# Office of the Medical Examiner 2022 Annual Report



# **Executive Summary**

#### Eaton County • Ingham County • Ionia County Isabella County • Shiawassee County

We are pleased to present our 2022 Annual Report. This report reflects the work of the Office of the Medical Examiner during the 2022 calendar year. Only those deaths that fall within the geographical jurisdiction of the Medical Examiner, which is based on the county in which death was pronounced, are included.

We pride ourselves on providing outstanding service to the communities we serve. Our commitment to excellence was recognized in 2009, when our office was granted full accreditation by the National Association of Medical Examiners (NAME), and that full accreditation status was renewed by NAME in 2021. We have developed a regional system that delivers standardized death investigations. Thanks to leadership provided by Sparrow Forensic Pathology, there is an expected process which ensures quality, compassionate care when people need it most.

It would not be possible for the Office of the Medical Examiner to operate efficiently without our dedicated staff, including our investigators, who are essential to our success and to whom we are grateful for their service. The investigators are listed by county in the text of this report.

# **Sparrow Forensic Pathology**

#### Office of the Medical Examiner • 2022 Staff

**Michael A. Markey, M.D.** *Medical Examiner* & Medical Director

**Patrick A. Hansma, D.O.** *Deputy Medical Examiner* 

**David S. Moons, M.D.** *Deputy Medical Examiner* 

**Christopher A. Hauch, M.D.** *Deputy Medical Examiner*  Michelle A. Fox, D-ABMDI Chief Investigator & Supervisor

**Debra Parsons** Team Advisor & Autopsy Assistant

Holly Marsh Administrative Assistant

**Krystin Smith** Autopsy Assistant & In-House Investigator

**Amanda Wallace, D-ABMDI** Autopsy Assistant & In-House Investigator

Jacob Stair Autopsy Assistant & In-House Investigator **Jessica Nicholson** *Medical Examiner Investigator* 

Karen Phelps Medical Examiner Investigator

Marissa Timko Medical Examiner Investigator

**Shelly Travis** *Medical Examiner Investigator* 

# **Medical Examiner Services**

#### **Investigation of Deaths**

As the Office of the Medical Examiner for five counties in Michigan, we perform autopsies and other postmortem examinations as an important part of the death investigation process. Each county in Michigan has a licensed physician, appointed by the County Commissioners to serve as Medical Examiner, who is responsible for investigating deaths as defined by the Michigan Compiled Laws.

In general, the deaths investigated by our office include those that are thought to result from injury or poisoning (such as homicide, suicide, and accidental deaths), and those deaths that are sudden, unexpected, and not readily explainable at the time of death. Because deaths occur around the clock, the Office of the Medical Examiner is staffed 24 hours a day, 365 days a year.

The typical sequence of events that occurs following a death is:

- » A death is reported to the on-call Medical Examiner Investigator (MEI).
- » The MEI assesses whether we have legal authority and duty to investigate the death.
- » The death scene is visited and investigated, if indicated.
- » Investigative information is obtained about the decedent's medical and social history, as well as other information surrounding the events that were associated with the death.
- » If an examination is indicated, the body is transported to the Forensic Pathology Laboratory at E.W. Sparrow Hospital (EWSH) in Lansing, MI.
- » If the investigator believes the death does not require a postmortem examination, the on-call Medical Examiner or Chief Investigator may be contacted to discuss the case before the body is released to the funeral home.
- » An investigative report is written by the MEI.
- » When applicable, the decedent's primary care physician is contacted and notified of the death, and medical history is confirmed.
- » A death certificate is generated by either the decedent's personal physician, the attending physician in the medical facility, or the assigned Medical Examiner or Deputy Medical Examiner.
- » If a postmortem examination is performed, following receipt and review of all appropriate test results and records, a postmortem examination report is written.
- » Permanent records are maintained for future use, as needed, and distributed to those who have requested a copy of the report and are authorized to receive the report.

Some deaths require additional follow-up investigations, which are conducted by our In-House Investigators based at EWSH. For 2022, these investigations were performed by Michelle Fox, Jessica Nicholson, Karen Phelps, Krystin Smith, Jacob Stair, Marissa Timko, Shelly Travis, and Amanda Wallace.

#### **Death Certification**

The primary focus of our investigation is to determine the cause and manner of death and to clarify circumstances surrounding the death. The cause of death is related to the underlying disease or injury that resulted in the individual's death. The manner of death, in the state of Michigan, is limited to these five options: natural, accident, suicide, homicide, or indeterminate. In addition, information gathered during the investigation and/or evidence collected may be critical for future legal proceedings.

#### **Case Management Approach**

A board-certified Forensic Pathologist is assigned to each death and determines the level of medical investigation required. Cases are handled by one of the following approaches:

- » Direct Release The body is released directly from the scene to the funeral director. The MEI is typically at the scene and views the body. Based upon scene and medical history information, and in consultation with the on-call Medical Examiner or Chief Investigator, a decision may be made to release a body directly to the funeral home chosen by the family, without further examination.
- » External Examination An external examination includes a detailed record of external observations of the body and in many cases laboratory/toxicology testing. A report of the external exam and laboratory findings is written by the responsible pathologist.
- » Autopsy An autopsy includes an external examination as described above, as well as an internal examination. This internal examination may be a "limited" or "partial" autopsy, or a "full" or "complete" autopsy. A limited autopsy is an internal examination within a specific anatomic boundary (e.g., head-only examination). Most often, limited autopsies are performed to recover a foreign body, surgical hardware, or answer specific questions. A full autopsy includes internal examination of all organs and body cavities. An autopsy usually includes laboratory/toxicology testing and may include histologic examination and additional examination by a subspecialty consultant (e.g., cardiac or neuropathologist). A report of examination and laboratory findings is written by the responsible pathologist.

#### **Decision to Autopsy**

The Medical Examiners and Deputy Medical Examiners use standards established by the National Association of Medical Examiners (NAME) to determine whether an autopsy is indicated. The standards, most recently revised in October 2022, state:

The forensic pathologist shall perform a forensic autopsy when:

- » The death is known or suspected to have been caused by apparent criminal violence.
- » The death is unexpected and unexplained in an infant or child.
- » The death is associated with police action.
- » The death is apparently non-natural and in custody of a local, state, or federal institution.
- » The death is due to acute workplace injury.\*
- » The death is caused by apparent electrocution.\*
- » The death is by apparent intoxication by alcohol, drugs, or poison, unless a significant interval has passed, and the medical findings and absence of trauma are well documented.
- » The death is caused by unwitnessed or suspected drowning.\*
- » The body is unidentified and the autopsy may aid in identification.
- » The body is skeletonized.
- » The body is charred.
- » The forensic pathologist deems a forensic autopsy is necessary to determine cause or manner of death, or document injuries/disease, or collect evidence.
- » The deceased is involved in a motor vehicle incident, and an autopsy is necessary to document injuries and/or determine the cause of death.

\*Unless sufficient antemortem medical evaluation has adequately documented findings and issues of concern that would otherwise have required autopsy performance.

#### Accreditation

All of the Medical Examiners' Offices operated by Sparrow Forensic Pathology are accredited by the National Association of Medical Examiners (NAME).

#### **Manner of Death**

Guidelines for classifying the manner of death include:

- » Natural deaths are due solely or nearly totally to disease and/or the aging process.
- » Accident applies when an injury or poisoning (such as a drug overdose) causes death, and there is little or no evidence that the injury or poisoning occurred with intent to harm or cause death. In essence, the fatal outcome was unintentional.
- » Suicide results from an injury or poisoning 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 the 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 has to be emphasized that the classification of homicide for the purpose of death certification is a "neutral" term and neither indicates nor implies criminal intent, which remains a determination within the province of legal processes.
- » Indeterminate is a classification used when the information pointing to one manner of death is no more compelling than one or more other competing manners of death, in thorough consideration of all available information.

In general, when death involves a combination of natural processes and external factors, such as injury or poisoning, preference is given to the non-natural manner of death.

