



2014 Annual Report

Snohomish County

Medical Examiner's Office



9509 29 Ave West

Everett, WA 98204

425-438-6200

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Introduction

Snohomish County
Medical Examiner's
Office

Business office:
9509 29th Avenue West
Everett, WA 98204

Phone: 425-438-6200
Fax: 425-438-6222

Business hours:
24 hours per day
7 days per week

Office hours:
9 AM to 4:0 PM
Monday through Friday

Facility:
Built 1999
14,057 square feet

2014 Staffing:
14 full time employees

2014 Budget:
\$2,256,749
Per capita: \$2.97

Geography:
2,196 square miles, of
which 2,089 miles is land
and 107 square miles is
water.

2014 population:
759,583 (est.)

Demographics:
Asian 9.9%
Black 3%
Hispanic 9.5%
Native American 1.5%
White 80.8%

The office of the Snohomish County Medical Examiner was created in June 1987 and operates under the Snohomish County Executive in accordance with statutes, authority, and jurisdiction of the State of Washington.

The county ranges from the Cascade Mountains to Puget Sound. The highest point in the county is Glacier Peak at 10,436 feet. Two large rivers, the Stillaguamish and Snohomish, are fed by many tributaries. There are five major routes connecting the county to other counties and areas of the state. The largest city is Everett, the county seat.

Snohomish County's population has grown from 713,335 in 2010 to 759,583 in 2014¹, making it one of the fastest growing in the state and ranking third in overall population.



The geographical jurisdiction of the Medical Examiner's Office extends to the entire county, including incorporated cities; waterways; Naval Station Everett; Tulalip, Stillaguamish and Sauk-Suiattle reservations; the Snohomish County Jail; and the Washington State Reformatory (WSR), including the WSR Hospice center in Monroe.

¹ United States Census Bureau: <http://quickfacts.census.gov/qfd/states/53/53061.html>

Dedication

Although this report deals with numbers and statistics, we acknowledge that every case represents an individual's death, mourned by family and loved ones. This report and the work that is summarized are dedicated to those we serve: to the persons, living and deceased, who have passed through our doors, to their families, and to the people of Snohomish County.

Mission

The mission of the Snohomish County Medical Examiner's Office is to provide the citizens of Snohomish County with a modern medicolegal death investigation system and to assure that their interests and those of their loved ones are safeguarded during their time of personal loss.

Purpose

The primary purpose of the Snohomish County Medical Examiner's Office is to determine the cause and manner of death of persons who die suddenly, violently, or unexpectedly while in apparent good health within the geographic boundaries of the county and who fall under the jurisdiction of the Medical Examiner. ([RCW Chap. 68.50](#)).

Information gained from medicolegal investigations is frequently required in the form of evidence and expert testimony in both criminal and civil legal proceedings. Examinations also benefit families of work-related deaths, help identify potentially unsafe consumer products, and assist public health by identifying poisons or infections agents. Most importantly, the Snohomish County Medical Examiner's Office represents a resource of impartial professionals and support staff providing continuous objective medicolegal investigations to the people of Snohomish County.

Function and Role

The main function of the Snohomish County Medical Examiner's Office is the determination of the cause and manner of death which are of concern to the public health, safety and welfare. The investigation and determination of cause and manner of death is performed by highly trained technical staff and the application of modern medicine and forensic science to the death investigation process. There are several reasons why an accurate determination of the cause and manner of death is essential to our society:

1. The innocent shall be exonerated.
2. Murder shall be recognized.
3. Criminal and civil court proceedings will be provided with documented, sound and impartial medical evidence.

-
4. Unrecognized hazards to public health and safety shall be revealed.
 5. Industrial hazards shall be exposed.

Legislative Authority

Snohomish County operates under a medical examiner system. Snohomish County code requires the chief medical examiner be a licensed physician by the state of Washington and certified or eligible for certification in forensic pathology.

Medical examiners are appointed. Coroners are elected officials. Coroners are not usually required to be physicians, but requirements may vary by jurisdiction.

The jurisdiction of the Medical Examiner is established by Washington State Law and Snohomish County Code:

RCW Chap. 36.16	County Officers
RCW Chap. 36.24	County Coroner
SCC Chap. 2.74	Department of the Medical Examiner
RCW Chap. 68.50	Human Remains
WAC 246-500-020	Contact with Human Remains
WAC 246-500-040	Transportation of Human Remains
RCW 36.39.030	Disposition of Indigent Remains
RCW 73.08.070	County Burial of Indigent Deceased Veterans

Separate and Independent Authority and Jurisdiction

While the Medical Examiner's Office works hand-in-hand with law enforcement, the prosecuting attorney and various health agencies, the Medical Examiner has fully separate and independent authority and jurisdiction over the medical investigation of deaths, including, but not limited to the following:

- Apparent natural deaths
- Accidents
- Suicides
- Homicides
- Officer involved and in-custody deaths
- Deaths of children

Staffing

In 2014, the Medical Examiner's office was staffed with 14 full-time employees. Operationally, the primary challenge for the Medical Examiner's Office is ensuring 24/7 coverage to respond to death investigations. Of equal concern is providing adequate relief for employee leaves due to the stressful nature of the work.

To better serve the citizens of Snohomish County, the Medical Examiner's Office implemented an organizational change in March of 2011. This change has also resulted in medical investigators being capable of providing pathology assistance in support of autopsy operations. Two Medical Investigators are assigned to support autopsy operations on a rotating basis throughout the year. The goal is to promote skills in investigations and pathology which will allow for better trained staff, more flexibility in work assignment and work load management.

In 2014, an additional organizational change was implemented to allow for standby shift coverage to provide more flexibility and efficiency while allowing for relief shift coverage for employees. At least one medical investigator is on duty or on standby 24 hours a day, seven days a week. A forensic pathologist is always on-call.

Medical Investigators are required to obtain American Board of Medicolegal Death Investigators ([ABMDI](#)) certification and are required to recertify every 5 years. ABMDI certification means Medical Investigators have the proven knowledge and skills necessary to perform medicolegal death investigations as set forth in the National Institutes of Justice 1999 publication *Death Investigation: A Guide for the Scene Investigator*.

Medical Examiners are licensed physicians who have specialized training and board certification in the field of Forensic Pathology. Forensic Pathology is the scientific investigation of sudden, unexpected, violent, suspicious or unnatural deaths. The Snohomish County Medical Examiner's Office is staffed with a Chief Medical Examiner and Associate Medical Examiners:

- Chief Medical Examiner, Norman Thiersch, M.D., is a physician trained and board certified in Anatomic and Forensic Pathology. (Jan 2014 - Nov 2014)
- Associate Medical Examiner, Stanley D. Adams, M.D., is a physician trained and board certified in Anatomic, Clinical and Forensic Pathology.
- Associate Medical Examiner, Daniel Selove, MD, is a physician trained and board certified in Anatomic, Clinical and Forensic Pathology. (Oct 2014-Dec 2014)

Office administration is responsible for personnel, payroll, accounting, purchasing of supplies and equipment, planning and budgeting and providing clerical support to the staff. Administration maintains the records and files, compiles statistical data and provides customer service to the public during normal business hours.

Response Times

It is the goal of the office to respond to at least 75% of death scenes within 60 minutes. A timely response minimizes the wait time at scene for the family and other responding public agencies such as law enforcement and fire/rescue.

San Juan County Inter-Governmental Agreement

In small counties such as San Juan, the duties of the County Coroner are combined with the prosecuting attorney. [San Juan County](#) maintains a coroner's office in which the San Juan County Prosecuting Attorney is ex-officio coroner.

The San Juan Coroner may, in any case in which he or she has jurisdiction over a body, employ a forensic pathologist to perform autopsies, render professional opinions as to the cause of death, and testify under oath as to such matters.

Two or more public entities may contract with one another to perform functions that each may individually perform per RCW Chap. [39.34](#). The Snohomish County Medical Examiner's Office provides medical examiner services for San Juan County.

San Juan County data is reported in total numbers in General Statistics but not included in the statistical analysis data of this report.

Transcription

A medical transcription vendor is contracted annually via competitive procurement and is utilized for medical transcription. In 2014, medical notes in approximately 600 cases were transcribed in support of the post mortem examination process.

Testimony at Trial

The Medical Examiner, Associate Medical Examiner and Medical Investigators receive subpoenas to testify under oath and regularly interact with members of law enforcement and the legal communities with regards to criminal and civil matters.

Child Death Review

The Medical Examiner's Office participates in [Child Death Review \(RCW 70.05.170\)](#). Child Death Review is a process used to prevent injury and death by:

- Identifying circumstances leading to children's deaths.
- Collecting and reporting accurate and uniform information.

-
- Improving interagency coordination around children’s health and safety.

The Child Death Review Team is a multi-agency effort and includes members from the Health District, Child Protective Services, medical professionals and law enforcement.

The Medical Examiner’s Office participated in a Child Death Review process on May 8th, 2014.

Tissue Recovery/Organ Transplant

The Snohomish County Medical Examiner's Office recognizes the value of organ and tissue utilization from deaths which come under the jurisdiction of the Medical Examiner.

Under authority of RCW Chap. [68.64](#), the Medical Examiner's Office works in conjunction with various agencies in the procurement of organs and tissue. The procurement of organs and/or tissues for transplantation can be accomplished in most cases without detriment to evidence collection, postmortem examination, determination of cause and manner of death, or the conducting of criminal or civil legal proceedings. Procurement of donations does not occur at the Medical Examiner facility.

Indigent and Unclaimed Deceased

The Medical Examiner's Office goes to great lengths to locate and contact the next of kin for each decedent. Whenever a person is not claimed by relatives or friends, the Medical Examiner's Office assumes jurisdiction and provides for proper disposition as per RCW [68.50.010](#) and SCC [2.74.061](#). A funeral home is contracted via a competitive procurement process and Snohomish County pays the funeral home the cost of cremation.

The Snohomish County Medical Examiner's Office participates in [ClaimUs](#), the National Missing and Unidentified Persons System, a national centralized repository and resource center for missing persons and unidentified decedent records.

