

DEKALB COUNTY MEDICAL EXAMINER'S OFFICE



ANNUAL REPORT

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

PATRICK L. BAILEY
DIRECTOR



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TABLE OF CONTENTS

3	DEPARTMENT LOCATION	21	PROCEDURES ON ACCEPTED JURISDICTION CASES
4	MISSION STATEMENT & DEPARTMENT DESCRIPTION	24	MANNERS OF DEATH
5	GEOGRAPHIC INFORMATION	25	HOMICIDE STATISTICS
6	FACILITIES & SUPPORT SERVICES	27	SUICIDE STATISTICS
7	JURISDICTION	30	MOTOR VEHICLE ACCIDENT STATISTICS
8	GEORGIA DEATH INVESTIGATION ACT	35	DRUG STATISTICS
9	MESSAGE TO THE BOARD OF COMMISSIONERS & CITIZENS OF DEKALB COUNTY	36	INDIGENT BURIALS
13	APPROACHES TO CERTIFYING DEATH & CLASSIFYING MOD	37	INVESTIGATOR CASELOAD
16	BUDGET & STAFF	39	PATHOLOGIST PROCEDURES
18	CASE TOTALS	40	FACILITY TOTALS

**REPORT PREPARED BY: CLAIRE WALICZEK &
JENNA AUNGST**

MESSAGE TO THE CHIEF EXECUTIVE OFFICER & BOARD OF COMMISSIONERS OF DEKALB COUNTY

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 Investigation Act (O.C.G.A. 45-16-20). These inquiries include, but are not limited to, deaths reported by law enforcement agencies and medical institutions, deaths requiring scene investigations, postmortem examinations (autopsies), toxicology analysis, review of documented evidence, and medical records. The Medical Examiners Office will be notified of the following types of deaths: 1. As a result of violence; 2. By suicide or casualty; 3. Suddenly, when in apparent good health; 4. When unattended by a physician; 5. In any suspicious or unusual manner with particular attention paid to those persons under the age of 16 years of age; 6. After birth, but before seven years of age if the death is unexpected or unexplained; 7. When an inmate of a state hospital or a state or county penal institute; 8. After having been admitted to a hospital in an unconscious state and without regaining consciousness within hours of admission.

In order to meet this mission in 2020, DCMEO, like many cities and counties across the U.S., was challenged by the evolving COVID-19 Pandemic that was progressing across the nation. In collaboration with DeKalb Public Safety and Public Health partners, personal protective equipment (PPE) was procured and stockpiled to ensure the health and safety of our employees.

Based on the limited scientific information identifying environments in which the COVID 19 exists, COVID 19 Protocols were put in place to direct which cases were brought in for an examination and what cases were released; scene response; and postmortem examination practices to protect departmental personnel.

Additionally, working with the Department of Innovation and Technology, enhanced technology was put in place which allowed employees to work remotely without disruption of service. In support of designated front-line workers that were required to continue providing service response as COVID 19 continues to impact communities, the CEO recommended and the Board of Commissioners approved additional frontline pay.

As case totals continued to rise, the personnel of DCMEO rose to meet the challenge of providing Professional, Comprehensive, and Compassionate death investigative services to the Citizens of DeKalb County, Georgia.

We want to extend our sincere gratitude to the DeKalb County CEO Michael Thurmond and the Board of Commissioners for their continued support of the Medicolegal Death Investigative Services 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

A black and white photograph of two medical examiners in hazmat suits standing at a crime scene. The suits have 'KleenGuard A60' labels. The background shows debris and other personnel.

DEKALB COUNTY MEDICAL EXAMINER'S OFFICE

GEOGRAPHIC INFORMATION

Area: **271 mi²**

Population: **768,079**

0.57% population growth since 2019

Age:

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

Sex:

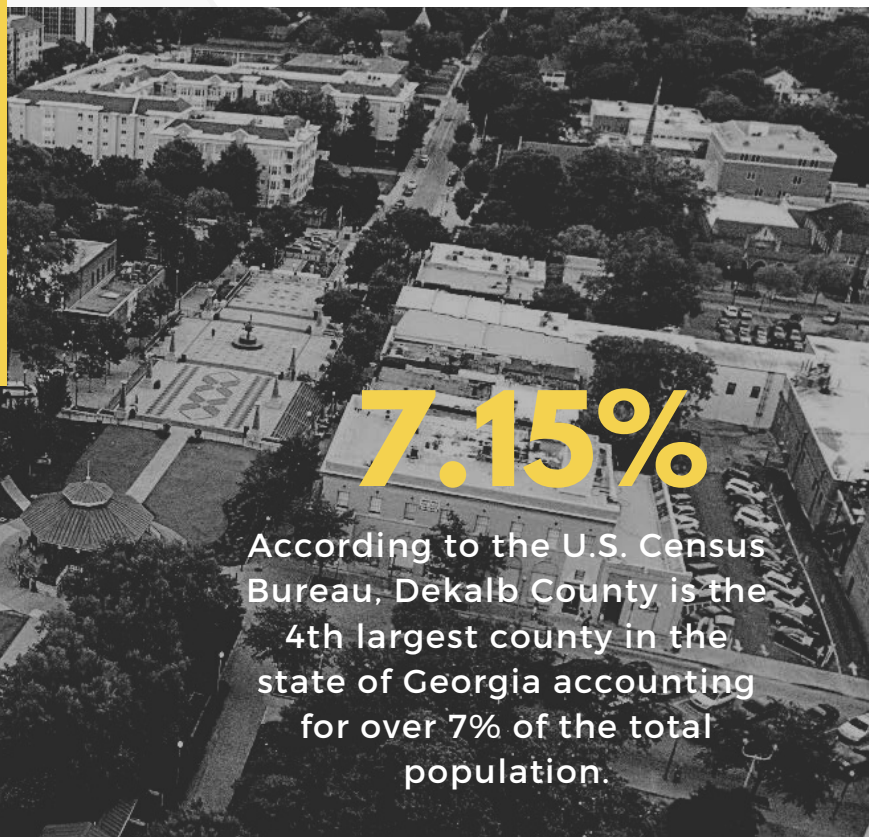
- Females: **52.8%**
- Males: **47.2%**

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%**



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: 24 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 2020, 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.



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:

- All violent deaths, which includes all homicides, suicides, and accidents
- Sudden when in apparent good health
- When unattended by a physician
- Suspicious or unusual
- Children after live birth but before seven years of age if death is unexpected or unexplained
- Executions pursuant to the death penalty
- Patient of a state hospital, or inmate of a state, county, or city penal institution
- Admitted to hospital unconscious and dying within 24 hours without regaining consciousness

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:

- The agonal events that caused and/or contributed to death occurred in DeKalb County, or
- 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:

- The events that caused or contributed to death did not occur in DeKalb County
- 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 autopsy is sometimes performed if:
 - there is expressed objection to autopsy 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 autopsies 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

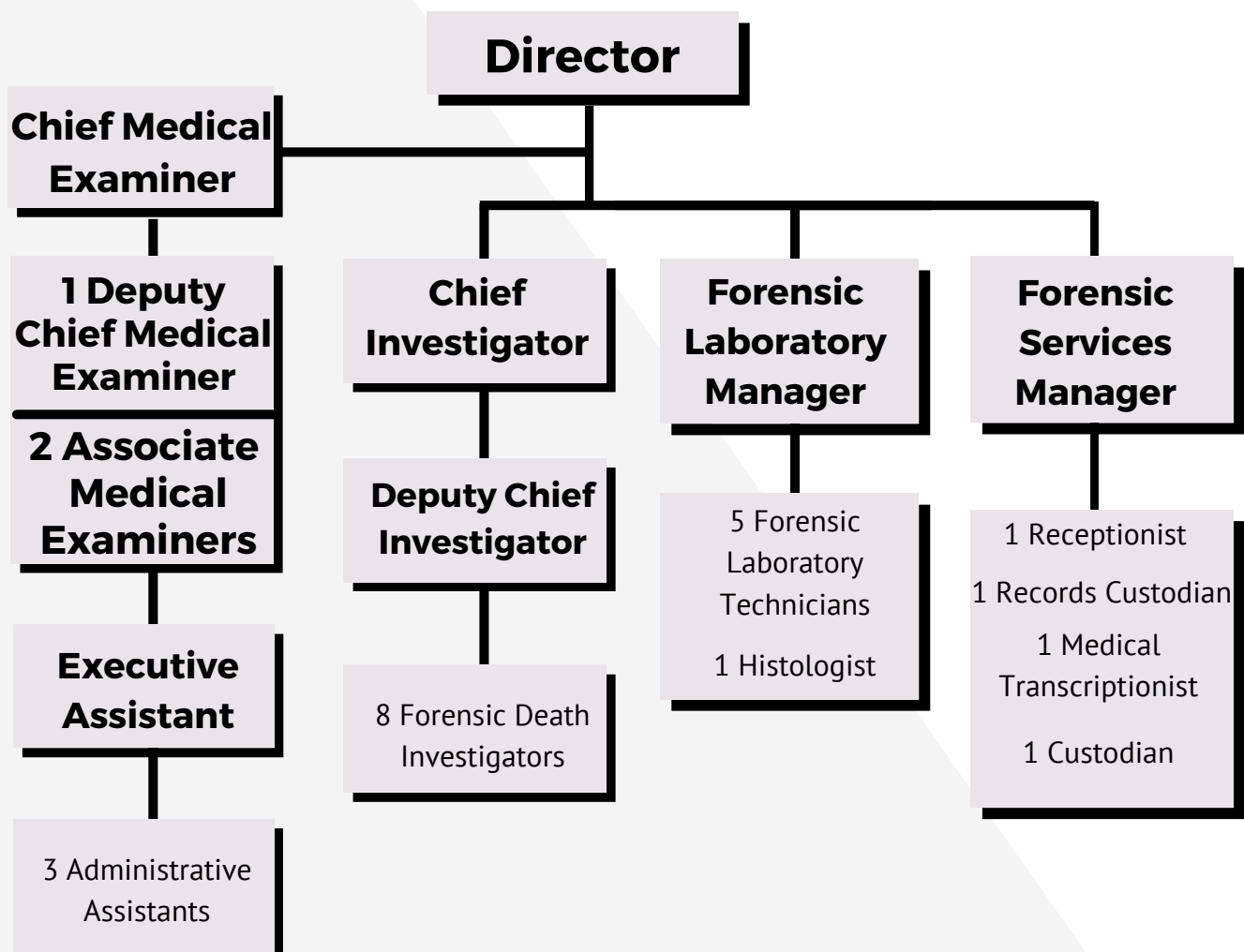
When a death is reported to DCMEO, the case is assigned a sequential case number.