#### **Cremation Permit Authorizations**

Michigan law requires funeral directors to obtain a signed cremation permit from the Medical Examiner. Our office reviews thousands of cremation permit requests each year. We review the death certificates to ensure that deaths that should have been reported to our office were, in fact, reported. Deaths that were not properly reported are investigated before cremation is authorized.

#### **Testimony at Trials**

The Medical Examiner and Deputy Medical Examiners are often called upon to provide testimony in criminal and civil matters. They meet regularly with members of law enforcement, prosecutors, defense attorneys, and civil litigators.

#### **Public Health and Safety Issues**

Although the primary purpose of the Medical Examiner's Office is to conduct death investigations, the information obtained from individual death investigations may also be studied collectively to gather data that may inform public health and safety issues. Our office participates with the Michigan Child Death Review process, opiate prevention initiatives, and opiate death review teams, providing significant information with the goal of preventing future deaths.

#### **Referrals to Gift of Life**

We work closely with Gift of Life, Michigan's organ and tissue recovery program. Appropriate cases are referred to Gift of Life so that families who wish to consider tissue donation can do so. Recovered bone, skin, corneas, and other tissues help improve the lives of seriously injured and sick recipients.

#### **Unclaimed Investigations**

When a death occurs, there is not always someone available who is willing and able to claim the decedent and arrange for final disposition with a funeral director. Our team works diligently to find next of kin or someone willing to make final arrangements. When no one can be located, we work with the State of Michigan and area funeral directors to arrange a cremation. Each year our office works with the Diocese of Lansing to have unclaimed remains interred with dignity and respect at St. Joseph Cemetery in Lansing.

#### **Comment on Methods and Terms**

This annual report reflects the activities of our medical examiner offices during a given calendar year. With rare exception (e.g., deaths reported to the wrong medical examiner office), the data include a only those cases over which the county's Medical Examiner can exercise jurisdiction.

Jurisdiction is determined by where the individual was pronounced dead rather than the county of residence or the county in which the incident leading to death might have occurred. Furthermore, the data reflect the calendar year in which the deaths were reported to the respective Medical Examiner's Offices, regardless of the year in which the death actually occurred. The category "Total Deaths in the County" is based upon numbers provided by that County Clerk's Office. Occasionally, these numbers may change after the time of publication of this report.

For "Accidental Deaths," the subcategory "Vehicle" consists of deaths that were classified as transportation-related fatalities and include all forms of transport; drivers/operators, passengers, and pedestrians; this category does not include types of death that might otherwise fall into a different sub classification, such as vehicle fires and traumatic asphyxia.

## **Eaton County**

#### **Medical Examiner**

Michael A. Markey, M.D.

#### **Deputy Medical Examiners**

Patrick A. Hansma, D.O. Christopher A. Hauch, M.D. David S. Moons, M.D.

#### **Chief Investigator**

Michelle A. Fox, D-ABMDI

#### **Medical Examiner Investigators**

Kenneth Barnes Erica Betts, D.O., MPH Jeffrey Carrow Chad Chambers Joy Dempsey, D-ABMDI Mary Kueppers Lynne Mark, D-ABMDI Brett Ramsden, D-ABMDI Daniel Sowles, D-ABMDI Jacob Stair Mary Stevens Tori Vandermoere Brett Vanhorn Amanda Wallace, D-ABMDI Gillian Wright

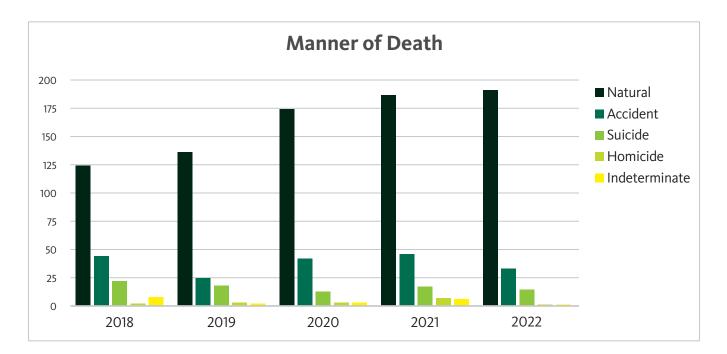
#### Eaton County Summary of Cases

	2018	2019	2020	2021	2022
TOTAL DEATHS IN THE COUNTY	817	710	866	844	811
DEATHS REPORTED TO THE ME	201	184	235	262	241
CASES ACCEPTED FOR INVESTIGATION <sup>1</sup>	185	161	212	230	219
MEI SCENE INVESTIGATIONS	193	170	201	94	197
DEATH CERTIFICATES SIGNED BY THE ME	102	66	102	122	94
BODIES TRANSPORTED TO SPARROW	99	58	91	98	72
COMPLETE AUTOPSY	74	39	66	73	52
LIMITED AUTOPSY	5	6	6	9	6
EXTERNAL EXAMINATION	11	7	7	7	5
STORAGE ONLY	9	6	11	9	9
UNCLAIMED BODIES	3	3	4	2	5
REFERRALS TO GIFT OF LIFE	63	75	62	102	104
TISSUE/CORNEA DONORS	11	17	18	21	9
CREMATION PERMITS REVIEWED	498	411	544	538	543
% OF TOTAL DEATHS WITH CREMATIONS	61.0%	57.9%	62.8%	63.7%	67.0%

<sup>1</sup> Not every case that is reported to the Medical Examiner's office falls within our jurisdiction. We accept cases for investigation based on the circumstances surrounding the death and the law that governs the Medical Examiner's authority (MCL 52.202).

#### Eaton County Manner of Death

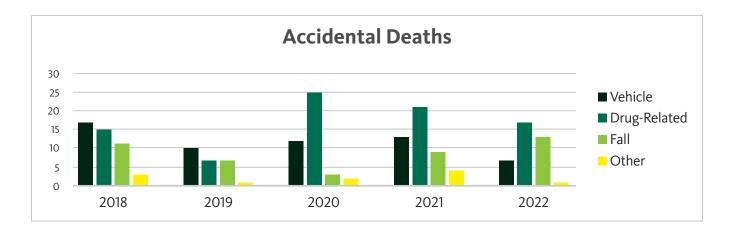
Manner of Death	2018	2019	2020	2021	2022
NATURAL	124	136	174	186	191
ACCIDENT	44	25	42	46	33
SUICIDE	22	18	13	17	15
HOMICIDE	2	3	3	7	1
INDETERMINATE	8	2	3	6	1
TOTAL	201 <sup>2</sup>	184	235	262	241



<sup>2</sup> Includes one case of mummified fetal remains for which a manner of death was not assigned

#### **Eaton County Accidental Deaths**

Accidental Deaths	2018	2019	2020	2021	2022
VEHICLE	17 <sup>3</sup>	10	12	13	7
DRUG-RELATED	15 <sup>4</sup>	7	25	21	17
DROWNING	1	1	0	3	0
FALL	11	7	3	9	8
ASPHYXIA	0	0	2	1	0
OTHER	2 <sup>5</sup>	0	0	0	1 <sup>6</sup>
TOTAL	44	25	42	46 <sup>7</sup>	33



<sup>3</sup> 

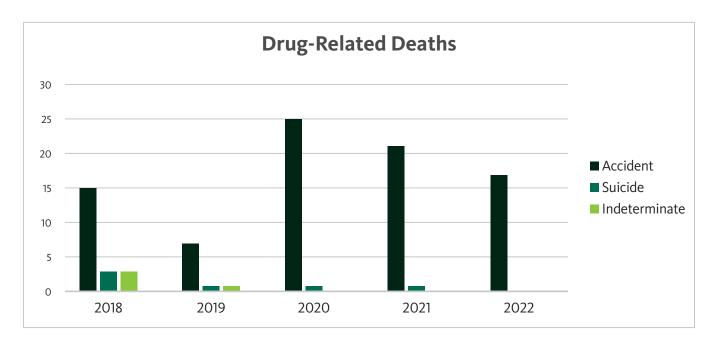
Does not include one car passenger listed in other category (see below) Does not include two drowning cases in which ethanol intoxication was involved (categorized as drowning); includes one case of ethanol intoxication with associated hypothermia 4

One injury sustained when struck by falling tree branch; one injury due to head striking car window (not in car crash) Injuries from farm equipment Drowning associated with drug intoxication included in both categories 5 6 7

#### Eaton County Drug-Related Deaths

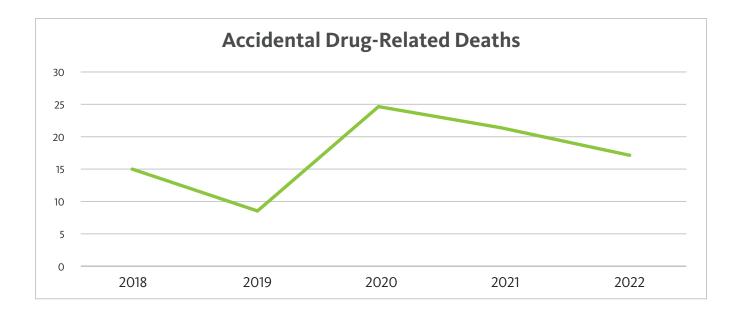
For purposes of this report, drug-related fatalities are deaths in which an overdose of a combination of drugs or a single drug caused or contributed to the death. These deaths do not include situations in which intoxication might have been a factor in an incident leading to death, such as motor vehicle crashes, falls, choking while eating, or environmental exposures.

