25	48	39	32	16	6	3	172

***A= Asian F=Female**
B= Black M=Male
H= Hispanic
W= White

HOMICIDE DEATHS BY WEAPON

Cause	Number of Deaths
Blunt Force	4
Gun-Assault	9
Gun-Handgun	56
Gun-Not Specified	71
Gun-Pistol	14
Gun-Revolver	1
Gun-Rifle	7
Gun-Shotgun	0
Fire Death	1
Sharp Instrument	7
Other	2
Total	172

SUICIDE DEATHS BY AGE, RACE & GENDER

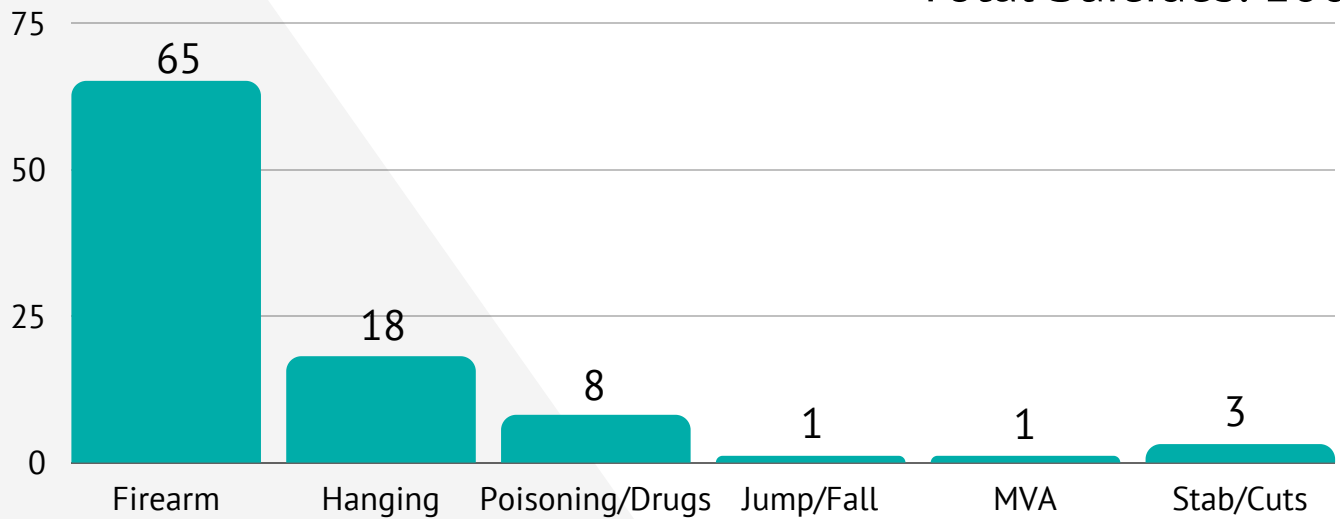
	≤10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	1	0	0	0	0	0	1
AM	0	0	0	1	0	0	1	1	3
BF	0	3	2	4	1	1	0	0	11
BM	0	6	13	12	8	1	3	1	44
HF	0	0	0	0	0	0	0	0	0
HM	0	0	4	0	0	0	0	0	4
WF	0	2	0	0	0	2	4	1	9
WM	0	1	5	2	3	4	2	8	25
other	0	0	1	1	1	0	0	0	3
Total	0	12	26	20	13	8	10	11	100

SUICIDE DEATHS BY TYPE

Cause	No. of Deaths
Asphyxia--Hanging	18
Asphyxia--Suffocation	3
Drug Death--Acute Intoxication	5
Drug Death--Mixed Drug Toxicity	2
Drug Death--Poisoning	1
Gun--Handgun	25
Gun--Not Specified	15
Gun--Pistol	17
Gun--Revolver	5
Gun--Rifle	2
Gun--Shotgun	1
Jump From Height	1
Sharp Instrument	3
Other	2
Total	100

SUICIDE BY MEANS

Total Suicides: 100



HOMICIDE BY MEANS

Total Homicides: 172



MOTOR VEHICLE ACCIDENTS BY AGE, RACE & GENDER

	<10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	0	0	0	1	0	0	1
AM	0	1	0	0	0	1	0	0	2
BF	0	2	6	7	6	4	2	1	28
BM	1	11	21	22	14	10	11	4	94
HF	0	0	0	0	0	0	0	0	0
HM	0	1	1	1	1	0	1	0	5
WF	0	0	1	1	3	1	0	1	7
WM	0	0	3	5	1	3	1	3	16
Other	0	0	0	0	1	0	0	0	1
Total	1	15	32	36	26	20	15	9	154

MOTOR VEHICLE ACCIDENTS

Cause	No. of Deaths
Blunt Force	9
MVA-Driver	53
MVA- Motorcyclist Driver	14
MVA- Occupant	20
MVA-Pedestrian	55
Other	1
Total	152