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 \$3.019 million. The DCMEO staff consists of 30 full-time employees and 1 part-time employee:



MEDICAL EXAMINER STAFF

Patrick Bailey
Director

Gerald Gowitt, M.D.
Chief Medical Examiner

Rachel Geller, M.D.
Associate Medical Examiner

Geoffrey Smith, M.D.
Deputy Chief Medical Examiner

Christy Cunningham, D.O
Associate Medical Examiner

Kyle McGlamery
Deputy Chief Investigator

Amber Winslow
Deputy Chief Investigator

Jess Dillard
Medical Examiner's Investigator

Richard Grant
Medical Examiner's Investigator

Eric Minter
Medical Examiner's Investigator

E. P. Sliz
Medical Examiner's Investigator

Jovan Brown
Medical Examiner's Investigator

Julio Alicea
Medical Examiner's Investigator

Lance Taylor
Medical Examiner's Investigator

Brian Jones
Medical Examiner's Investigator

Bryony Harris
Medical Examiner's Investigator

Deandra DeWalt
Medical Examiner's Investigator

Jason Crawford
Forensic Laboratory Manager

Linda Gochenouer
Forensic Services Manager

Keonna Jones
Forensic Autopsy Technician

Erika Burgess
Forensic Autopsy Technician

Marquel Johnson
Forensic Autopsy Technician

Andrew Adesinmilolu
Forensic Autopsy Technician

Lori Blanton
Histologist

Harry McCray
Histologist

Gail Parker
Medical Practice Manager

Ashlea Ma
Executive Assistant

Desiree Benton
Office Assistant/Receptionist

Keisa Heath
Medical Legal Transcriptionist

Jenna Aungst
Administration Assistant

Rosemary Burns
Records Custodian

Crystal Lee
Administrative Assistant

Rachael Paul-Hus
Administration Assistant

Cali Dyke
Custodian

Tashuna Littles
Records Custodian

COVID-19

Out of the 62 cases we tested for COVID-19, 35 tested positive for the virus.

Of those 62 cases, 50 of them underwent autopsies.

Out of the 35 COVID-19 Positive cases, 27 of them underwent autopsies.

DEKALB COUNTY MEDICAL EXAMINER CASES

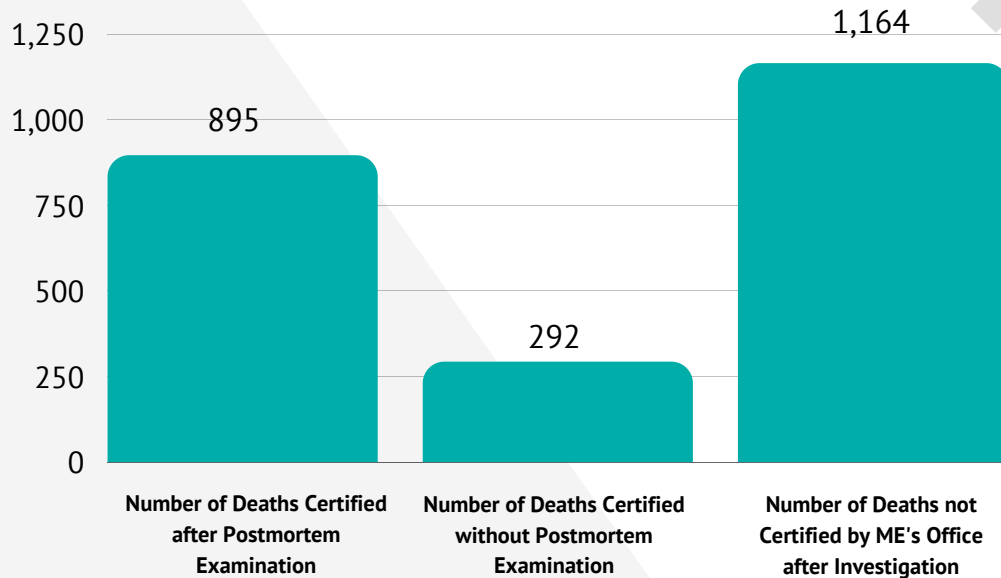
Population	768,079
Cases Reported to Medical Examiner	2,359
A. Accepted Jurisdiction	1,187
• Full Autopsy	261
• Limited Autopsy	367
• External Examination	267
B. Number of deaths certified without postmortem examination (Sign-Out)	292
C. Declined Jurisdiction	1,166

ALL 2020 REPORTED CASES

Out of the 5,799 total deaths in Dekalb County, 2,359 unique deaths reported to the office.

Jurisdiction	Manner of Death	Frequency/Examinations performed
Accepted Jurisdiction		
	Accident (Non-Traffic)	236/181
	Accident (Traffic)	108/96
	Homicide	154/154
	Natural	589/371
	Suicide	66/66
	Undetermined	28/24
	Cases Still Open from 2019	21
Tot. Accepted Jurisdiction		1,187/895
Tot. Declined Jurisdiction		1,166
Total		2,353

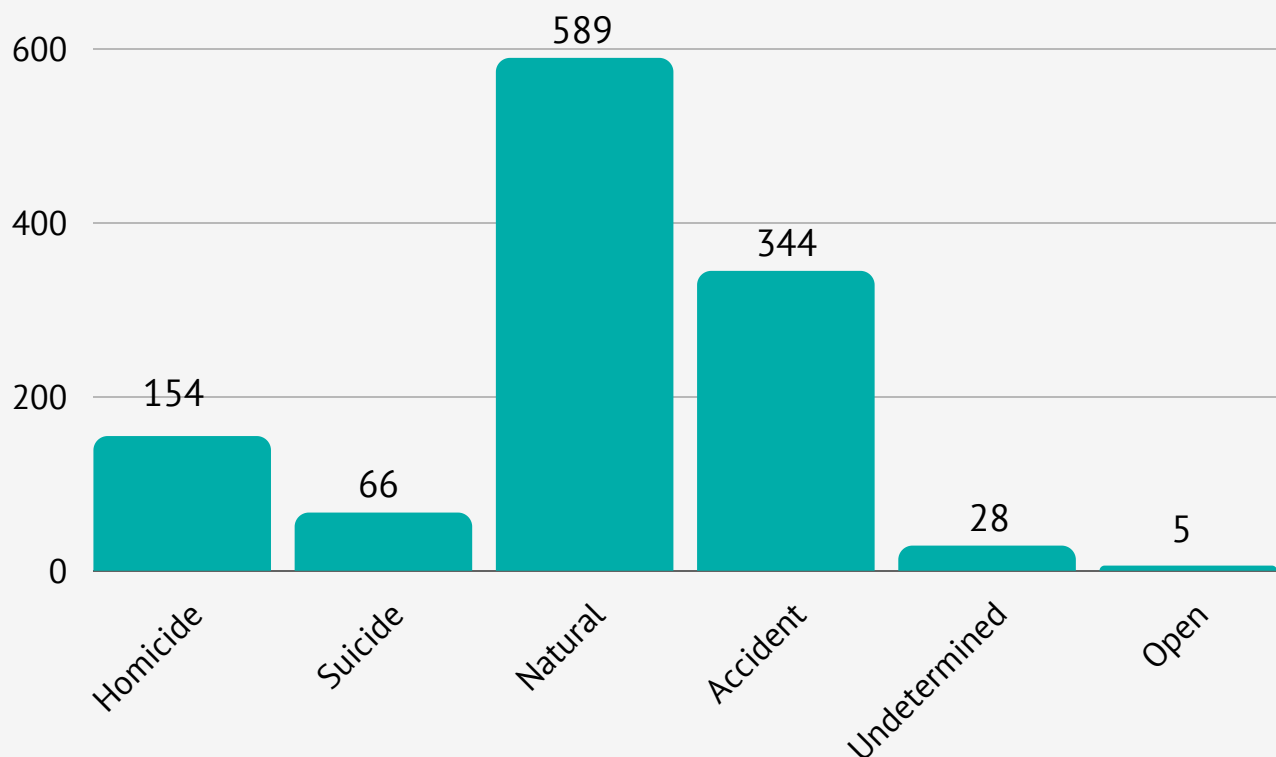
ALL REPORTED CASES



Of All Reported Cases:

- 261 Full Autopsies
- 267 External Examinations
- 367 Limited Examinations

MANNER OF DEATH BY POSTMORTEM EXAMINATION



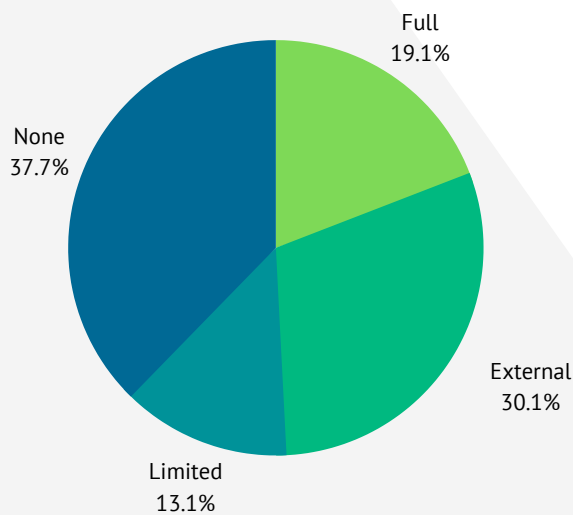
PROCEDURES ON ACCEPTED CASES

MANNER	PROCEDURE				TOTAL
	Autopsy	External PM Exam/View	Limited Dissection	Sign Out	
Accident (Non-Traffic)	41	33	107	55	236
Accident (Traffic)	11	41	44	12	108
Homicide	151	0	3	0	154
Natural	28	146	197	216	589
Suicide	10	41	15	0	66
Undetermined	18	2	4	4	28
Pending Cases	1	1	0	5	5
Total	260	264	370	291	1,187

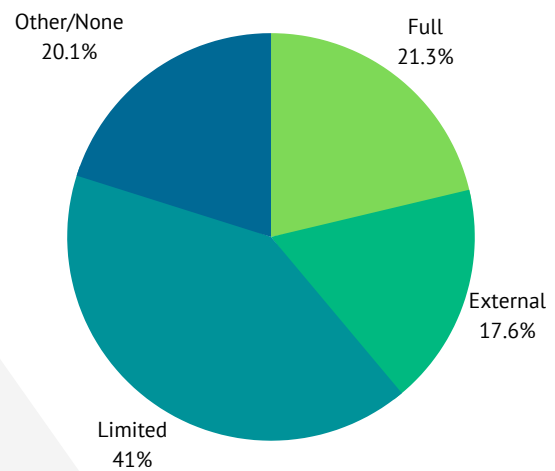
PROCEDURE TOTALS BY MEDICAL EXAMINER

MEDICAL EXAMINER	PROCEDURE	NUMBER OF CASES
Gerald T. Gowitt, M.D.	Full	35
	External	55
	Limited Dissection	24
	Other/None	69
Geoffrey P. Smith, M.D.	Full	93
	External	77
	Limited Dissection	179
	Other/None	88
Christy Cunningham, D.O.	Full	45
	External	64
	Limited Dissection	60
	Other/None	73
Rachel Geller, M.D.	Full	88
	External	71
	Limited Dissection	104
	Other/None	62

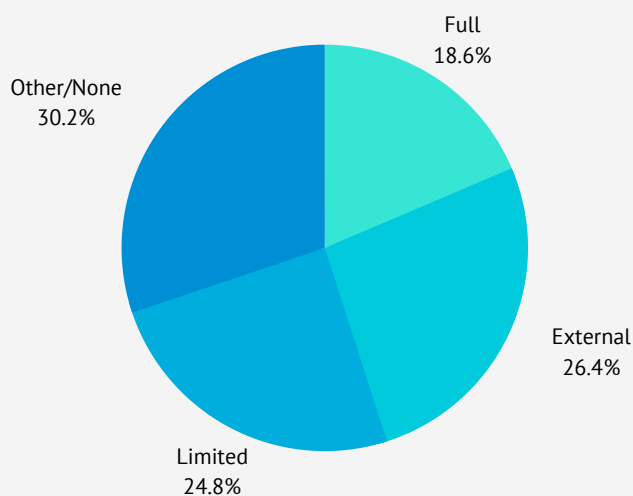
PROCEDURE PERFORMED BY MEDICAL EXAMINER



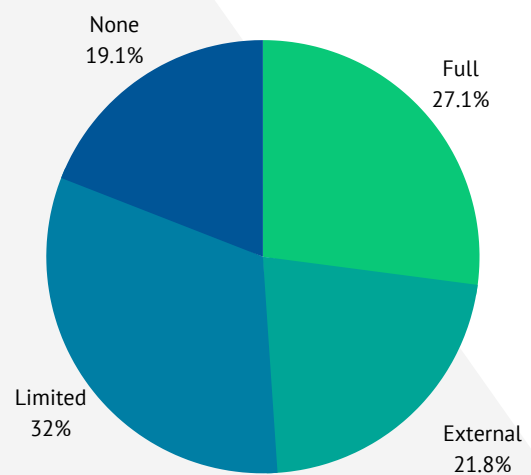
Gerald T. Gowitt, M.D.



Geoffrey Smith, M.D.

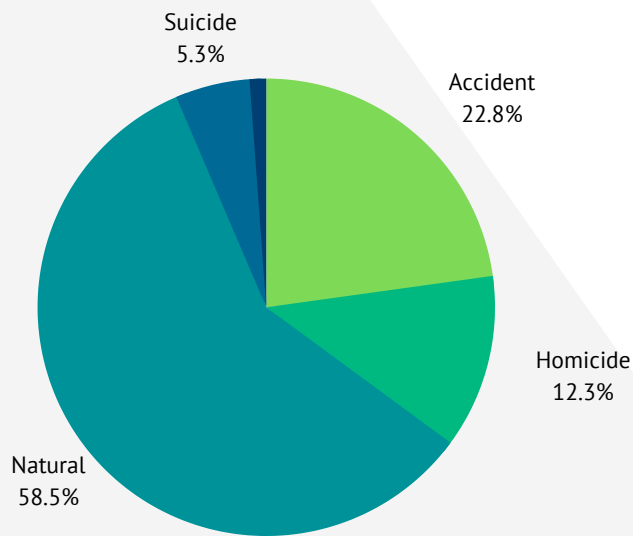


Christy Cunningham, D.O.

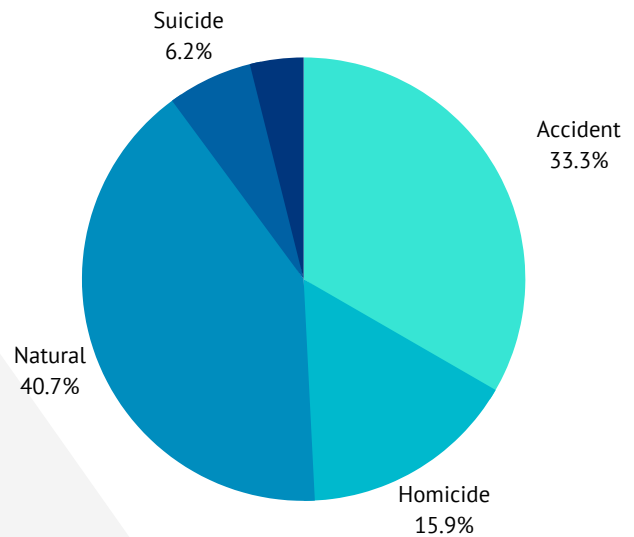


Rachel Geller, M.D.