Drug-Related Deaths	2018	2019	2020	2021	2022
ACCIDENT	15	7	25	21	17
SUICIDE	3	1	1	1	0
INDETERMINATE	3	1	0	0	0
TOTAL	21	9	26	22	17



#### Eaton County Drug-Related Deaths

2022 Drug-Related Deaths Summary				
TOTAL	17 cases			
SEX	4 female, 13 male			
RACE	16 white, 1 black			
AGE RANGE	22-67 years			
AVERAGE AGE	43.2 years			
MEDIAN AGE	43 years			
OPIOID-RELATED	13 cases (76% Drug-Related Deaths)			
MANNER OF DEATH	17 accidents			



#### **Eaton County Suicides**

Suicide Totals by Year	2018	2019	2020	2021	2022
SUICIDES	22	18	13	17	15

Suicide Methods	2018	2019	2020	2021	2022
FIREARM	9	11	7	11	9
HANGING	5	4	4	5	4
DRUG INTOXICATION	3	1	1	1	0
SHARP FORCE INJURY	3	1	0	0	1
OTHER	2 <sup>8</sup>	1 <sup>9</sup>	1 <sup>10</sup>	0	1 <sup>11</sup>

Suicides by Age	2018	2019	2020	2021	2022
0-17	0	1	0	1	1
18-25	4	3	1	2	1
26-44	6	7	3	7	5
45-64	5	4	7	4	4
65+	7	3	2	3	4

<sup>8</sup> One carbon monoxide inhalation; one ethylene glycol ingestion
9 Drowning
10 Carbon monoxide inhalation
11 Blunt force injuries - Struck by train

#### Eaton County Deaths of Children

Deaths of Children by Age	2018	2019	2020	2021	2022
Stillborn	2 <sup>12</sup>	0	0	1	0
<1 year	1	0	0	1	0
1-5	1	1	0	2	2
6-10	0	4	0	0	0
11-17	1	2	3	2	2
TOTAL	5	7	3	6	4

Manner of Death	2018	2019	2020	2021	2022
NATURAL	0	2	0	0	2
ACCIDENT	1	4	3	3	1
SUICIDE	0	1	0	1	1
HOMICIDE	0	0	0	1	0
INDETERMINATE	2	0	0	0	0

<sup>12</sup> Includes one mummified fetal remains discovered in a funeral home

#### Eaton County Deaths of Children

2022 Deaths of Children Summary						
Manner	Number of Deaths	Age	Sex	Cause of Death		
STILLBORN	0					
NATURAL	2	2 years	Male	Complications of congenital abnormality		
NATURAL	Z	2 years	Female	Complications of congenital abnormality		
ACCIDENT	1	14 years	Male			
HOMICIDE	0					
SUICIDE	1	16 years	Female	Gunshot wound		
INDETERMINATE	0					

# **Ingham County**

#### **Medical Examiner**

Michael A. Markey, M.D.

#### **Deputy Medical Examiners**

Patrick A. Hansma, D.O. Christopher A. Hauch, M.D. David S. Moons, M.D.

#### **Chief Investigator**

Michelle A. Fox, D-ABMDI

#### **Medical Examiner Investigators**

Kenneth Ammerman	Krystin Smith
Kenneth Barnes	Daniel Sowles, D-ABMDI
Erica Betts, D.O., MPH	Jacob Stair
Chad Chambers	Mary Stevens
Joy Dempsey, D-ABMDI	Christi Stine
Mary Kueppers	Marissa Timko
Lynne Mark, D-ABMDI	Shelly Travis
Jessica Nicholson	Brett Vanhorn
Karen Phelps	Tori Vandermoere
Brett Ramsden, D-ABMDI	Amanda Wallace, D-ABMDI
Benjamin Smith	Gillian Wright

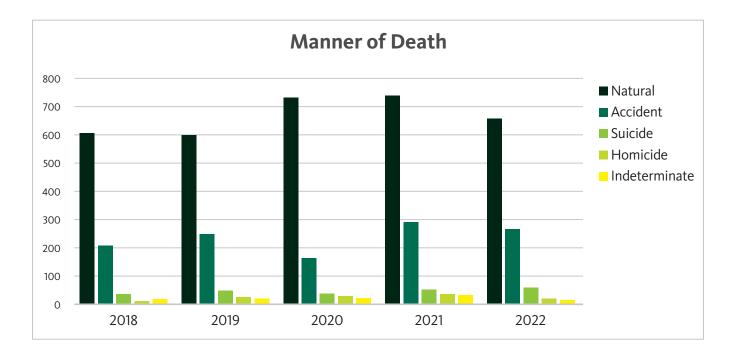
# Ingham County Summary of Cases

	2018	2019	2020	2021	2022
TOTAL DEATHS IN THE COUNTY	2,870	3,066	3,468	3,754	3,317
DEATHS REPORTED TO THE ME	888	936	1,087	1,138	1,035
CASES ACCEPTED FOR INVESTIGATION <sup>13</sup>	647	742	840	971	908
MEI SCENE INVESTIGATIONS	709	775	572	775	779
DEATH CERTIFICATES SIGNED BY THE ME	393	477	504	606	531
BODIES TRANSPORTED TO SPARROW	325	275	313	334	287
COMPLETE AUTOPSY	220	276	273	310	262
LIMITED AUTOPSY	13	13	24	22	26
EXTERNAL EXAMINATION	<b>31</b> <sup>14</sup>	44	59	66	57
STORAGE ONLY	61	47	53	63	42
UNCLAIMED BODIES	28	13	18	25	26
REFERRALS TO GIFT OF LIFE	292	264	294	375	524
TISSUE/CORNEA DONORS	48	51	54	52	81
CREMATION PERMITS REVIEWED	1,934	2,154	2,483	2,730	2,631

Not every case that is reported to the Medical Examiner's office falls within our jurisdiction. We accept cases for investigation based on the circumstances surrounding the death and the law that governs the Medical Examiner's authority (MCL 52.202).
 One case examined by anthropology only for identification

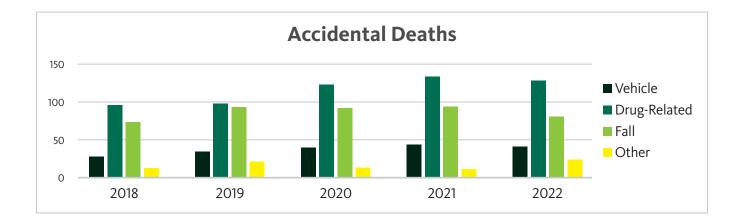
#### Ingham County Manner of Death

Manner of Death	2018	2019	2020	2021	2022
NATURAL	608	598	728	730	666
ACCIDENT	210	251	271	290	276
SUICIDE	38	51	39	56	60
HOMICIDE	12	16	26	31	19
INDETERMINATE	16	18	22	28	13
TOTAL	884	934	1,086	1,135	1,034



