

OFFICE OF THE CORONER
Dennis J. Miller
COUNTY OF DEKALB, ILLINOIS



Public Safety Building
150 North Main Street
Sycamore, Illinois 60178
Fax 815/895-1626
815/895-7206

ANNUAL CORONER'S REPORT

JANUARY 1, 2014 - DECEMBER 31, 2014

SUBMITTED BY:

DENNIS J. MILLER
DeKALB COUNTY CORONER

My goal as Coroner of DeKalb County is to provide the citizens with the most professional death investigation regarding the cause and manner of death, in cases where the Coroner has the responsibility. At the same time this is accomplished with the most cost effective methods possible. The statistics compiled for this annual report will provide the public, medical profession, and law enforcement agencies with beneficial information.

If you have questions regarding this office or any of the material contained in this report, please feel free to contact my office at any time.

A handwritten signature in cursive script, reading "Dennis J. Miller", is written over a solid horizontal line.

Dennis J. Miller, Coroner of DeKalb County

TABLE OF CONTENTS

Summary of 2014 Coroner's Statistics	4
Types of Deaths Which Must Be Reported to Coroner's Office	5-8
Coroner's Act -- Laws Pertaining to Notification of the Coroner, Authorization of the Removal of the Deceased & Cremation	9
Natural Deaths	10
Accidental Deaths	11
Suicidal Deaths	12
Homicidal Deaths	12
Undetermined Deaths	12
Chart of Total Deaths Investigations (1999- 2014)	13
Graph of Total Deaths	14
Graph of Autopsies, Cremations permits, Deaths, Donors	15

DeKALB COUNTY, ILLINOIS

2014

CORONER'S STATISTICAL REPORT

TOTAL DEATHS INVESTIGATED	634
NATURAL DEATHS	586
MOTOR VEHICLE DEATHS	12
ACCIDENTAL DEATHS (NON MOTOR VEHICLE)	16
SUICIDAL DEATHS	16
HOMICIDAL DEATHS	2
RECKLESS HOMICIDAL DEATHS	0
UNDETERMINED (CLASSIFICATION) DEATHS	2
PENDING	0
COURT ORDERED	0
CORONER'S INVESTIGATIONS THAT WERE RETURNED TO THE MEDICAL PROFESSION	559
CORONER'S DEATH CERTIFICATES ISSUED	70
FETAL DEATH CERTIFICATES ISSUED	5
N/A (CREMATED REMAINS FOUND)	0
CREMATION PERMITS ISSUED	418
AUTOPSIES	46
INQUESTS	0
ORGAN/TISSUE DONOR	26

TYPES OF DEATH THAT MUST BE REPORTED TO THE CORONERS OFFICE

A T T E N T I O N:

POLICE OFFICERS

HOSPITALS

FUNERAL DIRECTORS

PHYSICIANS

EMBALMERS

AMBULANCE ATTENDANTS

VITAL STATISTICS REGISTRARS

HOSPICE ORGANIZATIONS

The following information has been compiled for the purpose of acquainting individuals and organizations with the procedures to be followed when they come in contact with the types of deaths described in the following pages.

Conformity with these procedures will prevent unnecessary delay and inconvenience to the family, friends, and those persons having any responsibility to and for the deceased.

NOTIFICATION IN CASE OF DEATH BY VIOLENCE OR SUICIDE

Any person who discovers the body or acquires the first knowledge of the death of any person who died as the result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, shall immediately notify the office of the Coroner of the known facts concerning the time, place, manner and circumstances of such death, and of any other information which is required by the Coroner.

NOTIFICATION BY HOSPITAL

Any person D.O.A. (Dead on Arrival) at hospitals, these cases are to be reported immediately, and no person shall, without an order from the Coroner, willfully touch, remove, disturb the body or disturb the clothing or any article upon or near such body. This includes any death, which occurs within twenty-four (24) hours after admission.