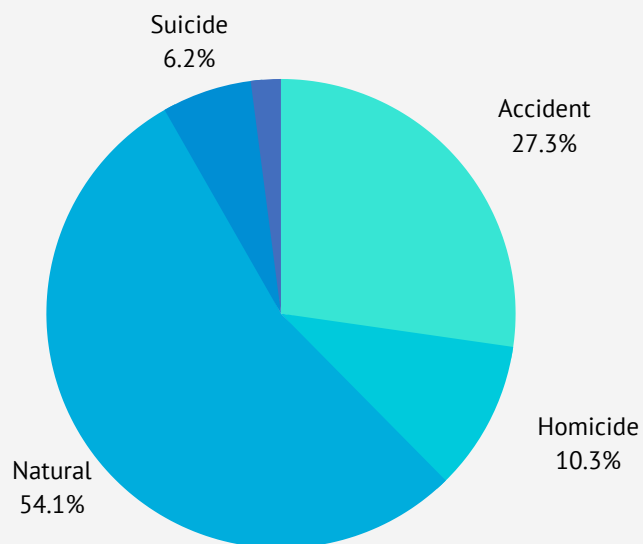
MANNER OF DEATH BY MEDICAL EXAMINER



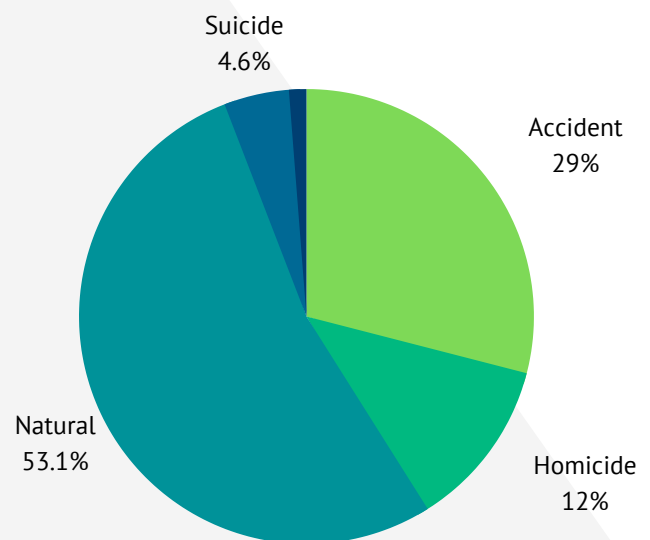
Gerald T. Gowitt, M.D.



Geoffrey Smith, M.D.



Christy Cunningham, D.O.



Rachel Geller, 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	0	0	0	0	0	0	0
AM	0	0	1	2	1	0	0	0	4
BF	2	1	5	1	4	4	0	2	19
BM	0	20	44	32	8	3	4	3	114
HF	0	0	1	0	1	0	0	0	2
HM	0	0	0	0	2	2	0	0	4
WF	0	0	0	1	0	0	1	0	2
WM	0	1	2	1	3	0	0	1	8
Total	2	22	53	37	19	9	5	6	153

*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	4
Gun-Handgun	44
Gun-Not Specified	46
Gun-Pistol	33
Gun-Revolver	1
Gun-Rifle	6
Gun-Shotgun	1
MVCrash-Pedestrian	1
Neglect	1
Sharp Instrument	10
Other	2

SUICIDE DEATHS BY AGE, RACE & GENDER

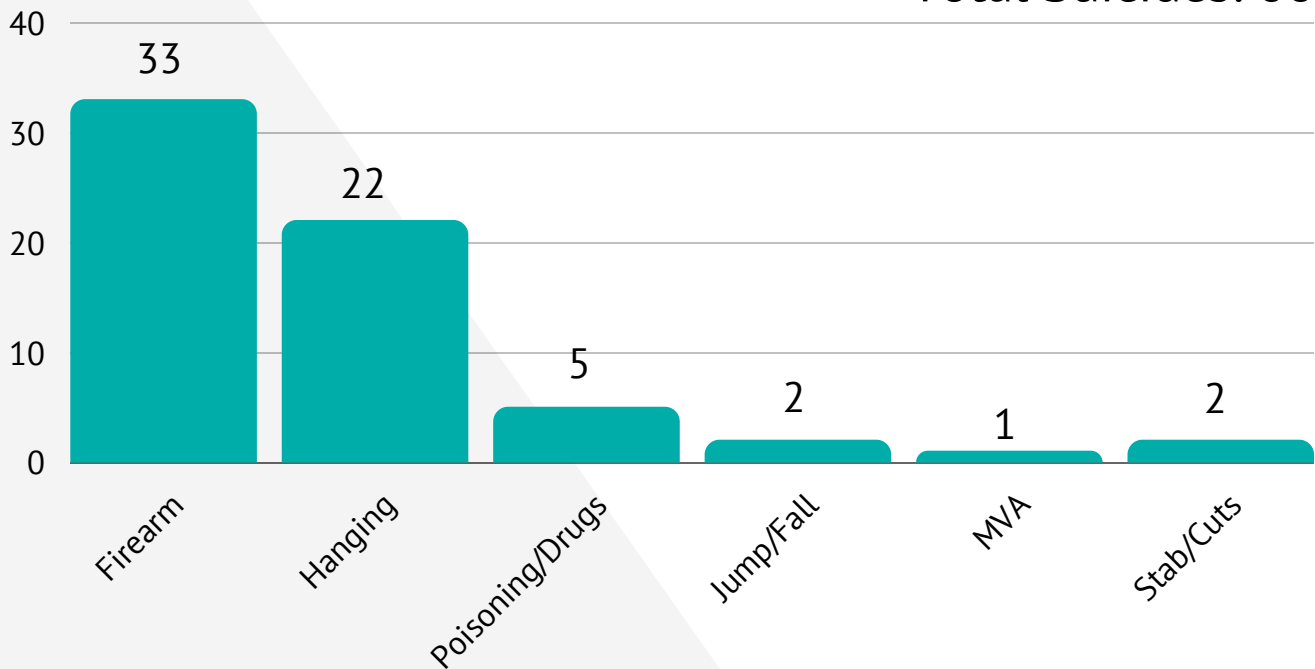
	≤10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	0	0	0	0	0	0	0
AM	0	0	3	0	0	0	0	0	3
BF	0	2	3	4	0	0	0	0	9
BM	0	4	6	5	4	0	1	1	21
HF	0	1	0	0	0	0	0	0	1
HM	0	0	2	0	0	0	0	0	2
WF	0	0	0	3	2	1	0	0	6
WM	0	0	7	5	2	4	3	3	24
Total	0	7	21	17	8	5	4	4	66

SUICIDE DEATHS BY TYPE

Cause	No. of Deaths
Asphyxia--Hanging	21
Asphyxia--Suffocation	1
Drug Death--Acute Intoxication	2
Drug Death--Mixed Drug Toxicity	1
Drug Death--Poisoning	1
Gun--Handgun	11
Gun--Not Specified	3
Gun--Pistol	12
Gun--Revolver	6
Gun--Rifle	1
Gun--Shotgun	3
Jump From Height	2
Sharp Instrument	2
Other	3

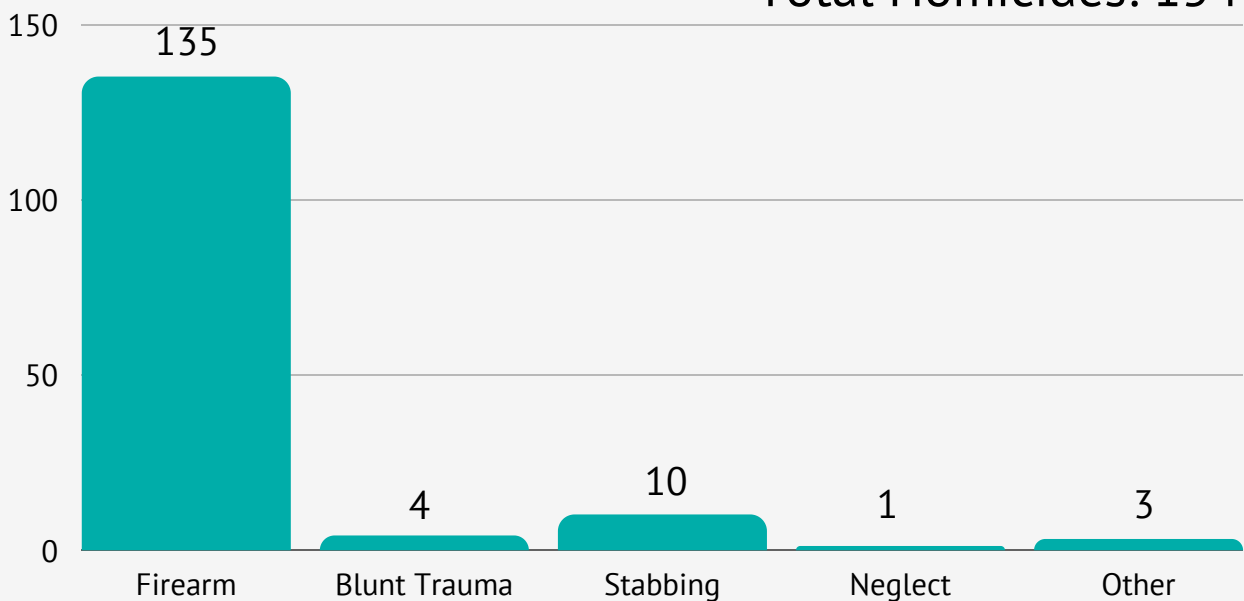
SUICIDE BY MEANS

Total Suicides: 66



HOMICIDE BY MEANS

Total Homicides: 154



MOTOR VEHICLE ACCIDENTS BY AGE, RACE & GENDER

	<10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	1	0	0	0	1	0	0	2
AM	0	0	0	0	0	1	0	0	1
BF	1	5	3	7	6	6	1	1	30
BM	0	3	13	10	6	7	5	2	46
HF	0	0	0	0	0	0	0	0	0
HM	0	0	0	0	0	0	0	0	0
WF	0	1	1	1	0	2	0	1	6
WM	0	2	6	4	4	1	3	1	21
Other	0	0	1	0	0	0	0	1	2
Total	1	12	24	22	16	18	9	6	108