#### **Ingham County Accidental Deaths**

Accidental Deaths	2018	2019	2020	2021	2022
VEHICLE	29	35	40	46	43
DRUG-RELATED	97	98	124	138	131
DROWNING	2	3	1	615	7 <sup>16</sup>
FALL	73	95	93	94	77
FIRE	2	5	2	0	2
ASPHYXIA	3	2 <sup>17</sup>	2 <sup>18</sup>	<b>3</b> <sup>19</sup>	0
CHOKING	0	6	3	2	8
HYPOTHERMIA	0	0	4	0	2
OTHER	4 <sup>20</sup>	<b>7</b> <sup>21</sup>	2 <sup>22</sup>	<b>3</b> <sup>23</sup>	824
TOTAL	210	251	271	290 <sup>25</sup>	276 <sup>26</sup>



20 One carbon monoxide intoxication; one injuries from airplane crash; two remote neck injuries - one wrestling and one swimming

Two are in more than one category 25

One associated with drug intoxication (included in both categories) Two associated with drug intoxication (included in both categories) 15

<sup>16</sup> 

<sup>17</sup> Two infants in unsafe sleep environments

<sup>18</sup> 

Two infants in unsafe sleep environments Two infants in unsafe sleep environment; one child compressed beneath trailer 19

Two injuries from plane crash; one burns from hot coffee; one carbon monoxide; one hypothermia; one bicycle crash; one therapeutic injury
 One pedestrian struck by train; One injuries from compaction in refuse vehicle
 One hypothermia; one thermal injury from smoking; one carbon monoxide intoxication associated with drug intoxication (included in both categories)

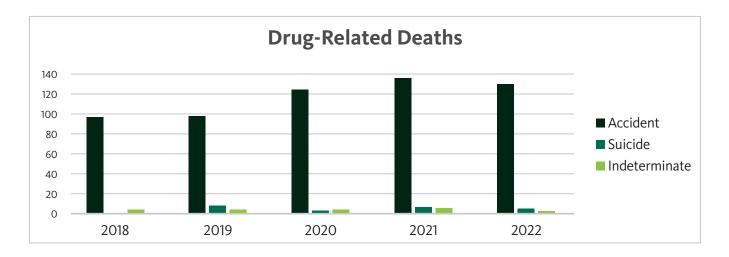
<sup>24</sup> Two carbon monoxide intoxication; two sharp force injuries; two pedestrians struck by trains; two blunt force injuries

<sup>26</sup> Two are in more than one category

#### Ingham County Drug-Related Deaths

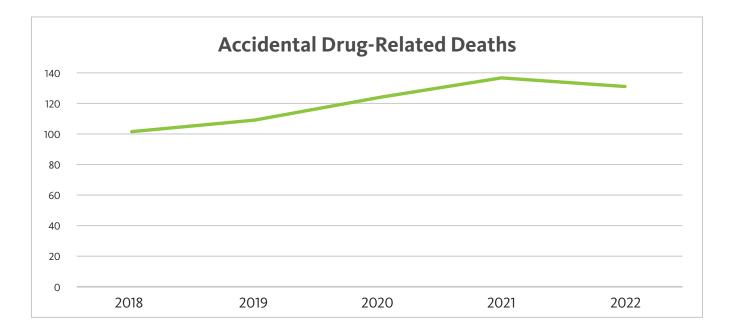
For purposes of this report, drug-related fatalities are deaths in which an overdose of a combination of drugs or a single drug caused or contributed to the death. These deaths do not include situations in which intoxication might have been a factor in an incident leading to death, such as motor vehicle crashes, falls, choking while eating, or environmental exposures.

Drug-Related Deaths	2018	2019	2020	2021	2022
ACCIDENT	97	98	124	138	131
SUICIDE	0	7	3	6	5
INDETERMINATE	4	4	4	7	1
TOTAL	101	109	131	151	137



#### Ingham County Drug-Related Deaths

2022 Drug-Related Deaths Summary						
TOTAL	137 cases					
SEX	50 female, 87 male					
RACE	97 white, 36 black, 2 Native American, 1 Asian, 1 biracial					
AGE RANGE	19-73 years					
AVERAGE AGE	44.7 years					
MEDIAN AGE	44 years					
OPIOID-RELATED	115 cases (84% of Drug-Related Deaths)					
MANNER OF DEATH	131 accidents, 5 suicides, 1 indeterminate					



#### **Ingham County Suicides**

Suicide Totals by Year	2018	2019	2020	2021	2022
SUICIDES	38	51	39	56	60

Suicide Methods	2018	2019	2020	2021	2022
FIREARM	21	20	21	28	34
HANGING	13	20	13	15	15
DRUG INTOXICATION	0	7	327	6	5
SUFFOCATION	1	0	0	1	1
SHARP FORCE INJURY	0	0	127	1	1
JUMP FROM HEIGHT	2	0	0	1	0
MOTOR VEHICLE CRASH	0	0	0	1	0
CARBON MONOXIDE	0	0	1	1	1
STRUCK BY TRAIN	1	1	1	0	0
OTHER	0	3 <sup>28</sup>	0	2 <sup>29</sup>	<b>3</b> <sup>30</sup>

Suicides by Age	2018	2019	2020	2021	2022
0-17	3	2	2	2	3
18-25	10	13	5	7	9
26-44	12	14	13	29	18
45-64	7	18	15	11	16
65+	6	4	4	7	14

<sup>One combined drug intoxication and stab wound - classified in both methods
One jump from moving vehicle; one ingestion of household cleaning product; one puncture of dialysis fistula
One insecticide poisoning; one neck trauma due to fall associated with suicide attempt via hanging
One pedestrian struck by a motor vehicle; one ingestion of sodium nitrate; one ingestion of yew plant components</sup> 

#### Ingham County Deaths of Children

Deaths of Children by Age	2018	2019	2020	2021	2022
Stillborn	3	2	1	1	1
<1 year	3	13	11	10	5
1-5	4	8	3	2	3
6-10	3	5	2	2	1
11-17	8	7	7	10	6
TOTAL	21	35	24	25	16

Manner of Death	2018	2019	2020	2021	2022
NATURAL	7	8	5	3	5
ACCIDENT	5	12	4	7	2
SUICIDE	3	2	2	2	3
HOMICIDE	2	2	4	7	1
INDETERMINATE	1	9	8	5	4

#### Ingham County Deaths of Children

2022 Deaths of Children Summary							
Manner	Number of Deaths	Age	Sex	Cause of Death			
STILLBORN	1	-	Female	Intrauterine Fetal Demise			
		1 day	Female	Complications of prematurity			
		4 years	Male	Influenza A with complications of prematurity			
NATURAL	5	10 years	Male	Complications of cerebral palsy			
		13 years	Male	Complications of cerebral palsy			
		16 years	Male	Asthma			
ACCIDENT	2	1 year	Male	House fire			
ACCIDENT	Z	4 years	Male	Drowning			
HOMICIDE	1	17 years	Female	Gunshot wound			
		16 years	Male	Blunt force trauma			
SUICIDE	3	15 years	Male	Hanging			
		15 years	Male	Hanging			
		1 month, 28 days	Male	Sudden Unexplained Infant Death <sup>31</sup> - Bed-sharing			
	4	3 months, 23 days	Male	Sudden Unexplained Infant Death <sup>31</sup> - Minor respiratory infection			
INDETERMINATE	4	5 months, 1 day	Female	Sudden Unexplained Infant Death <sup>31</sup> - Minor respiratory infection			
		1 month, 11 days	Male	Potentially unsafe sleep and minor respiratory infection			

<sup>31</sup> Sudden Unexplained Infant Death (SUID) refers to the death of an infant less than one year of age in which investigation, autopsy, medical history, review, and appropriate laboratory testing fails to identify a specific cause of death. SUID includes deaths that meet the definition of Sudden Infant Death Syndrome (SIDS).

# Ionia County

#### **Medical Examiner**

Michael A. Markey, M.D.

#### **Deputy Medical Examiners**

Patrick A. Hansma, D.O. Christopher A. Hauch, M.D. David S. Moons, M.D.