ACCIDENTS (NON-TRAFFIC RELATED) BY AGE, RACE & GENDER

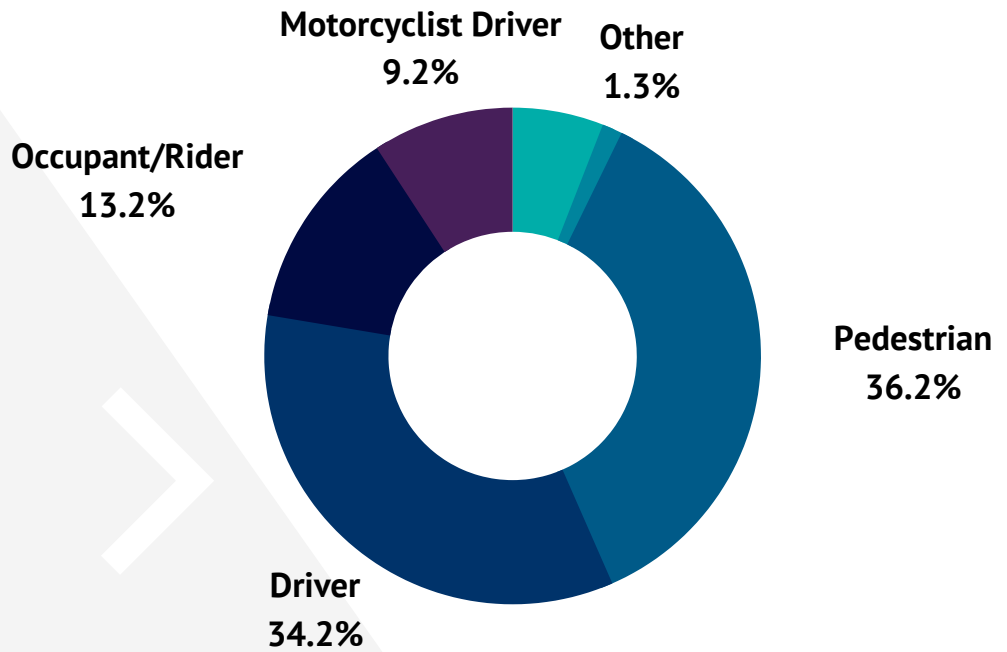
	<10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	0	0	0	2	0	1	3
AM	0	0	0	1	0	0	0	1	2
BF	4	0	8	14	12	1	4	7	50
BM	3	2	12	22	15	12	20	9	95
HF	0	0	0	1	0	0	0	0	1
HM	0	0	2	2	4	2	0	1	11
WF	0	3	3	3	6	5	4	14	38
WM	0	1	15	15	11	10	11	11	74
Other	0	0	0	1	1	0	0	0	2
Total	7	6	40	59	49	32	39	44	276

ACCIDENTS (NON-TRAFFIC RELATED)

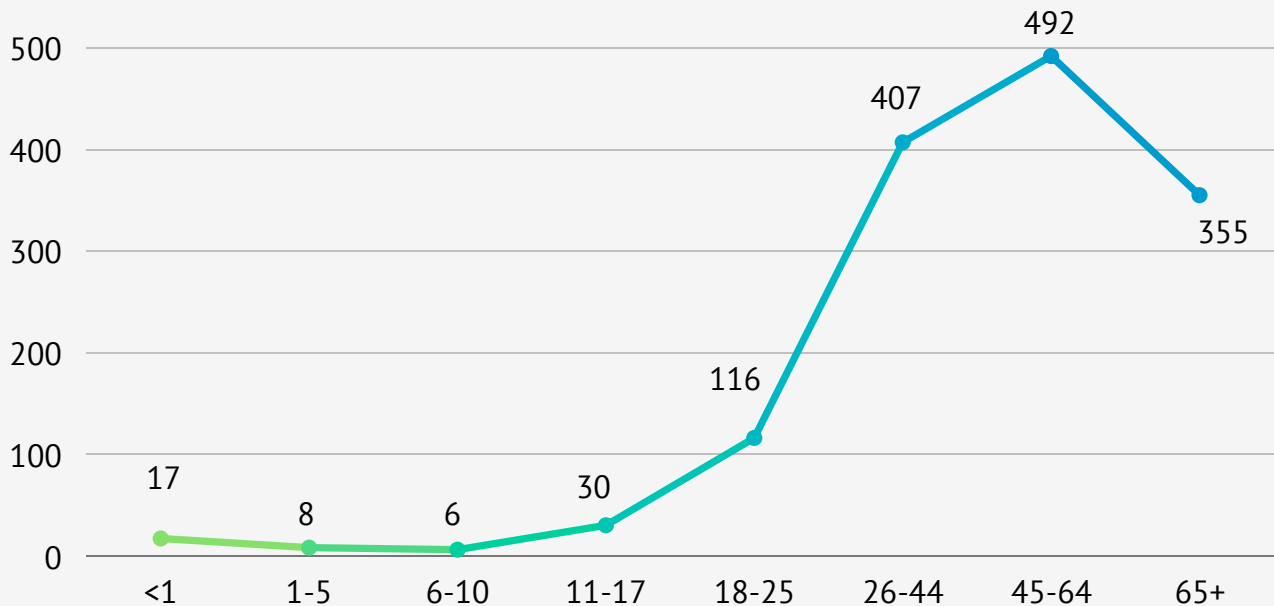
Cause	No. of Deaths	Cause	No. of Deaths
Asphyxia-Drowning	2	Hypothermia- Exogenous	6
Asphyxia Suffocation-Choking	1	Electrical	2
Blunt Force	16	Gun	2
Cardiac	2	Transportation-Aircraft	4
Drug Death-Acute Intoxication	83	Motor vehicle accident	7
Drug Death-Adverse Effect	3	Other	6
Drug Death-Mixed Drug Toxicity	73		
Drug Death- Poisoning + Disease	5		
Fall	25		
Fall- Down Steps	6		
Fall- From Height	4		
Fall- Standing Height	17		
Fire Death	16		