ClaimUs contains information about deceased persons who have been identified by name, but for whom no next of kin or family member has been identified or located to claim the body for burial or other disposition. Only medical examiners and coroners may enter cases, however, the database is searchable by the public using a missing person's name and year of birth.

Unidentified Deceased

Occasionally people who die have no identification on them, and it is either unknown or uncertain as to the identity of the person. The Medical Examiner's Office works together with law enforcement agencies to identify these decedents, using a variety of scientific techniques such as fingerprints, comparison of antemortem and postmortem

radiographs, dental & body x-rays, and DNA analysis to attempt to identify these decedents.

The Snohomish County Medical Examiner's Office participates in [NamUs](#), the National Missing and Unidentified Persons System, a national centralized repository and resource center for missing persons and unidentified decedent records.

Personal Property

The personal property on a decedent at the time of death is removed at the place of death and turned over to the family or law enforcement agency whenever possible. If personal property is transported to the Medical Examiner's Office along with the decedent, the property is inventoried and secured in the Medical Examiner's property room until release to the decedent's next of kin. Any unclaimed property in the custody of the Medical Examiner is delivered to the Treasurer's Office per RCW [36.24.130](#).

In some cases, such as suspected homicides, the personal effects are sometimes considered evidence and may be turned over to the investigating law enforcement agency.

Disaster Preparedness

The Snohomish County Medical Examiner's Office is committed to preparedness and practice with our partners.

On September 25, 2014 the Medical Examiner's Office participated in the Tri Annual full scale Mass Fatality Incident drill with Paine Field Fire department in compliance with FAA regulations.

These exercises improve the collective joint-operational readiness of emergency management and other participating public safety institutions.

Electronic Death Registration System (EDRS)

On July 2, 2013, the Snohomish County Medical Examiner's Office was granted access the Electronic Death Registration System (EDRS) administered by the State Department of Health. EDRS streamlines the death registration process, improves the quality of the death data collected, reduces the time it takes to file death records and improves communication among those who file. EDRS is being used to file death records in [36 Washington counties](#).

National Violent Death Reporting System (NVDRS)

On June 19, 2014, the Snohomish County Medical Examiner's Office entered into a Memorandum of Understanding with the Washington State Department of Health to provide incident information on homicides, suicides, unintentional firearm deaths, deaths of undetermined intent for inclusions in the Washington Violent Death Reporting System (WA-VDRS) as of January 1, 2015. Wa-VDRS is the state component of the Center for Disease Control and Prevention's (CDC) National Violent Death Reporting System ([NVDRS](#)).

The purpose of WA-VDRS and NVDRS is to produce information that helps public health and law enforcement officials understand the extent, cause and circumstances of violent deaths. This information will be used to develop, target and evaluate violence prevention strategies. WA-VDRS collects information on violent deaths from three primary sources: death certificates, medical examiner/coroner (ME/C) records, and law enforcement reports.

Explanation of Terms

Death Investigations and Autopsies

The Medical Examiner's Office encourages all deaths in the county be reported to the office. In 2014, 4,692 deaths were reported to the Medical Examiner's Office, representing a 6.3% increase over 2013. Each case is reported to a Medical Investigator who works with the Medical Examiner to determine whether the Medical Examiner's Office will assert its jurisdiction.

Approximately 3,800 of the total cases reported and investigated by the Medical Examiner's Office are ultimately determined to be natural deaths. In these cases, the decedent's healthcare provider will sign the death certificate and no further investigation is necessary. Jurisdiction is not assumed.

In cases where further evaluation is deemed necessary, a Medical Investigator will go to the location of the death, interview family and friends, bring the decedent to our facility, obtain medical records and prepare a synopsis of the circumstances surrounding death. Jurisdiction is assumed.

The Medical Examiner has statutory authority to perform postmortem examinations. These include examinations of bodies at scenes, external examinations and forensic autopsies (external and internal examinations) at the Medical Examiner's Office. The post mortem examination is performed by a physician specializing in forensic pathology in order to determine the cause of death. Dental and anthropological examinations and collection of physical material or samples having potential evidentiary value may be a part of the examinations.

The term autopsy means to "see for one's self". The purpose of dissection of the human remains is to allow direct observation of the body by the pathologist. The autopsy involves observing the external and internal structures of the body to gain information about that individual and that individual's death. The goals of the forensic autopsy are to discover information that cannot be obtained in other ways, to provide independent confirmation of what is known or suspected, and to provide a variety of means of documenting findings. It is not required to perform autopsies in all cases.

Common reasons for an autopsy include the involvement of a law enforcement agency, mandates as specified in law, and our legal obligation to investigate deaths under our jurisdiction. While we try to accommodate the wishes of the family members and decedent, occasionally the circumstances of the death necessitate an autopsy be performed. Family permission is not required by the Medical Examiner, as might be required in a hospital setting. The authority to perform autopsies is used judiciously where the examinations are needed to gather information critical to the investigation in the interest of the general public. This authority allows the Medical Examiner to function independently to serve the public.

In cases of natural death, where a forensic autopsy is not required by the Medical Examiner for our official purposes, the legal next-of-kin may make arrangements with an independent pathologist for a private autopsy to be performed at his/her expense.

The post mortem examination or autopsy may include toxicology. Toxicology tests look for a variety of toxins, including natural toxins and chemicals found in the environment, or alcohol or drugs (both prescription and illicit).

Sometimes the cause of death is not immediately known and the forensic pathologist needs to request additional toxicology tests to determine if drugs or other toxins led to or contributed to a person's death. Toxicology reports can take 2 to 3 months for several reasons, including the wide range of toxicological specimens that must be tested for and the complexity of the tests themselves.

Cause of Death

Cause of Death is a term used to indicate the medical cause of death, listing the disease(s) or injuries that caused death. Specific cause of death information is recorded on the death certificate and is entered into the Vital Statistics System of the State of Washington.

The reason why an accident occurred, a person took their own life, or why one person killed another person is not investigated by the Medical Examiner for the purpose of death certification.

Manner of Death

Manner of Death is the way to categorize death as required by the Washington State Department of Health. The classifications are Natural, Accident, Suicide, Homicide, Undetermined, and Pending. Only medical examiners and coroners may use all of the manners of death; other certifiers must use "natural" or refer the death to the Medical Examiner. The manner of death is determined by the Medical Examiner.

Natural is defined as death caused solely by disease or natural process. If natural death is hastened by injury (such as a fall or drowning in a bathtub), the manner of death is not considered natural.

- Sudden Unexplained Infant Death (SUID), formerly known as sudden infant death syndrome (SIDS), is a subset of natural death; it is the sudden death of an infant under one year of age which remains unexplained after a thorough and complete investigation. The investigation includes a complete autopsy, examination of the death scene and clinical history. If significant risk factors were present, such as an unsafe sleep environment, including co-sleeping or inappropriate bedding, then the cause of death would fall out of the definition of SIDS and the manner would be classified as "undetermined".

Accident is defined for Medical Examiner death certification purposes as an unnatural death resulting from an inadvertent chance happening. Traffic related fatalities (involving vehicles used for transportation on any public roadway) are classified as accidents. On-the-job injury related deaths are referred to as industrial deaths and are classified as accidents. Deaths related to illicit drug or excessive medication use, in the absence of evidence specifically supporting the conclusion of the manner of death being homicide or suicide, are classified as accident.

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- Traffic deaths are a subset of accidental deaths, but deaths resulting from traffic accidents are reported separately from other accidental deaths for statistical purposes. A traffic death is defined as an unintentional death of a driver, passenger, or pedestrian involving a motor vehicle on public roadways. Accidents involving motor vehicles on private property (such as driveways) are not included in this category and are classified non-traffic vehicular deaths. Classification of a traffic related deaths as an “accident” does not preclude the prosecution as a vehicular homicide by legal authorities.
 - Complication of Therapy deaths are accidental deaths that occur during or due to complications that occur during medical, surgical, therapeutic or diagnostic procedures.

Suicide is defined for Medical Examiner death certification purposes as a death from self-inflicted injury with evidence of intent to die. Evidence of intent includes an explicit expression, such as a suicide note or verbal threat, previous attempts, or an act constituting implicit intent. An example would be of a self-inflicted contact/close range gunshot wound (particularly of the head, chest, or abdomen) that is recognized as having very high potential for lethality, and is considered to be implicit evidence of intent to die.

Homicide is defined as the action of one person directly causing the death of another. A death that occurs during and is related to the commission of a felony is also considered homicide. A violent death may stem from some kind of deliberate or purposeful action, but intent to cause death need not be present or proven for the classification as homicide.

Homicide and murder are not the same. All murders are homicides, not all homicides are murder. "Murder" is not an acceptable manner of death classification for death certification purposes. "Murder" is a term used under specific conditions in criminal law matters and as a general concept. An example might be that of unintentional firearms-related hunting death. While it may be classified as a homicide, it is up to legal authorities to determine when to prosecute such case as a “murder”, “manslaughter”, etc.

Undetermined is listed as the manner of death classification in only a small number of cases each year. Undetermined is an appropriate designation for cases that have very little available information about the circumstances surrounding death (e.g., partial skeletal remains) or where known information equally supports, or conflicts with, more than one manner of death. An undetermined manner of death is assigned to cases of unnatural death when a clear preponderance of evidence supporting a specific manner (homicide, accident, or suicide) is not available.

Some unexpected infant deaths that are not classified as “natural” (SIDS), such as when an unsafe sleeping environment is present, may be classified as “undetermined” in manner.

Pending may be listed temporarily on the death certificate for cause and/or manner when additional investigation, information and/or test results are required for certification. These classifications are generally amended as soon as additional information becomes available.

