

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

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*ANNUAL CORONER'S REPORT*  
*JANUARY 1, 2017 - DECEMBER 31, 2017*

*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.

  
Dennis J. Miller, Coroner of DeKalb County

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**DeKALB COUNTY, ILLINOIS**

**2017**

**CORONER'S STATISTICAL REPORT**

<b>TOTAL DEATHS INVESTIGATED</b>	<b>618</b>
NATURAL DEATHS	567
MOTOR VEHICLE DEATHS	14
ACCIDENTAL DEATHS (NON MOTOR VEHICLE)	19
SUICIDAL DEATHS	16
HOMICIDAL DEATHS	1
RECKLESS HOMICIDAL DEATHS	0
UNDETERMINED (CLASSIFICATION) DEATHS	1
PENDING	0
COURT ORDERED	0
CORONER'S INVESTIGATIONS THAT WERE RETURNED TO THE MEDICAL PROFESSION	532
CORONER'S DEATH CERTIFICATES ISSUED	82
FETAL DEATH CERTIFICATES ISSUED	4
N/A (CREMATED REMAINS FOUND)	0
CREMATION PERMITS ISSUED	490
AUTOPSIES	44
INQUESTS	0
ORGAN/TISSUE DONOR	17

***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****567**

<b><u>CAUSE</u></b>	<b><u>TOTAL</u></b>	<b><u>MALE</u></b>	<b><u>FEMALE</u></b>	
HEART & HEART RELATED	182	91	91	
CANCER	122	56	66	
FAILURE TO THRIVE	31	11	20	
DEMENTIA	31	6	25	
PNEUMONIA	25	15	10	
RESPIRATORY FAILURE	21	4	17	
CEREBRAL VASCULAR ACCIDENT	20	11	9	
ALZHEIMER'S DISEASE	19	4	15	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	18	4	14	
KIDNEY FAILURE	16	9	7	
PARKINSON'S DISEASE	10	8	2	
MULTI ORGAN FAILURE	7	1	6	
SEPSIS	7	3	4	
LEUKEMIA	6	4	2	
GASTROINTESTINAL BLEEDING	6	3	3	
SUBDURAL HEMATOMA	5	2	3	
CIRRHOSIS OF THE LIVER	3	2	1	
GENERAL DEBILITY	4	1	3	
CARDIOGENIC SHOCK	2	1	1	
EMPHYSEMA	2	1	1	
LIVER FAILURE	2	2	0	
METABOLIC ENCEPHALOPATHY	2	1	1	
PULMONARY EMBOLISM	2	2	0	
SEIZURE DISORDER	2	1	1	
SENILE DEGENERATION OF THE BRAIN	2	1	1	
14 WEEK GESTATION	1	0	0	UNKNOWN-1
AMYOTROPHIC LATERAL SCLEROSIS	1	1	0	
DIABETES	1	1	0	
ESOPHAGEAL TEAR	1	1	0	
FEMUR FRACTURE	1	0	1	
FETAL DEMISE	1	1	0	
HYDRO PNEUMOTHORAX	1	0	1	
HYPERKALEMIA	1	0	1	
IDIOPATHIC PULMONARY FIBROSIS	1	1	0	
MALNUTRITION	1	1	0	
MYCOTIC ANEURYSM	1	1	0	
OSTEOMYELITIS	1	1	0	
PERFORATED COLON	1	0	1	
PERITONITIS WITH ABSCESS	1	0	1	
PHYSICAL DECONDITIONING	1	0	1	
PLEURAL EFFUSION	1	1	0	
PREMATURITY SEVERE	1	0	1	
PREVIABLE FETUS SPONTANEOUS ABORTION	1	1	0	
RUPTURE OF MEMBRANES PRIOR TO ONSET OF LABOR	1	1	0	
SICK SINUS SYNDROME	1	0	1	
<b><u>TOTAL NATURAL DEATHS</u></b>	<b><u>567</u></b>	<b><u>255</u></b>	<b><u>311</u></b>	<b><u>1</u></b>

**ACCIDENTAL DEATHS**

**33**

**MOTOR VEHICLE DEATHS 14**

	<u>MALE</u>	<u>FEMALE</u>
MOTORCYCLE VRS. AUTO MISHAP	1	
ATV VRS MOTORCYCLE	1	
MOTOR VEHICLE VRS. MOTOR VEHICLE	4	2
MOTOR VEHICLE ACCIDENT	3	1
PEDESTRIAN STRUCK BY MOTOR VEHICLE	1	
SEMI VRS MOTOR VEHICLE		1