NOTIFICATION BY PHYSICIAN IN CASE OF DEATH BY VIOLENCE OR SUICIDE

When any person dies as a result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, the physician called in attendance shall immediately notify the office of the Coroner of the known facts concerning the time, place, manner and circumstances of such death and if request is made for cremation, the Funeral Director called in attendance shall immediately notify the Coroner.

I. Accidental Deaths: (All forms including death arising from employment)

1. Anesthetic Accident (Death on the operating table prior to recovery from anesthesia).
2. Blows or other forms of mechanical violence.
3. Crushed beneath falling objects.
4. Burns
5. Cutting or stabbing
6. Drowning (actual or suspected)
7. Electric shock
8. Explosion
9. Exposure
10. Firearms
11. Fractures of bones (not pathological). Such cases to be reported even when the fracture is not primarily responsible for the death. All hip fractures, if patient dies within one year and one month is considered a Coroner's case and the Coroner must be notified.
12. Falls
13. Carbon monoxide poisoning (resulting from natural gas, automobile exhaust or other).
14. Hanging
15. Heat Exhaustion
16. Insolation (sunstroke).

17. Poisoning (food poisoning, occupational or other).
18. Strangulation
19. Suffocation (foreign object in bronchi, by bed clothing or other means).
20. Vehicular Accidents (automobile, bus, railroad, motorcycle, bicycle, or other).

II. Homicidal Deaths

III. Suicidal Deaths

IV. Abortions: Criminal or self-induced

When the manner of death falls within the above classification, such death must be reported to the Coroner even though the survival period subsequent to onset is 12 months.

V. Sudden Death

When in apparent health or in any suspicious or unusual manner including:

1. Alcoholism
2. Sudden death on the street, at home, in a public place, at place of employment.
3. Deaths under unknown circumstances, whenever there are no witnesses or where little or no information can be elicited concerning the deceased person. Deaths of this type include those persons whose dead bodies are found in the open, in places of temporary shelter, or in their home under conditions, which offer no clues to the cause of death.
4. Deaths, which follow injuries sustained at place of employment whenever the circumstances surrounding such injury may ultimately, be subject of investigation. Deaths of this classification include: Caisson Disease (bends), industrial infections anthrax, septicemia following wounds including gas bacillus infections, tetanus, etc.) Silicosis, industrial poisonings (acids, tetrachloride, cyanogen, lead, nitrous fumes, etc.), Contusions, abrasions, fractures, burns (flames, chemical or electrical) received during employment which, in the opinion of the attending physician, are sufficiently important, either as the cause or contributing factor to the cause of death, to warrant certifying them on the death certificate.
5. All stillborn infants where there is suspicion of illegal interference.
6. Deaths of persons where the attending physician cannot be found, or deaths of persons who have not been attended by a physician within two weeks prior to the date of death.
7. All deaths occurring within 24 hours of admission to a hospital.

8. All hip fractures if the patient dies within one year and one month, will be a Coroner's case and the Coroner must be notified.
9. All deaths in State institutions and all deaths of wards of the State in private care facilities or in programs funded by the Department of Mental Health and Development Disabilities or the Department of Children and Family Services shall be reported to the Coroner of the County in which the facility is located. If the Coroner has reason to believe that an investigation is needed to determine whether the death was caused by maltreatment or negligent care of the ward of the State, the Coroner may conduct a preliminary investigation of the circumstances of such death as in cases of death under circumstances set forth in the Illinois Compiled Statutes.
10. Any deaths, which occur within DeKalb County and not at a hospital, or nursing home facility (at any residence, employer, and/or public facility) will immediately be reported to the Coroner.

VI. *Cremations*

All deaths in DeKalb County where a cremation of the remains is to take place.

CORONER'S ACT

Illinois Compiled Statutes

Chapter 55

Laws Pertaining to the Notification of the Coroner and Authorization of the Removal of the Deceased.

