



New Mexico Office of the Medical Investigator

Annual Report 2016



*“Let conversation cease, let laughter flee.
This is the place where death delights to help the living”*

Giovanni Morgagni, 18th century physician



**2016 Annual Report
Office of the Medical Investigator
State of New Mexico**

Medical Investigators

Kurt Nolte, MD
Chief Medical Investigator

Karen Cline-Parhamovich, DO
Assistant Chief Medical Investigator

Heather Jarrell, MD
Hannah Kastenbaum, MD
Ian Paul, MD
Lori Proe, DO
Veena Singh, MD
Ross Zumwalt, MD
Lauren Dvorscak, MD
Matthew Cain, MD
Medical Investigators

Board of Medical Investigations

Paul B. Roth, MD, Dean
University of New Mexico School of
Medicine
Chancellor: Health Sciences Center
Professor: Emergency Medicine Department

Lynn Gallagher, MPH, Secretary
New Mexico Department of Health

Pete Kassetas, Chief
New Mexico State Police

David Houston, Chairman
State of New Mexico, Board of
Thanatopractice

Kelly Zunie
New Mexico Department of Indian Affairs

Office of the Medical Investigator
MSC07 4040
1 University of New Mexico
Albuquerque, New Mexico 87131-0001
Telephone: (505)272-3053
Fax: (505)925-0546

Website: <http://omi.unm.edu>

Office of the Medical Investigator (OMI) 2016 Annual Report

Table of Contents

Introduction	8
Preparation of the Annual Report	8
Overview – Office of the Medical Investigator – 2016	8
Reportable Deaths	9
Statutory Duty	10
Program Summary and Highlights for 2016.....	11
<i>Investigative Activity</i>	11
<i>Examination Types</i>	11
<i>Identification</i>	12
<i>Unclaimed Bodies</i>	12
Training and Education.....	12
<i>Forensic Pathology Fellowship Program</i>	12
<i>Certification Training</i>	12
<i>Death Investigation Training</i>	13
<i>Law Enforcement Education</i>	13
<i>Public Education</i>	13
<i>OMI website</i>	13
<i>Center for Forensic Imaging</i>	13
Grief Services Program.....	13
Donor Services Program.....	13
Figure 1 - Organizational Chart – Office of the Medical Investigator	14
Total Cases	15
Figure 2 – Total Cases – 2006-2016.....	15
Figure 3 – Total Cases by Month - 2016	16
Figure 4 – Total Cases by Day – 2016.....	16
Figure 5 – Total Cases by Race/Ethnicity – 2016.....	17
Figure 6 – Total Cases by Age and Gender - 2016.....	17
Table 1 – Total Cases – Autopsy Status – 2016	18
Table 2 – Total Cases – Case Distribution – 2016.....	18
Figure 7 – Total Cases by Exam Type – 2016.....	19

Cause and Manner of Death	20
Figure 8 – Total Cases – Manner of Death – 2016.....	20
Cause and Manner of Death – Overview	20
Table 3 – Total Cases – Manner of Death by Gender – 2016.....	21
Table 4 – Total Cases – Manner of Death by Race/Ethnicity – 2016.....	21
Table 5 – Total Cases – Manner of Death by Age and Gender – 2016	22
Figure 9 – Deaths by County of Pronouncement – 2016.....	23
Overview – Manner of Death – Natural Deaths	24
Figure 10 – Natural Deaths – 2006 - 2016.....	24
Natural Deaths – Overview.....	24
Figure 11 – Natural Deaths by Race/Ethnicity – 2016	25
Figure 12 – Natural Deaths by Age and Gender – 2016.....	25
Overview – Manner of Death – Accidental Deaths	26
Figure 13 – Accidental Deaths – 2006 - 2016	26
Accidental Deaths – Overview	26
Figure 14 – Accidental Deaths by Race/Ethnicity – 2016.....	27
Figure 15 – Accidental Deaths by Age and Gender – 2016	27
Table 6 – Accidental Deaths – Cause – 2016	28
Table 7 – Accidental Deaths – County of Pronouncement - 2006 – 2016	29
Overview – Manner of Death – Suicide Deaths	30
Figure 16 – Suicide Deaths – 2006 – 2016.....	30
Suicide Deaths – Overview.....	30
Figure 17 – Suicide Deaths by Race/Ethnicity – 2016	31
Figure 18 – Suicide Deaths by Age and Gender – 2016	31
Figure 19 – Suicide Deaths by Month – 2016	32
Figure 20 – Suicide Deaths by Day of the Week – 2016.....	32
Table 8 – Suicide Deaths – Cause – 2016.....	33
Table 9 – Suicide Deaths by County of Pronouncement – 2006 - 2016.....	34
Overview – Manner of Death – Homicide Deaths	35
Figure 21 – Homicide Deaths – 2006 – 2016	35
Homicide Deaths – Overview.....	35
Figure 22 – Homicide Deaths by Race/Ethnicity – 2016	36
Figure 23 – Homicide Deaths by Age and Gender – 2016	36
Table 10 – Homicide Deaths – Cause – 2016.....	37
Table 11 – Homicide Deaths – County of Pronouncement – 2006 - 2016.....	38
Overview – Manner of Death – Undetermined Deaths	39
Figure 24 – Undetermined Deaths – 2006 – 2016	39
Undetermined Deaths – Overview.....	39

Figure 25 – Undetermined Deaths by Race/Ethnicity – 2016	40
Figure 26 – Undetermined Deaths by Age and Gender – 2016.....	40
Deaths of Children (19 Years of Age and Younger)	41
Figure 27 – Children Deaths – 2006 – 2016.....	41
Figure 28 – Children – Deaths by Race/Ethnicity – 2016	41
Figure 29 – Children – Deaths by Age and Gender – 2016.....	42
Figure 30 – Children – Total Cases – Manner of Death – 2016	42
Overview – Children – Manner of Death – Natural Deaths	43
Figure 31 – Children – Natural Deaths – 2006 – 2016	43
Figure 32 – Children – Natural Deaths by Race/Ethnicity – 2016	43
Figure 33 – Children – Natural Deaths by Age and Gender – 2016.....	44
Overview – Children – Manner of Death – Accidental Deaths	45
Figure 34 – Children – Accidental Deaths – 2006 – 2016	45
Figure 35 – Children – Accidental Deaths by Race/Ethnicity – 2016.....	45
Figure 36 – Children – Accidental Deaths by Age and Gender – 2016	46
Table 12 – Children – Accidental Deaths – Cause - 2016.....	46
Overview – Children – Manner of Death – Suicide Deaths	47
Figure 37 – Children – Suicide Deaths – 2006 – 2016.....	47
Figure 38 – Children – Suicide Deaths by Race/Ethnicity – 2016.....	47
Figure 39 – Children – Suicide Deaths by Age and Gender – 2016.....	48
Figure 40 – Children – Suicide Deaths by Month – 2016	48
Figure 41 – Children – Suicide Deaths by Day of the Week – 2016	49
Table 13 – Children – Suicide Deaths – Cause – 2016.....	49
Overview – Children – Manner of Death – Homicide Deaths	50
Figure 42 – Children – Homicide Deaths – 2006 – 2016	50
Figure 43 – Children – Homicide Deaths by Race/Ethnicity – 2016	50
Figure 44 – Children – Homicide Deaths by Age and Gender – 2016.....	51
Table 14 – Children – Homicide Deaths – Cause – 2016.....	51
Overview – Children – Manner of Death – Undetermined Deaths	52
Figure 45 – Children – Undetermined Deaths – 2006 – 2016.....	52
Figure 46 – Children – Undetermined Deaths by Race/Ethnicity – 2016	52
Figure 47 – Children – Undetermined Deaths by Age and Gender – 2016.....	53
Table 15 – Children – Undetermined Deaths – Cause – 2016.....	53
Deaths of Children in New Mexico – 2014 Summary	54
Drug Caused Deaths	55
Figure 48 – Drug Caused Deaths – 2006 – 2016.....	55
Drug Caused Deaths – Overview.....	55

Figure 49 – Drug Caused Deaths by Race/Ethnicity – 201656
Figure 50 – Drug Caused Deaths by Age and Gender – 201656
Table 16 – Drug Caused Deaths – County of Pronouncement – 201657
Motor Vehicle-Associated Deaths.....58
Figure 51 – Motor Vehicle-Associated Deaths – 2006 – 2016.....58
Motor Vehicle-Associated Deaths – Overview58
Figure 52 – Motor Vehicle Accidents vs. Non-Motor Vehicle Accidents -201659
Figure 53 – Motor Vehicle-Associated Deaths by Race/Ethnicity – 2016.....59
Figure 54 – Motor Vehicle-Associated Deaths by Age and Gender – 201660
Figure 55 – Motor Vehicle-Associated Deaths by Month – 2016.....60
Figure 56 – Motor Vehicle-Associated Deaths by Day of the Week – 201661
Table 17 – Motor Vehicle-Associated Deaths by County of Pronouncement – 2016.....62
Glossary.....63

Introduction

The Office of the Medical Investigator (OMI) investigates any death occurring in the State of New Mexico that is sudden, violent, untimely, unexpected or where a person is found dead and the cause of death is unknown. OMI performed services for a total of 7,092 deaths in 2016. A detailed breakout of the case distribution can be found in this report.

This report is presented in two sections. The first section of the report summarizes the activity of the OMI. The second represents data routinely collected by the OMI in a manner that answers questions related to mortality and public health from a medical examiner's perspective. The tables and figures included in the report are designed to be self-explanatory, and we hope you find them easy to read and understand. Definitions can be found in the Glossary and may provide assistance with the terminology encountered in the report. Readers with special interests, needs, or whose questions are not answered by this report may contact the OMI. Additionally, we encourage interested researchers to contact the New Mexico Bureau of Vital Records and Health Statistics (BVRHS) for complete mortality statistics.