#### **Chief Investigator**

Michelle A. Fox, D-ABMDI

#### **Medical Examiner Investigators**

Kenneth Barnes Erica Betts, D.O., MPH James Buxton Katharine Dernocoeur Nigel Heftye Zachary Jahnke, CCEMT-P Derek Schroeder Bill Simpson Sr., D-ABMDI Benjamin Smith Dan Sowles, D-ABMDI Mitchell Tolan, D-ABMDI Brett Vanhorn Thomas Wodarek

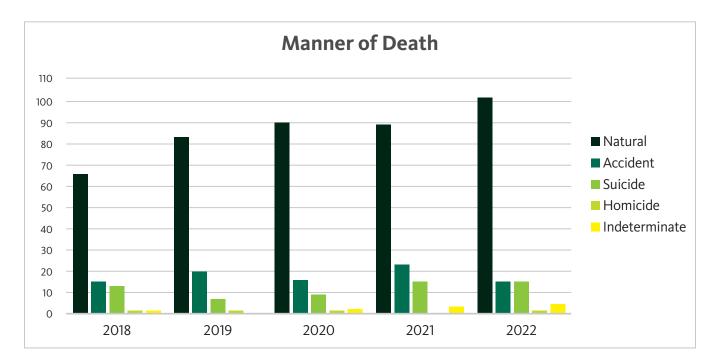
#### Ionia County Summary of Cases

	2018	2019	2020	2021	2022
TOTAL DEATHS IN THE COUNTY	328	333	409	398	419
DEATHS REPORTED TO THE ME	96	111	119	130	137
CASES ACCEPTED FOR INVESTIGATION <sup>32</sup>	90	107	110	124	122
MEI SCENE INVESTIGATIONS	92	109	107	119	122
DEATH CERTIFICATES SIGNED BY THE ME	50	48	43	67	51
BODIES TRANSPORTED TO SPARROW	44	39	34	57	47
COMPLETE AUTOPSY	33	25	21	43	32
LIMITED AUTOPSY	5	6	5	5	9
EXTERNAL EXAMINATION	5	3	5	3	2
STORAGE ONLY	1	5	3	6	4
UNCLAIMED BODIES	1	2	4	1	1
REFERRAL TO GIFT OF LIFE	24	32	38	59	68
TISSUE/CORNEA DONORS	9	12	18	14	13
CREMATION PERMITS REVIEWED	214	212	281	281	305

<sup>32</sup> Not every case that is reported to the Medical Examiner's office falls within our jurisdiction. We accept cases for investigation based on the circumstances surrounding the death and the law that governs the Medical Examiner's authority (MCL 52.202).

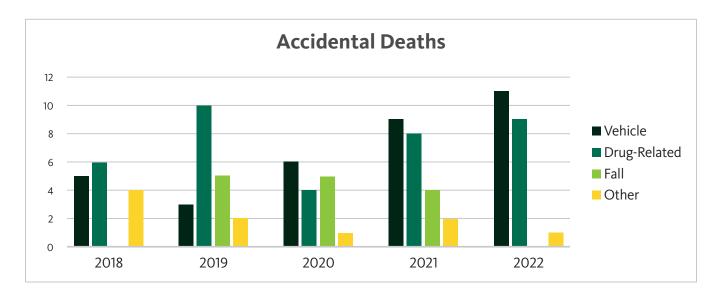
#### Ionia County Manner of Death

Manner of Death	2018	2019	2020	2021	2022
NATURAL	66	83	90	89	102
ACCIDENT	15	20	16	23	15
SUICIDE	13	7	9	15	15
HOMICIDE	1	1	1	0	1
INDETERMINATE	1	0	2	3	4
TOTAL	96	111	118	130	137



#### Ionia County **Accidental Deaths**

Accidental Deaths	2018	2019	2020	2021	2022
VEHICLE	5	3	6	9	5
DRUG-RELATED	6 <sup>33</sup>	10	4	8	9
DROWNING	4	0	1	0	0
FALL	0	5	5	4	0
ASPHYXIA	0	2 <sup>34</sup>	0	0	1 <sup>35</sup>
OTHER	0	0	0	2 <sup>36</sup>	0
TOTAL	15	20	16	16	15

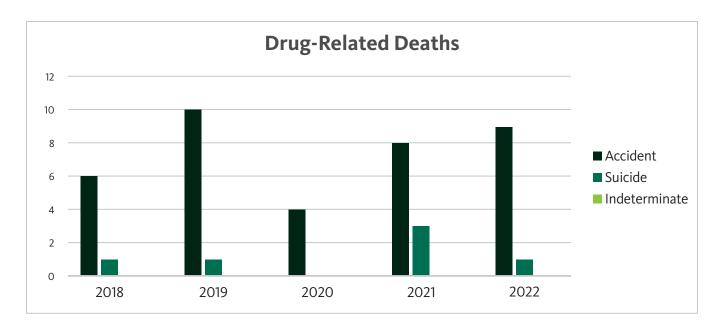


<sup>One motor vehicle related fatality in 2018 had drug intoxication listed as a contributing condition; as the death was not directly related to the toxic effects of the drug(s) it is not included as a drug fatality in this report
One carbon monoxide; one mechanical - vehicle fell off jack
Mechanical - lawnmower rollover
Two injuries from falling trees</sup> 

### Ionia County Drug-Related Deaths

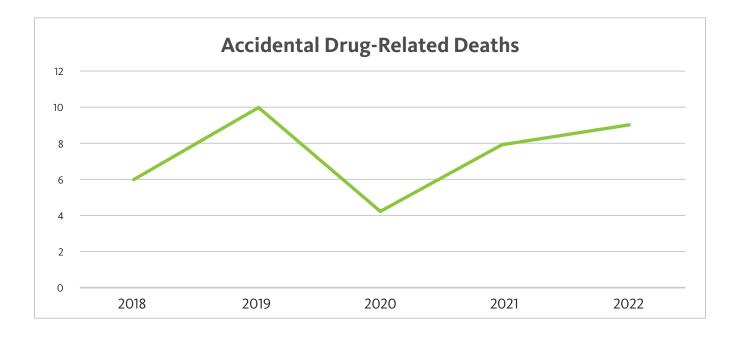
For purposes of this report, drug-related fatalities are deaths in which an overdose of a combination of drugs or a single drug caused or contributed to the death. These deaths do not include situations in which intoxication might have been a factor in an incident leading to death, such as motor vehicle crashes, falls, choking while eating, or environmental exposures.

Drug-Related Deaths	2018	2019	2020	2021	2022
ACCIDENT	6	10	4	8	9
SUICIDE	1	1	0	3	1
INDETERMINATE	0	0	0	0	0
TOTAL	7	11	4	11	10



## Ionia County Drug-Related Deaths

2022 Drug-Related Deaths Summ	2022 Drug-Related Deaths Summary					
TOTAL	10 cases					
SEX	3 female, 7 male					
RACE	10 white					
AGE RANGE	32-62 years					
AVERAGE AGE	43.3 years					
MEDIAN AGE	41 years					
OPIOID-RELATED	8 cases (80% of Drug-Related Deaths)					
MANNER OF DEATH	9 accidents, 1 suicide					



# Ionia County Suicides

Suicide Totals by Year	2018	2019	2020	2021	2022
SUICIDES	13	7	9	15	15

Suicide Methods	2018	2019	2020	2021	2022
FIREARM	9	4	5	6	8
HANGING	3	2	4	3	3
DRUG INTOXICATION	1	1	0	3	1
CARBON MONOXIDE	0	0	0	1	0
MOTOR VEHICLE	0	0	0	1	2 <sup>37</sup>
OTHER	0	0	0	1 <sup>38</sup>	1 <sup>39</sup>

Suicides by Age	2018	2019	2020	2021	2022
0-17	0	0	0	2	1
18-25	0	2	2	1	4
26-44	5	3	2	5	4
45-64	6	1	4	6	5
65+	2	1	1	1	1

<sup>One motor vehicle crash; one drowning after intentionally driving vehicle into a drainage ditch
Self-inflicted stab wound
Poisoning via ingestion of sodium nitrate</sup> 

#### Ionia County Deaths of Children

Deaths of Children by Age	2018	2019	2020	2021	2022
Stillborn	0	0	1	0	0
<1 year	1	0	2	1	2
1-5	0	0	1	0	0
6-10	0	0	1	0	0
11-17	0	0	0	2	2
TOTAL	1	0	5	3	4

Manner of Death	2018	2019	2020	2021	2022
NATURAL	0	0	1	0	0
ACCIDENT	0	0	2	0	1
SUICIDE	0	0	0	2	1
HOMICIDE	0	0	0	0	0
INDETERMINATE	1	0	1	1	2

#### Ionia County Deaths of Children

2022 Deaths of Children Summary						
Manner	Number of Deaths	Age	Sex	Cause of Death		
STILLBORN	0					
NATURAL	0					
ACCIDENT	1	17 years	Male	ATV rollover (operator)		
HOMICIDE	0					
SUICIDE	1	16 years	Male	Gunshot wound		
	2	4 months, 22 days	Male	Non-acute injury; viral infection		
INDETERMINATE	2	10 months, 0 days	Male	Viral infection; possibly related to unsafe sleep		

# **Isabella County**

#### **Medical Examiner**

Michael A. Markey, M.D.