MOTOR VEHICLE ACCIDENTS

Cause	No. of Deaths
Blunt Force	5
MVA-Driver	44
MVA-Rider	10
MVA- Motorcyclist Driver	2
MVA- Occupant	14
MVA-Pedestrian	32
Other	1

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

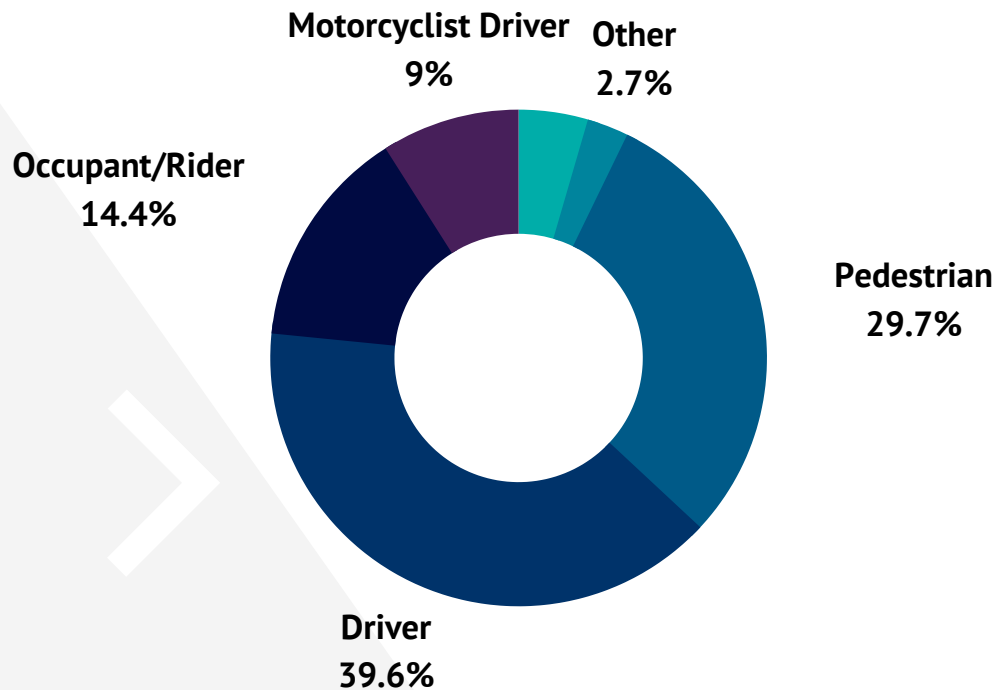
	<10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	0	1	0	0	0	0	1
AM	0	0	0	1	0	0	1	1	3
BF	0	2	4	4	5	5	5	6	31
BM	2	2	11	16	9	18	9	19	86
HF	0	0	0	0	0	0	0	0	0
HM	0	2	0	0	0	1	1	0	4
WF	0	0	2	6	3	6	0	19	36
WM	1	0	14	22	9	9	7	13	75
Other	0	0	0	0	0	0	0	0	0
Total	3	6	31	50	26	39	23	58	236

ACCIDENTS (NON-TRAFFIC RELATED)

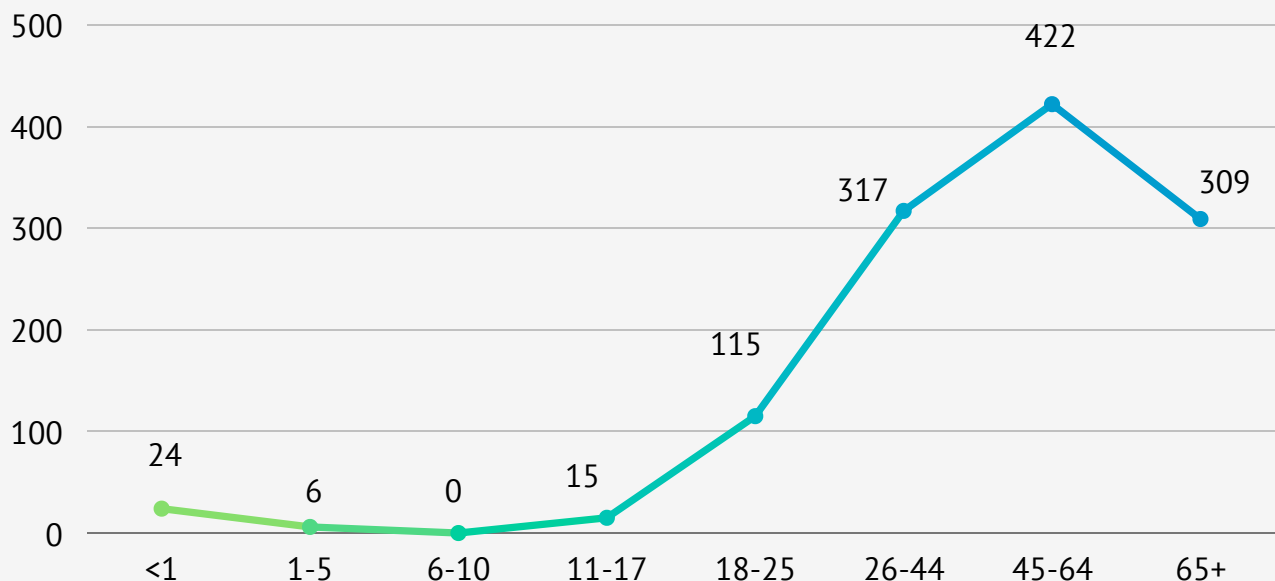
Cause	No. of Deaths	Cause	No. of Deaths
Asphyxia	1	Fall	20
Asphyxia-Drowning	1	Fall- Down Steps	6
Asphyxia-Mechanical-Positional	5	Fall- From Height	3
Asphyxia Suffocation-Choking	4	Fall- Standing Height	22
Asphyxia Suffocation-Smothering	1	Fire Death	7
Blunt Force	16	Hypothermia- Exogenous	6
Cardiac	1	Nervous System-Hemorrhage	2
Drug Death-Acute Intoxication	85	Penetrating Injury NOS	1
Drug Death-Adverse Effect	1	Pulmonary	1
Drug Death-Chronic Abuse	1	Thromboemboli	1
Drug Death-Mixed Drug Toxicity	38	Other	23
Drug Death- Poisoning	1		
Drug Death- Poisoning + Disease	6		

