Stephen P. Nonn

Office Of The Coroner
Madison County, Illinois

This annual report is submitted to you so that you may better measure the services the Office of the Coroner provides in return for your tax dollar

2006

Annual Report

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January 2007

Dear Chairman Dunstan

As the 2005-2006 fiscal year closes for the Office of the Madison County Coroner, I want to thank you and all the members of the Madison County Board for the help and support given to me as your coroner. Enclosed you will find a copy of our Annual Report that details our activities this past year.

As you can see in the report there were 137 more investigations this year than in 2005. The number of death investigations has steadily increased over the past three years which is probably due the continued population increase in Madison County. In 2003 there were one thousand seven hundred and twenty three death investigations (1723) and in 2006 there were one thousand nine hundred and twelve (1912).

This office continues to maintain a standard of high quality and professional death investigations as members of this department continue their education in the field of forensic death investigation. My goal of having all of our investigators registered members of the American Board of Medicolegal Death Investigators (ABMDI), a professional certification board, continues this year with several more investigators preparing for the test. Also, with the successful completion of ABMDI Fellowship status by Chief Investigator Roger D. Smith and Supervisory Investigator Deborah B. von Nida this office now boasts of having two of the nine investigators in the entire State of Illinois who have achieved this status. (See page 31 of this report for more information about this organization)

The morgue facility in Wood River continues to improve with a state-of-the-art autopsy table and sink added this year in addition to a new OSHA compliant autopsy floor. We remain a leader in coroner offices throughout this State as one of the few who maintain morgue operations.

The Coroner's Office continues to strive to reduce premature deaths through continuing education directed at law enforcement personnel, young adults, service organizations, DUI offenders, and many others to enhance the awareness of prevention. Please contact me at any time if you or any of the board members seek more information about this office or the content of the 2006 Annual Report.

Sincerely,

Stephen P. Nonn, D-ABMDI
Coroner of Madison County, Illinois

INTRODUCTION

The duties and responsibilities of the County Coroner are many and varied, but in essence can be described as the investigative arm of Madison County Government concerning deaths of an unexpected, violent or criminal nature. The main functions of this office include:

- Respond to and investigate deaths that occur outside of hospital or clinical settings with such investigations including scene analysis, photography, sketching, witness interviews, body examination, and utilization of other forensic tests as indicated.
- Convene coroner's inquest to determine cause and manner of deaths involving homicides, suicides, and accidents, natural and or unexplained and suspicious deaths.
- Under mandate of law, investigate the death of any ward of the State of Illinois.
- Operate and maintain the Madison County Morgue for the purpose of conducting scientific and forensic post-mortem examination of human remains and for holding of unidentified/unclaimed human remains pending disposition.
- Maintain the property, monies, and personal effects of decedents processed through the coroner's office.
- Conduct public and community education programs regarding topics such as: Drinking and Driving, Traffic Safety, Substance Abuse, and Crime/Death Scene Response.
- Training and maintaining a cadre of reserve, volunteer deputy coroners for the management of disaster or mass casualty events.
- To report to the State of Illinois all child deaths, boating fatalities, traffic fatalities, work-related fatalities.
- Service of legal process when the Sheriff is party to a suit or when such process by the sheriff would be a conflict of interest.
- Enforcement of Grave Robbery Act. As promulgated by Illinois Historical Preservation Agency per Illinois Compiled Statutes.
- Issue Death Certificates and Cremation Permits

Mission Statement

The Madison County Coroner's Office serves as a bridge between the living and the dead. We give voice to the departed and, with all due diligence, strive to provide answers to the survivors. Utilizing the resources available by the application of science and under the principles of law we strive to assure that justice prevails for those deprived of our most precious possession ---- LIFE.

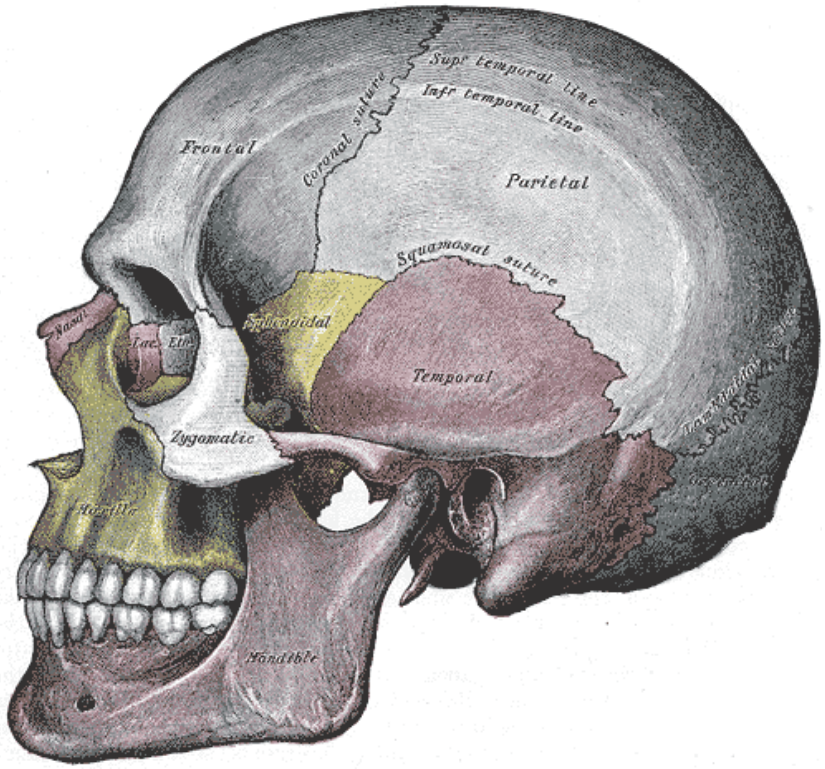
As Coroner of Madison County,

Stephen P. Nonn, D-ABMDI

And a member of the Law Enforcement community, it is my goal is to provide professional death investigations to determine the manner and cause in cases where the Coroner has jurisdiction and to provide critical services to surviving families with compassion and dignity.