MOTOR VEHICLE ACCIDENTS

Total MVA Deaths: 152

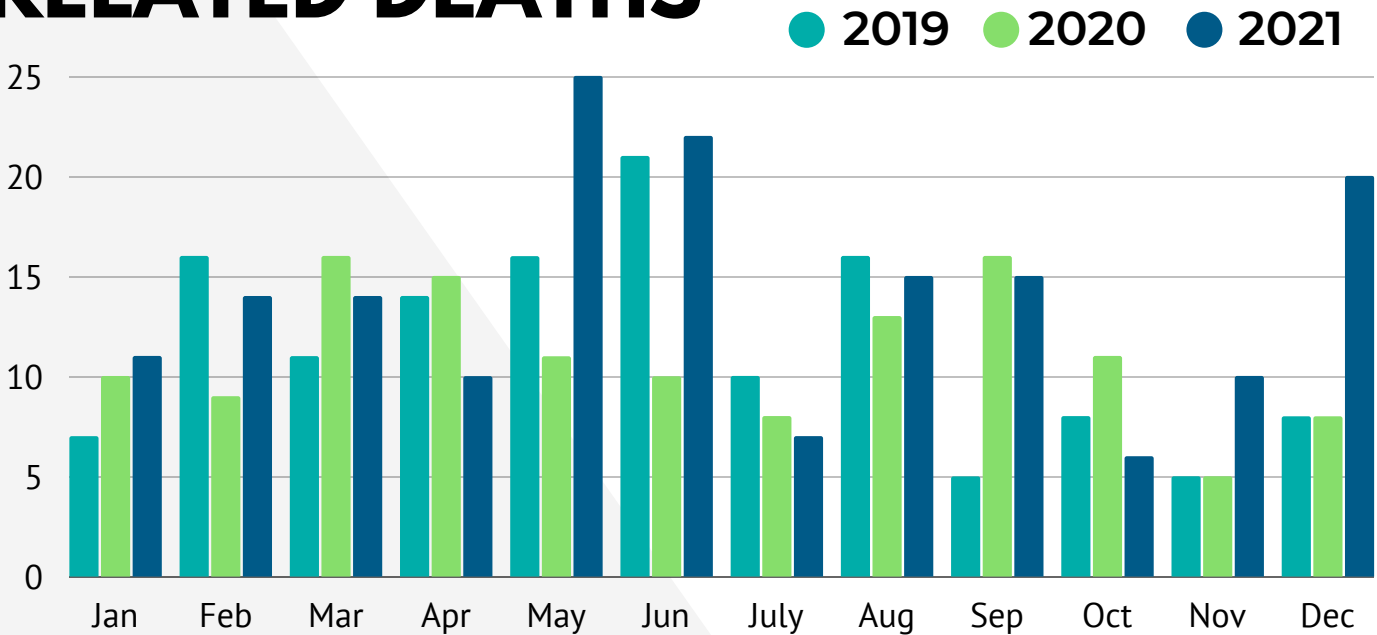


DEATHS BY AGE GROUP

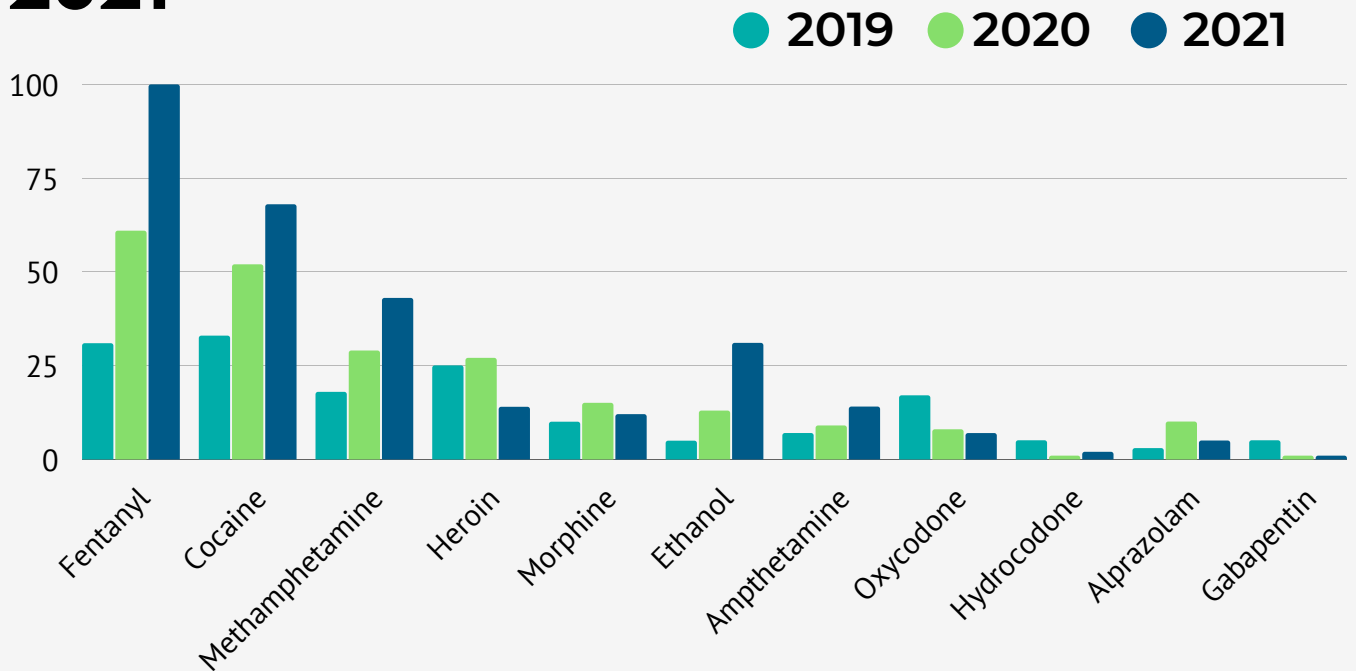


TOTAL DRUG-RELATED DEATHS

**TOTAL DRUG DEATHS:
169**



COMPARISON OF DRUGS THAT CONTRIBUTED TO DEATH FROM 2019 TO 2021

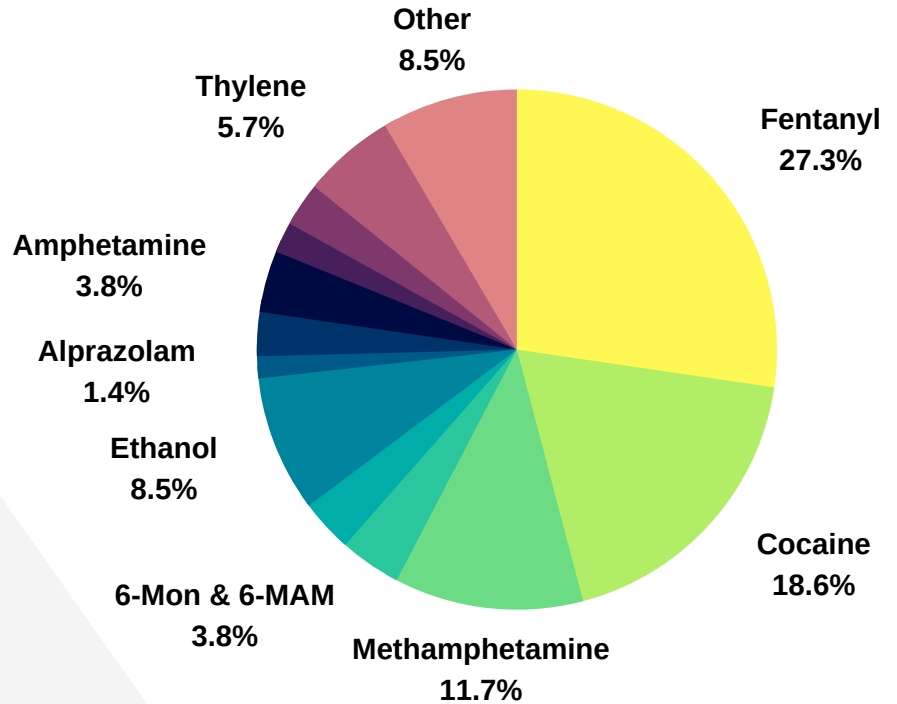