MOTOR VEHICLE ACCIDENTS

Total MVA Deaths: 108



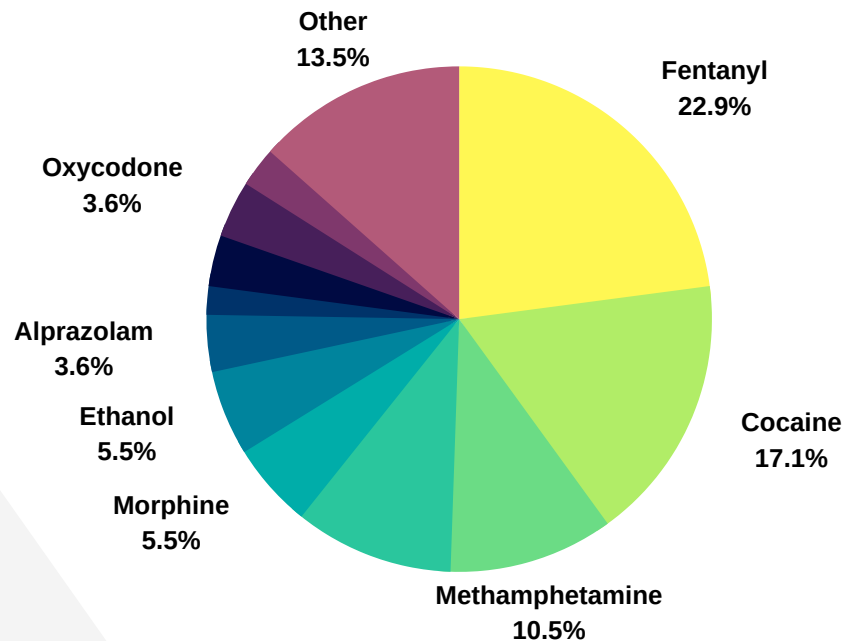
DEATHS BY AGE GROUP



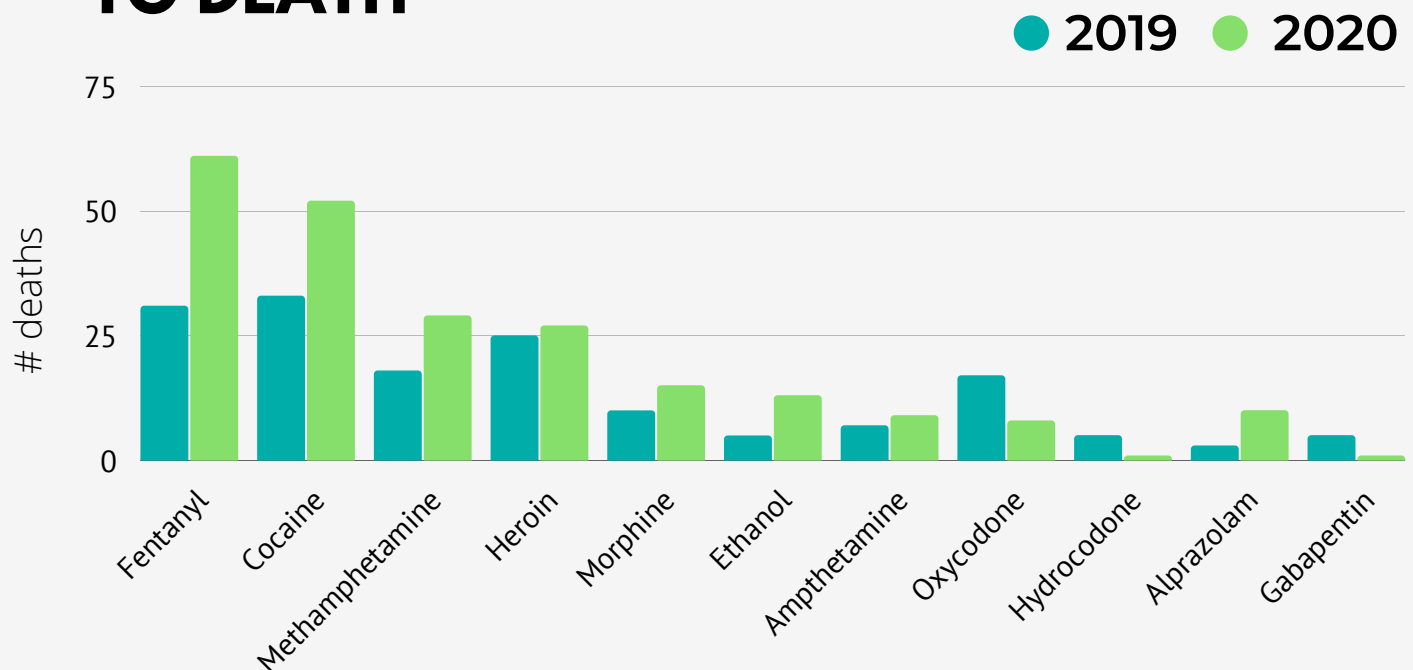
DRUGS THAT CONTRIBUTED TO DEATH

Total Drug-Related Deaths: 138

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



2019 TO 2020 COMPARISON OF DRUGS THAT CONTRIBUTED TO DEATH

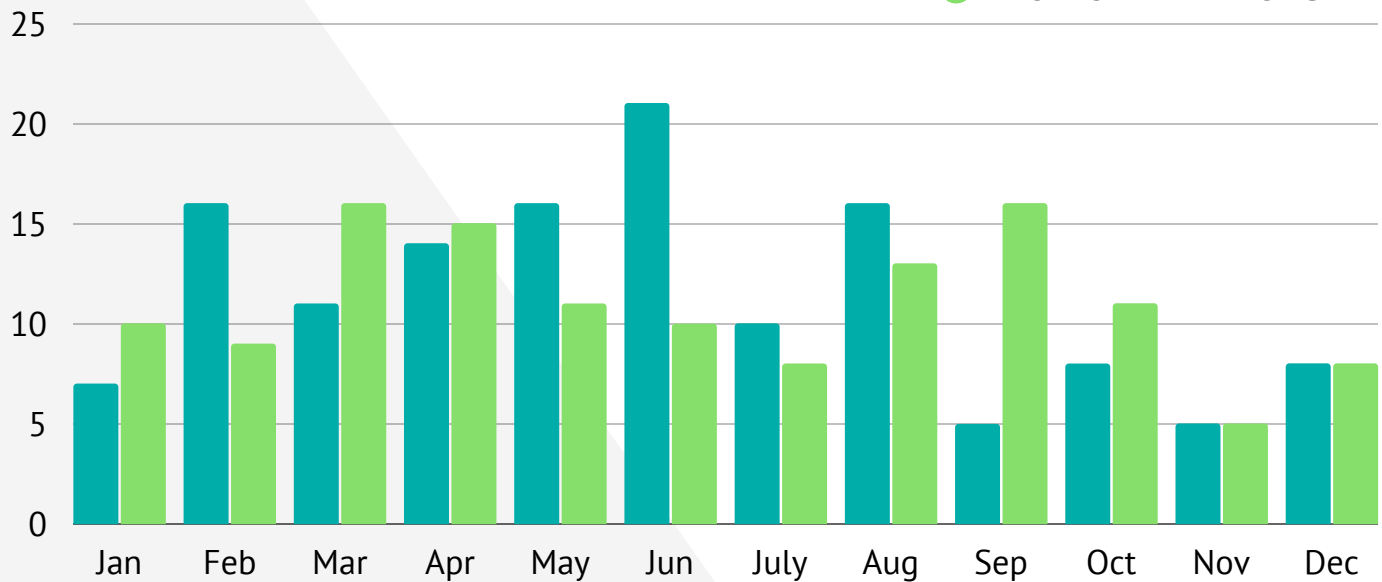


*AN UNQUANTIFIABLE NUMBER OF MORPHINE DEATHS MAY BE ATTRIBUTED TO HEROIN USE

TOTAL DRUG-RELATED DEATHS

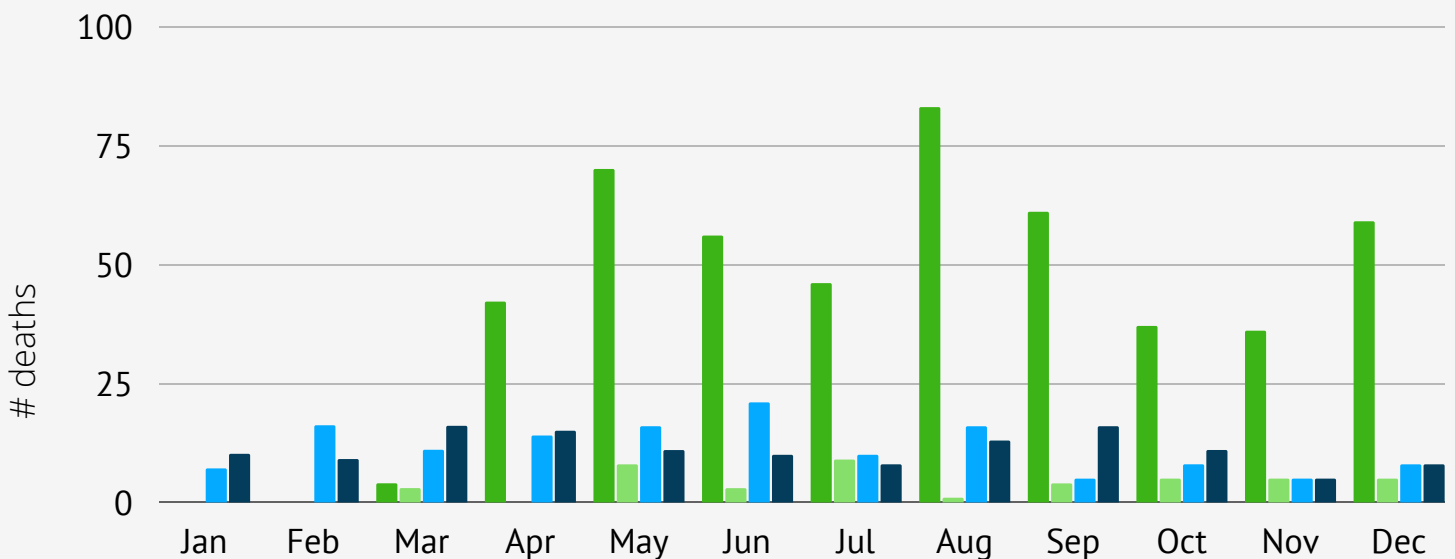
TOTAL DRUG DEATHS:
138

● 2020 ● 2019



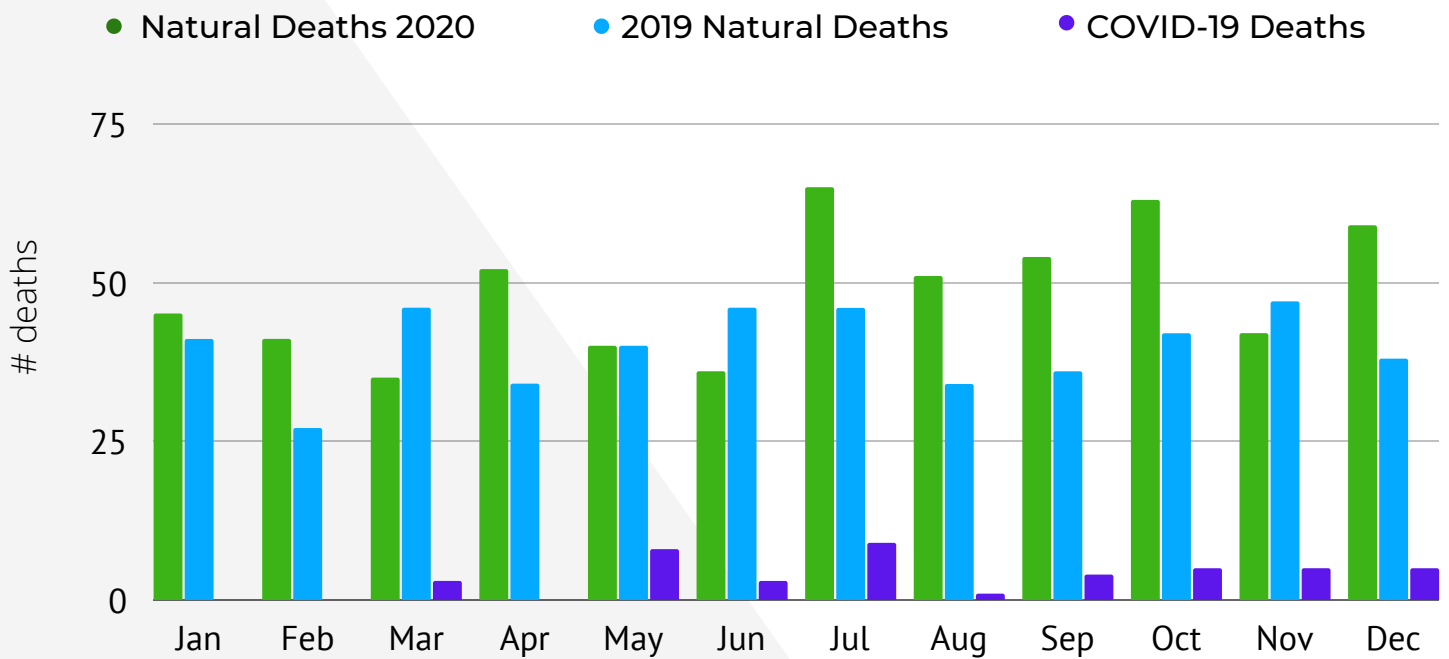
TOTAL DRUG-RELATED & COVID-19 DEATHS