This is accomplished with the most cost-effective methods available.

The statistics compiled for this annual report will provide the public, medical profession, and law enforcement agencies with beneficial information. If you have any questions regarding this office or any material contained in this report, please contact my office at any time.



BIRTH
AND DEATH
ARE THE
ONLY TWO
UNIVERSAL
HUMAN
EXPERIENCES.

Illinois Coroner's Creed

Birth and death are the only two universal human experiences.

Birth is the most important biological event in the life of any human being. If it does not occur, there is no being. If there is no person, no legal rights and duties arise, for the law relates to the rights and the duties of living people, no inanimate objects.

Death, on the other hand, is the most important legal event for all human beings. When it occurs, all legal rights and duties devolving upon the person during his life span in a civilized jurisdiction are terminated. All persons with whom the deceased had legal relations at that moment in time are also directly affected by the occurrence of death. Moreover, both the deceased and the survivors may be greatly affected legally by how death occurred, what actually happened, why it occurred, and precisely when it occurred. Above all who died must be absolutely determined, and where death occurred is positively required for jurisdiction over the descendent is based upon a geographical location. The law becomes extremely active when a person dies. Wealth is redistributed. Contacts are altered. A wrongful death may give rise to tortuous claims. Tax obligations are always present. Public social benefits and private insurance policies are paid. Criminal laws may be involved. Creditors must be satisfied, and debtors located. Spouse and children, heirs and next-of-kin have their attachments rearranged. It is not surprising that for centuries the sovereign state has had an overriding interest in the death of its subject or citizens. The office of the Coroner, or the Office of the Medical Examiner, along with the state-licensed physician is legally charged with significant duties answering the pertinent questions relating to death: Who, Where, When, What, How, Why. Only when these questions have been answered correctly can all the proper legal issues arising at death be effectively handled for the proper administration of justice.

Although the legal aspects of death are most important, certainly the religious and humanitarian heritages of a civilized society also command a deep concern over the death of a human being. The spiritual faith in a religion as well as the humanitarian concern for a fellow human being demand correct answers to the questions of death: Who, Where, How, When and Why? Human death obligates the living to acquire accurate facts on which to apply just laws for each deceased member of the human race.

The obligation for proper death investigation is mandatory for legal and religious/humanitarian satisfactions in the human society. Let those responsible for death investigations take heed that they labor not only for the State, but also for God.

2006

Coroner's Statistical Report

Madison County, Illinois

Total Death Investigations 1,912

Medical/Natural	639
Hospice	878
Accidental Deaths	60
Suicides	27
Homicides	11
Infant Deaths	06
Non-Human Remains	05
Miscellaneous	23
Coroner	262
Undetermined Verdicts	01

Cremation Permits Issued	568
Toxicology Cases	195
Autopsies Performed	127
Inquest Cases	130

1786

NATURAL DEATHS JANUARY-DECEMBER 2006

	MALE	FEMALE	TOTAL
Abdominal Aneurysm	1		1
Acute Myocardial Infarction	139	95	234
Abdominal Cancer	1		1
Adrenal Insufficiency			
ALS	2	3	5
Alzheimer's Disease	24	57	81
Anemia		2	2
Aortic Aneurysm	4	6	10
Aortic Stenosis			
Appendicitis			
Arteriosclerotic Heart Disease	3	6	9
Asbestosis			
Aspiration	3	2	5
Asthma			
Bacteremia			
Biliary Cancer			
Bladder Cancer	11	7	18
Bone Cancer	1		1
Bowel Obstruction	2	2	4
Brain Aneurysm			
Brain Cancer	10	5	15
Breast Cancer		23	23
Cancer of Hard Palate		1	1
Cancer of Head & Neck	4		4
Cancer of Spine		1	1
Cardiac Arrhythmia	14	11	25
Cardiogenic Shock	2		2
Cardiomyopathy	5	6	11
Cecum Cancer	1		1
Cerebral Vascular Hemorrhage	22	58	80
Chronic Obstructive Pulmonary Disease	49	66	115
Cirrhosis	5		5
Colon Cancer	18	29	47
Congestive Heart Failure	60	109	169
Coronary Artery Disease	4	5	9
Cystic Fibrosis			
Debility	8	29	37
DVT (Deep Vein Thrombosis)			
Dehydration			
Dementia	18	45	63
Diabetes Mellitus			
Diabetes Type II	1	5	6
Disecting Duodenal Ulcer			
Emphysema	2	2	4
Endocarditis			