#### **Deputy Medical Examiners**

Patrick A. Hansma, D.O. Christopher A. Hauch, M.D. David S. Moons, M.D.

#### **Chief Investigator**

Michelle A. Fox, D-ABMDI

#### **Medical Examiner Investigators**

Mindy Bailey	Robert Schumacker
Zachary Brown	Bill Simpson Sr., D-ABMDI
Kari Duman	Krystin Smith
Dakoda Gerke	Jacob Stair
Taylor Maylee Hoekwater, D-ABMDI	Michelle Thompson
Meghan Jones	Brett Vanhorn
Karen Phelps	Amanda Wallace, D-ABMDI
Tiffany Pickler	

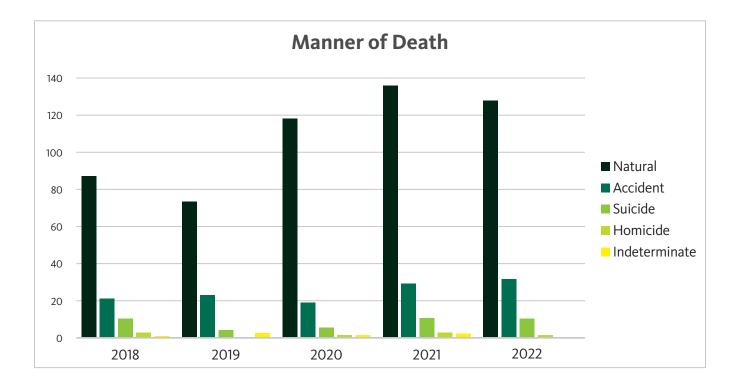
# Isabella County Summary of Cases

	2018	2019	2020	2021	2022
TOTAL DEATHS IN THE COUNTY	549	479	603	624	605
DEATHS REPORTED TO THE ME	125	106	148	183	170
CASES ACCEPTED FOR INVESTIGATION <sup>40</sup>	106	96	128	150	138
MEI SCENE INVESTIGATIONS	111	92	115	119	124
DEATH CERTIFICATES SIGNED BY THE ME	50	47	50	73	76
BODIES TRANSPORTED TO SPARROW	42	39	39	57	52
COMPLETE AUTOPSY	28	33	29	42	41
LIMITED AUTOPSY	4	2	2	6	4
EXTERNAL EXAMINATION	6	3	6	5	4
STORAGE ONLY	4	1	1	4	3
UNCLAIMED BODIES	1	1	1	5	1
REFERRALS TO GIFT OF LIFE	38	28	48	60	66
TISSUE/CORNEA DONORS	2	9	6	7	19
CREMATION PERMITS REVIEWED	352	310	384	409	426

<sup>40</sup> Not every case that is reported to the Medical Examiner's office falls within our jurisdiction. We accept cases for investigation based on the circumstances surrounding the death and the law that governs the Medical Examiner's authority (MCL 52.202).

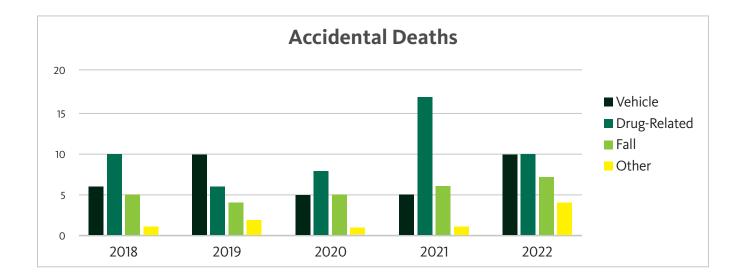
#### Isabella County Manner of Death

Manner of Death	2018	2019	2020	2021	2022
NATURAL	88	74	119	137	127
ACCIDENT	22	24	19	29	31
SUICIDE	10	5	6	10	10
HOMICIDE	3	0	2	4	2
INDETERMINATE	1	2	2	2	0
TOTAL	124	105	148	182	170



#### Isabella County **Accidental Deaths**

Accidental Deaths	2018	2019	2020	2021	2022
VEHICLE	641	10	5	5	10
DRUG-RELATED	10	6	8	17	10
DROWNING	1 <sup>42</sup>	1	0	0	0
FALL	5	4	5	6	7
ASPHYXIA	0	1	1	0	4
FIRE	0	1	0	0	0
OTHER	0	1 <sup>43</sup>	0	144	0
TOTAL	22	24	19	29	31

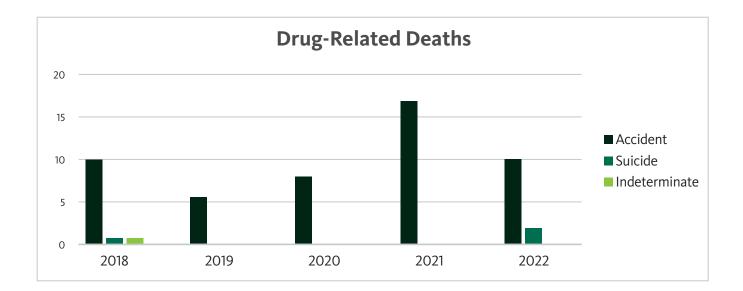


<sup>41</sup> One motor vehicle death was due to a post-crash fire (included here as a vehicle fatality and not as a fire fatality)
42 One drowning while intoxicated with drugs (included here as a drowning fatality and not a drug intoxication death as the death was not directly related to the toxic effects of the drug(s) it is not included as a drug fatality in this report)
43 One work related tire explosion
44 One industrial injury

#### Isabella County Drug-Related Deaths

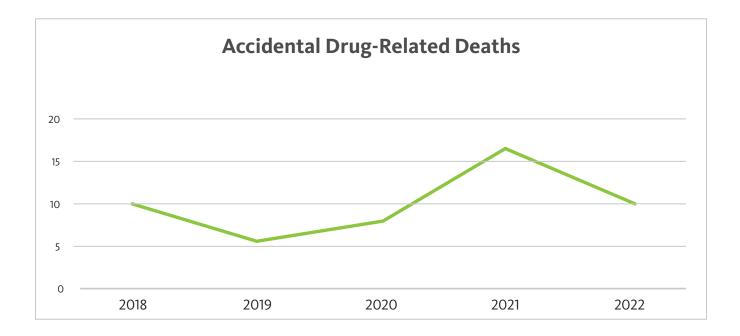
For purposes of this report, drug-related fatalities are deaths in which an overdose of a combination of drugs or a single drug caused or contributed to the death. These deaths do not include situations in which intoxication might have been a factor in an incident leading to death, such as motor vehicle crashes, falls, choking while eating, or environmental exposures.