Comments or suggestions concerning the content, format or clarity of the report are always welcome.

Preparation of the Annual Report

The OMI data from which this report was compiled are maintained on a web-based data management system located at the New Mexico Scientific Laboratories in Albuquerque. OMI faculty Sarah Lathrop, DVM, Ph.D. and OMI Research Coordinator Garon Bodor, MS, using Microsoft Office 2010 Professional and Statistical Analysis Software (SAS) 9.2, prepared this report. UNM Health Sciences Center – Digital Printing and Document Services printed and bound the final distribution copies. Electronic copies of this report may be downloaded in .PDF format from the OMI website: <http://omi.unm.edu>.

Overview – Office of the Medical Investigator – 2016

The Office of the Medical Investigator (OMI) was created by the New Mexico State Legislature in 1972 and became operational in 1973. Replacing the county coroner system, the OMI was tasked¹ with investigating all reportable deaths occurring in New Mexico, to subsequently determine the cause and manner of death in such cases, and to provide formal death certification.

¹ NMSA Statute 24-11-1, et seq., and 7-NMAC 3.2.8

Reportable Deaths

Those deaths to be reported to the OMI include all deaths occurring in New Mexico as outlined below, regardless of where or when the initial injuring event occurred.

- Any death that occurs suddenly and unexpectedly, that is, when the person has not been under medical care for significant heart, lung or other disease.
- Any death suspected to be due to violence, i.e., suicidal, accidental or homicidal injury, regardless of when or where the injury occurred.
- Any death suspected to be due to alcohol intoxication or the result of exposure to toxic agents.
- Any death of a resident housed in a county or state institution, regardless of where death occurs. This refers to any ward of the state or individual placed in such a facility by legal authorization.
- Any death of a person in the custody of law enforcement officers.
- Any death of a person in a nursing home or other private institution without recent medical attendance.
- Any death that occurs unexpectedly during, in association with, or as a result of diagnostic, therapeutic, surgical or anesthetic procedures.
- Any death alleged to have been caused by an act of malpractice.
- Any death suspected to be involved with the decedent's occupation.
- Any death unattended by a physician.
- Any death due to neglect.
- Any stillbirth of 20 or more weeks' gestation unattended by a physician.
- Any maternal death to include death of a pregnant woman regardless of the length of the pregnancy, and up to six weeks post-delivery, even where the cause of death is unrelated to the pregnancy.
- Any death of an infant or child where the medical history has not established some pre-existing medical condition.
- Any death, which is possibly, directly or indirectly, attributable to environmental exposure, not otherwise specified.
- Any death suspected to be due to infectious or contagious disease wherein the diagnosis and extent of disease at the time of death are undetermined.
- Any death occurring under suspicious circumstances.
- Any death in which there is doubt as to whether or not it is a medical investigator's case should be reported.

Statutory Duty

The OMI Policy Manual, derived from statute, requires the OMI to perform the following duties in all cases of reportable deaths:

- Receive all reports of sudden, unexpected or unexplained deaths.
- Respond to all sudden, unexpected or unexplained deaths.
- In the absence of a physician, pronounce death.
- Take custody of the body and all articles on or near the body.
- Maintain the chain of custody of the body and all articles obtained there from.
- Conduct an investigation leading to the determination of the cause and manner of death.
- Obtain toxicology samples from the body when indicated, and arrange for necessary tests upon those samples that will aid in the determination of cause and manner of death; maintain the proper chain of custody and evidence on those samples; store those samples for an appropriate period of time.
- Certify the cause and manner of death and forward written certification to designated agencies.
- Properly dispose of human remains through release to family or designated and authorized entities.
- Provide accurate identification of all human remains when possible.
- Cooperate with authorized agencies having involvement with death investigation.
- Provide professional, objective testimony in state and local courts of law.
- Define procedures that establish fees for services and material provided by the OMI.
- Define procedures to reimburse all parties providing services to the OMI.
- Establish and maintain a disaster plan outlining the role of OMI staff.
- Maintain records of each official death investigation and provide reports to official agencies.

The above duties are exclusive of deaths that occur on tribal or federal land. The OMI provides consulting services for requesting agencies such as the Bureau of Indian Affairs (BIA), Federal Bureau of Investigations (FBI), Tribal Law Enforcement, military law enforcement, or neighboring state jurisdictions.

The OMI is designated as a special program within the Department of Pathology at the University of New Mexico School of Medicine. A Board of Medical Investigations comprised of the Dean of the UNM School of Medicine, the Chief of the New Mexico State Police, the Secretary of the Department of Health, the Chairman of the New Mexico Board of Thanatopractice and the Cabinet Secretary of the Indian Affairs Department was established to oversee and develop policy. The Board appoints the Chief Medical Investigator, a physician licensed in New Mexico, trained in Pathology and Forensic Medicine, who has responsibility for operations.

The program operates out of the Central Office located in the UNM Health Sciences Center in Albuquerque, New Mexico. The Central Office directs all investigative activities statewide. Specially trained and certified Field Deputy Medical Investigators (FDMI) conduct field investigations. Every county in New Mexico has FDMIs who conduct investigations at the scene of death to collect information used to determine jurisdiction, possible cause and manner of death, and in the absence of a physician provide the pronouncement of death. The FDMIs contact the Central Office and present the results of each investigation to Central Office Deputy Medical Investigators who work with on-call Medical Investigators (forensic pathologists) to make the ultimate decisions regarding jurisdiction and the need for further medicolegal investigation. All autopsy services are conducted in the Central Office and are performed by forensic pathologists with the assistance of morphology technicians. The Scientific Laboratory Division (SLD) provides some toxicology services, with other

commercial laboratories providing specialized testing. All documentation is archived by the Central Office and is available as provided for by public record statutes and regulations.

Such a strongly defined and professionally staffed system provides investigative agencies, the medical community and the citizens of New Mexico with standardized death investigation protocols and a central repository for the information compiled during those medicolegal investigations. The centralization of these services has proven valuable in many areas of public concern including:

- Criminal investigations such as homicide or child abuse
- Protection of public health from environmental hazards and the spread of infectious disease
- Surveillance and reporting of deaths that may represent bioterrorist activities
- Medical and statistical research contributing to positive preventive measures (such as seat belt laws)
- Expert testimony in court cases
- Proper certification of death
- Services to families of the deceased persons (Grief Services Program)

Program Summary and Highlights for 2016

Investigative Activity

In 2016, New Mexico had 7,092 deaths that met the criteria to become a reportable death. The OMI provided investigative services for each of these 7,092 deaths. OMI's Deputy Medical Investigators conducted 3,298 scene investigations in 2016, to include one exhumation. Following these investigations, OMI retained jurisdiction of 3,501 deaths and relinquished jurisdiction of 2,686 deaths to private physicians. An additional 906 deaths were investigated as consultations, resulting in a total caseload of 7,092 medicolegal investigations. OMI ordered the transportation of 3,408 decedents who died in 2016. A granular examination of the case distribution is presented in the Total Cases section beginning on page 15.

Examination Types

Of the 7,092 reportable deaths in 2016, OMI performed 1,781 autopsies (1,694 full + 87 partial), 737 pathologist externals, 68 field externals, 96 investigator externals, and 450 decedents did not receive a physical examination of any type. As a department of the UNM Health Sciences Center, OMI performs autopsies for the hospital as a consultant; however, OMI does occasionally take jurisdiction over some of those cases. In 2016, OMI took jurisdiction over 220 cases. Of those cases, 79 received a full or partial autopsy, 54 received an external examination, and 87 cases only needed their records reviewed in order to have a proper cause and manner of death assigned. A granular examination of the examination types is presented in the Total Cases section beginning on page 15.

Identification

Each year OMI receives hundreds of cases where remains are initially unidentified. Approximately 99% of these cases are successfully identified through OMI's investigative efforts. Our staff identifies these cases through fingerprint analysis, postmortem forensic dental examinations, DNA analysis, and x-ray and CT comparisons. The investigative staff dedicates many hours to reviewing "cold cases" and are able to identify many cases with the advancement of DNA technology and by resubmitting fingerprints to the FBI that were originally unmatched. In 2016, the investigative staff identified all but one decedent.

Unclaimed Bodies

OMI makes every effort to identify and contact the next of kin for each decedent. Once identified, OMI helps ensure that the decedent's body is returned to the family according to their wishes. However, in some cases, OMI is unable to contact the next of kin or the next of kin is unable to claim the body. In 2016, there were 106 unclaimed bodies by the end of the year.

Training and Education

At the OMI, the activity of training and education is an integral part of day-to-day operations. The OMI is designated as a special program within the Department of Pathology at the University of New Mexico School of Medicine. The forensic pathologists are faculty members within the School of Medicine and are expected to participate in training of medical students, residents and fellows, as well as conduct research activity to further advance the science of forensic medicine.

Forensic Pathology Fellowship Program

The OMI Forensic Pathology Fellowship Program is considered one of the best in the country. The fellowship is a one-year, in-depth training program in the subspecialty of forensic pathology. Applicants must have completed an accredited pathology residency program. Four positions for this competitive program are available each year and are generally filled two years in advance.