1786

NATURAL DEATHS JANUARY-DECEMBER 2006

	MALE	FEMALE	TOTAL
Endometrial Cancer		4	4
Esophageal Cancer	5		5
Failure to Thrive	28	75	103
Gangrene	2		2
G.I. Bleeding	10	13	23
G.I. Cancer	1	1	2
Gleoblastoma	2	1	3
Heart Disease	4	6	10
Heart Failure	2	3	5
Hepatitis			
HIV / AIDS	6		6
Hodgkin's Disease			
Huntington Chorea	1		1
Hypertension		2	2
Influenza			
Intracerebral Bleed	1	5	6
Intracranial Bleed	1		1
Ischemic Cardiomyopathy	1		1
Kidney Disease	3	3	6
Kidney Failure	46	27	73
Larynx Cancer	1	2	3
Leiomyo Sarcoma	1	1	2
Leukemia	5	3	8
Liver Cancer	11	9	20
Liver Disease	3	1	4
Lung Cancer	50	77	127
Lymphoma	8	5	13
Malignant Melanoma	3	3	6
Malignant Neoplasm Endometrium		1	1
Melanoma	1		1
Metastatic Cancer	2	7	9
Miscarriage	1		1
Mouth Cancer	2	1	3
Multiple Sclerosis	1	2	3
Myelodioplasia	1		1
Myeloma	5	1	6
Neck Cancer	2	1	3
Neoplasm	1		1
Neuro Fibro Matosis	1		1
Obstructed Gallbladder		1	1
Obstructive Jauntice		1	1
Organic Brain Syndrome	1	1	2
Osteomyelitis		1	1
Ovarian Cancer		17	17
Pancreatic Cancer	9	7	16

1786

NATURAL DEATHS JANUARY-DECEMBER 2006

	MALE	FEMALE	TOTAL
Pneumonia	17	27	44
Pneomothorax			
Polymorphoinis Hemangioendothelioma	1		1
Progressive Nueropathy			
Progressive Systemic Sclerosis			
Prostate Cancer	17		17
Pulmonary Embolism	1	9	10
Pulmonary Fibrosis	1	8	9
Pulmonary Hypertension			
Rectal Cancer	3	3	6
Renal Cancer	1	2	3
Respiratory Arrest	1	2	3
Respiratory Distress			
Respiratory Failure	8	8	16
Sarcoidosis		1	1
Sarcoma	1		1
Seizure	2	1	3
Septic Shock	14	17	31
Septicemia	5	3	8
Shy-Drager Syndrome			
Sinus Cancer			
Skin Cancer	1		1
Spinal Cancer	1		1
Stomach Cancer	5	1	6
Stroke	2	2	4
Subarachnoid Hemorrhage		1	1
Sudden Cardiac Death	1	5	6
Testicular Cancer			
Throat Cancer	4		4
Thrombocytopenia			
Thymus Cancer	1		1
Thyroid Disorders			
Ulcers			
Urosepsis	1		1
Uterine Cancer		2	2
Valvular Heart Disease		1	1
V-Fib	1		1
Wilms Tumor	1		1
Open Cases	59	31	90
TOTAL	766	968	1734

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ACCIDENTAL DEATHS JANUARY - DECEMBER 2006

	MALE	FEMALE	TOTAL
Asphyxiation/Suffocation	1	0	1
Agitation / Custodial Death	0	0	0
Carbon Monoxide	0	1	1
Complications of Hip Fracture	3	5	8
Complications of Staph Infection	1	0	1
Crushing	2	0	2
Drowning	0	0	0
Electrocution	0	0	0
Fall	5	8	13
Fire	0	0	0
Gunshot	0	0	0
Hanging	2	0	2
Heat Stroke	0	0	0
Open Cases	2	0	2
Overdose/Intoxication (Alcohol)	0	0	0
Overdose/Intoxication (Drugs)	4	2	6
Overlay	0	0	0
Pneumonia	1	0	1
Positional Asphyxia	0	0	0
Post-Operative Complications	0	0	0
Renal Failure	1	0	1
Skull Fracture	1	0	1
Stabbing	0	0	0
Vehicular	16	5	21
Environmental (Heat)	0	0	0
Environmental (Cold)	0	0	0
TOTAL	39	21	60

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SUICIDES JANUARY-DECEMBER 2006

	MALE	FEMALE	TOTAL
Asphyxiation	0	0	0
Suffocation	0	0	0
Carbon Monoxide Poisoning	1	0	1
Gunshot	10	1	11
Crushing	0	0	0
Drowning	0	0	0
Electrocution	0	0	0
Exsanguination	0	0	0
Fall	0	1	1
Fire	0	0	0
Hanging	10	0	10
Open Cases	2	0	2
Overdose / Intoxication (Alcohol)	0	0	0
Overdose / Intoxication (Drugs)	2	0	2
Poisoning	0	0	0
Stabbing	0	0	0
Vehicular	0	0	0
TOTAL	25	2	27

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HOMICIDES JANUARY-DECEMBER 2006

	MALE	FEMALE	TOTAL
			0
Suffocation	0	0	0
Bludgeoning	1	0	1
Gunshot	4	3	7
Multiple Blunt Force Trauma	0	0	0
Crushing	0	0	0
Drowning	0	0	0
Electrocution	0	0	0
Fall	0	0	0
Fire	0	0	0
Hanging	0	0	0
Overdose / Intoxication (Alcohol)	0	0	0
Overdose / Intoxication (Drugs)	0	0	0
Poisoning	0	0	0
Stabbing	3	0	3
Vehicular	0	0	0
TOTAL	8	3	11