*AN UNQUANTIFIABLE NUMBER OF MORPHINE DEATHS MAY BE ATTRIBUTED TO HEROIN USE

DRUGS THAT CONTRIBUTED TO DEATH

Total Drug-Related Deaths: 169

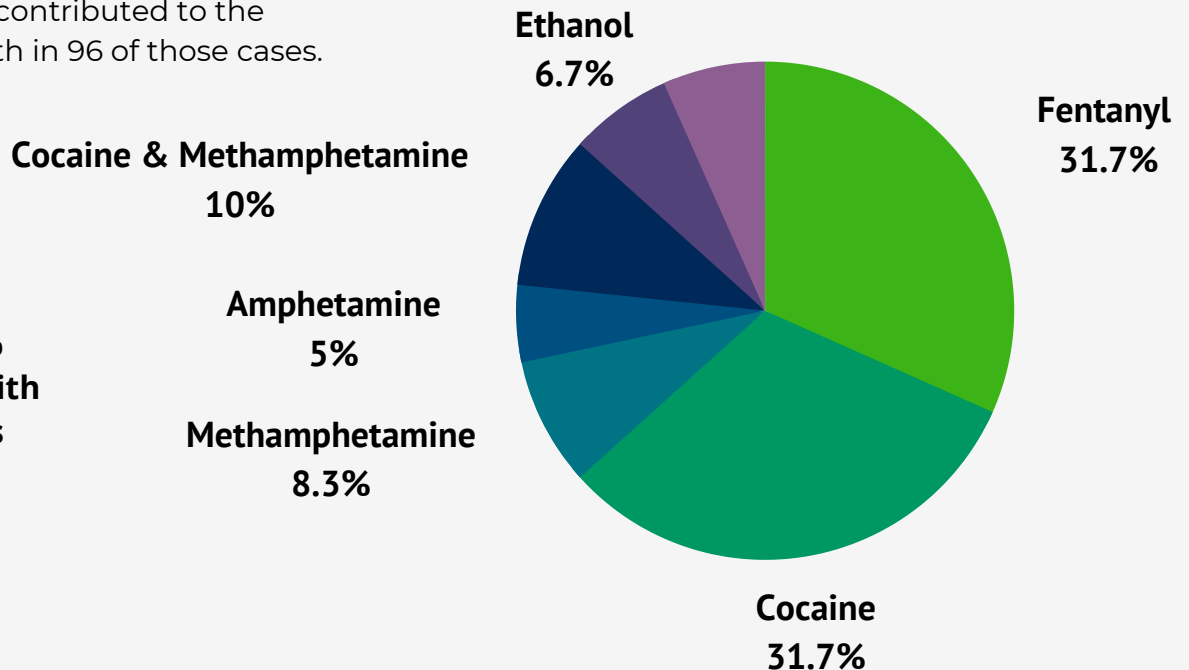
Results provided by Georgia Bureau of Investigation's (GBI) Division of Forensic Sciences (DOFS) Toxicology Section & National Medical Services (NMS) Laboratory