Certification Training

All OMI Central Office deputy medical investigators are required to become certified by the American Board of Medicolegal Death Investigators to perform a death investigation. Additionally, the OMI provides in-house training for the deputy medical investigators throughout New Mexico and in the past year, twenty three individuals successfully completed the training and received certification as new Field Investigators. Approximately one hundred experienced Field Investigators traveled to the central office in order to receive training on proper field external examinations. Upon request, OMI will provide the certification training to other medical investigators, coroners and law enforcement agencies for adaptation to the needs of their local systems. (i.e., Native American police officers).

Death Investigation Training

Death Investigation Training was conducted by the OMI in Albuquerque in March. Thirty-eight representatives from the medical examiner, law enforcement and health care professions from throughout the nation participated in the training with a curriculum designed to present the most current facets of death investigations. Participants were from Washington, Colorado, and of course, New Mexico. New Mexico personnel included representatives from the various law enforcement agencies, emergency medical services (EMS), and hospitals from around the state. Six additional in-house training sessions for new FDMIs were conducted as well as 53 Webinars through ECHO for all FDMIs.

Law Enforcement Education

Death investigation training is provided at the New Mexico State Police Academy, the New Mexico Law Enforcement Academy, APD Citizen's Police Academy, and the Albuquerque Police Academy. In addition, specialized training is provided to individual police departments at their request.

Public Education

OMI Staff conducts in-service training throughout the state for a wide variety of agencies. Examples of agencies include the New Mexico Department of Health, funeral homes, hospitals, correction facilities, the EMS training site, UNM, CNM, high schools, civic organizations, state search and rescue groups, and tribal authorities.

OMI website

The OMI website at <http://omi.unm.edu> provides instant access to information concerning OMI, staff, services offered, reports, and record requests.

Center for Forensic Imaging

The Center for Forensic Imaging (CFI) is located within OMI. The CFI is currently the only forensic center in the United States with in-house computed tomography (CT) and magnetic resonance imaging (MRI) facilities, which support forensic research and education, and the clinical service of the OMI.

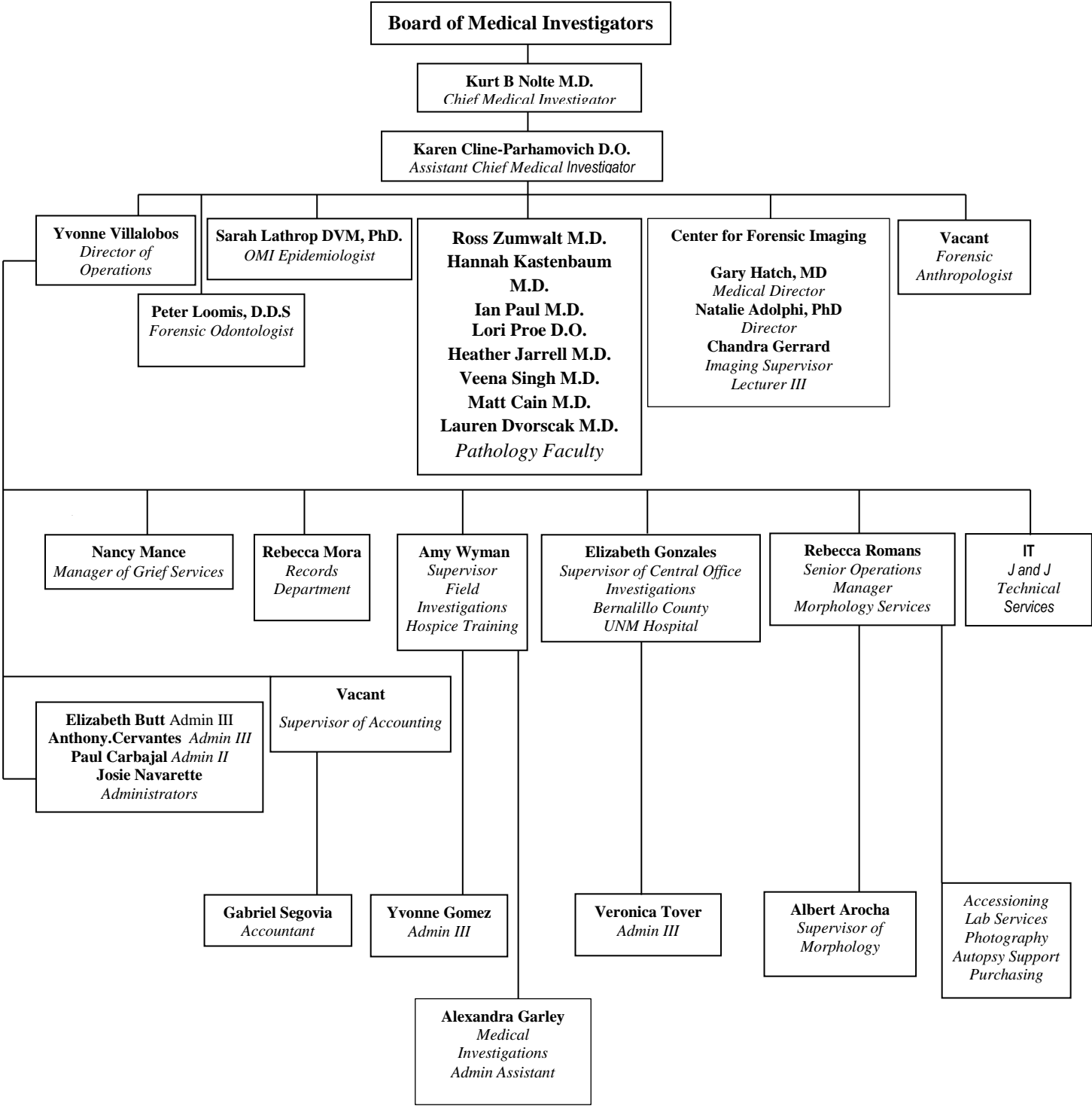
Grief Services Program

The Grief Services Program (GSP) was established in 1975. Initially, the program provided crisis intervention and education to families whose child died as a result of Sudden Infant Death Syndrome (SIDS). The program has continually expanded its mission and now provides its services to all New Mexico families following the sudden and unexpected death of a family member, emphasizing service to victims of crime. These services include: crisis intervention, psychotherapy, education, consultations, and referrals. Additionally, the GSP provides grief education and training throughout New Mexico for agencies such as law enforcement, emergency responders, nurses, mental health providers, teachers and other groups who request such training.

Donor Services

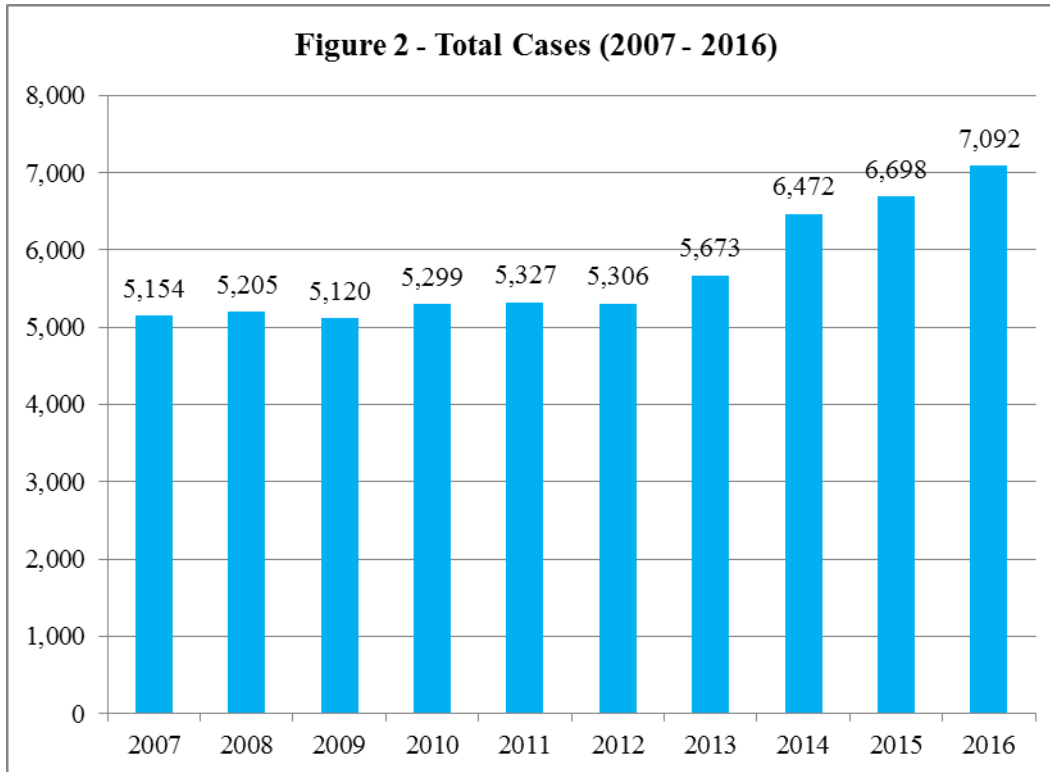
In 2016, OMI ensured that 100% of potential organ donors and their families were allowed to give the gift of life. OMI works closely with Donor Services and Lion's Eye Bank to provide life-saving organs for transplantation, in New Mexico and across the country. Our thanks go to the families whose loved ones became an organ or tissue donor, providing an enhanced quality of life to hundreds of transplant recipients.