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INFANT DEATHS JANUARY - DECEMBER 2006

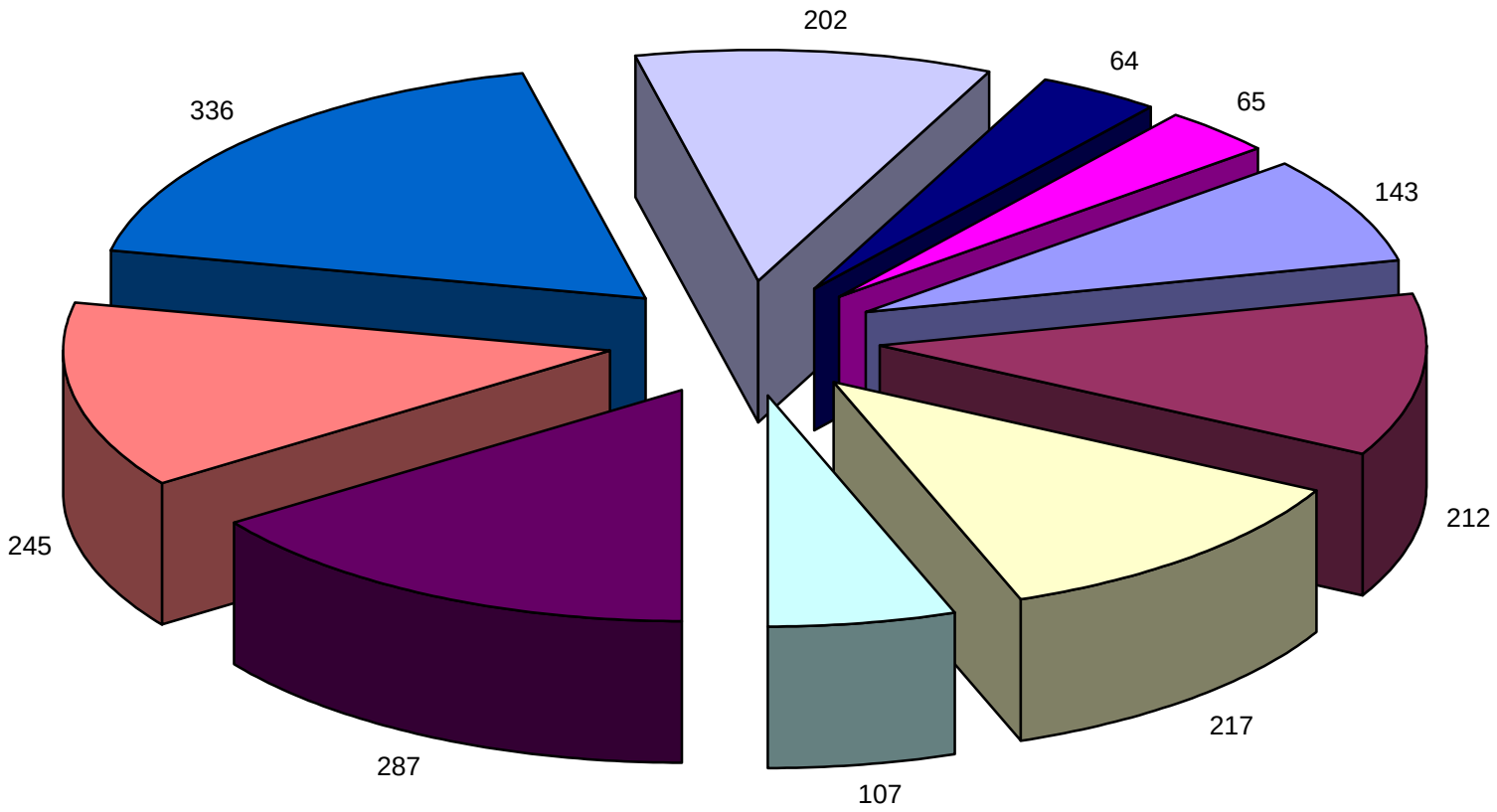
	MALE	FEMALE	TOTAL
Congenital Disorder	1	1	2
Encephalopathy	0	0	0
Fetal Death	0	0	0
Open Cases	2	0	2
Overlay	0	0	0
Placental Abruption	0	0	0
Premature	1	0	1
SIDS	0	0	0
Stillborn	0	0	0
TOTAL	4	1	5