Death Certification

The Medical Examiner's office does not issue death certificates. Since the vast majority of deaths in Snohomish County are due to natural causes, most deaths should be certified by the decedent's physician. The Medical Examiner's Office is not responsible for certifying the death in natural cases (unless jurisdiction was assumed for other reasons). Further entries are the responsibility of the funeral director and the local Vital Statistics Registrar. Completed death certificates are filed with Vital Statistics. To obtain a copy of a death certificate recorded in Snohomish County contact:

Snohomish County Health District
Attn: Vital Statistics
3020 Rucker Ave, Suite 102
Everett, WA 98201
(425) 339-5290
http://www.snohd.org/Shd_HS/DeathCertificate.aspx

Certification of the cause and manner of death by the Medical Examiner follows the guidelines established by the Washington State Department of Health and the National Center for Health Statistics of the Centers for Disease Control and Prevention (CDC). The certification of cause and manner of death is based on the preponderance of evidence (more probable than not, or reasonable medical probability, not necessarily beyond reasonable doubt).

Many times a death is not witnessed and the Medical Examiner's Office may not have an exact date or time of death. In those instances, the death certificate may not note the date and time of death, but rather the date the decedent was found.

No Medical Examiner case is ever "closed". If new information concerning a past case is provided to the Medical Examiner, the information will be reviewed and considered. If the new information changes the preponderance of evidence, the entries on the death certificate can be amended. If the new information does not change the preponderance of evidence, the death certificate entries remain unchanged or the cause and manner of death will remain unchanged.

Release of Records

The Snohomish County Medical Examiner's Office is only authorized to release confidential autopsy and post mortem reports and records as provided for in RCW [68.50.105](#). This legislative authority provides confidentiality for the decedent and their family and is more restrictive than the federal Health Insurance Portability and Accountability Act (HIPAA).

If the requesting party is not one of the parties specifically authorized under RCW 68.50.105, a written authorization must be provided prior to release of records. This written consent must be provided by an authorized party (a family member, personal representative of the decedent or court order).

In 2014, the Snohomish County Medical Examiner's Office released 531 reports to families of the decedent, law enforcement and state investigative agencies such as Child Protective Services (CPS), Adult Protective Services (APS) and Labor and Industries (L&I) as allowed by law or court order.

General Statistics

In 2014 a total number of 4,692 deaths were reported to the Snohomish County Medical Examiner's Office² (SCMEO). Each reported case received basic investigative review for the purpose of determining jurisdiction. Reported deaths increased 6.3% over the previous year (4,398).

Based on the 2013 US Census Bureau of 759,583, the 4,692 deaths represent 0.6% of the population. Most deaths were reported to the Medical Examiner by medical or law enforcement personnel.

Based on the circumstances at reporting and/or an analysis at the scene and the decedent's medical history, the Medical Examiner assumed jurisdiction in 886 of these reported deaths or 18.9% of all deaths in the county. This represents an increase of 9.4% over the previous year of 803 investigations. In the last 5 years, there has been a 12% increase in deaths reported and a 22% increase in investigations.

In 2014, Snohomish County experienced two mass fatality incidents that brought national news to our doorstep. The first was on March 22, 2014, in which 43³ people died in the 530 Slide in Oso. Later that year on October 24, 2014, four students died as a result of homicidal violence in a mass shooting at Marysville-Pilchuck High School.

² Statistical information compiled from the Medical Examiner Tracking System (METS) unless otherwise noted.

³ Of the 43 total deaths, one occurred at the trauma center in King County and was recorded in King County.

Deaths Reported to the Snohomish County Medical Examiner

Description	2010	2011	2012	2013	2014
Snohomish County Population	713,335	713,335	722,900	745,913 ⁴	759,583
Reported Deaths ⁵	4,146	4,317	4,398	4,627	4692
No Jurisdiction Assumed (NJA) ⁶	3,447	3,552	3,667	3,825	3806
Investigations conducted (SCME)	694	766	713	803	886
Scenes Investigated	462	543	513	631	658
Bodies Transported to the Morgue	512	566	534	620	646
Autopsies	359	385	391	416	358
Partial autopsies	0	2	0	0	0
External examinations (only)	122	101	40	92	185
Cases where toxicology performed	473	531	511	560	548
Unidentified Human Remains	4	4	3	2	1
Non-Human Remains or Bones	23	13	6	18	23
Unclaimed bodies ⁷	25	27	20	16	31
L & I Cases	5	3	7	6	17
Drug, Alcohol or Poison ⁸	98	149	133	142	112
Presumptive Deaths ⁹	1	0	0	1	0
Exhumations	0	2	0	0	0
Hospital autopsies retained by ME	0	0	0	0	0
Examinations for other Counties ¹⁰	10	13	17	10	15

⁴ United States Census Bureau <http://quickfacts.census.gov/qfd/states/53/53061.html>

⁵ Specific cause of death information is recorded on the death certificate and filed with the Vital Statistics System in the State of Washington.

⁶ Deaths of persons whose identity is known are reported to the medical examiner. The medical examiner may decline jurisdiction based on information from a medical care provider that leads to the reasonable conclusion of natural death, a medical care provider verifying no accidental or other mandatory reporting circumstances and sufficient medical history to explain the natural death and willing to certify the death as natural.

⁷ Includes persons not claimed by next of kin, unable to locate the next of kin or indigent deceased (an individual for whom no kin is liable for the cost of disposition under RCW 68.50.160 and assets cannot be obtained from the estate or other sources).

⁸ Drug, alcohol and poison causes of deaths that are classified by manner as "Suicide" or "Undetermined" are not included here.

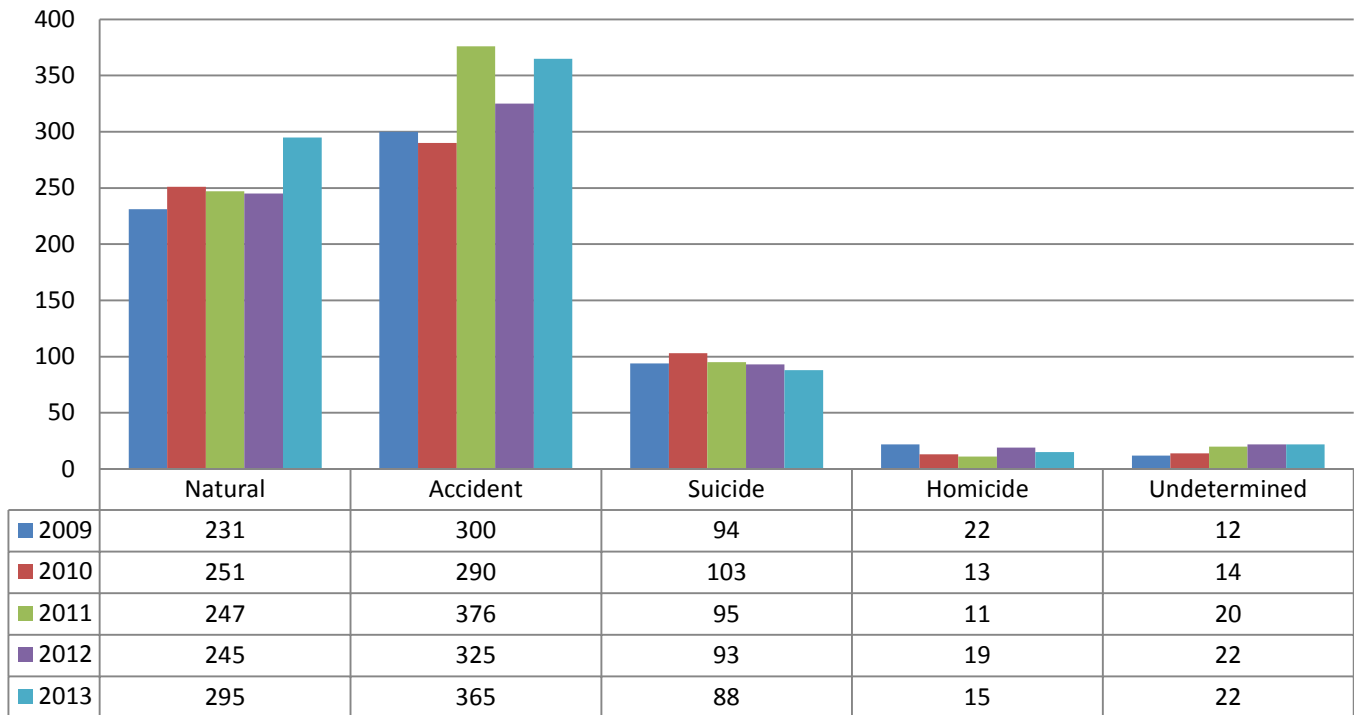
⁹ Death certificate issued based on circumstantial evidence of death in situations where no bodies have been found.

¹⁰ Snohomish County Medical Examiner provides services to other counties are shown here for informational purposes. They are not included in the balance of this report.