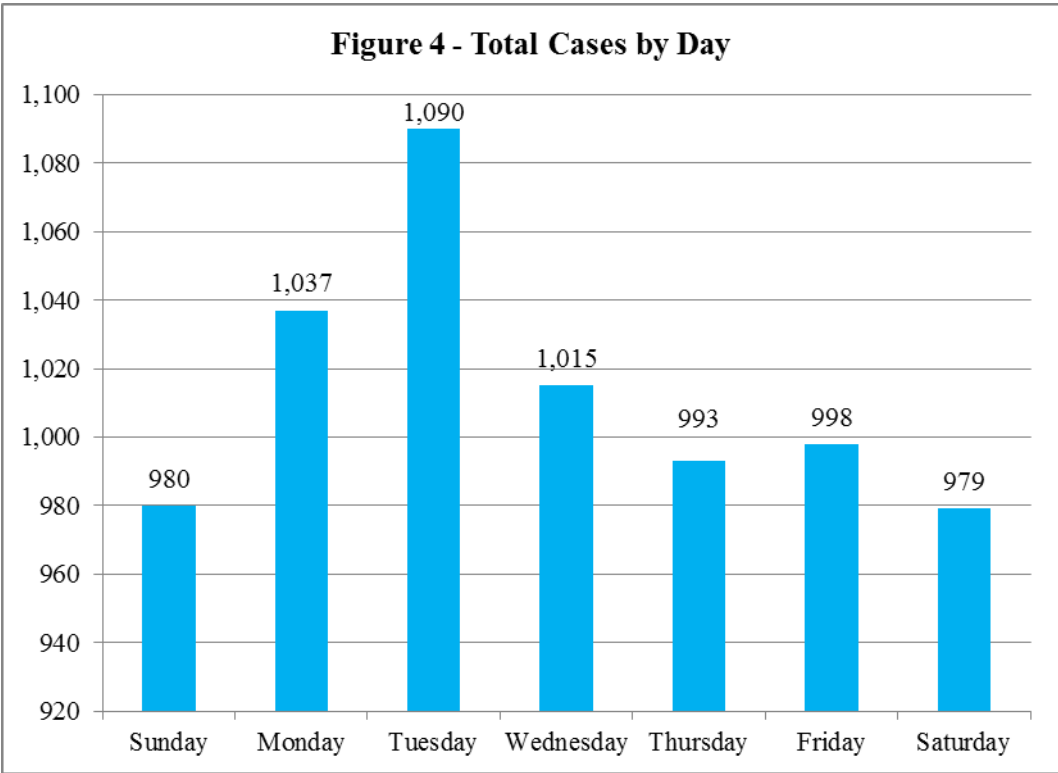
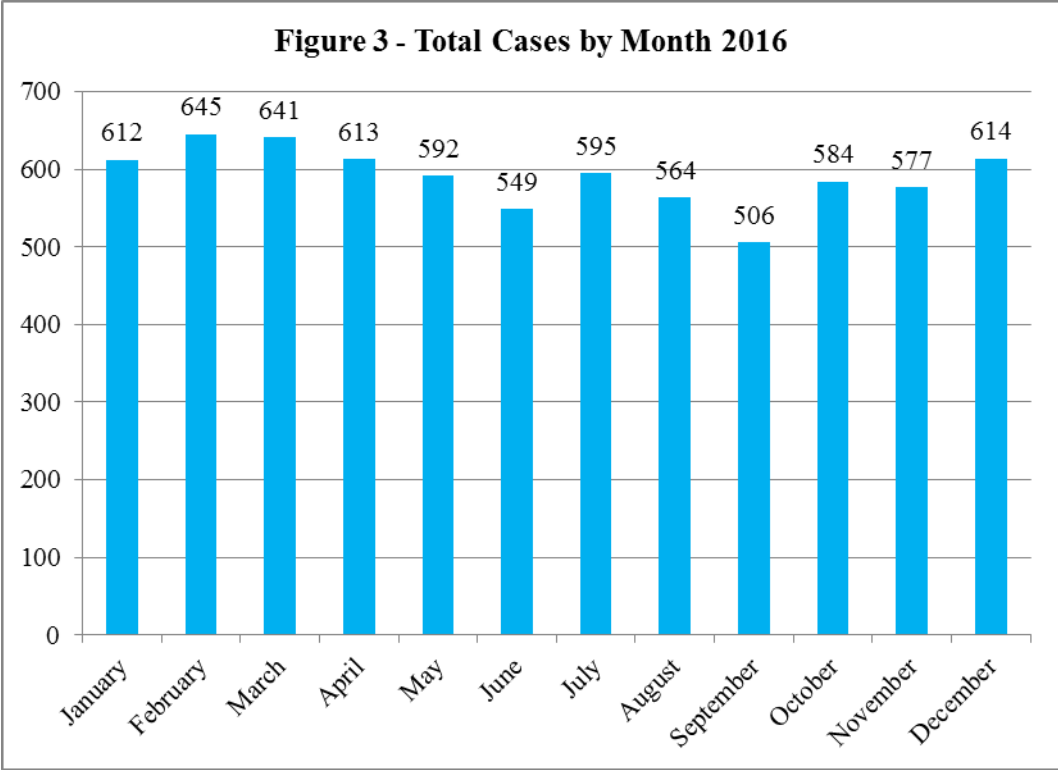
Office of the Medical Investigator
2016 Organizational Chart

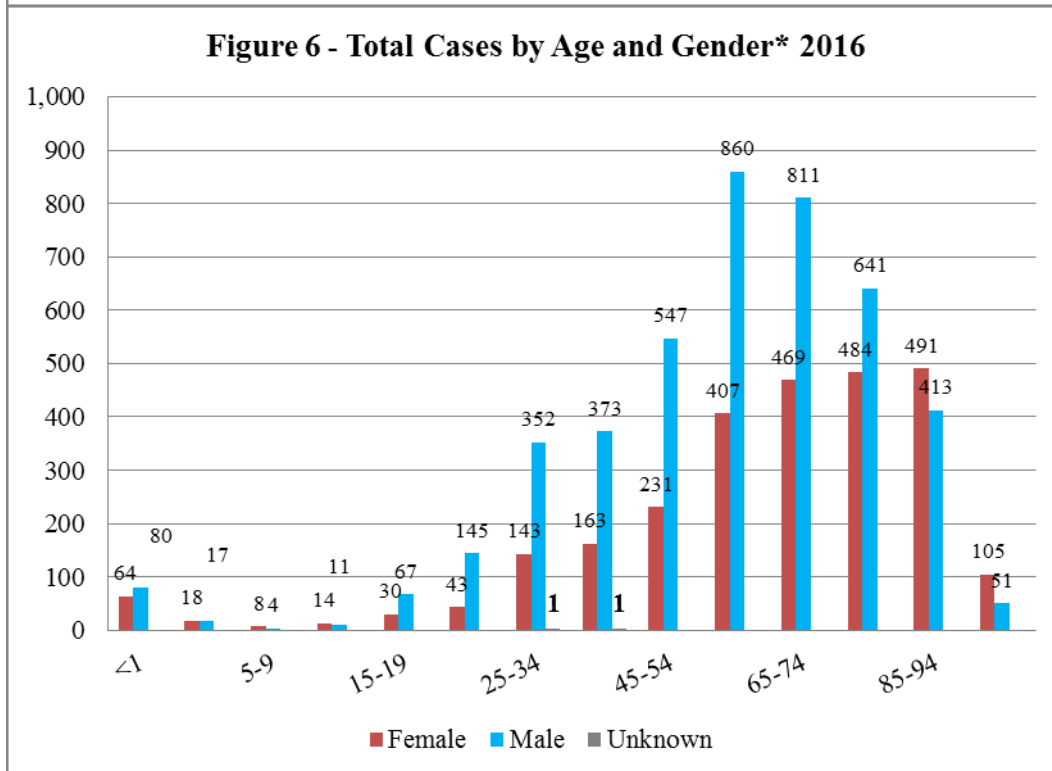
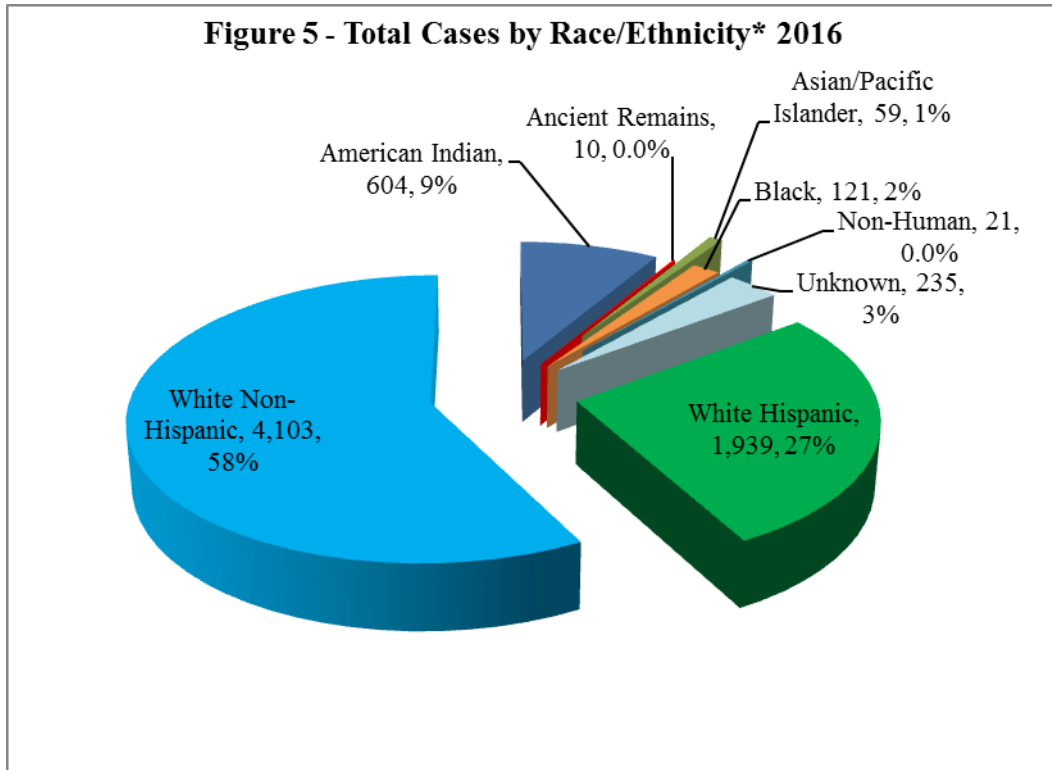


Total Cases

The remainder of this report will present data routinely collected by the OMI in a manner that answers questions regarding mortality and public health. The tables and charts summarize data collected on every medicolegal investigation, including consultation cases that the OMI conducted for this reporting period. The data, a subset of total mortality figures, represent findings on cases that come to the attention of forensic pathology. Readers who need complete mortality figures are encouraged to contact the State Center for Health Statistics – Bureau of Vital Records and Health Statistics, New Mexico Department of Health.