DRIVERS - 9 PASSENGERS - 3 BICYCLIST - 0 PEDESTRIAN - 2

WEARING SEAT BELTS - 6 ALCOHOL RELATED 10 - HELMET - 1

**NON MOTOR VEHICLE DEATHS 19**

	<u>MALE</u>	<u>FEMALE</u>
ACETAMINOPHEN & HYDROCODONE INTOXICATION		1
ACRYL FENTANYL INTOXICATION	1	
CARBON MONOXIDE INTOXICATION DUE TO APARTMENT FIRE	1	
CARFENTANIL, FURANYL FENTANYL, & HEROIN INTOXICATION	1	
COCAINE & ALCOHOL INTOXICATION	1	
COMBINE DRUG INTOXICATION INVOLVING ALCOHOL, ACETAMINOPHEN, HYDROCODONE, & TOPIRAMATE		1
COMBINED BUPRENORPHINE, NORBUPRENORPINE, & DIAZEPAM INTOXICATION		1
COMBINED FENTANYL & ACETYL FENTANYL INTOXICATION		1
COMBINED ZOLPIDEM & DIPHENHYDRAMINE INTOXICATION		1
FENTANYL INTOXICATION	2	1
FENTANYL, HEROIN & COCAINE INTOXICATION	1	
HEROIN AND ALPRAZOLAM INTOXICATION	1	
HEROIN AND COCAINE INTOXICATION	1	
HEROIN, FENTANYL & ALCOHOL INTOXICATION	1	
HEROIN, FENTANYL, ACETYL FENTANYL	1	
HYPOTHERMIA, COLD EXPOSURE	1	
METHADONE INTOXICATION	1	

**TOTAL ACCIDENTAL DEATHS**

**33**

***SUICIDAL DEATHS***

**16**

	<b><u>MALE</u></b>	<b><u>FEMALE</u></b>
ASPHYXIATION DUE TO HANGING	3	1
ASPHYXIATION (BAG OVER HEAD)	2	
BUTALBITAL, ALPRAZOLAM, AMLODIPINE & ALCOHOL INTOXICATION	1	
CRANIO-CEREBRAL INJURIES DUE TO GUNSHOT WOUND OF CHIN	1	
GUNSHOT WOUND TO MOUTH	1	
GUNSHOT WOUND TO CHIN	1	
GUNSHOT WOUND TO HEAD	2	
HYPOXIC ENCEPHALOPATHY, COMBINED DRUG INTOXICATION (BENZODIAZEPINE, CANNABIS)		1
INCISED WOUND OF THE NECK	1	
MASSIVE HEAD INJURY DUE TO BUNT FORCE TRAUMA DUE TO TRAIN VERSUS PEDESTRIAN	1	
PERFORATING GUNSHOT WOUND OF THE CHEST	1	

**TOTAL SUICIDAL DEATHS**

**16**

***HOMICIDAL DEATHS***

**1**

	<b><u>MALE</u></b>	<b><u>FEMALE</u></b>
MULTIPLE GUNSHOT WOUNDS TO HEAD		1

**TOTAL HOMICIDAL DEATHS**

**1**

***UNDETERMINED DEATHS***

**1**

Undetermined (2 month old)