Manner of Death when Jurisdiction Assumed

Manner of Death	2010	2011	2012	2013	2014
Natural	251	247	245	295	277
Accident	290	376	325	365	387
Suicide	103	95	93	88	117
Homicide	13	11	19	15	15
Undetermined	14	20	22	22	19
Total Cases	670	749	704	785	815
Other ¹¹	24	17	9	18	71

Manner of Death When Jurisdiction Assumed

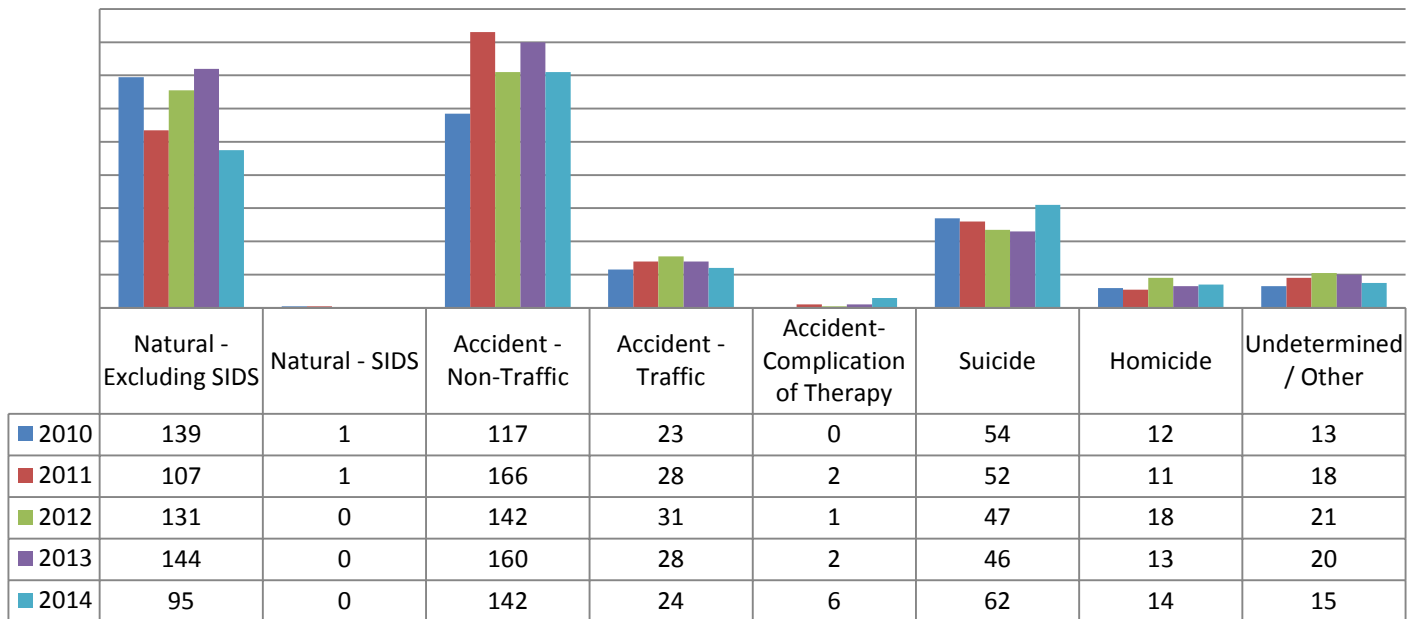


¹¹ Other cases were investigated which did not result in a Certification of Death, such as the determination of non-human remains.

Autopsies Performed

By Manner	2010	2011	2012	2013	2014
Natural -Excluding SIDS	139	107	131	144	95
Natural - SIDS	1	1	0	0	0
Accident (Non-traffic)	117	166	142	160	142
Accident -Traffic	23	28	31	28	24
Accident - Complication of Therapy	0	2	1	2	6
Suicide	54	52	47	46	62
Homicide	12	11	18	13	14
Undetermined and Other	13	18	21	20	15
Total Cases	359	385	391	413	358

Autopsies Performed by Manner of Death

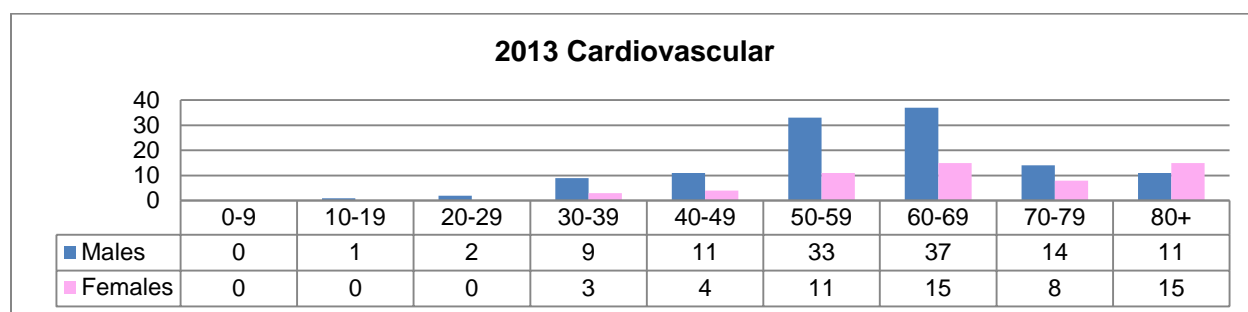


Manner of Death

Natural Deaths

The Medical Examiner has jurisdiction over the investigation of deaths that are determined to be from natural causes when death occurred suddenly, when in apparent good health, when no other physician is available to certify death, the death occurs in jail or prison, or the body is unclaimed.

Various forms of cardiovascular disease are the leading causes of natural death cases investigated by the Medical Examiner (56%). The numbers of cardiovascular deaths reflects the fact that the first symptom of significant heart disease is often a fatal heart attack.



In 2014 the Medical Examiner’s Office investigated 277 natural deaths. In 2014, natural deaths accounted for 31% of all deaths investigated by the Medical Examiner’s Office. The natural manner of death with “unknown/other” cause are deaths in which the scene investigation was highly suggestive of a natural death; however, the autopsies, including microscope examinations of tissues and toxicology testing were unable to provide a conclusive cause of death.

By Disease	2010	2011	2012	2013	2014
Cardiovascular	145	164	139	174	155
Central Nervous System	10	17	12	12	14
Coagulopathy	4	3	4	7	3
Endocrine (includes Diabetes)	11	10	6	10	8
Gastro-Intestinal	6	5	4	2	1
Infectious Disease	3	3	8	11	2
Renal (Kidney)	3	0	6	5	6
Hepatic (Liver)	23	9	18	32	29
Malignancy	15	11	16	21	22
Respiratory	25	19	27	19	31
SIDS	1	1	0	0	0
Unknown/Other	5	5	5	1	6
Totals	251	247	245	294	277

Natural Deaths by Gender by Age¹²

Natural Cause - Male	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+	Total
Cardiovascular				3	15	30	33	22	10	113
Central Nervous System			1		1	2	1	1	1	7
Coagulopathy						3				3
Endocrine (includes Diabetes)				1	2		2	1		6
Gastro-Intestinal										0
Infectious Disease										0
Renal (Kidney)				1		1	1	1	1	5
Hepatic (Liver)				1	5	7	6		1	20
Malignancy			1			3	6		1	11
Respiratory				2	2	4	2	2	5	17
SIDS										0
Unknown/Other	2		1	1		1				5
Total										

Natural Cause - Female by Age	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+	Total
Cardiovascular					4	13	13	3	9	42
Central Nervous System				1				1	5	7
Coagulopathy										0
Endocrine (includes Diabetes)					1		1			2
Gastro-Intestinal								1		1
Infectious Disease							1	1		2
Renal (Kidney)								1		1
Hepatic (Liver)					4	4		1		9
Malignancy						1	3	3	4	11
Respiratory					1	4	3	3	3	14
SIDS										0
Unknown/Other					1					1
Total				1	11	22	21	14	21	90

¹² SIDS is defined as the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and a review of the clinical history. See "Undetermined Deaths".

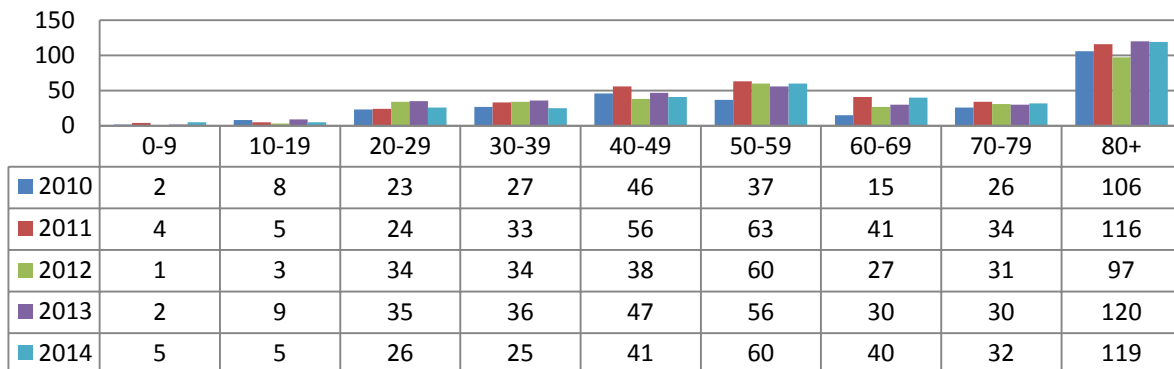
Accident

There were 387 accidental deaths in Snohomish County in 2014. Accidental deaths accounted for 43.7% of unexpected, unexplained deaths investigated under the jurisdiction of the Medical Examiner's Office.

Falls and fractures were a contributing factor in 39% of accidental deaths for people over the age of 60. Drugs, alcohol and poisoning caused 29% of all accidental deaths.

By Cause	2010	2011	2012	2013	2014
Airplane or Helicopter	0	3	0	0	1
Asphyxia: Choking	3	5	4	6	3
Asphyxia: Mechanical, Positional, Traumatic	2	3	0	2	2
Blunt Impact or Crushing	6	13	5	13	45 ¹³
Carbon Monoxide	0	2	1	0	0
Complication of Therapy	1	5	2	7	6
Drowning	11	10	2	15	11
Drugs / Alcohol / Poisoning	98	149	133	143	113
Electrocution	0	0	0	0	2
Falls and Fractures	129	137	133	138	158
Fire Related	4	5	5	4	2
Hypothermia	0	4	2	3	3
Non-traffic Vehicle	0	1	1	1	2
Traffic	28	38	36	29	34
Train	1	1	0	1	0
Other	7	0	1	2	5
Totals	290	376	325	365	387