Drug-Related Deaths	2018	2019	2020	2021	2022
ACCIDENT	10	6	8	17	10
SUICIDE	1	0	0	0	2
INDETERMINATE	1	0	0	0	0
TOTAL	12	6	8	17	12



#### Isabella County Drug-Related Deaths

2022 Drug-Related Deaths Summary						
TOTAL	12 cases					
SEX	9 female, 3 male					
RACE	10 white, 2 Native American					
AGE RANGE	23-75 years					
AVERAGE AGE	39.5 years					
MEDIAN AGE	34.5 years					
OPIOD-RELATED	8 cases (67% of Drug-Related Deaths)					
MANNER OF DEATH	10 accidents, 2 suicides					



#### Isabella County Suicides

Suicide Totals by Year	2018	2019	2020	2021	2022
SUICIDES	10	5	6	10	10

Suicide Methods	2018	2019	2020	2021	2022
FIREARM	5	4	3	5	5
HANGING	3	1	3	4	2
DRUG INTOXICATION	1	0	0	0	2
MOTOR VEHICLE/FIRE	1	0	0	0	1
OTHER	0	0	0	1 <sup>45</sup>	0

Suicides by Age	2018	2019	2020	2021	2022
0-17	0	0	1	0	2
18-25	2	0	1	2	0
26-44	3	1	1	4	2
45-64	4	3	2	1	2
65+	1	1	1	3	4

# Isabella County Deaths of Children

Deaths of Children by Age	2018	2019	2020	2021	2022
Stillborn	0	0	0	0	0
<1 year	0	1	3	1	1
1-5	0	4	1	1	1
6-10	0	0	0	0	0
11-17	1	0	2	3	3
TOTAL	1	5	6	5	5

Manner of Death	2018	2019	2020	2021	2022
NATURAL	0	0	2	0	0
ACCIDENT	1	4	2	2	2
SUICIDE	0	0	1	0	2
HOMICIDE	0	0	0	2	1
INDETERMINATE	0	1	1	1	0

2022 Deaths of Children Summary							
Manner	Number of Deaths	Age	Sex	Cause of Death			
STILLBORN	0						
NATURAL	0						
	2	4 months, 11 days	Male	Asphyxia associated with an unsafe sleep environment			
ACCIDENT	2	16 years	Male	Driver of golf cart pinned beneath vehicle after rollover accident			
HOMICIDE	1	2 years	Male	Gunshot wounds			
		12 years	Male	Hanging			
SUICIDE	2	14 years	Female	Blunt force trauma - put self in front of motor vehicle			
INDETERMINATE	0						

## **Shiawassee County**

#### **Medical Examiner**

Michael A. Markey, M.D.

#### **Deputy Medical Examiners**

Patrick A. Hansma, D.O. Christopher A. Hauch, M.D. David S. Moons, M.D.

#### **Chief Investigator**

Michelle A. Fox, D-ABMDI

#### **Medical Examiner Investigators**

Mark Pendergraff, D-ABMDI April Archer Kenneth Barnes Erica Betts, D.O., MPH James Buxton Lynn Carpenter Laura Hammersley Lisa Higbee Savannah Kryza Alanna Pendergraff Jacob Scheib Stephanie Schieb Krystin Smith Daniel Sowels, D-ABMDI Joshua Sutton Brett Vanhorn Amanda Wallace, D-ABMDI

### Shiawassee County

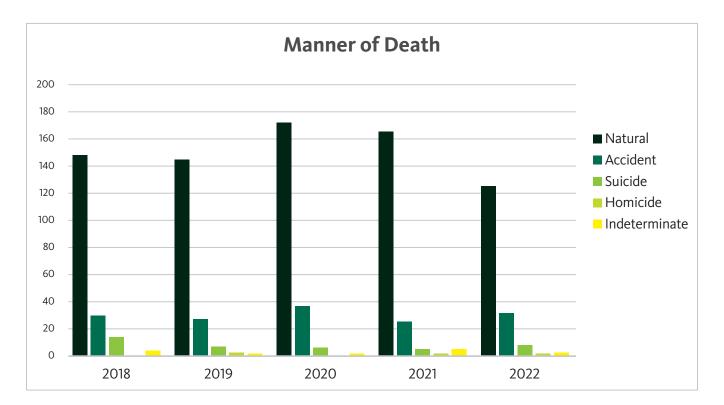
Summary of Cases

	2018	2019	2020	2021	2022
TOTAL DEATHS IN THE COUNTY	704	708	730	804	836
DEATHS REPORTED TO THE ME	200	185	219	200	220
CASES ACCEPTED - INVESTIGATION <sup>46</sup>	175	162	182	162	191
MEI SCENE INVESTIGATIONS	180	160	152	143	162
DEATH CERTIFICATES SIGNED BY THE ME	74	69	75	72	81
BODIES TRANSPORTED TO SPARROW	57	52	52	41	51
COMPLETE AUTOPSY	40	41	43	31	40
LIMITED AUTOPSY	8	6	4	3	5
EXTERNAL EXAMINATION	5	0	3	3	3
STORAGE ONLY	1	1	1	2	1
UNCLAIMED BODIES	4	5	2	2	2
REFERRALS TO GIFT OF LIFE	40	41	24	28	81
TISSUE/CORNEA DONORS	6	11	4	2	11
CREMATION PERMITS REVIEWED	436	439	466	538	543

<sup>46</sup> Not every case that is reported to the Medical Examiner's office falls within our jurisdiction. We accept cases for investigation based on the circumstances surrounding the death and the law that governs the Medical Examiner's authority (MCL 52.202).

#### Shiawassee County Manner of Death

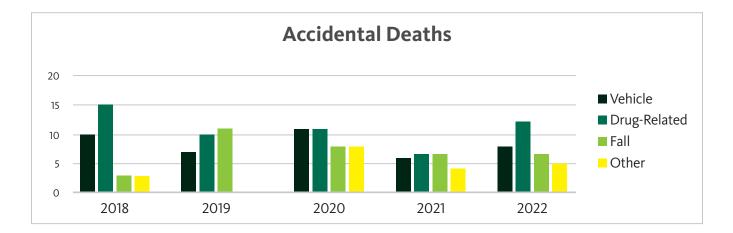
Manner of Death	2018	2019	2020	2021	2022
NATURAL	148	145	172	166	175
ACCIDENT	31	28	38	24	32
SUICIDE	15	8	7	4	8
HOMICIDE	0	2	0	1	1
INDETERMINATE	4	1	1	5	2
TOTAL	198	184	218	200	220 <sup>47</sup>



<sup>47</sup> Two stillbirth cases with no manner of death

#### **Shiawassee County Accidental Deaths**

Accidental Deaths	2018	2019	2020	2021	2022
VEHICLE	10	7	11	6	8
DRUG-RELATED	15	10	11	7	12
DROWNING	1	0	3	1	0
FALL	3	11	8	7	7
FIRE	0	0	1	0	0
ASPHYXIA	0	0	2	0	2
HYPOTHERMIA	1	0	2	0	1
OTHER	1 <sup>48</sup>	0	0	3	2 <sup>49</sup>
TOTAL	31	28	38	24	32

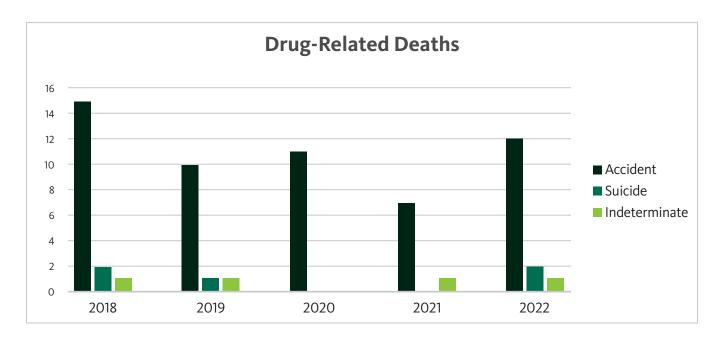


<sup>48</sup> Blunt force trauma - car fell from jack49 One remote diving injury; one remote snowmobile crash

#### Shiawassee County Drug-Related Deaths

For purposes of this report, drug-related fatalities are deaths in which an overdose of a combination of drugs or a single drug caused or contributed to the death. These deaths do not include situations in which intoxication might have been a factor in an incident leading to death, such as motor vehicle crashes, falls, choking while eating, or environmental exposures.