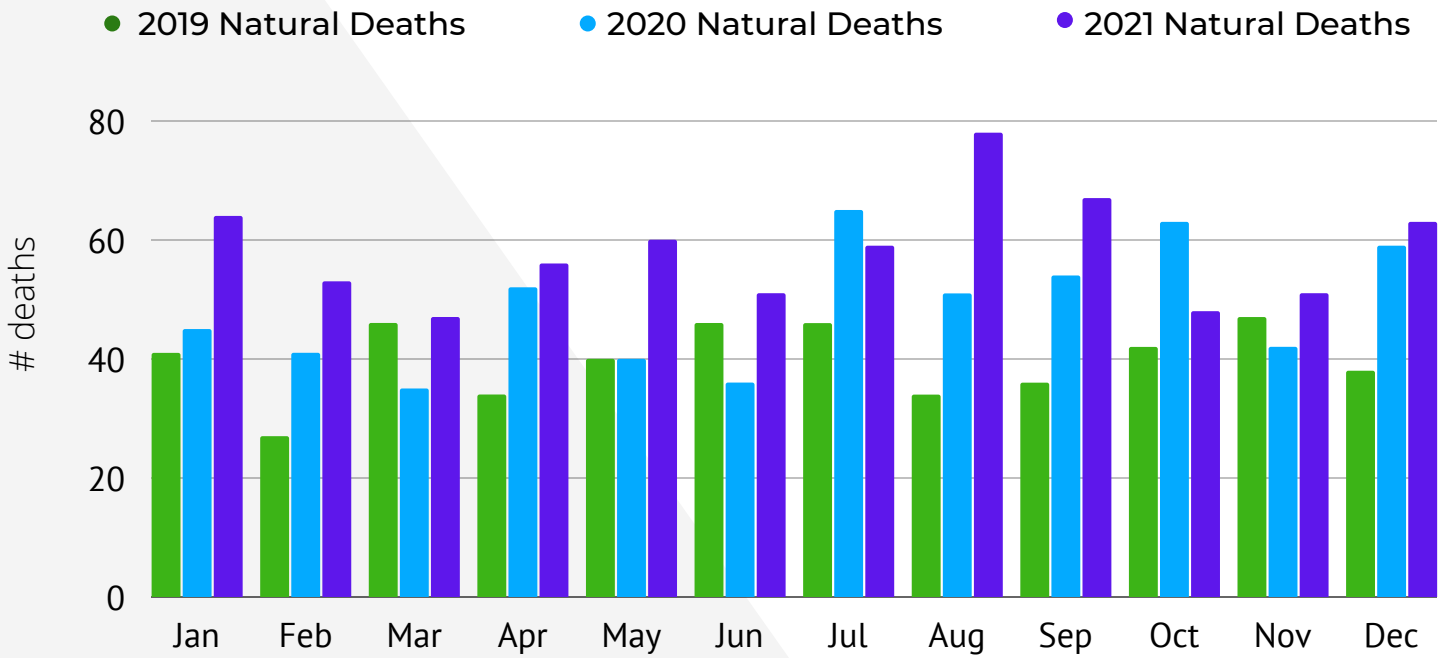
FENTANYL-INVOLVED MIXED DRUG TOXICITY THAT CONTRIBUTED TO DEATH

Out of 169 drug-related cases, Fentanyl was found and contributed to the decedent's death in 96 of those cases.

Fentanyl was found in 31.7% drug deaths with no other drugs found in the system.