*Total excludes 22 non-human remains. 12 Ancient Remains, 3 females with unknown age, 9 males with unknown age, 1 infant under one year with an unknown gender, and 2 with unknown gender.

Table 1 – Total Cases – Autopsy Status* – 2016

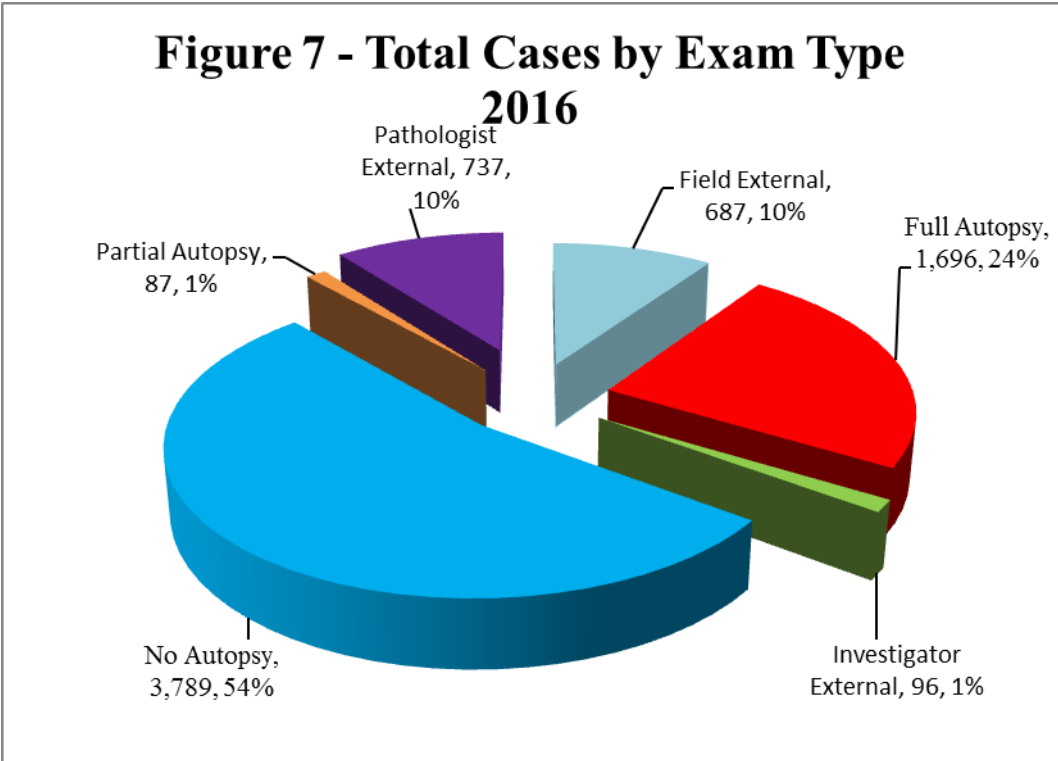
Autopsy	Accident	Homicide	Jurisdiction terminated	Natural	Non-Accept	Other	Pending	Suicide	Undetermined	Total
Yes	714	213	0	520	0	5	11	238	80	1,781
No	862	3	1,617	1,476	1,050	17	39	230	11	5,305
Total	1,576	216	1,617	1,996	1,050	22	50	468	91	7,086

*Does not include non-human cases (3), ancient remains (2), and uncoded (1)

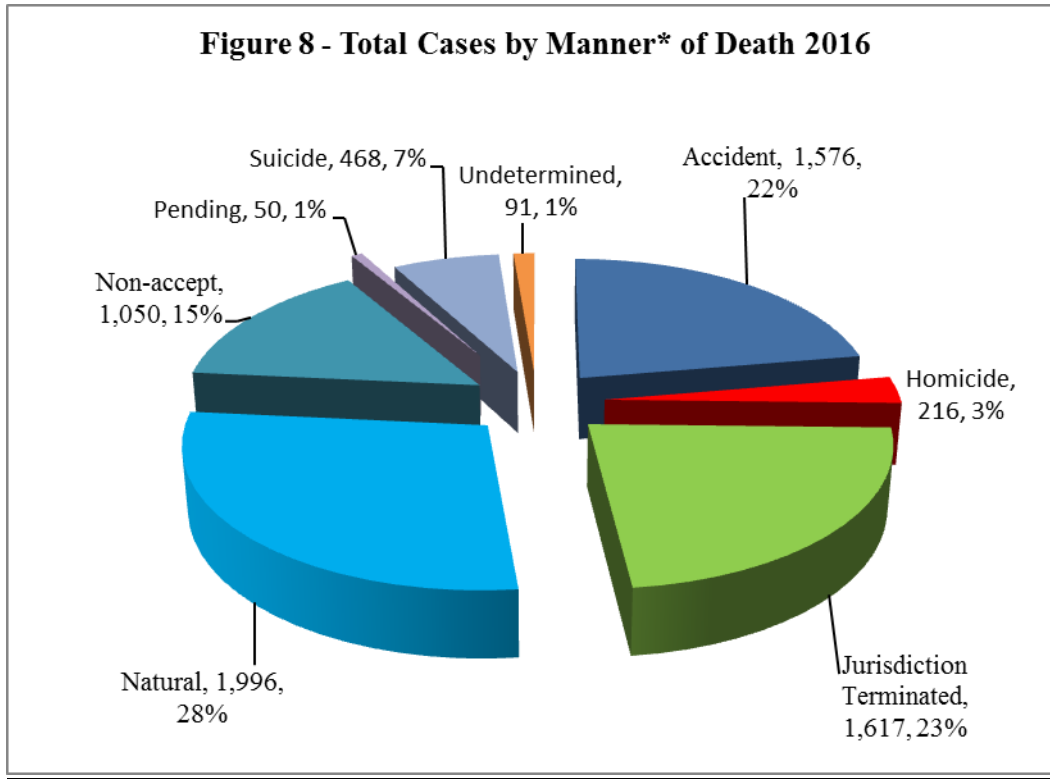
Table 2 – Total Cases – Case Distribution* – 2016

Jurisdiction	Manner	Autopsy		Percent Autopsied	Total
		Yes	No		
Medical Investigator	Accident	656	817	44.5%	1,473
	Homicide	183	3	98.4%	186
	Natural	407	857	32.2%	1,264
	Other	5	13	22.2%	18
	Pending	4	16	20.0%	20
	Suicide	236	227	51.0%	463
	Undetermined	63	9	87.5%	72
	Subtotal	1,554	1,942	44.4%	3,496
Consultation Cases	Accident	58	43	57.4%	101
	Homicide	30	0	100.0%	30
	Natural	113	615	15.5%	728
	Pending	7	14	33.3%	21
	Suicide	2	3	40.0%	5
	Undetermined	19	2	89.5%	21
	Subtotal	227	677	25.1%	904
Jurisdiction Terminated		0%	1,624	0.0%	1,624
Non-Accept		0%	1,062	0.0%	1,062
Reported Deaths		1,781	5,305	25.1%	7,086

*Does not include non-human cases (3), ancient remains (2), and uncoded (1)



Cause and Manner of Death



*Not included on graph are Other, Uncoded, Non-human, and Ancient Remains where value is less than 1% of total

Cause and Manner of Death - Overview

In 2016, OMI investigated 7,092 deaths, representing approximately 29% of the estimated total deaths in New Mexico in 2016. Of the deaths investigated by OMI in 2016:

The total number of deaths investigated represents a 5.9% increase from the 2015 total, and a 37.6% increase since 2007.

The ratio of male to female deaths, when gender was clearly determined, was 1.6. Decedents classified as White non-Hispanic represented 58% of the total, White Hispanic 27%, American Indian 9%, Black 2%, and Asian 1%. The racial-ethnic composition of New Mexico was listed in 2016 as: 38.1% non-Hispanic white, 48.5% Hispanic, 10.6% American Indian, 2.5% African-American and 1.7% Asian. (Source: <http://quickfacts.census.gov/qfd/states/35000.html>)

While natural deaths contributed the largest portion of OMI deaths investigated (28.0%), most natural deaths did not fall under the jurisdiction of the OMI. Multiple cases are called into OMI every year in order to verify if OMI has jurisdiction over the case. The physicians then decide if OMI is statutorily obligated to investigate the case and issue the death certificate. If they are not statutorily obligated, the case is considered as jurisdiction terminated (23% of 2016 cases) or non-accept (15% of 2016 cases). Data presented regarding natural deaths should not be interpreted as representative of all natural deaths in New Mexico.