Drug-Related Deaths	2018	2019	2020	2021	2022
ACCIDENT	15	10	11	7	12
SUICIDE	2	1	0	0	2
INDETERMINATE	1	1	0	1	1 <sup>50</sup>
TOTAL	18	12	11	8	15

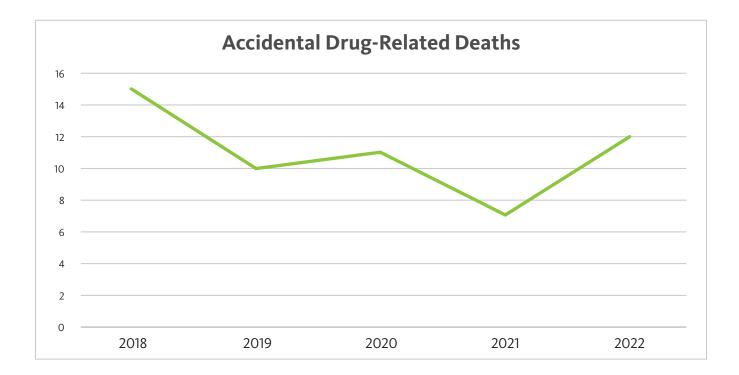


<sup>50</sup> One-year-old ingested fentanyl

### Shiawassee County

### **Drug-Related Deaths**

2022 Drug-Related Deaths Summary				
TOTAL	15 cases			
SEX	1 female, 14 male			
RACE	15 white			
AGE RANGE	1-67 years			
AVERAGE AGE	41.8 years			
MEDIAN AGE	44 years			
OPIOD-RELATED	12 cases (80% of Drug-Related Deaths)			
MANNER OF DEATH	12 accidents, 2 suicides, 1 indeterminate			



#### Shiawassee County Suicides

Suicide Totals by Year	2018	2019	2020	2021	2022
SUICIDES	15	8	7	4	8

Suicide Methods	2018	2019	2020	2021	2022
FIREARM	12	6	4	3	6
HANGING	1	0	3	1	0
DRUG INTOXICATION	2	1	0	0	2
CARBON MONOXIDE	0	1	0	0	0

Suicides by Age	2018	2019	2020	2021	2022
0-17	2	0	0	0	0
18-25	1	0	2	1	0
26-44	2	6	2	0	4
45-64	6	1	3	1	3
65+	4	1	0	2	1

## Shiawassee County Deaths of Children

Deaths of Children by Age	2018	2019	2020	2021	2022
Stillborn	2	1	1	2	2
<1 year	0	0	0	2	3
1-5	0	0	0	1	1
6-10	0	0	0	0	0
11-17	4	1	0	0	0
TOTAL	8 <sup>51</sup>	2	1	5	6

Manner of Death	2018	2019	2020	2021	2022
NATURAL	1	0	0	0	2
ACCIDENT	1	1	0	1	0
SUICIDE	2	0	0	0	0
HOMICIDE	0	0	0	0	0
INDETERMINATE	2	0	0	2	2

<sup>51</sup> Two mummified previable infants/fetuses were discovered (unable to determine if stillborn or died after birth); therefore, age is not classified on these two cases

2022 Deaths of Children Summary						
Manner	Number of Deaths	Age	Sex	Cause of Death		
STILLBORN	2					
NATURAL	2	7 months, 5 days	Female	Acute pneumonia with complications of premature birth		
		0 days	Female	Premature birth		
ACCIDENT	0					
HOMICIDE	0					
SUICIDE	0					
INDETERMINATE	2	1 month, 23 days	Male	Sudden Unexplained Infant Death <sup>52</sup>		
		1 year	Male	Acute fenanyl toxicity		

<sup>52</sup> Sudden Unexplained Infant Death (SUID) refers to the death of an infant less than one year of age in which investigation, autopsy, medical history, review, and appropriate laboratory testing fails to identify a specific cause of death. SUID includes deaths that meet the definition of Sudden Infant Death Syndrome (SIDS).

## **Comparisons Across Counties**

	Eaton	Ingham	Ionia	Isabella	Shiawassee
POPULATION	108,944	284,034	67,197	64,813	67,877
TOTAL DEATHS	811	3,317	419	605	836
DEATHS REPORTED TO THE ME (% OF TOTAL DEATHS)	241 (30%)	1,035 (31.2%)	137 (32.7%)	170 (28.1%)	220 (26.3%)
CASES ACCEPTED FOR INVESTIGATION	219	908	122	138	191
MEI SCENE INVESTIGATION	197	779	122	124	162
DEATH CERTIFICATES SIGNED BY THE ME	94	531	51	76	81
TOTAL EXAMS (% OF CASES ACCEPTED)	63 (28.8%)	345 (38.0%)	43 (35.2%)	49 (35.5%)	48 (25.1%)
NATURAL DEATHS (% OF DEATHS REPORTED)	191 (79.3%)	666 (64.3%)	102 (74.5%)	127 (74.7%)	175 (79.5%)
ACCIDENTAL DEATHS (% OF DEATHS REPORTED)	33 (13.7%)	276 (26.7%)	15 (10.9%)	31 (18.2%)	32 (14.5%)
SUICIDE DEATHS (% OF DEATHS REPORTED)	15 (6.2%)	60 (5.8%)	15 (10.9%)	10 (5.9%)	8 (3.6%)
HOMICIDE DEATHS (% OF DEATHS REPORTED)	1 (0.4%)	19 (1.8%)	1 (0.7%)	2 (1.2%)	1 (0.5%)
INDETERMINATE DEATHS (% OF DEATHS REPORTED)	1 (0.4%)	13 (1.3%)	4 (2.9%)	0	2 (0.9%)
DRUG-RELATED DEATHS (% OF DEATHS REPORTED)	17 (7.1%)	131 (12.7%)	10 (7.3%)	12 (7.1%)	15 (6.8%)
REFERRALS TO GIFT OF LIFE	104	524	68	66	81
TISSUE/CORNEA DONORS	9	81	13	19	11
UNCLAIMED BODIES	5	26	1	1	2

# **Additional Information**

On Sept. 20, 2022, Livingston County entered into an agreement with Sparrow Forensic Pathology for Medical Examiner services. On Oct. 1, 2022, Clinton County also selected Sparrow Forensic Pathology to serve as the county's Medical Examiner. Below are abbreviated statistics for these two counties based on the three months that we served as their Medical Examiner in 2022. Full statistics for these counties will be included in the 2023 Annual Report.

Overview	Livingston <sup>53</sup>	Clinton <sup>54</sup>
DEATHS REPORTED TO THE ME	123	38
CASES ACCEPTED FOR INVESTIGATION	112	37
MEI SCENE INVESTIGATIONS	109	36
DEATH CERTIFICATES SIGNED BY THE ME	44	12
COMPLETE AUTOPSIES	27	9
LIMITED AUTOPSIES	4	1
EXTERNAL EXAMINATIONS	2	1

Manner of Death	Livingston <sup>50</sup>	Clinton <sup>51</sup>
NATURAL	98	29
ACCIDENT	17	5
SUICIDE	7	4
INDETERMINATE	1	0
TOTAL	123	38

Accidental Deaths	Livingston <sup>50</sup>	Clinton <sup>51</sup>
VEHICLE	7	1
DRUG-RELATED	7	1
FALL	3	0
FIREARM	0	1
CHOKING	0	2

<sup>53</sup> Data for Livingston County Sept. 20 - Dec. 31, 2022
54 Data for Clinton County Oct. 1 - Dec. 31, 2022

Drug-Related Deaths	Livingston <sup>50</sup>	<b>Clinton</b> ⁵1
ACCIDENT	7	1
SUICIDE	1	0

Suicide Deaths	Livingston <sup>50</sup>	Clinton <sup>51</sup>
FIREARMS	5	1
HANGING	1	0
DRUG INTOXICATION	1	0
MOTOR VEHICLE	0	1
SHARP FORCE INJURY	0	1
POISON (SODIUM NITRITE)	0	1

Lastly, in the counties in which Sparrow Forensic Pathology served as the Office of the Medical Examiner in 2022:

- » No bodies were exhumed for examination.
- » No cases remained unidentified at the time a final disposition.
- » Toxicology testing was performed in 584 of the 591 (98.8%) examinations performed.



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