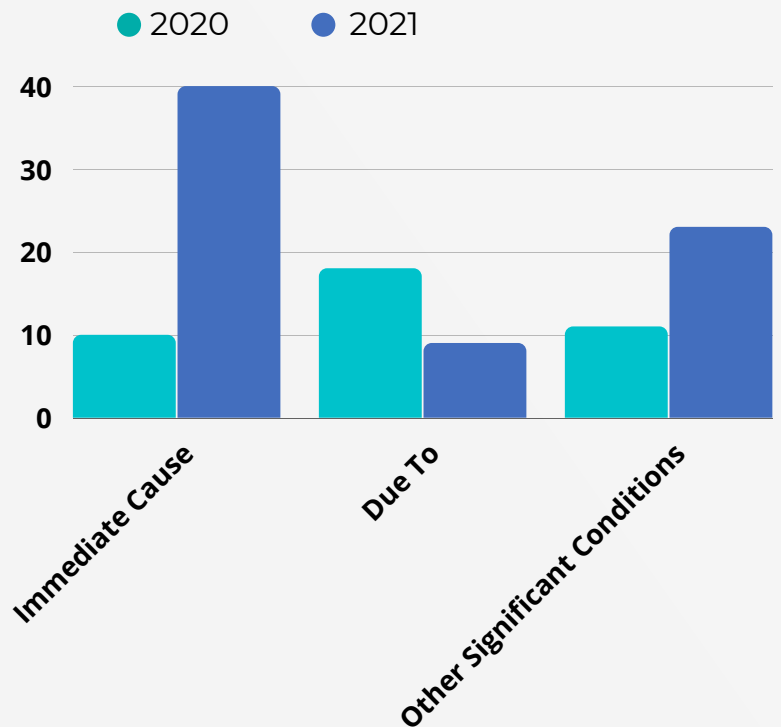


TOTAL NATURAL DEATHS BY MONTH



DEATH CERTIFICATES WITH COVID-19 LISTED

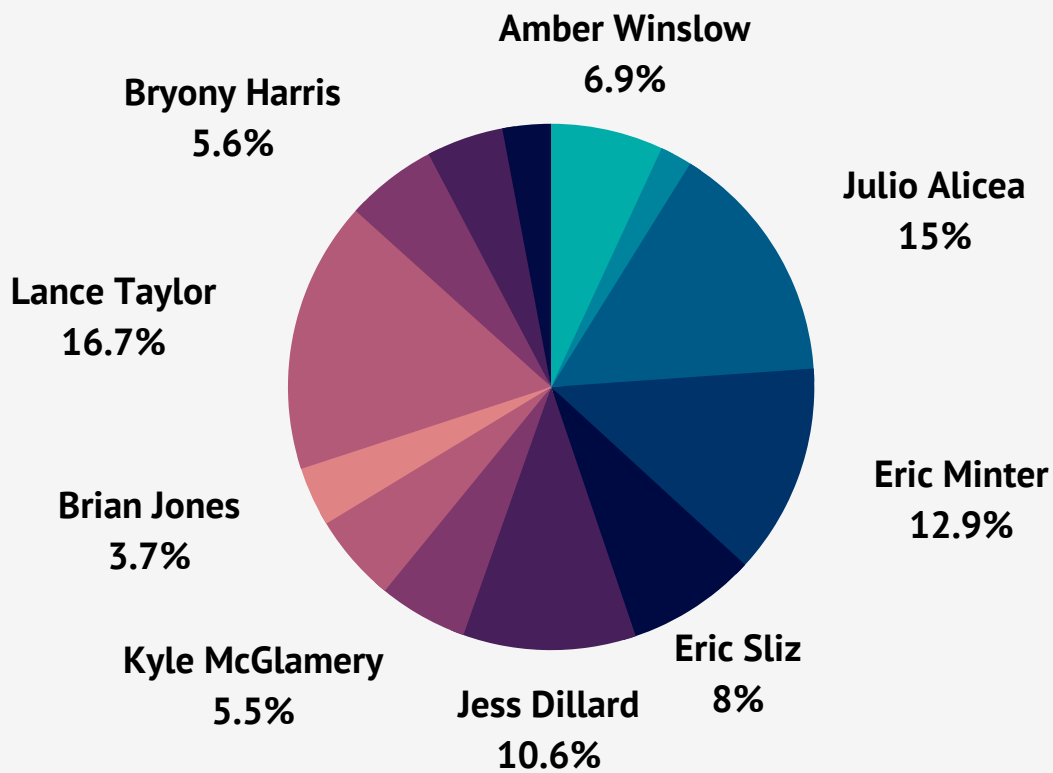
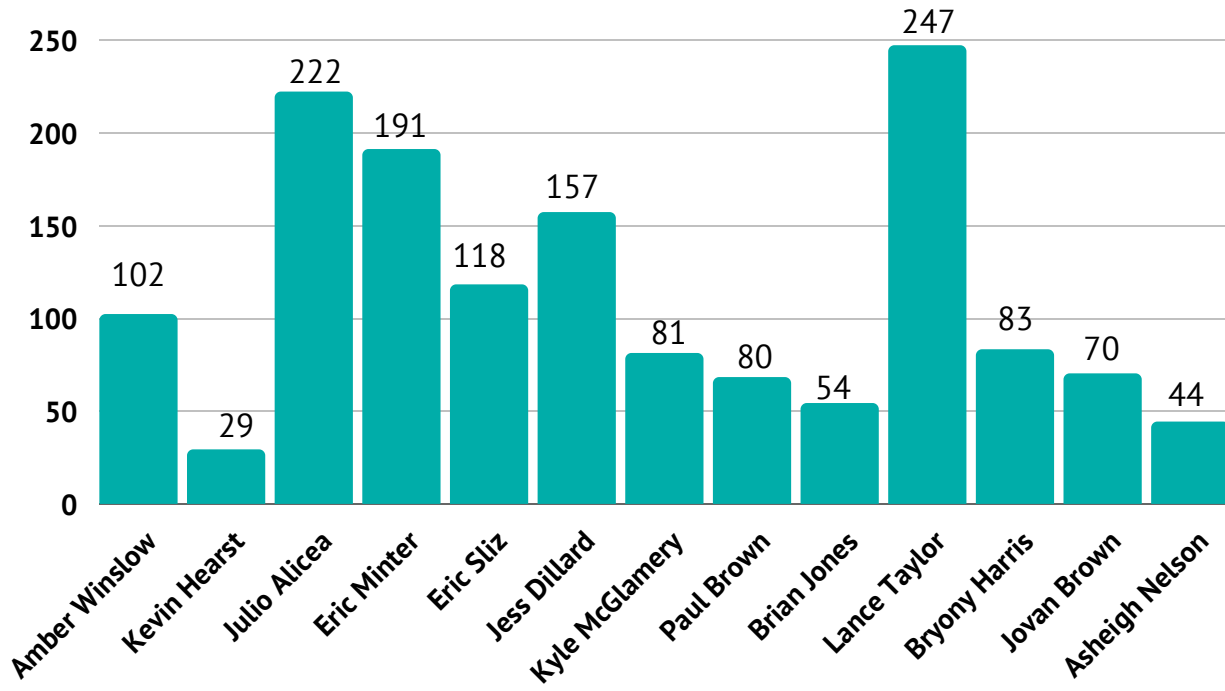
- There was a total of 67 COVID-19 attributed deaths that occurred in DeKalb County in 2021