23

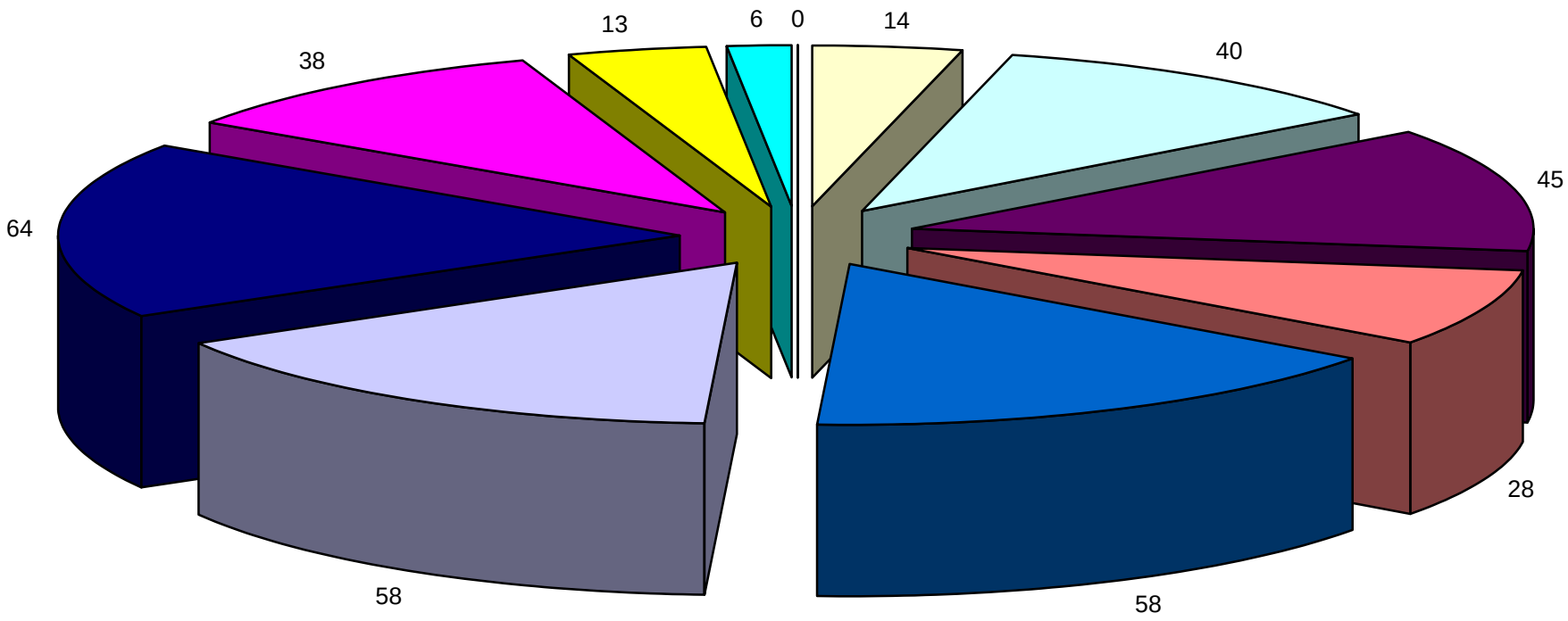
MISCELLANEOUS JANUARY-DECEMBER 2006

	MALE	FEMALE	TOTAL
Animal Remains	5	0	5
Assist Police Agency	3	0	3
Bone Case	3	0	3
Misc. Report	5	5	10
Death Notification	2	0	2
TOTAL	18	5	23

2006 Investigator Distribution



2006 Coroner's Cases



2005

Coroner's Statistical Report

Madison County, Illinois

Total Death Investigations 1,775

Medical/Natural	762
Hospice	800
Accidental Deaths	82
Suicides	25
Homicides	10
Infant Deaths	13
Non-Human Remains	05
Miscellaneous	11
Coroner	177
Undetermined Verdicts	01

Cremation Permits Issued	507
Toxicology Cases	178
Autopsies Performed	107
Inquest Cases	131

2004

Coroner's Statistical Report

Madison County, Illinois

Total Death Investigations **1,775**

Suicides	23
Accidental Deaths	83
Homicides	09
Undetermined Deaths	03
Medical/Natural Deaths	659
Non-Human Remains	08
Hospice Deaths	791
Miscellaneous	07