● 2020 Overdose Deaths ● 2019 Overdose Deaths ● COVID-19 Deaths Reported by Department of Public Health ● Confirmed COVID-19 Deaths Reported to DCMEQ



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

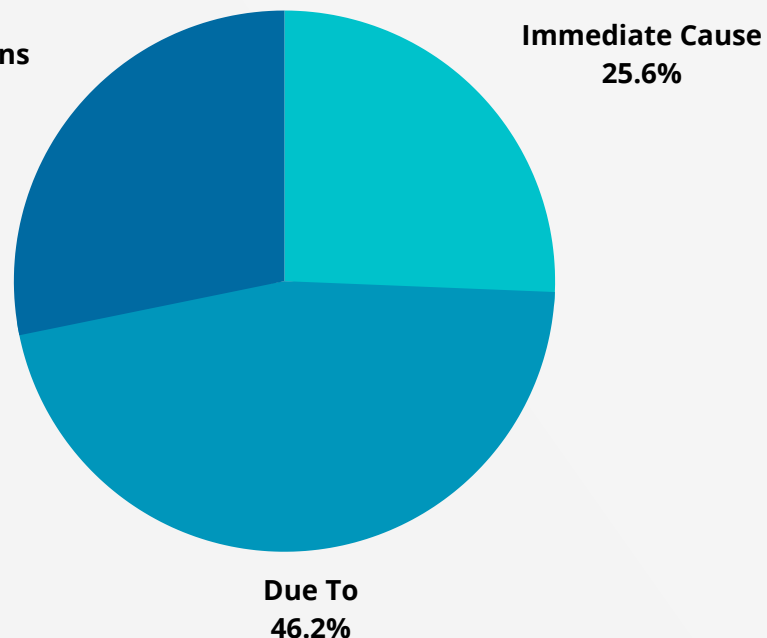
TOTAL NATURAL DEATHS BY MONTH



DEATH CERTIFICATES WITH COVID-19 LISTED

- There was a total of 43 COVID-19 attributed deaths that occurred in DeKalb County in 2020

Other Significant Conditions
28.2%

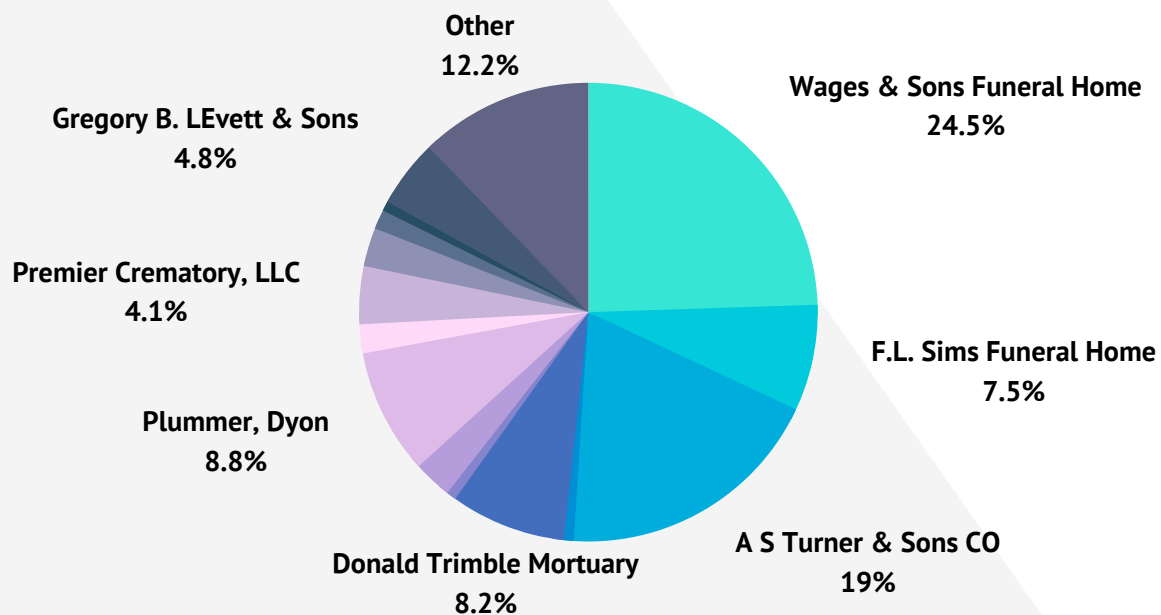


INDIGENT BURIALS



An indigent burial is when the family of the decedent cannot afford a funeral or cremation, or if the decedent is unclaimed