CASES BY INVESTIGATOR

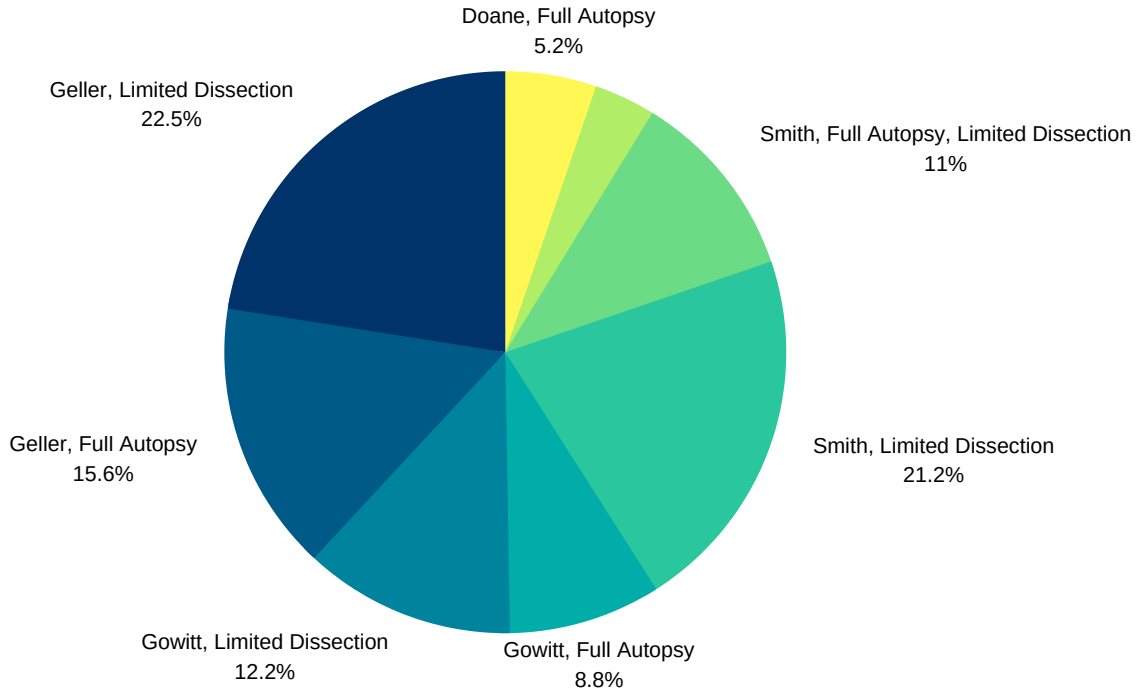
Investigator	Accepted/Total
Amber Winslow	102/160
Ashleigh Nelson	44/68
Brian Jones	54/90
Bryony Harris	83/150
Eric Minter	191/318
Eric Sliz	118/207
Jess Dillard	157/273
Jovan Brown	70/124
Julio Alicea	222/378
Kevin Hearst	29/39
Kyle McGlamery	81/152
Lance Taylor	247/385
Paul Brown	68/122