Section: 5/3-3020

Coroner to be Notified---Violation

Every law enforcement official, funeral director, ambulance attendant, hospital director or administrator or person having custody of the body of a deceased person, where the death is one subject to investigation under Section 3-3013, and any physician in attendance upon such a decedent at the time of his/her death, shall notify the Coroner promptly. Any such person failing to so notify the Coroner promptly shall be guilty of a Class A Misdemeanor, unless such person has reasonable cause to believe that the Coroner had already been so notified.

Section: 5/3-3019

Removal of Bodies---Violation

No dead body which may be subject to the terms of this Division, or the personal property of such a deceased person, shall be handled, moved, disturbed, embalmed or removed from the place of death by any person, except with the permission of the Coroner, unless the same shall be necessary to protect such body or property from damage or destruction, or unless necessary to protect life, safety, or health. Any person knowingly violating the provisions of this Section is guilty of a Class A Misdemeanor.

Section: 5/3-3017

Cremation

In any death where the remains are to be cremated, it shall be the duty of the funeral director or person having custody of the death body to obtain from the Coroner a permit to cremate the body. The Coroner's permit to cremate shall be presented to the local registrar in applying for Permit for Disposition of Dead Human Body provided for in Section 21 of the Vital Records Act, and the local registrar shall attach the Coroner's permit to cremate to the Permit for Disposition of Dead Human Body which is issued. No crematory shall cremate a dead human body unless a Permit of Disposition of Dead Human Body with an attached Coroner's permit to cremate has been furnished to authorize the cremation.

Please consult the Coroner's Office regarding any death about which you have any doubt or questions. Coroner's Office Telephone: 815/895-7206

(Subject to revision and correction)

NATURAL DEATHS

586

<u>CAUSE</u>	<u>TOTAL</u>	<u>MALE</u>	<u>FEMALE</u>
HEART & HEART RELATED	180	83	97
CANCER	126	48	78
DEMENTIA	34	11	23
PNEUMONIA	31	15	16
RENAL FAILURE	25	11	14
CEREBRAL VASCULAR ACCIDENT	23	9	14
ALZHEIMER'S DISEASE	21	9	12
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	20	11	9
RESPIRATORY FAILURE	20	13	7
FAILURE TO THRIVE	14	8	6
SEPSIS	13	4	9
PARKINSON'S DISEASE	11	5	6
MULTIPLE SCLEROSIS	6	4	2
LEUKEMIA	5	2	3
CIRRHOSIS OF THE LIVER	5	0	5
HYPERTENSION	5	2	3
AORTIC ANEURYSM	5	3	2
AMYOTROPHIC LATERAL SCLEROSIS	3	1	2
BOWEL OBSTRUCTION	3	0	3
GENERAL DEBILITY	3	1	2
MULTI ORGAN FAILURE	3	1	2
GASTROINTESTINAL BLEEDING	2	2	0
MALNUTRITION	2	0	2
PREMATURE	2	0	1
PULMONARY FIBROSIS	2	1	1
ASPHYXIA	1	1	0
ASPIRATION	1	1	0
ASTHMA	1	0	1
ANEMIA	1	0	1
CEREBRAL PALSY	1	0	1
CERERAL HYPOXIA	1	1	0
CHRONIC BRONCHITIS	1	1	0
CHRONIC CHOLECYSTITIS	1	0	1
DYSPHAGIA	1	0	1
ENDOPHTHALMITIS	1	1	0
GANGRENE LOWER EXTREMITIES	1	0	1
HIP FRACTURE	1	1	0
KIDNEY FAILURE	1	1	0
MESOTHELIOMA	1	1	0
NON ALCOHOLIC STEATOHEPATITIS	1	1	0
PULMONARY EMBOLISM	1	0	1
RHEUMATOID ARTHRITIS	1	0	1
SEIZURE DISORDER	1	0	1
FETAL DEMISE	1	1	0
14 WEEKS GESTATION	1	1	0
NUCHAL CORD X 2	1	0	1
STILL BORN	1	0	1
	<u>586</u>	<u>255</u>	<u>330</u> <u>1</u>
<u>TOTAL NATURAL DEATHS</u>	<u>586</u>	<u>255</u>	<u>330</u> <u>1</u>