Table 3 - Total Cases by Gender and Manner* 2016			
Manner of Death			
	Female	Male	Total
Accident	585	991	1,576
Homicide	45	171	216
Jurisdiction Terminated	683	933	1,616
Natural	713	1,283	1,996
Non-accept	494	550	1,044
Other	0	1	1
Pending	22	25	47
Suicide	104	364	468
Uncoded	1	0	1
Undetermined	26	63	89
Total	2,673	4,381	7,054

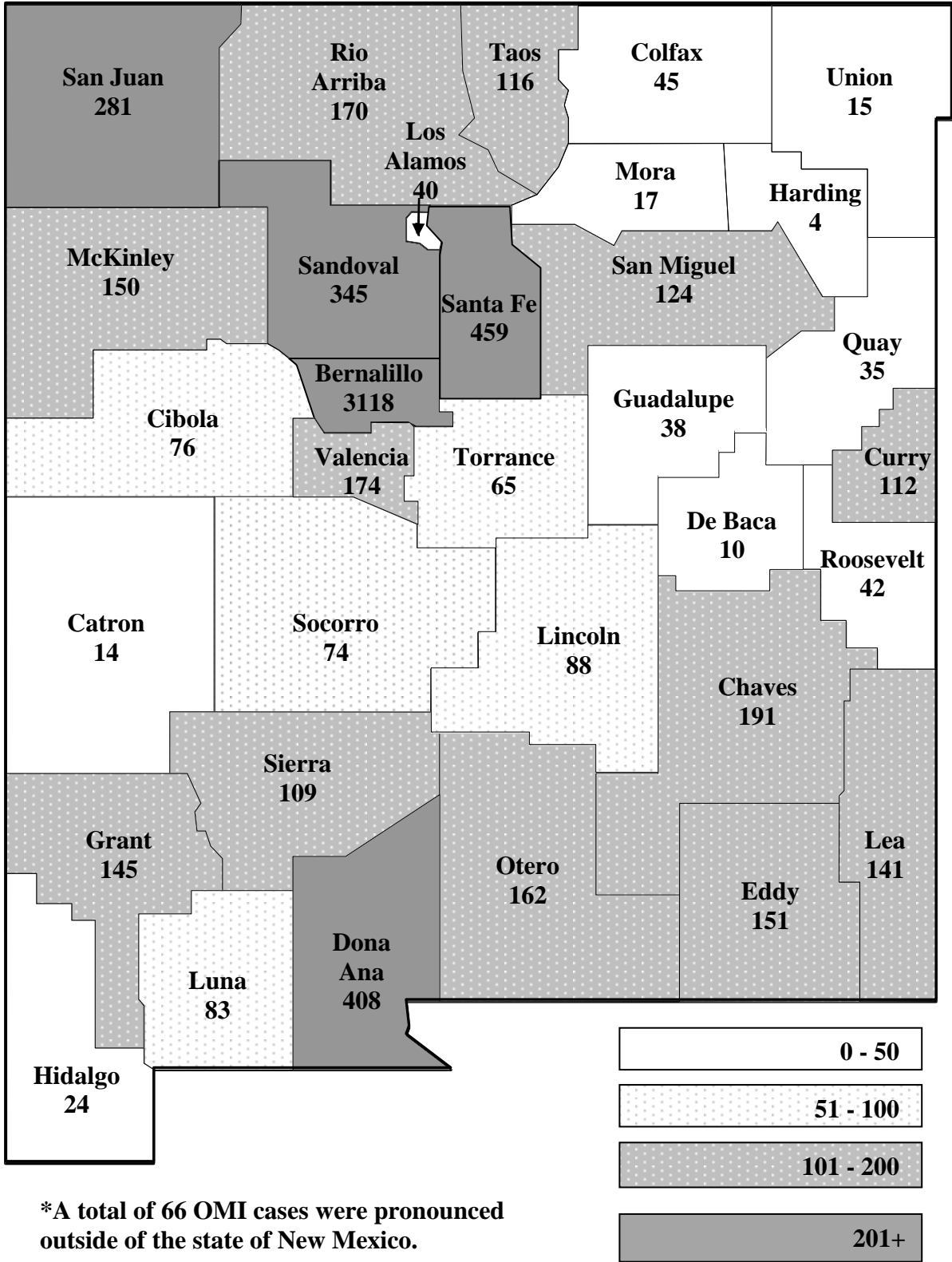
* Does not include 13 ancient remains, 22 non-human, 1 pending, and 2 unknown

Table 4 - Total Cases by Manner of Death and Race/Ethnicity* 2016								
Manner of Death								
	American Indian	Ancient Remains	Asian/Pacific Islander	Black	Non-Human	Unknown	White Hispanic	White Non-Hispanic
Accident	195		7	27		6	515	826
Ancient Remains		1				1		
Homicide	45		5	11			90	65
Jurisdiction Terminated	39	1	15	23		4	512	1,023
Natural	202		20	43		6	488	1,237
Non-accept	57	1	8	9	5	209	170	591
Non-human					3			
Other	1	7			13		1	
Pending	11					4	2	33
Suicide	28		3	5		2	139	291
Uncoded								1
Undetermined	26		1	3		3	22	36
Total	604	10	59	121	21	235	1,939	4,103

*American Indian includes 5 Hispanics and Black includes 3 Hispanics

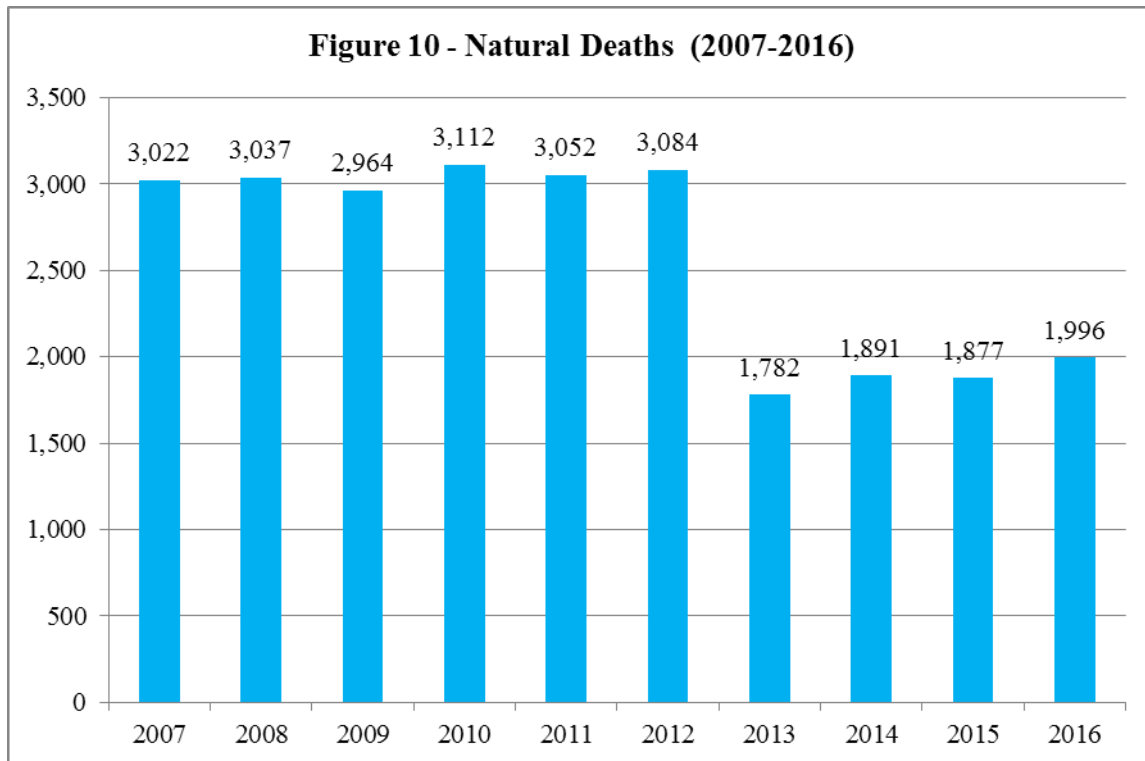
Table 5 - Total Cases - Manner of Death by Age and Gender - 2016 Age at Death											
Gender	Accident	Homicide	Jurisdiction Terminated	Non-Accept	Natural	Other	Pending	Suicide	Uncoded	Undetermined	Total
Female											
<1	5		2	14	35		1			7	64
1-4	9	3			6						18
5-9	5	2					1				8
10-14	4	5	1		3					1	14
15-19	16	2			6			6			30
20-24	23	1	1	3	9		1	4		1	43
25-34	79	10	8	4	27			12		3	143
35-44	64	9	11	15	44		1	16		2	162
45-54	61	7	37	17	82			25		2	231
55-64	69	2	97	50	159		3	24	1	4	408
65-74	45	2	135	109	160		4	12		4	470
75-84	81	2	170	118	105		5	3		1	484
85-94	102		181	130	70		4	2		1	490
Unknown	1			1			1				3
Total	585	45	683	494	713		22	104	1	26	2,673
Male											
<1	8	1		12	44	1	2			12	80
10-14	6				4			1			11
1-4	8	3			5					1	17
15-19	38	2	2	1	9			14		1	67
20-24	74	29	1		5		1	31		4	145
25-34	152	52	8	10	50		3	68		9	352
35-44	157	24	11	13	94			64		10	373
45-54	157	28	68	45	187		4	54		6	547
55-64	137	19	187	91	354		3	57		11	859
65-74	83	7	238	118	311		6	43		5	811
75-84	77	4	240	140	152		4	21		3	641
85-94	86		155	99	61		2	10			413
95+	8		22	13	7			1			51
Unknown	1			7						1	9
Total	991	171	933	550	1,283	1	25	364		63	4,381
Non-Human											
Non-Human						13	1				17
Total						13	1				17
Unknown											
25-34										1	1
35-44							1				1
Non-Human				5							5
Unknown										1	2
Total				5			1			2	9