INVESTIGATOR CASELOAD

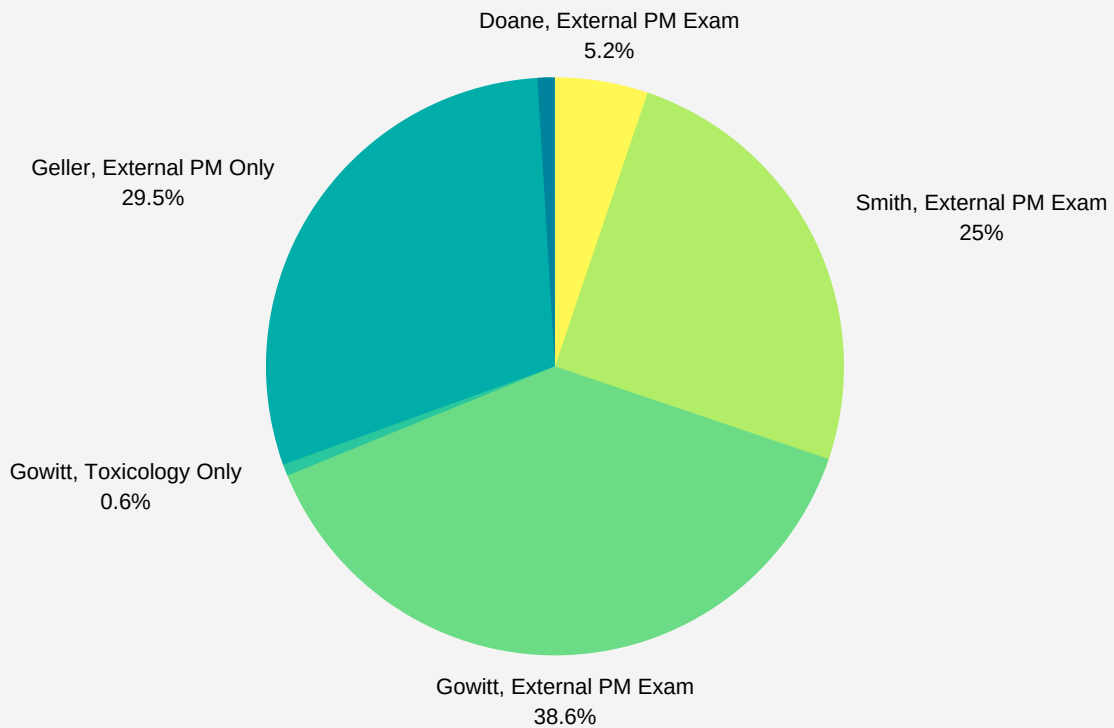


PATHOLOGIST PROCEDURES

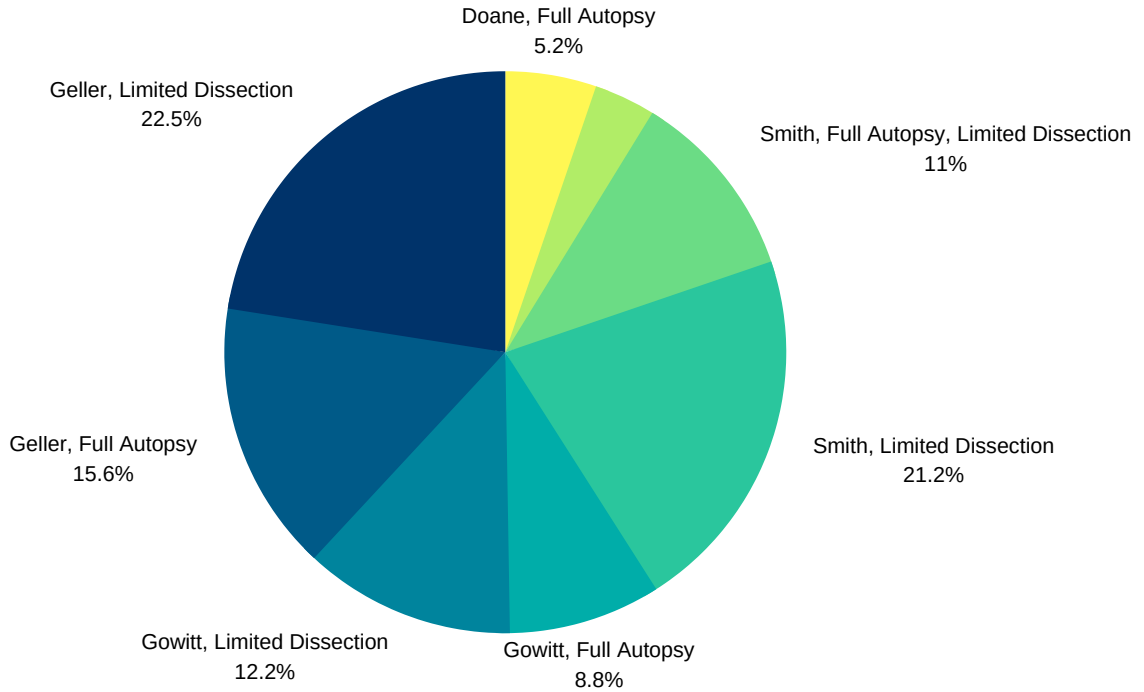
FULL AUTOPSIES & LIMITED DISSECTIONS



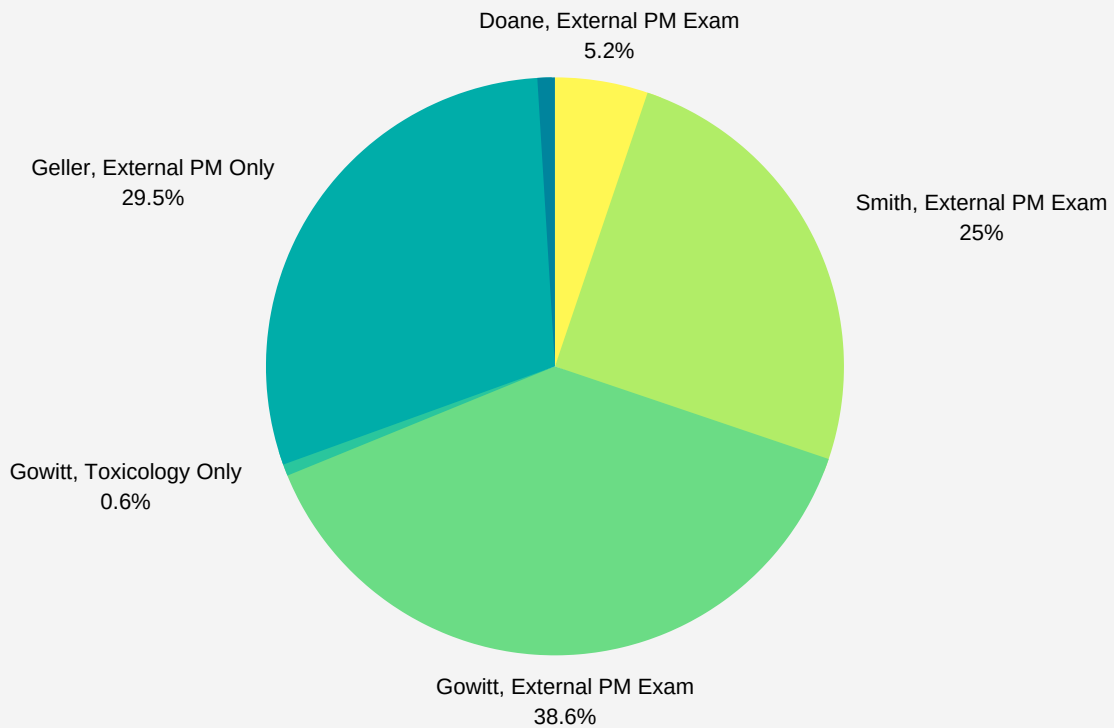
EXTERNAL & TOXICOLOGY ONLY



TURNAROUND TIMES



EXTERNAL & TOXICOLOGY ONLY



FACILITY TOTALS

- Total GBI Blood Alcohol Concentration: 802
- Total GBI Toxicology: 828
- Total NMS Toxicology: 267
- Total Number of Bodies Transported to Facility: 1,104
- Total Number of Exhumations: 1
- Total Number of Tissue Procurement with LifeLink of Georgia:
 - 14 Organ Donors
 - 6 Tissue Donors
 - 46 organs recovered for transplant
- Total Eyebank: 63 Referrals and 2 donors
- Total Unidentified/Unclaimed Remains: 2
- Total Number of Scenes Investigations: 795
- Neuropathology totals: 2
- Cryolife Totals: 23
- Indigent Burials: 113

INFANT DEATHS

Infant deaths include those between the ages of live birth and one year.

- Number of Infant deaths certified: 19
- Number of infants autopsied:
 - Full: 16
 - Limited: 1
 - External: 2
- Common causes of death for infants:
 - SIDS/OID-Classic (5)
 - SIDS/OID-Both (2)
 - Nonspecific Natural (2)
- Manners:
 - Undetermined (10)
 - Accident (1)
 - Natural (4)
 - Homicide (2)
 - Pending (2)

PLEASE CONTACT

OUR OFFICE AT

(404) 508-3500

IF YOU HAVE ANY

QUESTIONS

THANK YOU!