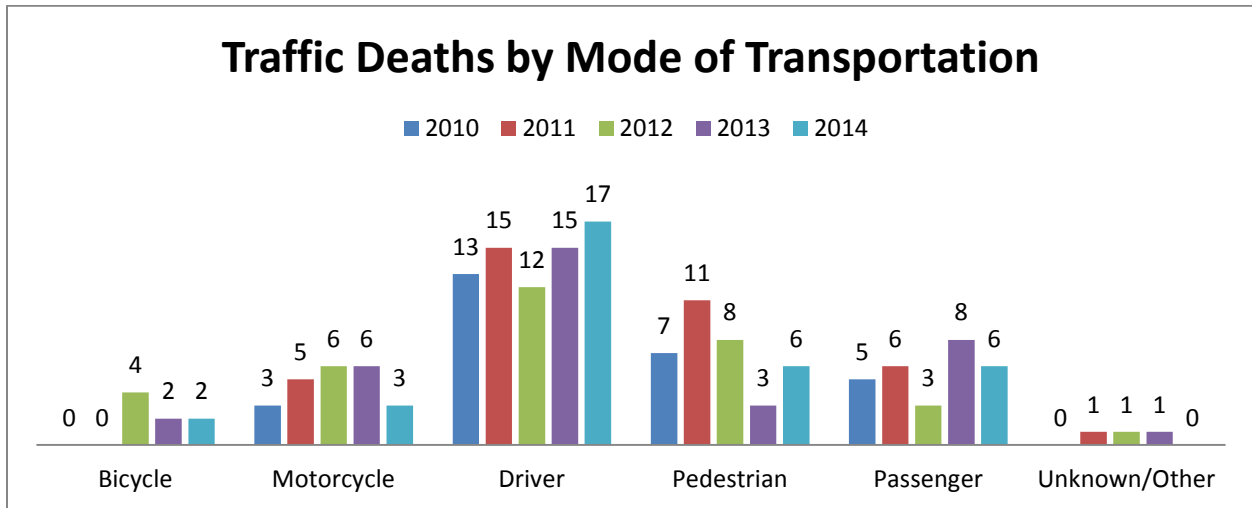
Accidental Deaths by Age in 2014



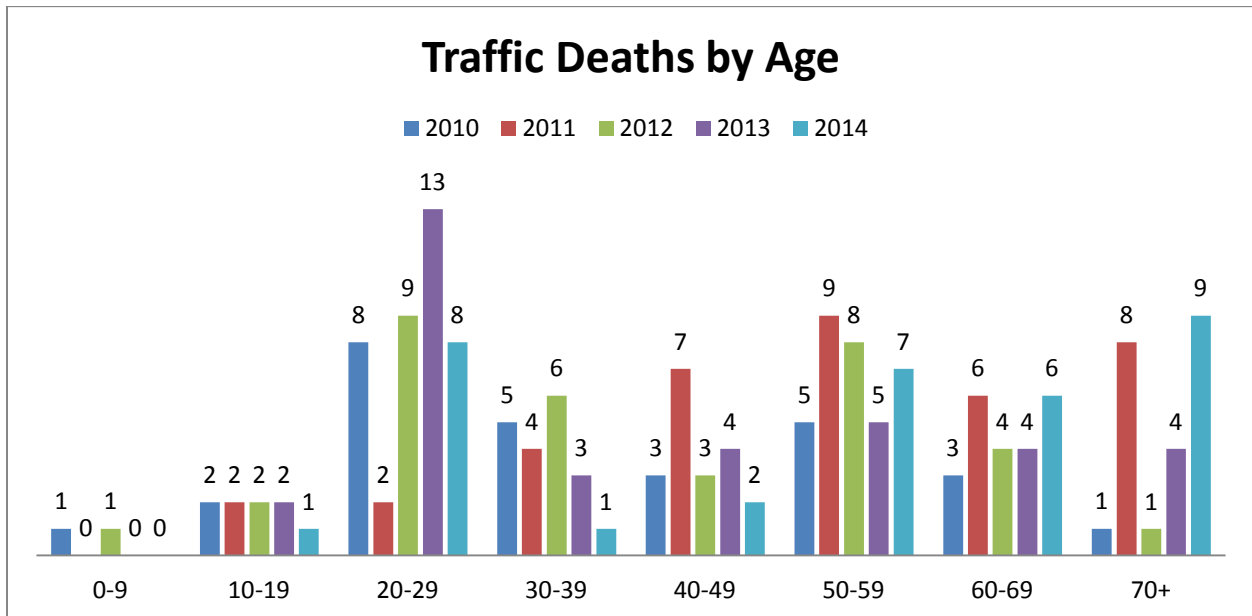
¹³ On March 22, 2014, a natural disaster, the 530 Slide in Oso, claimed 43 lives.

Accidental: Traffic

Traffic deaths are a sub-category of “Accidental” deaths. [Traffic deaths](#)¹⁴ occur along public roadways. The Snohomish County Medical Examiner investigated 34 fatalities involving motor vehicles in 2014, a decrease from 35 deaths in 2013. Traffic deaths account for 8.8% of all accidental deaths in 2014. The statistics include 13 females and 21 males.



Toxicology reports a variety of toxins, including screening for alcohol and drugs. Toxicology was performed on the 15 drivers who died in traffic accidents in 2014. One-third of those test returned with positive results for drugs and/or alcohol.



¹⁴ Deaths involving motorized vehicles occurring off-road or on private property do not meet the criteria for “traffic” death reporting.

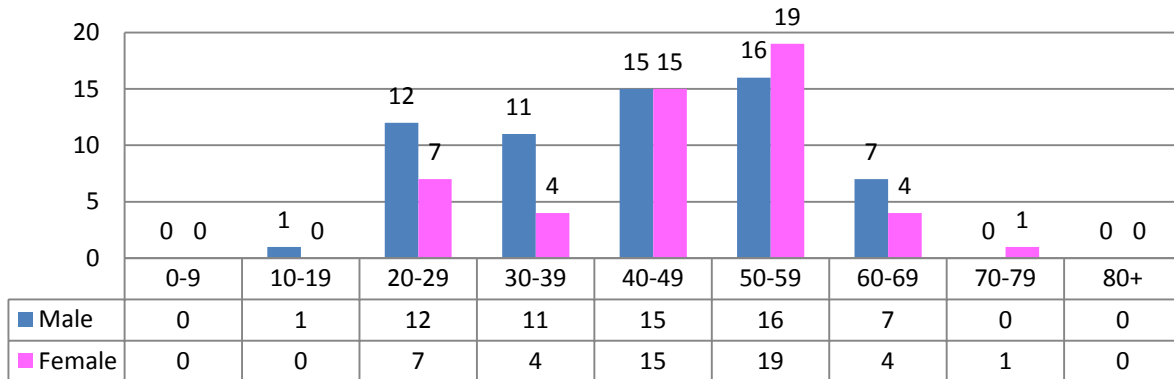
Accidental: Drugs, Alcohol and Poisons

In 2014, there were 112 drugs, alcohol or poisoning deaths with the manner classified as "Accident".

Approximately 90% of the 2014 drug-related deaths in Snohomish County are a result of combined drug intoxication. Combined drug intoxication occurs when two or more prescription, over-the-counter, recreational drugs and/or alcoholic beverages are consumed simultaneously.

Because of the inherent private and secretive nature of drug use, the exact circumstances leading to fatal drug toxicity are often not clearly defined. The cases listed here represent deaths caused by drugs, alcohol and poisons¹⁵ or where drugs, alcohol and poisons were identified as a primary contributing factor.

2014 - Drug, Poison, Alcohol



By Age (in years)	2011	2012	2013	2014
0-9	0	0	0	0
10-19	2	1	3	1
20-29	19	25	19	19
30-39	23	24	32	15
40-49	41	32	39	30
50-59	43	37	38	35
60-69	15	13	9	11
70+	3	1	2	1
80+	3	0	1	0
Total	149	133	143	112

Gender	2010	2011	2012	2013	2014
Male	57	83	86	83	62
Female	41	66	47	60	50
Totals	98	149	133	143	112

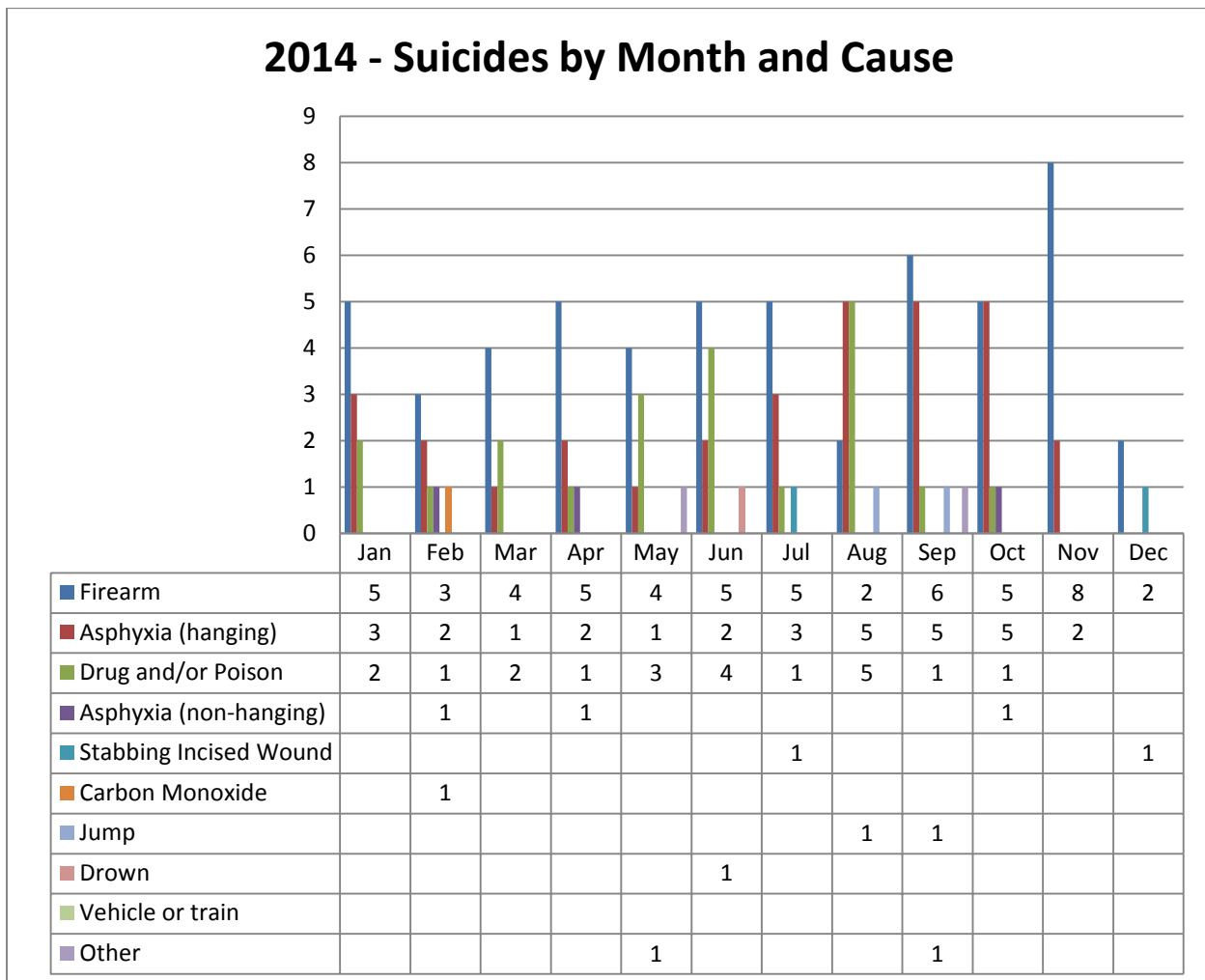
¹⁵ Drug, alcohol and poison causes of deaths that are classified by manner as "Suicide" and "Undetermined" are not included here.