**Figure 9 – Deaths by County of Pronouncement – 2016
All Manners of Death**



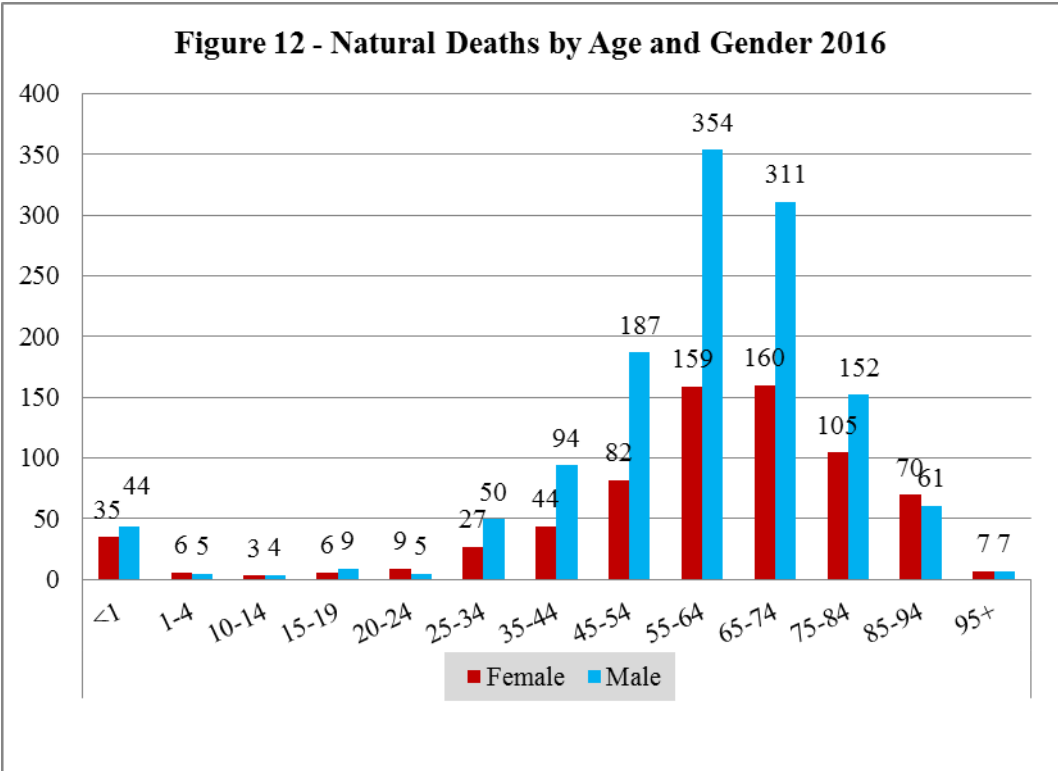
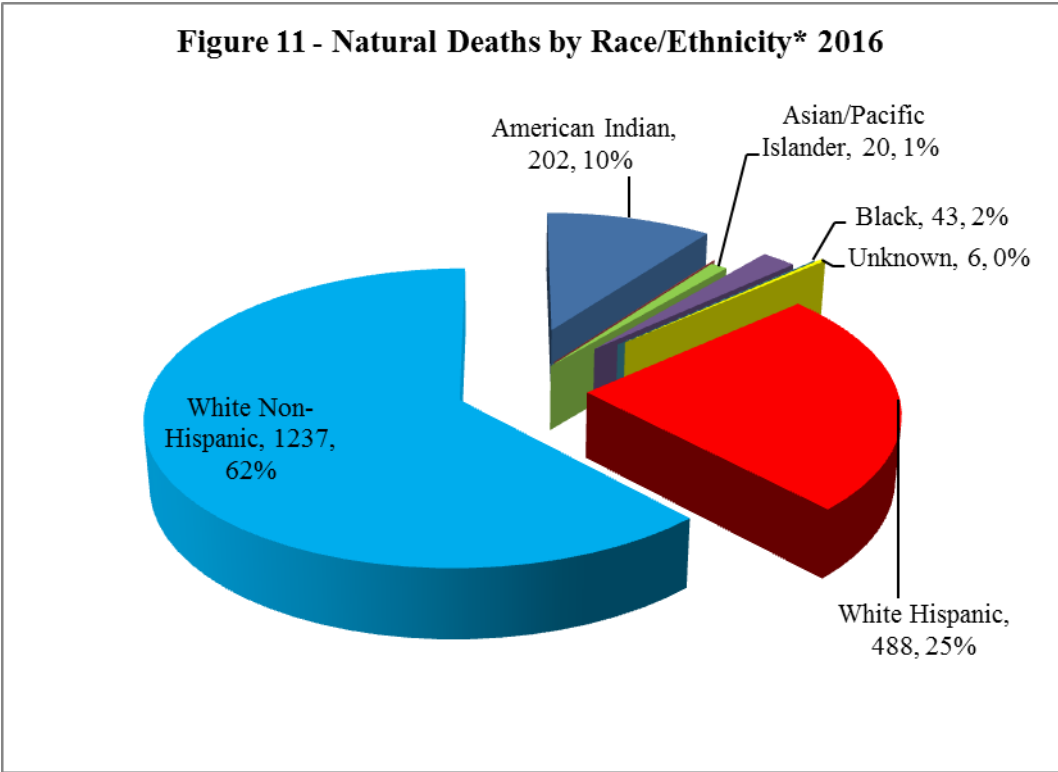
*A total of 66 OMI cases were pronounced outside of the state of New Mexico.

Overview – Manner of Death – Natural Deaths

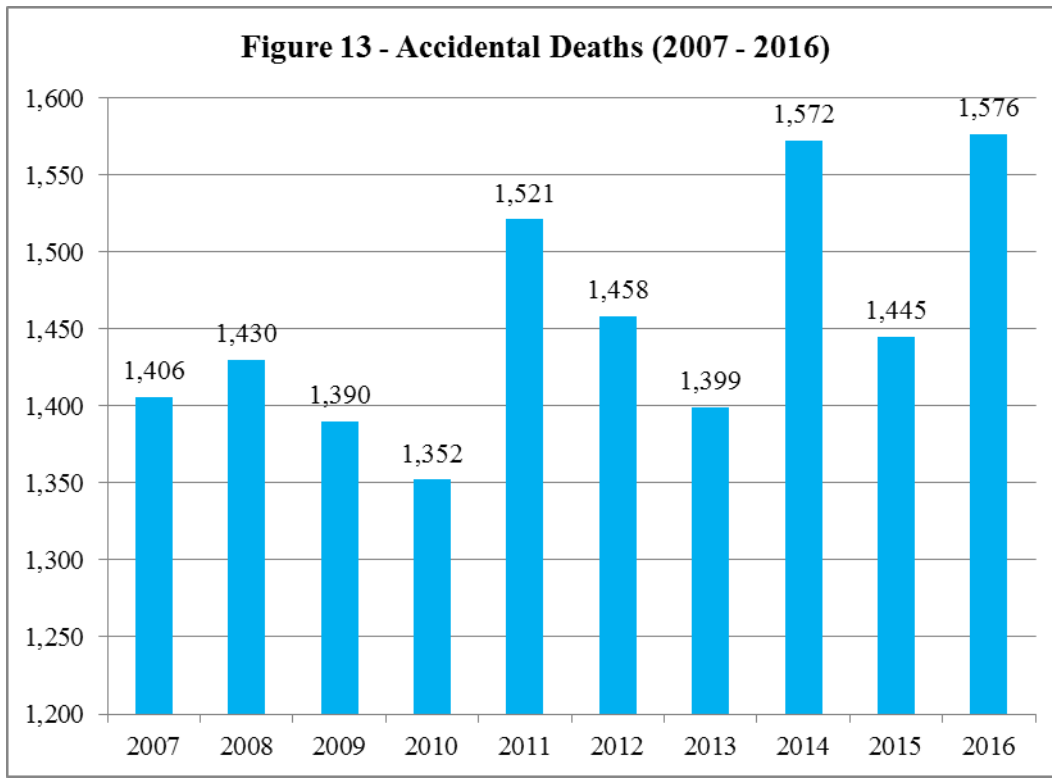


Natural Deaths – Overview

Deaths classified as a “natural” manner of death, as compared to suicides, homicides, accidents and undetermined manners of death, represent the largest number of deaths investigated by OMI (28% in 2016). Starting in 2013, cases reported to but not accepted by OMI were no longer assigned a manner of death, resulting in the lower numbers of natural deaths represented since 2013. Most natural deaths that occur in New Mexico do not fall under the jurisdiction of OMI and are therefore not represented in this report. An excellent resource for all mortality statistics in the state is the publication “New Mexico Selected Health Statistics Annual Report,” published by the State Center for Health Statistics at the Office of New Mexico Vital Records & Health Statistics, Public Health Division, Department of Health, 1105 St. Francis Dr., PO Box 26110, Santa Fe, NM 87502-6110. The 2013 Annual Report is available online at: <http://nmhealth.org/data/view/vital/1132/>