Cremation Permits Issued	483
Toxicology	165
Autopsies	104
Inquest Cases	124

2003

Coroner's Statistical Report

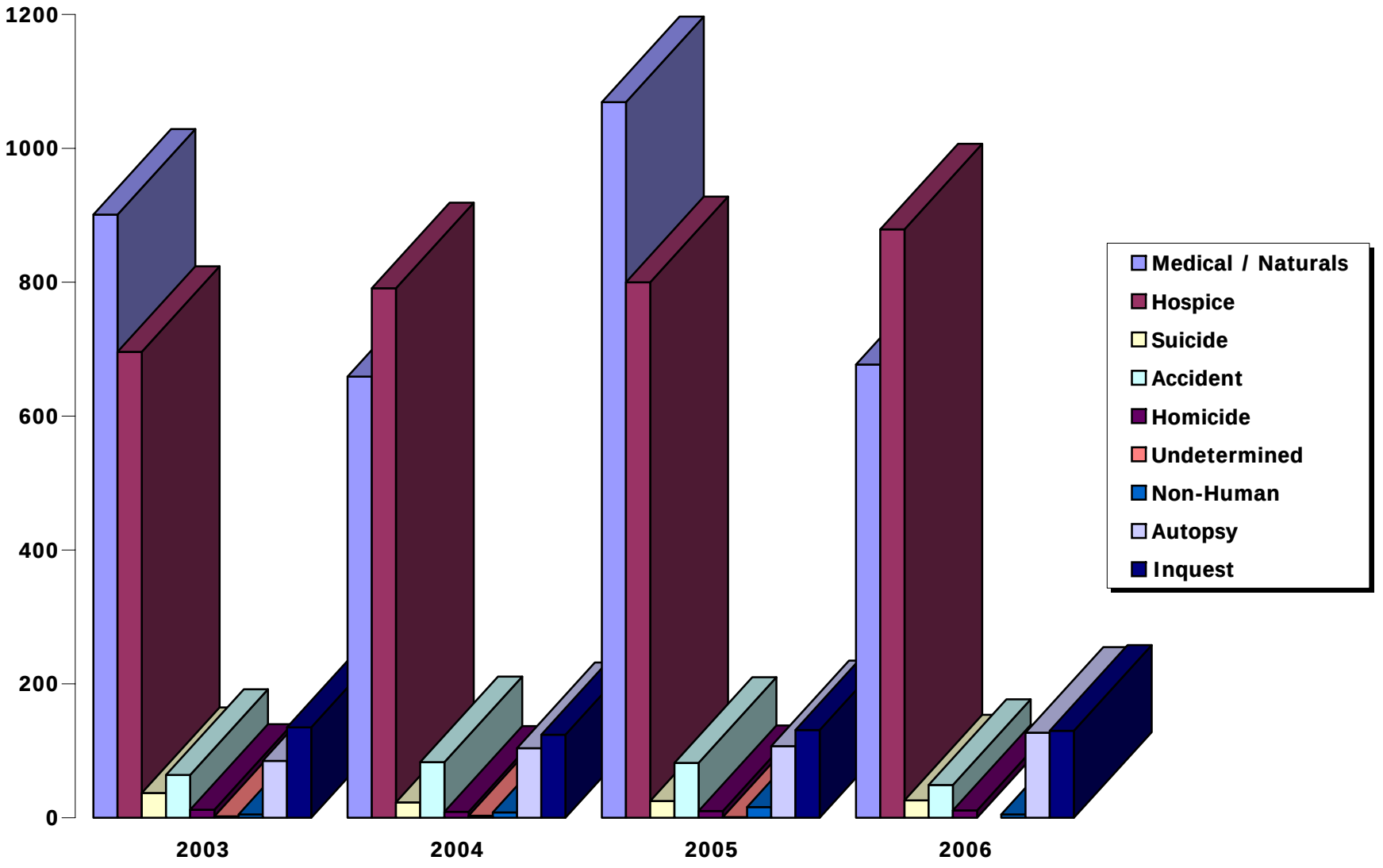
Madison County, Illinois

Total Death Investigations 1,723

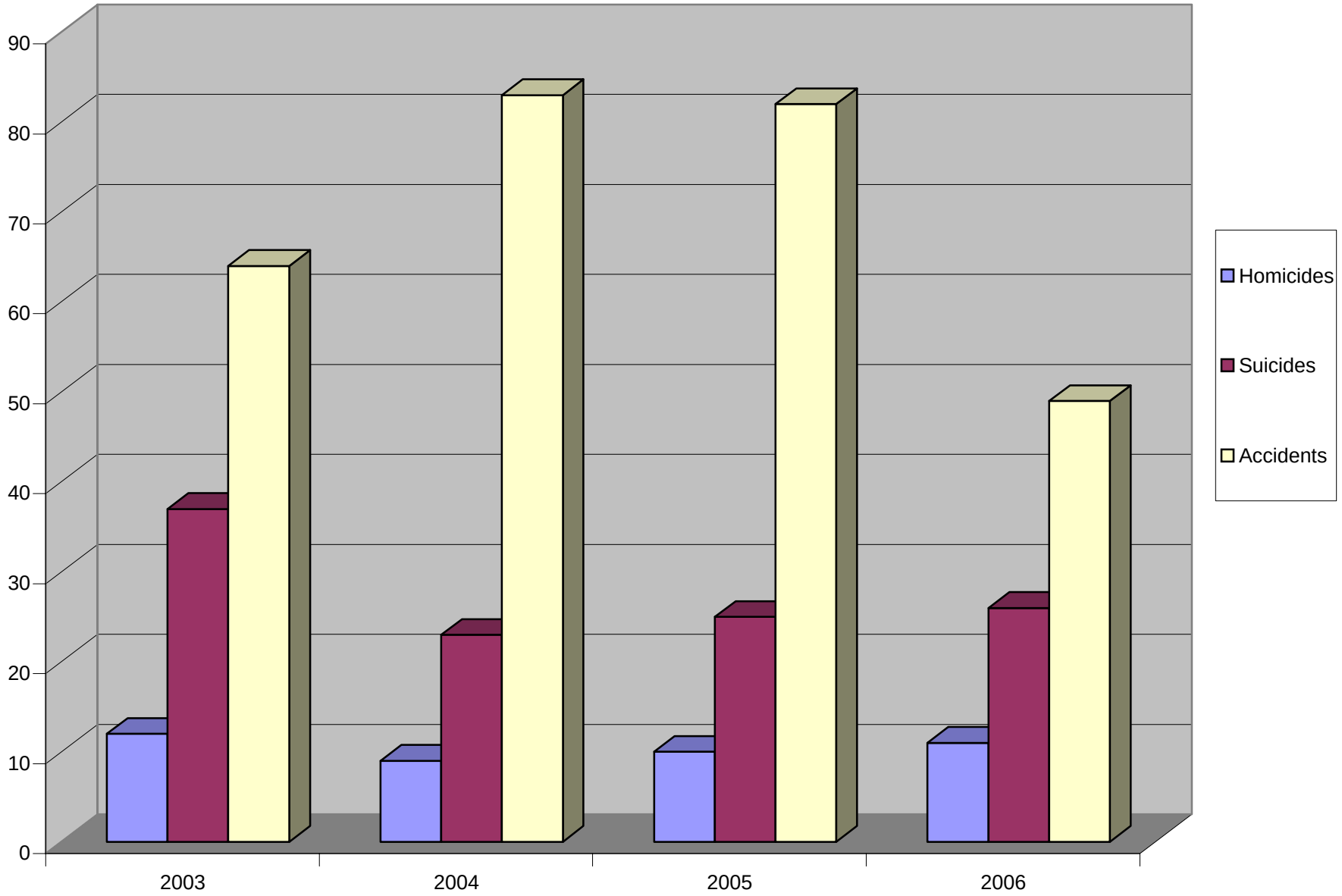
Suicides	37
Accidental Deaths	64
Homicides	12
Undetermined Deaths	2
Medical/Natural Deaths	901
Non-Human Remains	5
Hospice Deaths	696
Miscellaneous	6