Suicide

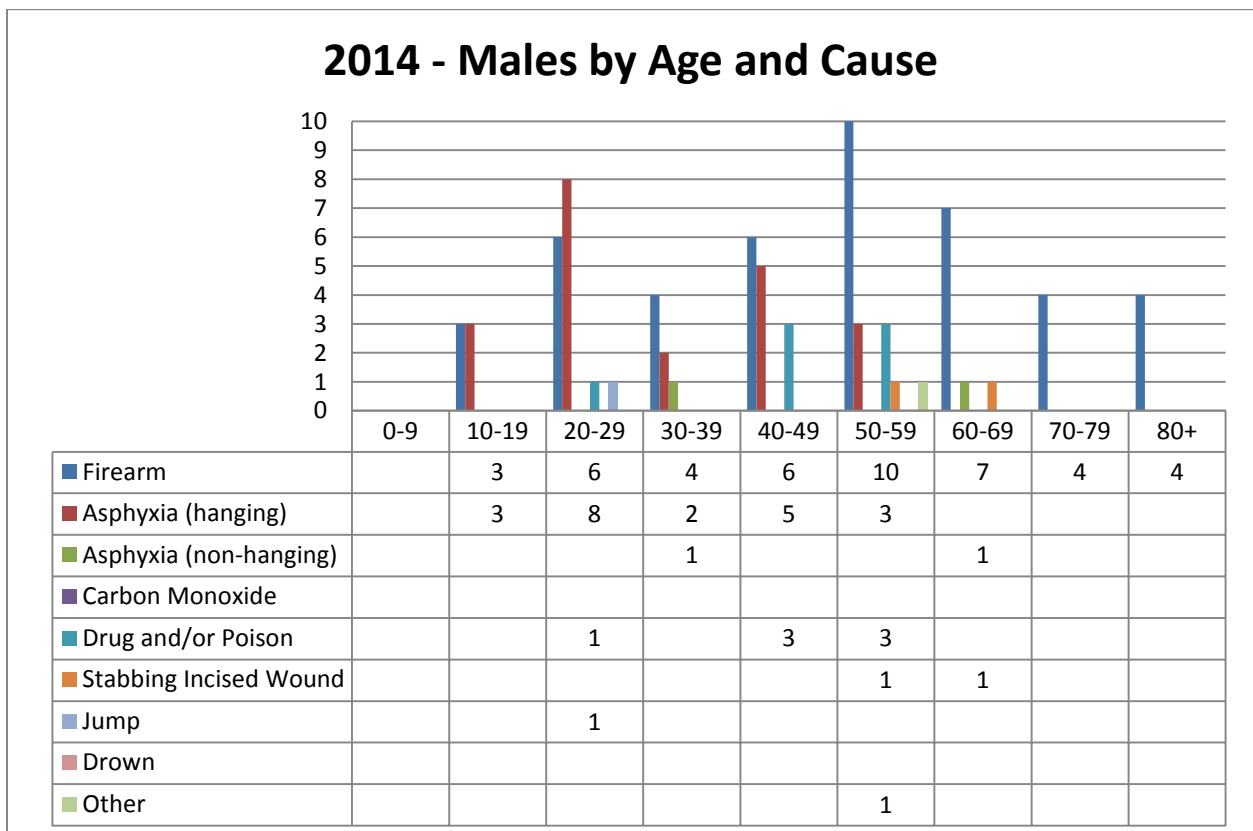
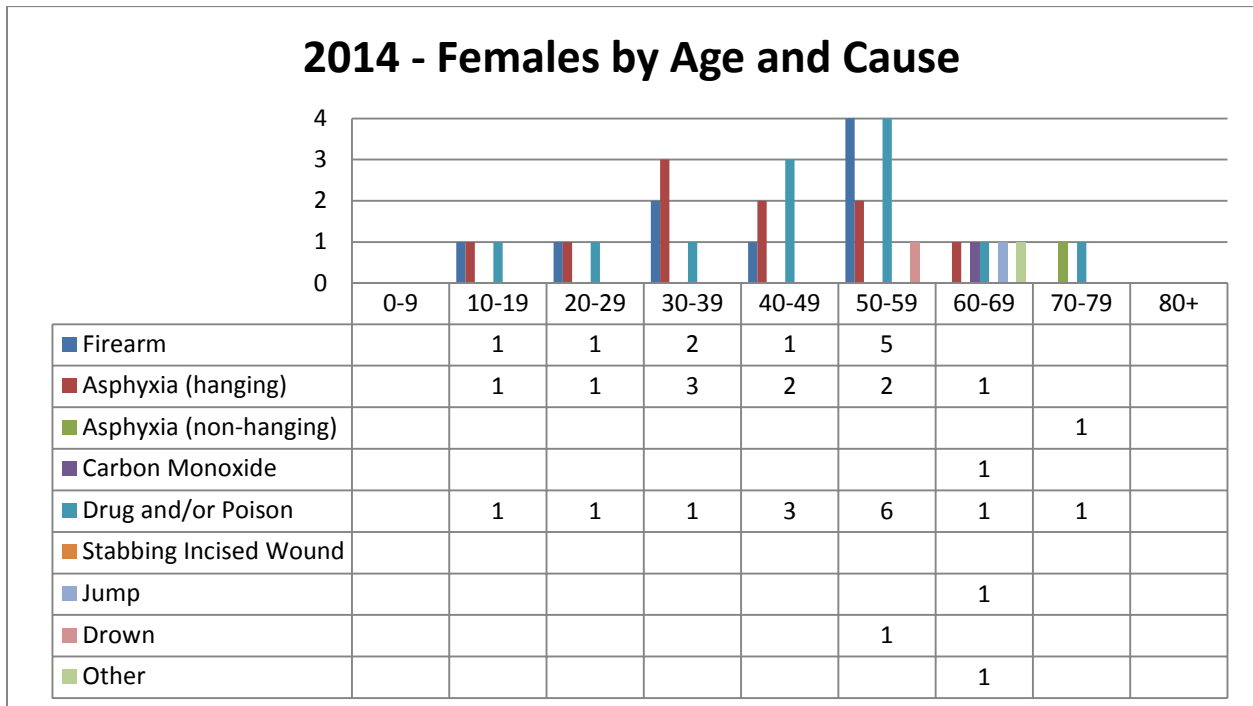
A death is classified as suicide when it is the result of non-accidental self-inflicted injury or injuries. The analysis of suicide as a manner of death is circumstance-dependent. Intent may be explicit or inferred such as when the victim’s actions carried a high risk of death or self-harm and the victim acted with the knowledge that their acts may cause self-harm or with acceptance of the risk of serious injury or death.

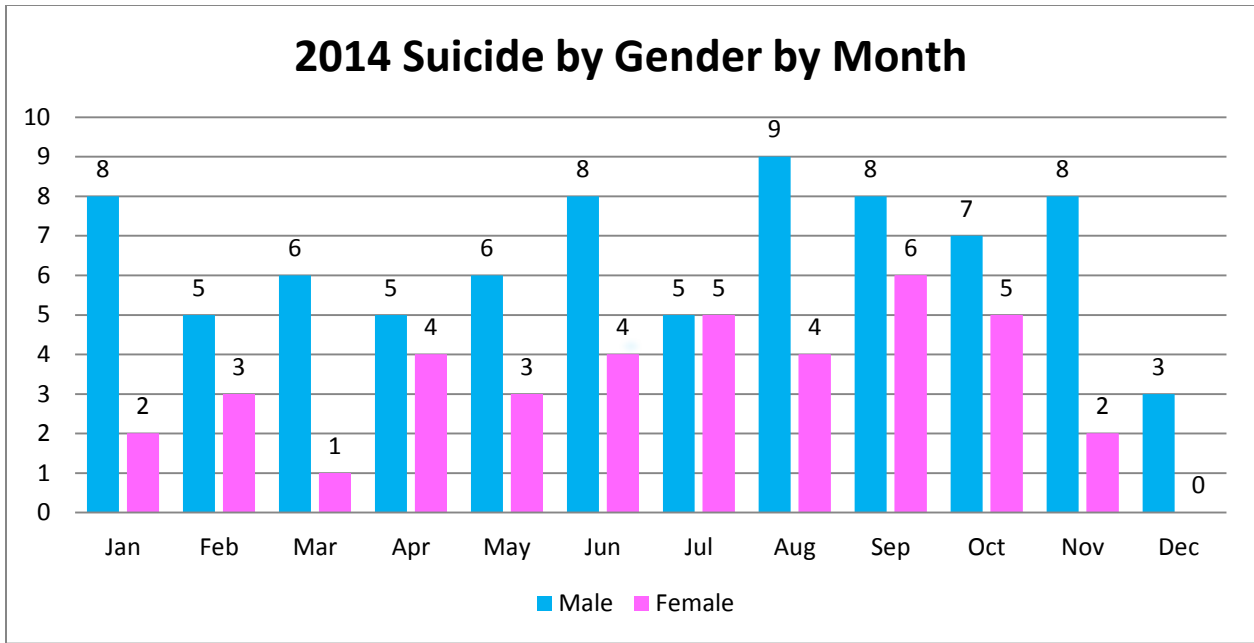
Suicide deaths accounted for 13.2% of deaths investigated by the medical examiner in 2014. In 2014 there were 117 deaths classified as suicide, 39 females and 78 males, up 24.7% from 2013.