(1) UNKNOWN

ACCIDENTAL DEATHS

28

MOTOR VEHICLE DEATHS

12

	<u>MALE</u>	<u>FEMALE</u>
MOTORCYCLE VRS. AUTO MISHAP	2	1
MOTORCYCLE MISHAP		1
AUTO VRS. FIXED OBJECT		1
MOTOR VEHICLE ACCIDENT	1	
MOTOR VEHICLE VRS. MOTOR VEHICLE	4	2

DRIVERS - 8 PASSENGERS - 2 BICYCLIST - 0 PEDESTRIAN - 2

WEARING SEAT BELTS - 4 ALCOHOL RELATED - 5 HELMET - 3

NON MOTOR VEHICLE DEATHS

16

	<u>MALE</u>	<u>FEMALE</u>
ASPHYXIA DUE TO FALL IN GRAIN BIN	1	
CORONARY ATHEROSCLEROSIS—ALPRAZOLAM INTOXICATION	1	
DROWNING IN A BATHTUB, ALCOHOL INTOXICATION	1	
FRACTURE OF RIGHT ACETABULUM (DUE TO FALL)		1
HYPOTHERMIA, COLD EXPOSURE, ALCOHOL INTOXICATION	1	
P E DUE TO DEEP VEIN THROMBOSIS DUE TO LEFT ANKLE FRACTURES		1
THERMAL INJURY/SMOKE INHALATION DUE TO RESIDENTIAL HOUSE FIRE	1	1
CEREBRAL EDEMA, HYDROCARBON OVERDOSE	1	
COCAINE AND HEROIN INTOXICATION	1	
COMBINED DRUG INTOXICATION	1	1
FENTANYL INTOXICATION	1	
HEROIN INTOXICATION	3	

TOTAL ACCIDENTAL DEATHS

28

SUICIDAL DEATHS

16

MALE FEMALE

HANGING		2
GUNSHOT WOUND OF HEAD	7	
ASPHYXIA DUE TO PLASTIC BAG COVERING HEAD		1
TRAIN VRS PEDESTRIAN	1	
FALL FROM HEIGHTS	1	
HYDROCODONE INTOXICATION		1
ALPRAZOLAM INTOXICATION		1
INHALATIONS OF AUTO EXHAUST FUMES DUE TO CARBON MONOXIDE	1	
QUETIAPINE INTOXICATION		1