Cremation Permits Issued	420
Toxicology	174
Autopsies	85
Inquest Cases	135

Manner of Death Statistics 2002 - 2005



Homicides / Suicides / Accidental Deaths 2002-2005



What is an Inquest?

A Coroner's Inquest is neither a civil nor a criminal trial proceeding. It is simply an inquiry into the manner and cause of an individual's death. An inquest is conducted by the Coroner or Deputy Coroner with a court reporter and six jurors present. The jurors are citizens of Madison County, the county in which the death took place.

The purpose of the Inquest is to present pertinent information concerning the victim's death in order for the jury to arrive at a cause and manner of death. The cause of death is often readily apparent and obvious, based on the facts, circumstances, and medical evidence and in some cases, toxicology and autopsy results. The real essence of the jurors' responsibility is to establish the manner of the death (suicide, homicide, accident, natural, or undetermined)

The Coroner will summon to the Inquest those individuals who have pertinent information concerning the incident. This often includes, but is not limited to, the person who found the deceased, witnesses to the incident, those involved, police officers and investigator, and in some instances, a direct relative. All individuals summoned will present testimony (answer questions) to the jury. Any professional reports (autopsy, toxicology, x-ray, and laboratory reports) will be presented at that time. These reports are not released to the public until the inquest procedures are concluded.

All information and testimony at the inquest is recorded and/or transcribed by a certified court reporter. All such information will be documented verbatim in an inquest transcript available approximately two weeks after the inquest. This transcript may be reviewed in the Coroner's Office at no charge. A copy of the transcript is purchased at $3.00 per page pursuant to the Illinois State Law (Illinois Compiled Statutes, Chapter 55, Act 5, Article 4, Division 4 – 7, Coroner's Fees. 5/4-7001).

The inquest is open to the public and may not be closed pursuant to any requests to do so. Anyone may attend. We publish inquest dates a year in advance, and the times for the inquest docket are set at least a week prior to the Inquest date. Family notifications are sent to the informant, listed on the death certificate.

Effective January 1, 2007, the inquest law was revised that provides that it is permissible, instead of required, for a county coroner to summon eight persons as jurors for inquests in cases involving apparent suicide, homicide, accidental death, or other cases, and the coroner will select six persons to serve as jurors. This new law allows the coroner, at his or her discretion, to sign a death certificate without holding an official inquest.

Attorneys are welcome to attend. The need for an attorney is purely an individual decision. This office neither recommends nor advises attorney attendance, the exception being the Madison County State's Attorney, who is notified of all inquests in Madison County. Attorneys are allowed to ask questions of witnesses as a courtesy only, and such questions are directed to be a maximum of two or three of each witness. The Madison County State's Attorney can question the witness at any time. The family or anyone else will not be permitted to question the witness nor supply their own witnesses; however, the family may testify, if they wish.

Upon completion of the testimony, the Coroner's jury will deliberate in private. They may request additional testimony, evidence or conference, as they deem necessary. When the jury has concluded their deliberations, they will issue a verdict through the foreman as to the cause and manner of death (accident, homicide, suicide, natural or undetermined).

The Coroner's verdict has no civil or criminal trial significance. The verdict and inquest proceedings are merely fact finding in nature and statistical in purpose. However, if a person is implicated as the unlawful slayer of the deceased or accessory thereto, an arrest may be affected. This is extremely rare. This function in now performed by the State's Attorney through grand jury proceedings.

The testimony presented at the inquest is sworn and under oath and properly documented and/or recorded. Because of this, testimony may subsequently be used in perjury proceedings if such testimony should change in future civil or criminal trial proceedings. All such provisions and explanations presented herein are subject to revision at any time.

Types of deaths that must Be reported to the Coroner's Office

ATTENTION:

- **Physicians**
- **Police Officers**
- **Hospitals**
- **Funeral Directors**
- **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 of 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 a 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 hours after admission.

Notification of Physician in Case of Death by Violence or Suicide

When a 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 a 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

1. Fractures of bones (not pathological). Such cases are 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.
2. Falls
3. Carbon Monoxide poisoning (resulting from natural gas, automobile exhaust or other)
4. Hanging
5. Heat Exhaustion
6. Insulation (sunstroke)
7. Poisoning (food poisoning, occupational or other)
8. Strangulation
9. Suffocation (foreign object in bronchi, by bed clothing or other means)
10. Vehicular Accidents (automobile, street car, bus, railroad, motorcycle, bicycle or other)

I. Homicidal Deaths

II. Suicidal Deaths

III. 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.

IV. Sudden Deaths: When in apparent health 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. Death under unknown circumstance 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 condition which offer no clues to the cause of death.