Nationally, suicide deaths in older Americans are associated statistically with financial concerns, relationship issues, illness and declining health. In the United States, gunshot wounds remain the most frequent suicide method, partly because of the inherent lethality of firearm injuries.

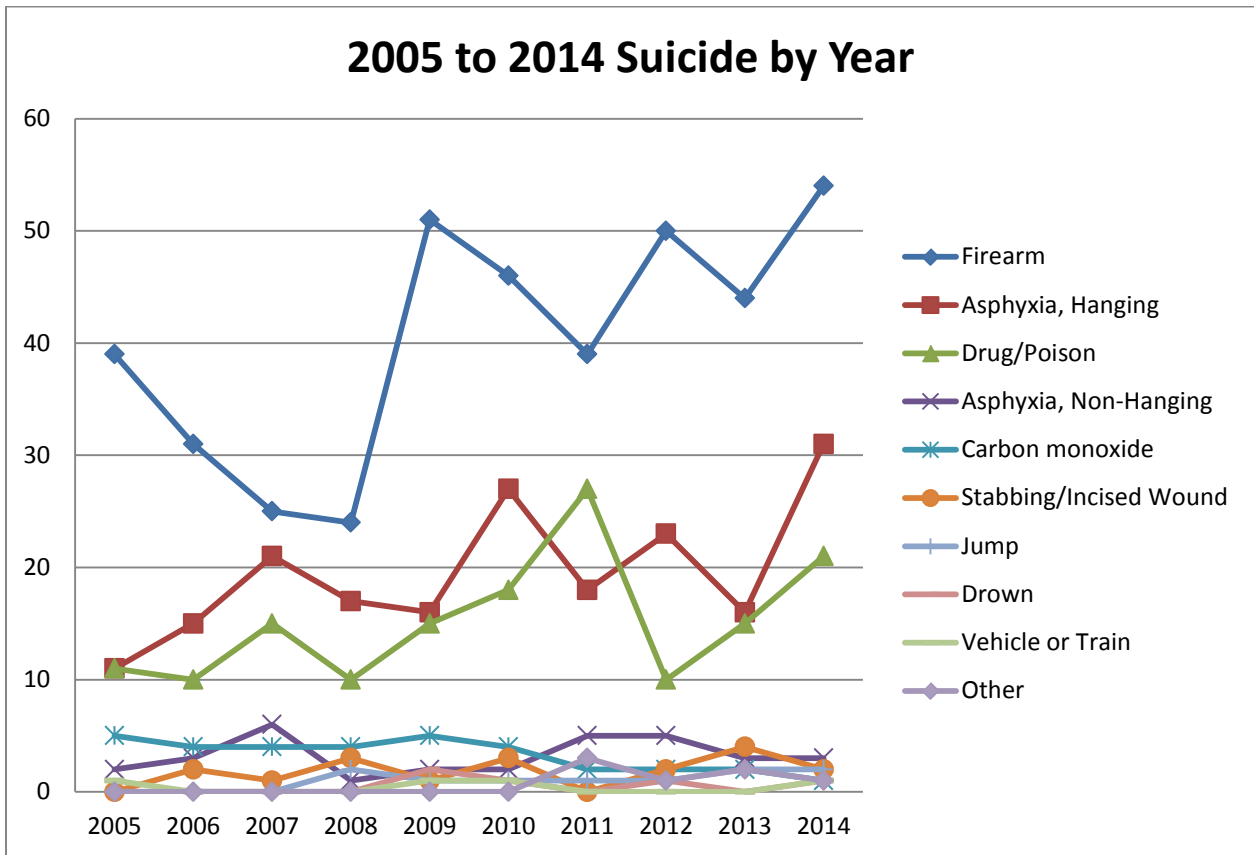


Suicides by Gender





Suicides by Year



Homicide

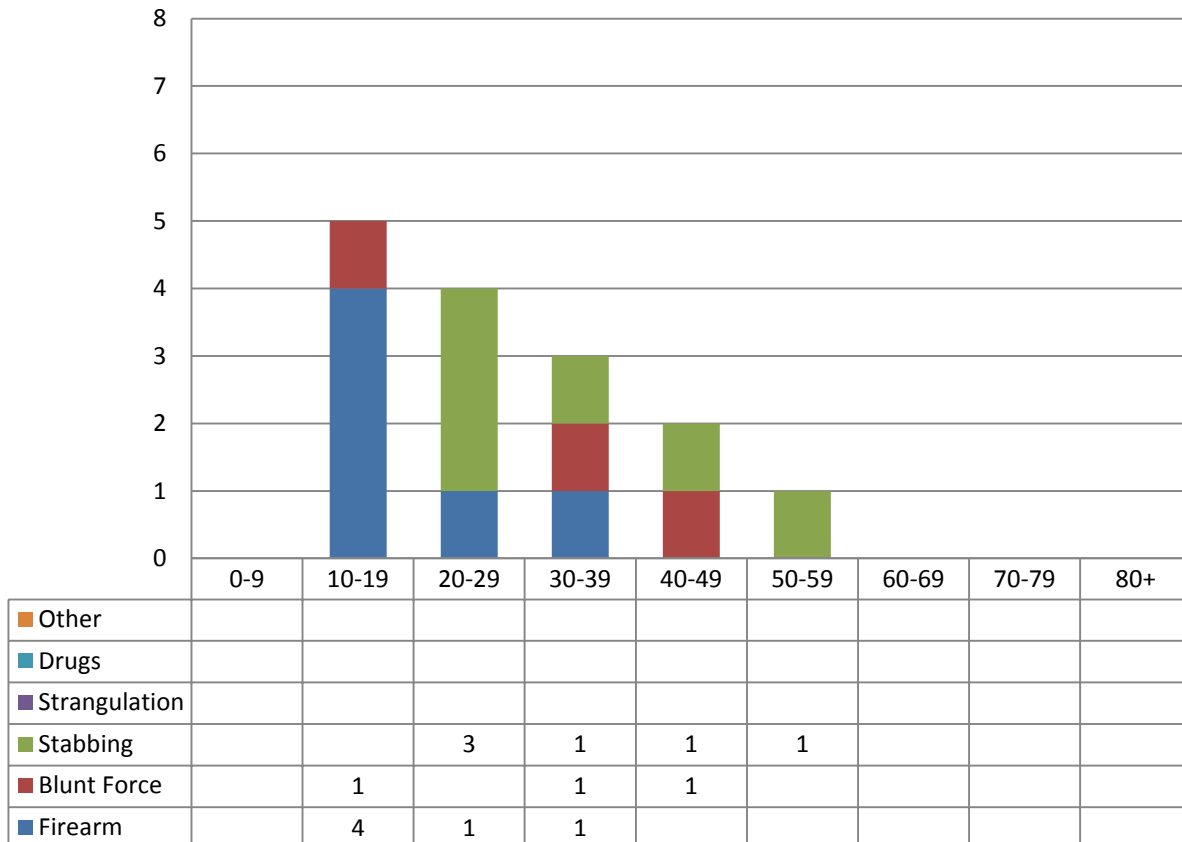
When injuries inflicted by another results in the death of a person, the Medical Examiner classifies death is classified as Homicide. In this context, the word homicide does not necessarily imply the existence of criminal intent behind the action of the person. This is reflected in the fact that the prosecuting attorney may either charge the person responsible for the injuries with murder or manslaughter, or decline to file charges.

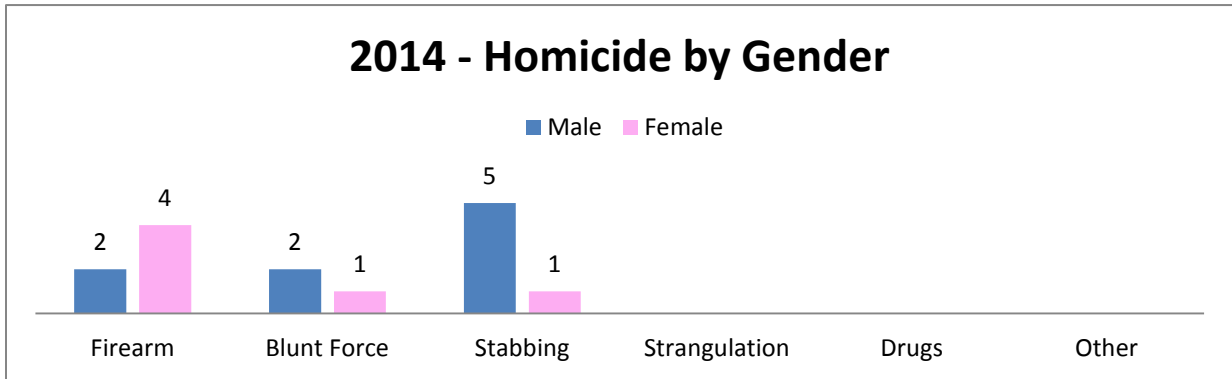
There were 15 homicides in 2014, representing 2% of the total investigations in Snohomish County. There was no change over the prior year. In 2014, there were 9 male and 6 female homicide victims. Three persons were not residents of Snohomish County.

Gunshots represented 40% of the 2014 homicide deaths.