**MALE FEMALE**

1

**TOTAL UNDETERMINED DEATHS**

**1**

**TOTAL DEATH INVESTIGATION OF DEKALB COUNTY  
STATISTICAL DATA  
2002 THROUGH 2017**

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
TOTAL DEATH INVESTIGATION	419	401	475	493	453	473	491	532	551	566	599	592	634	579	609	618
NATURAL DEATHS	390	379	444	456	422	430	446	493	525	525	559	557	586	544	550	567
MOTOR VEHICLE DEATHS	9	11	17	18	7	18	19	12	10	8	9	13	12	10	8	14
ACCIDENTAL DEATHS	8	2	6	11	11	7	11	13	8	18	17	11	16	10	25	19
SUICIDAL DEATHS	7	6	5	5	12	13	8	10	5	11	10	9	16	11	18	16
HOMICIDAL DEATHS	5	2	2	1	1	3	4	1	1	2	2	1	2	2	5	1
UNDETERMINED DEATHS	0	1	0	2	0	2	2	3	0	1	2	1	2	2	3	1
R.T.M.P.	348	345	403	406	380	394	411	456	497	488	529	533	559	512	516	532
CASES PENDING	0	0	1	0	0	0	1	0	1	1	0	0	0	0	0	0
INQUEST HELD	26	26	24	36	36	0	1	0	0	0	0	0	0	0	0	0
AUTOPSIES	45	34	48	56	42	56	48	43	42	56	52	49	46	41	53	44
CREMATION PERMITS	219	207	247	278	232	306	307	332	346	384	415	417	418	409	481	490
ORGAN/TISSUE DONOR	22	16	14	20	8	17	16	14	12	19	16	19	26	12	20	17
COURT ORDERED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**\*RETURNED TO MEDICAL PROFESSION FOR ISSUANCE OF MEDICAL DEATH CERTIFICATE—CORONER’S INVESTIGATION ONLY.**

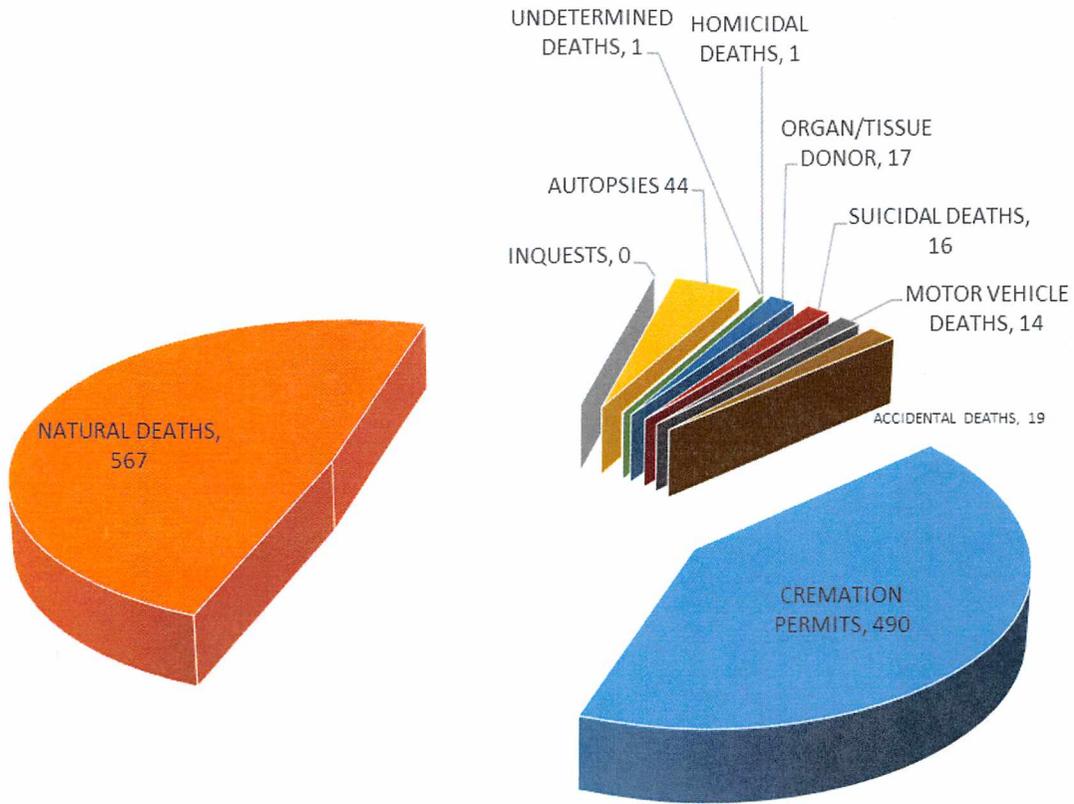
**REMARKS:**

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 of 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.

## 2017 TOTAL DEATH INVESTIGATIONS 618



- CREMATION PERMITS    ■ NATURAL DEATHS    ■ INQUESTS
- AUTOPSIES    ■ UNDETERMINED DEATHS    ■ HOMICIDAL DEATHS
- ORGAN/TISSUE DONOR    ■ SUICIDAL DEATHS    ■ MOTOR VEHICLE DEATHS
- ACCIDENTAL DEATHS