Total Number of Indigent Burials: 232

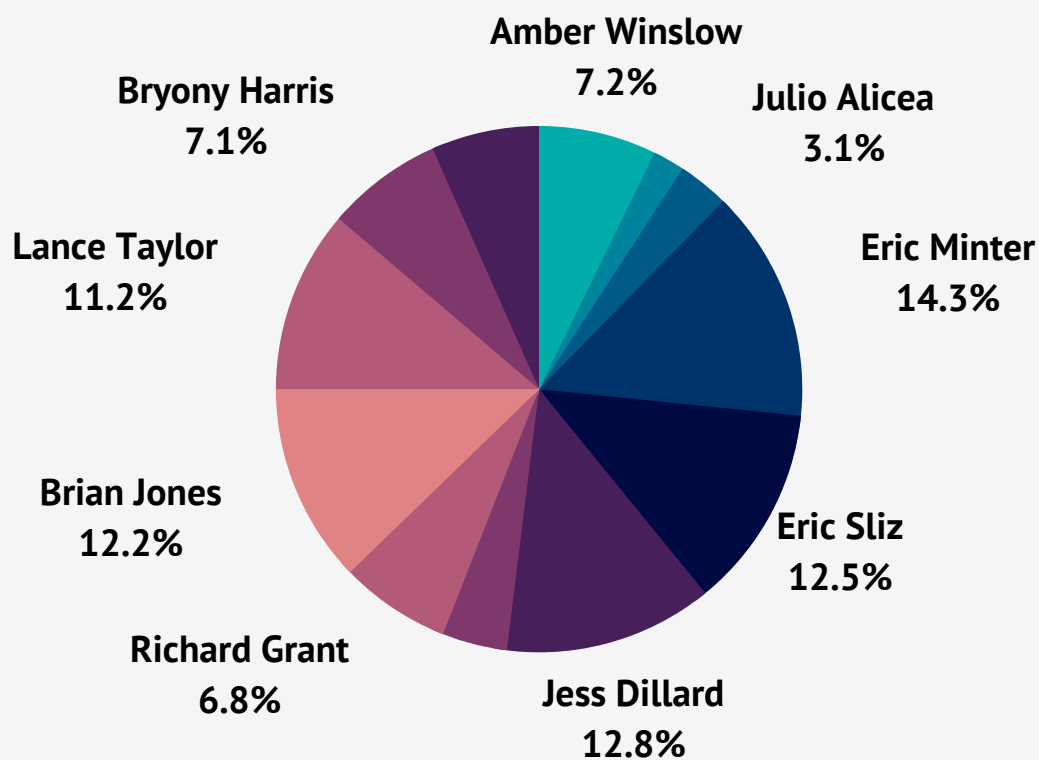
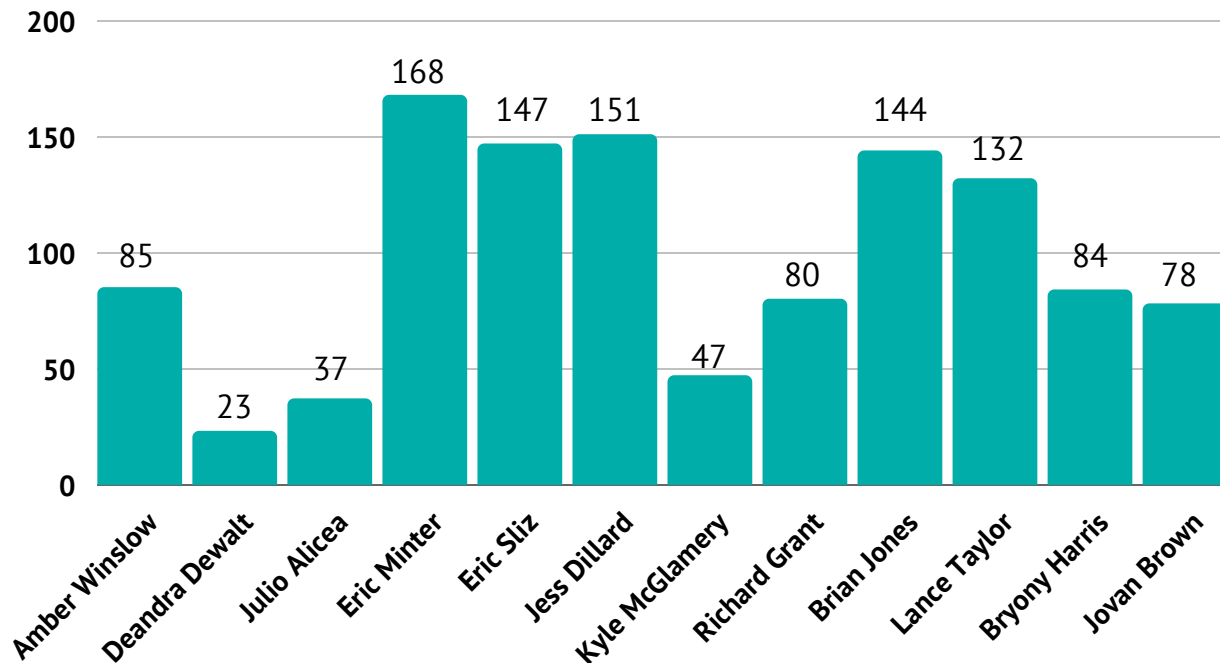


Total amount spent on Indigent Burials: \$139,200.00

CASES BY INVESTIGATOR

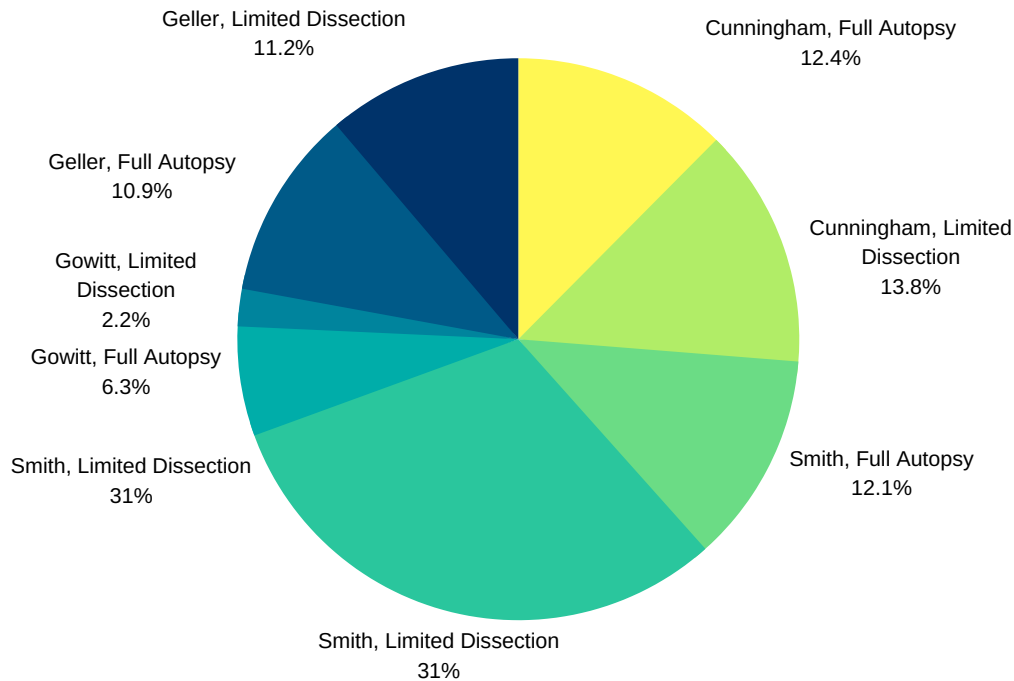
Investigator	Accepted/Total
Amber Winslow	85/150
Deandra Dewalt	23/38
Eric Minter	168/347
Eric Sliz	147/277
Jess Dillard	151/294
Julio Alicea	37/61
Kyle McGlamery	47/95
Richard Grant	80/181
Brian Jones	144/296
Lance Taylor	132/305
Bryony Harris	84/147
Jovan Brown	78/160

INVESTIGATOR CASELOAD

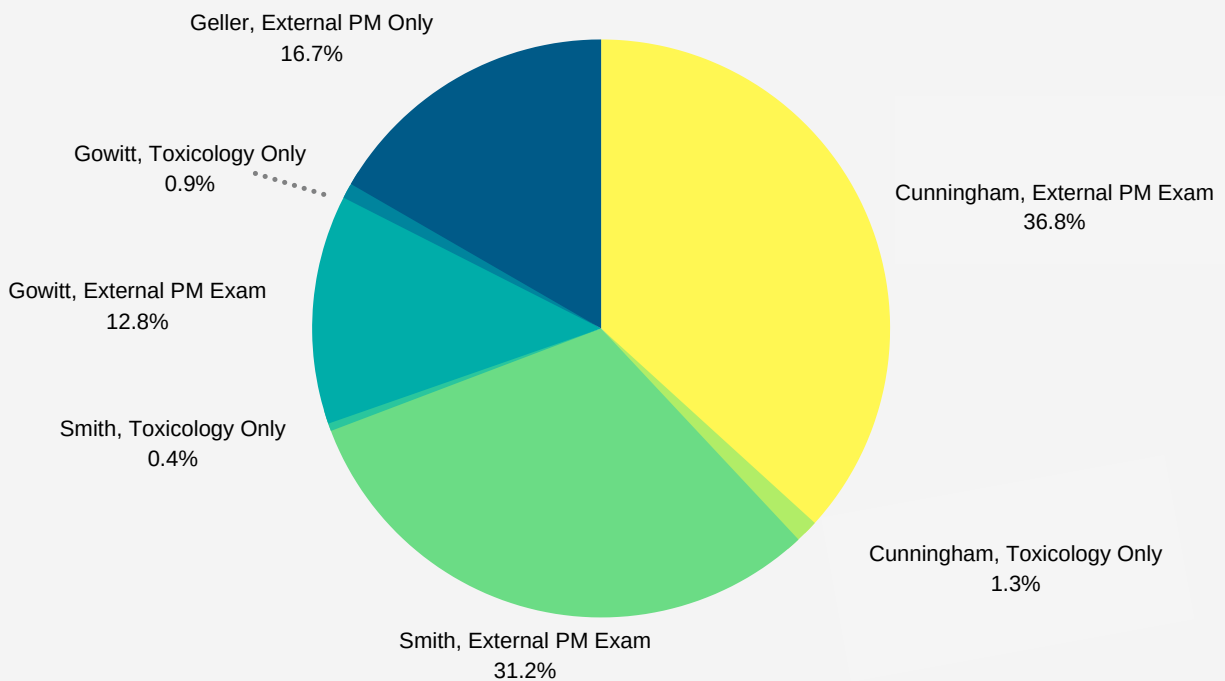


PATHOLOGIST PROCEDURES

FULL AUTOPSIES & LIMITED DISSECTIONS



EXTERNAL & TOXICOLOGY ONLY



FACILITY TOTALS

- Total GBI Blood Alcohol Concentration: 553
- Total GBI Toxicology: 575
- Total NMS Toxicology: 297
- Total Number of Bodies Transported to Facility: 929
- Total Number of Exhumations: 0
- Total Number of Tissue Procurement with LifeLink of Georgia:
 - 4 Organ Donors
 - 29 Tissue Donors
- Total Eyebank: 21 Referrals and 2 donors
- Total Unidentified/Unclaimed Remains: 3
- Total Number of Scenes Investigations: 640
- Neuropathology totals: 0
- Cryolife Totals: 25

PLEASE CONTACT

OUR OFFICE AT

(404) 508-3500

IF YOU HAVE ANY

QUESTIONS

THANK YOU!