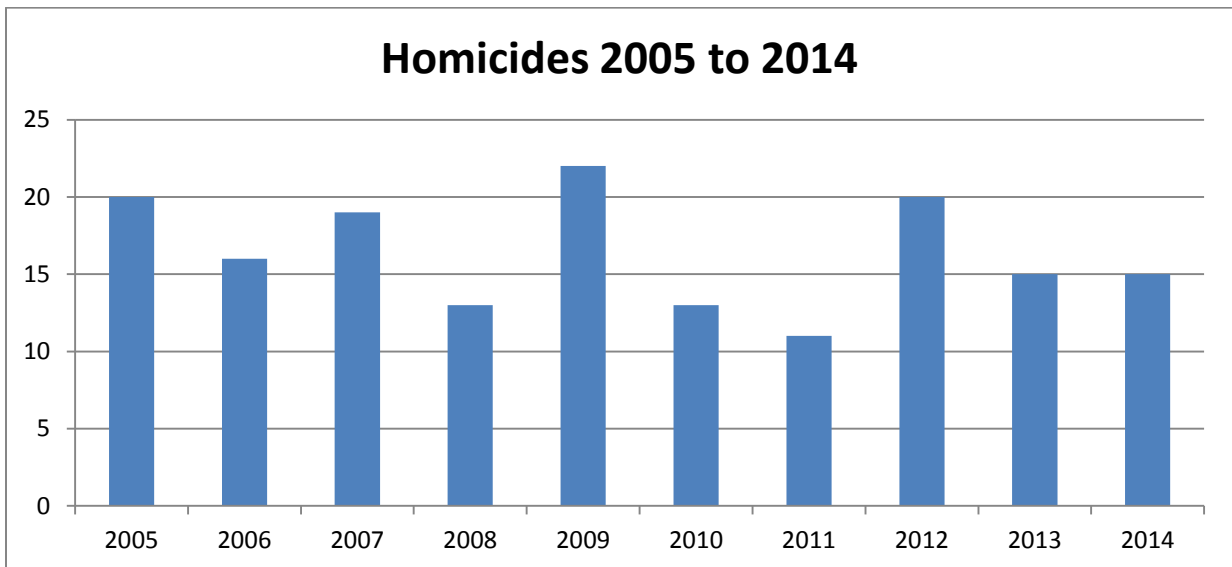
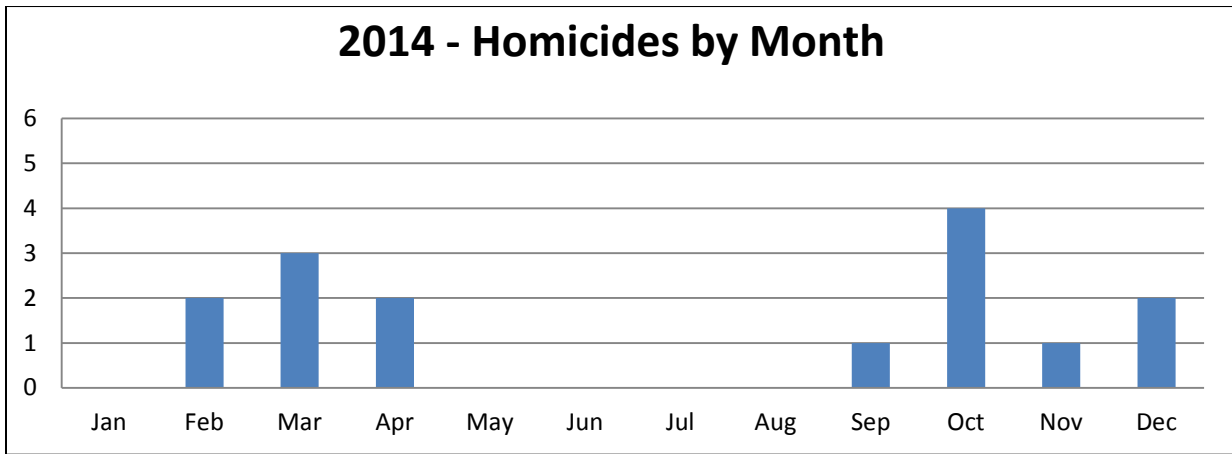
The relationship of the victim to the assailant is not tabulated as part of this report. Additional review of police records would be necessary in order to investigate such associations.

2014 - Homicide by Age and Cause



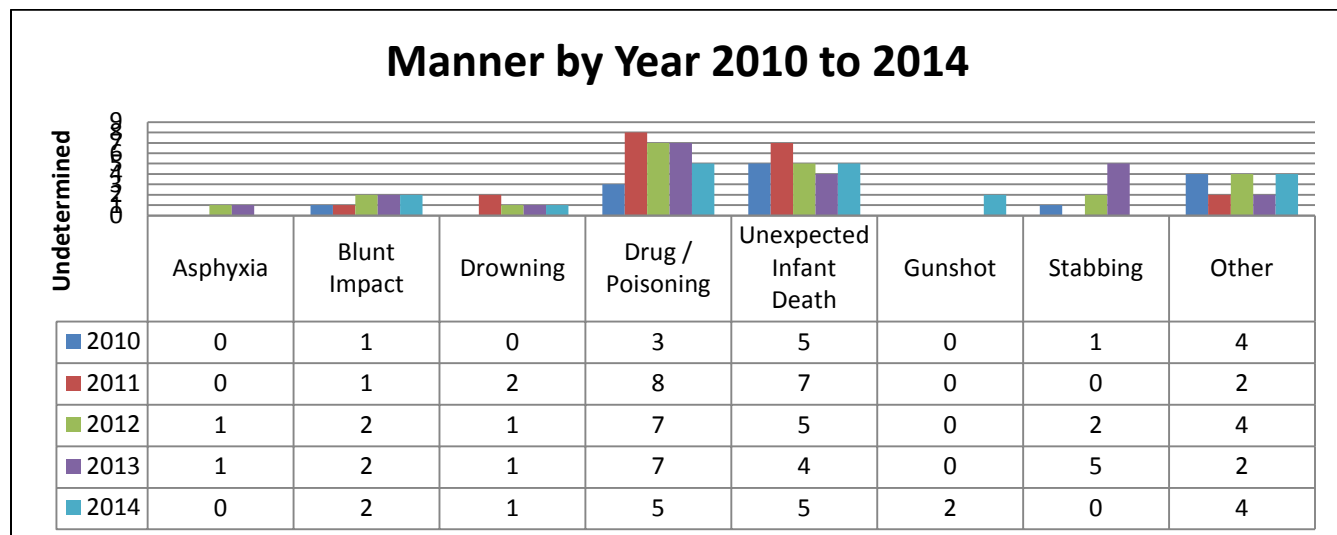
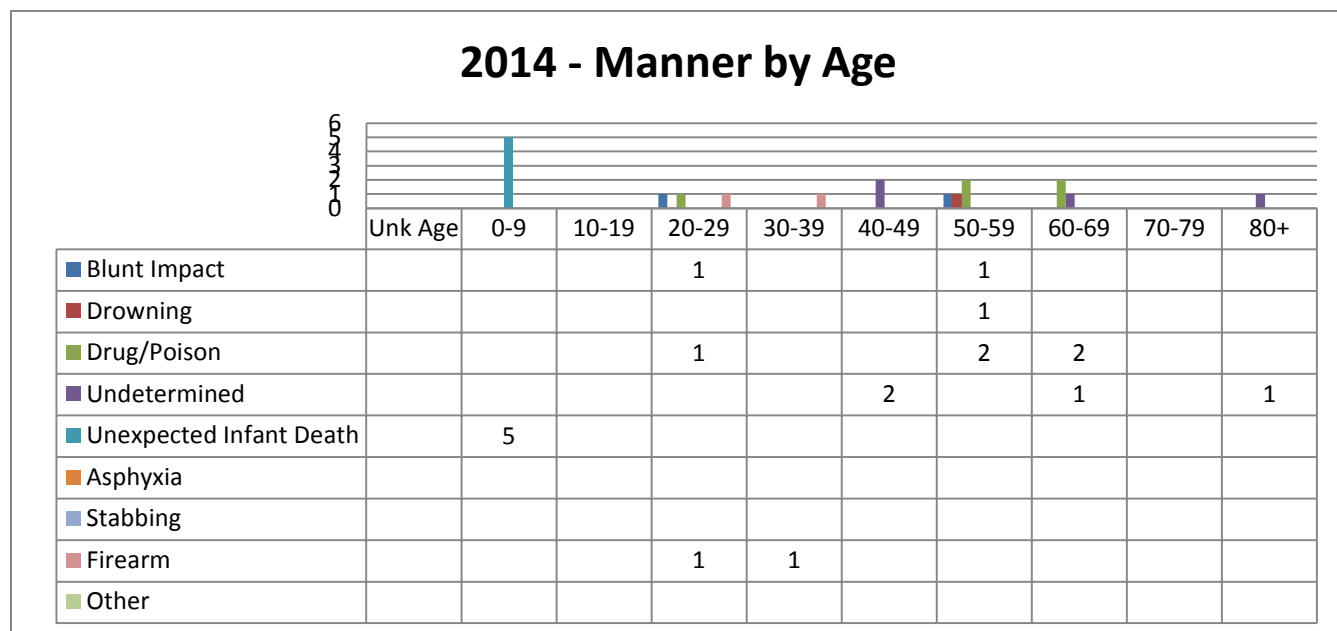


Although overall homicide numbers see slight variation from year to year in Snohomish County, four students died of homicidal violence in one incident in an October 24, 2014 mass shooting at Marysville-Pilchuck High School.



Undetermined

When very little information is available about the circumstances surrounding death (e.g., partial skeletal remains, delay between death and discovery, lack of medical history or witnesses) or where known information equally supports, or conflicts with, more than one manner of death, the death is classified as Undetermined. In 2014, the “undetermined” classification was used in 2.1% of deaths where jurisdiction was assumed. Sudden Unexpected Infant Deaths¹⁶ (SUID) are children less than one year of age.



¹⁶ These deaths are commonly referred to as SIDS (Sudden Infant Death Syndrome). Although the causes of death in many infants can't be explained, most occur while the infant is sleeping in an unsafe sleeping environment (suffocation by soft bedding, adult overlay, wedging, entrapment or strangulation). Even after a thorough investigation including examination of the death scene, an autopsy and a review of the infant's medical history it is hard to tell SIDS apart from other sleep-related infant deaths such as overlay or suffocation.