TOTAL SUICIDAL DEATHS

16

HOMICIDAL DEATHS

2

MALE FEMALE

GUNSHOT WOUND OF CHEST	1	
PNEUMONIA, SUBDURAL HEMATOMA, ASSAULT	1	

TOTAL HOMICIDAL DEATHS

2

UNDETERMINED DEATHS

2

MALE FEMALE

ACUTE ENCEPHALOPATHY, ETIOLOGY UNKNOWN	1	
SUDDEN UNEXPECTED INFANT DEATH (SUID)	1	

TOTAL UNDETERMINED DEATHS

2

**TOTAL DEATH INVESTIGATION OF DEKALB COUNTY
STATISTICAL DATA 1999 THROUGH 2014**

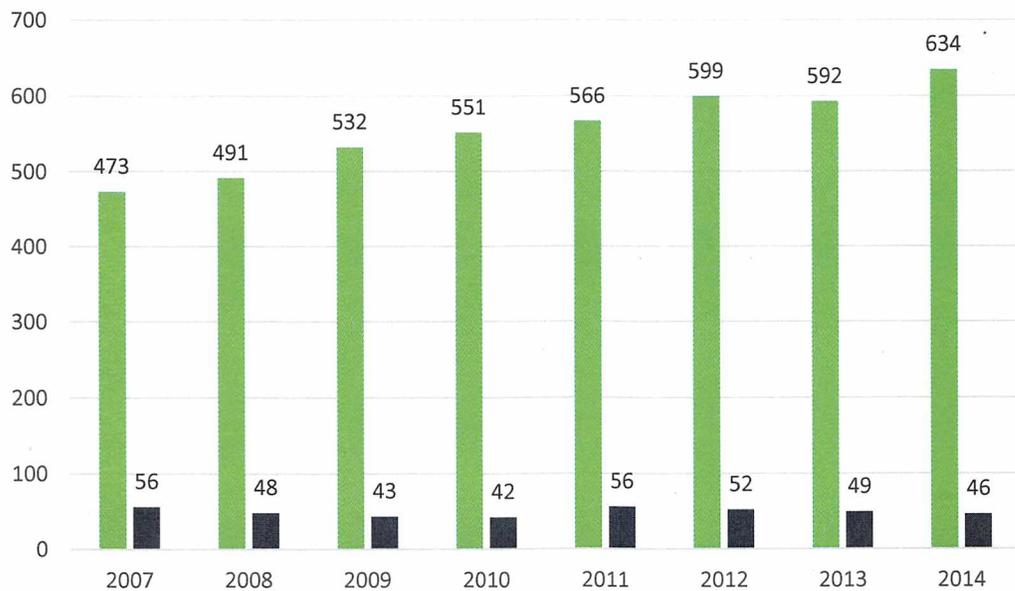
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
TOTAL DEATH INVESTIGATION	383	400	375	419	401	475	493	453	473	491	532	551	566	599	592	634
NATURAL DEATHS	350	373	342	390	379	444	456	422	430	446	493	525	525	559	557	586
MOTOR VEHICLE DEATHS	12	9	14	9	11	17	18	7	18	19	12	10	8	9	13	12
ACCIDENTAL DEATHS	5	5	7	8	2	6	11	11	7	11	13	8	18	17	11	16
SUICIDAL DEATHS	11	4	5	7	6	5	5	12	13	8	10	5	11	10	9	16
HOMICIDAL DEATHS	2	7	6	5	2	2	1	1	3	4	1	1	2	2	1	2
UNDETERMINED DEATHS	2	1	1	0	1	0	2	0	2	2	3	0	1	2	1	2
R.T.M.P.*	309	342	310	348	345	403	406	380	394	411	456	497	488	529	533	559
CASES PENDING	1	1	0	0	0	1	0	0	0	1	0	1	1	0	0	0
INQUEST HELD	28	31	34	26	26	24	36	36	0	1	0	0	0	0	0	0
AUTOPSIES	42	28	40	45	34	48	56	42	56	48	43	42	56	52	49	46
CREMATION PERMITS	183	199	177	219	207	247	278	232	306	307	332	346	384	415	417	418
ORGAN/TISSUE DONOR	20	20	17	22	16	14	20	8	17	16	14	12	19	16	19	26
COURT ORDERED																1

*RETURNED TO MEDICAL PROFESSION FOR ISSUANCE OF MEDICAL DEATH CERTIFICATE---CORONER'S INVESTIGATION ONLY.

- REMARKS:**
- 1) Undetermined manner is where the Coroner's Jury at the inquest could not clearly determined the manner of death (either insufficient evidence was available or they were indecisive).
 - 2) Many cases are reportable to the Coroner pursuant to the State law based on a number of categories. However, after conducting a preliminary investigation, the cause of death is determined to be natural and the attending physician had seen the deceased within the last fourteen (14) days, the case is then returned to the doctor to issue a medical certificate of death as opposed to a Coroner's certificate of death. There are limited exceptions.
 - 3) Autopsies are only ordered by the Coroner's office when the cause of death is unknown or for criminal type cases (such as homicides). Autopsies are not performed unnecessarily as the cost of such is paid by the taxpayers.

STATS.WPS

2007 - 2014 STATS TOTAL DEATHS & AUTOPSIES



2014 TOTAL DEATH INVESTIGATIONS 634