1. 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, alkalis, aniline, benzene, carbon monoxide, carbon tetrachloride, cyanogens, 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.
2. All stillborn infants where there is suspicion of illegal interference.
3. 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.
4. All deaths occurring within 24 hours of admission to a hospital.
5. 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.
6. 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 determined 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.
7. Any death which occurs within Madison 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.

I. Cremations: All deaths in Madison County where a cremation of the remains is to take place.

2006 Coroner's Staff

These experienced men and women are dedicated to ensuring the professional investigation of all deaths occurring in Madison County, Illinois

Seated left to right:
Chief Deputy Ralph H. Baahlmann Jr., D-ABMDI, Coroner Stephen P. Nonn; D-ABMDI
Chief Investigator Roger D. Smith; F-ABMDI

Standing left to right:
Investigator Scott R. Lyerla, Investigator William R. Brandon,
Supervisory Investigator Deborah B. von Nida; F-ABMDI, Administrative Aide Jaclyn M. Kacera,
Investigator Todd R. Ballard, Supervisory Investigator Robert M. Lewis; D-ABMDI,
Investigator Shane P. Liley, Investigator Sakina T. Hall

What We Do

A Day in the Life of a Madison County Coroner's Investigator

In this particular career there are no such things as "routine call". Every response from this office to a death scene involves the death of a person who was loved and will be greatly missed by their family members.

Some cases however are, by the very nature, more difficult to handle than others and that of course are the children.

I feel that the following communication between an investigator and a supervisor after handling the accidental death of a small child shows a unique insight as to what this office is about and what investigators experience:

Investigator to Supervisor

"All parties have been contacted for the autopsy.

Our ambulance that we had on standby to transport the child to the morgue was called out. No one was available so we decided to take him in my car. We told the parents about the situation. Then we told them that my partner would drive and I would hold the baby in my arms. They were very happy about that. Dad asked if he could carry his son out to the car and we said it was okay with us. I pulled up to the entrance, got in the back and laid an afghan that I carry in my car across my lap. He placed the child in my arms; I covered him up (but not his face) and put one of our little stuffed bears inside the blanket with him. They took comfort in knowing that he would be nearby in Wood River. I drove past the house early in the morning and saw that they have placed a big yellow bow around a tree near where the death occurred. What a tragedy. Still, I think we all made them feel a little more reassured. The entire staff went in the room to pray with them. There wasn't a dry eye in the place. I think a cold beer might be in order now."

Supervisor's Response To Investigator

Excellent job. As long as any comfort measures provided to the survivors will not conflict with the death investigation, this is the type of response that is expected from the entire staff. These are tough situations to deal with for all parties concerned, but if you made the family feel a little better at that given moment you can consider it a "small victory" in the face of tragedy. And with this particular career, the best you can ever hope for is a small victory. Additionally, as "comforting" as a beer may sound, think about this instead….you are part of a select few, who, instead of succumbing to the grief and tragedy around us, rise to the occasion, suck it up, gut it out, put the weight of the whole thing on your shoulders, go forth, speak the truth and shoot straight in order to make sure that justice is served for the dead and the bereaved are comforted. "

American Board of Medicolegal Death Investigators, Inc.SM

As stated in my letter to Madison County Board Chairman Alan Dunstan, it is my goal as Madison County Coroner to have every full time investigator eventually registered with this organization; the information that follows better explains this very fine organization of professional death investigators.

The American Board of Medicolegal Death Investigators, Inc.SM (ABMDI) is a national, not-for-profit, independent professional certification board that has been established to promote the highest standards of practice for medicolegal death investigators.

The American Board of Medicolegal Death Investigators will certify individuals who have the proven knowledge and skills necessary to perform medicolegal death investigations as set forth in *Death Investigation: A Guide for the Scene Investigator* published in 1999 by the National Institutes of Justice. This is a voluntary certification program.

The American Board of Medicolegal Death Investigators was created, designed, and developed by veteran, practicing medicolegal death investigators who have been involved in the development of *Death Investigation: A Guide for the Scene Investigator.* It will also assist the courts and public in evaluating competency of the certified individual.

Purpose of the American Board of Medicolegal Death Investigators, Inc.SM

- To enhance and maintain professional standards by evaluating knowledge, competency, and skills of medicolegal death investigators based on examination.
- To administer objective and reliable examinations (basic and advanced) in the field of medicolegal death investigation.
- To recognize qualified individuals who demonstrate mastery of basic and advanced skills and knowledge of medicolegal death investigation by granting certificates to those individuals who have met all application requirements and successfully completed rigorous examination
- To recertify individuals every five years according to established recertification criteria including continuing education requirements to ensure that the individual is current in the field.
- To encourage medicolegal death investigators to adhere to high standards of professional practice and ethical conduct when performing medicolegal death investigations.
- To raise the level of professional competency in medicolegal death investigation by identifying appropriate training courses for professional development.
- To maintain a publicly accessible listing of ABMDI certificants in good standing.