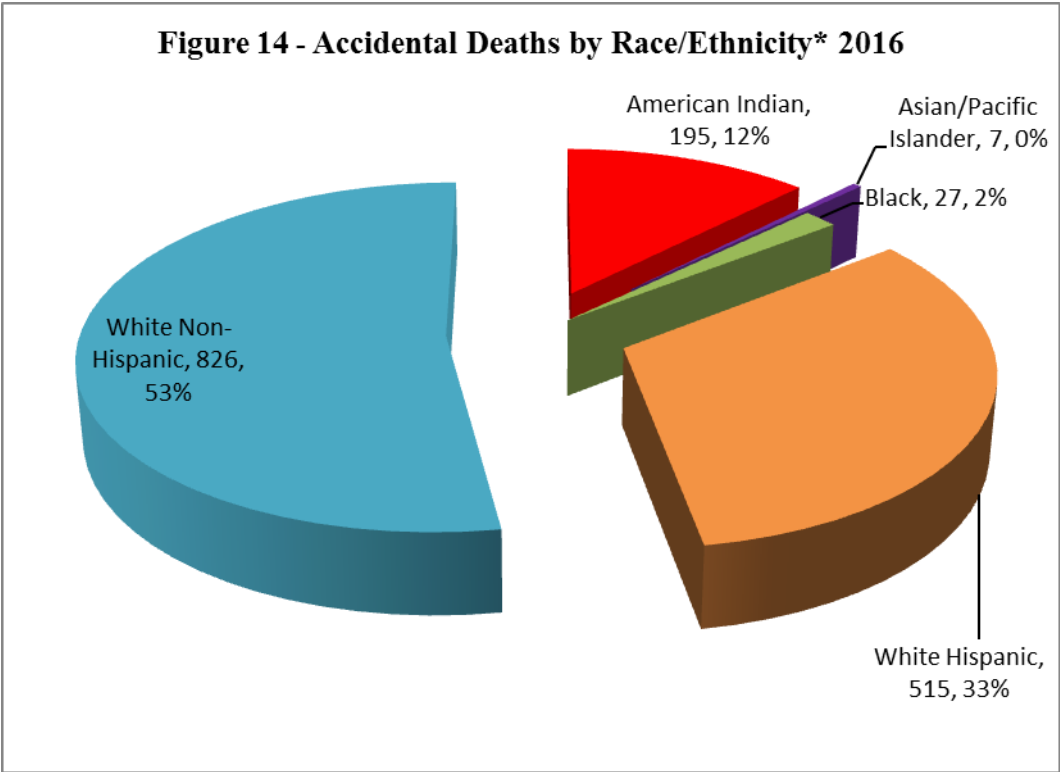


Overview – Manner of Death – Accidental Deaths



Accidental Deaths – Overview

Accidental deaths accounted for 22% of the deaths investigated by OMI in 2016, second only to natural deaths as a manner of death. The highest number of accidental deaths was in males 35 - 44 years of age.



• Total cases above include 1 Hispanic American Indian. Data does not include 6 unknown race/ethnicity cases

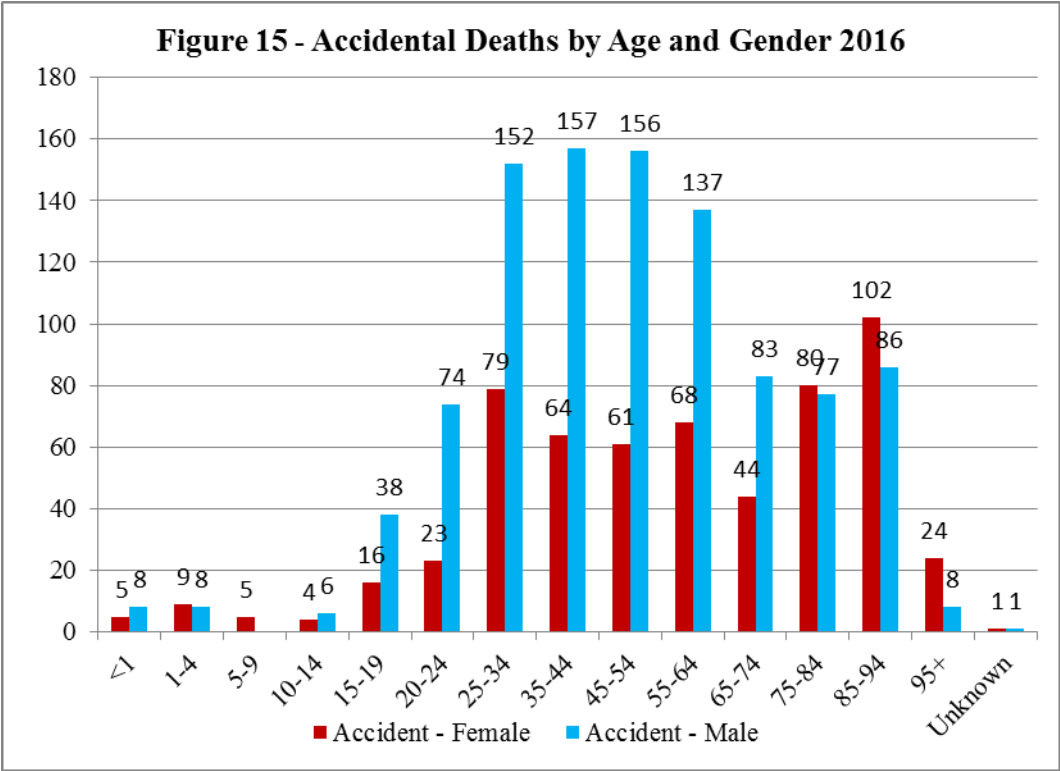
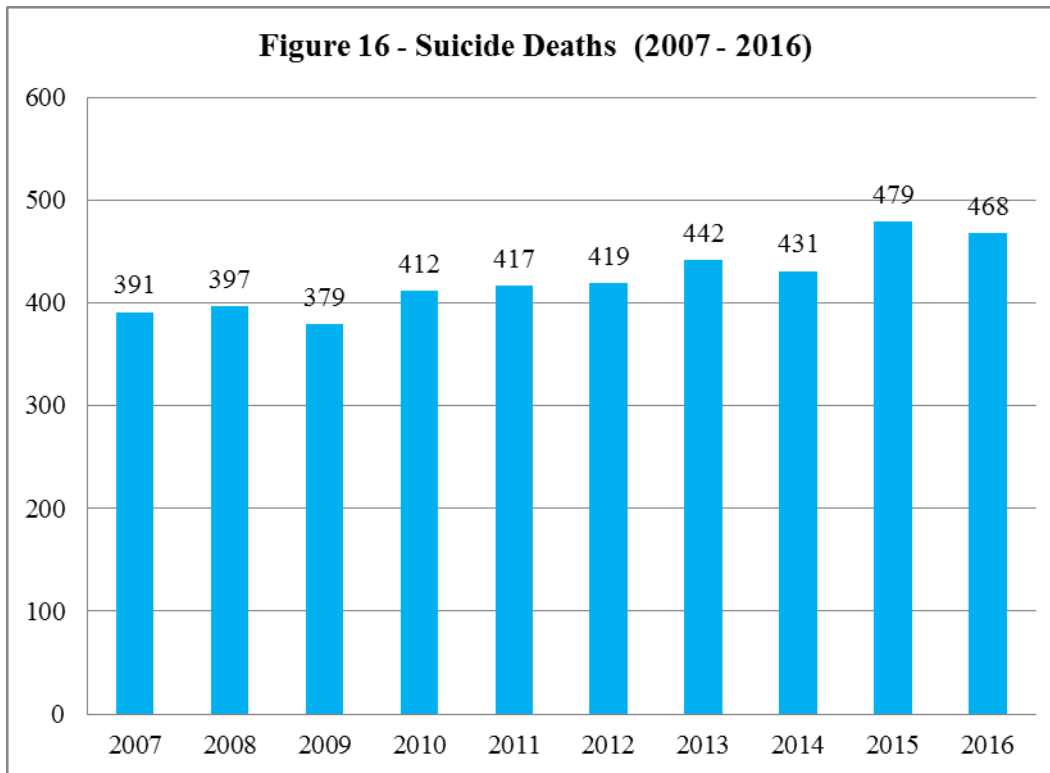


Table 6 – Accidental Deaths – Cause – 2016	
Cause of Death	Total Cases
Multiple injuries	692
Substance intoxication	405
Natural disease	92
Cardiac arrhythmia	51
Drowning	41
Exposure	41
Ethanol (alcohol) intoxication	39
Pneumonia/bronchitis	35
Thermal injuries (burns)	25
Asphyxia	24
Head and neck injuries	18
Sepsis	18
Choking	17
Carbon monoxide intoxication	12
Alzheimers	7
Emboli	7
Ethanolism	6
Hypertension	5
Asthma	4
Gunshot wound	3
Aneurysm	2
Cerebrovascular	2
Intrauterine fetal death	2
Obesity	2
Stab wound	2
Carcinoma	1
Chronic obstructive pulmonary disease	1
Diabetes	1
Electrocution	1
Hepatic failure	1
Meningitis	1
Prematurity	1
Renal Failure	1
Respiratory Distress Syndrome	1

Table 7 - Accidental Deaths by County of Pronouncement (2007 - 2016)										
County of Pronouncement	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Bernalillo	512	572	549	532	573	523	514	557	606	631
Catron	3	3	0	1	5	5	8	4	2	2
Chaves	31	48	36	49	56	35	35	37	32	33
Cibola	24	20	18	19	20	12	29	16	19	24
Colfax	12	14	8	9	10	5	17	16	12	12
Curry	27	17	21	24	30	23	22	24	22	23
De Baca	3	2	2	0	3	2	2	2	3	5
Dona Ana	95	75	112	90	96	106	80	110	110	97
Eddy	37	40	34	43	38	41	38	51	43	25
Grant	19	29	19	12	18	21	20	29	16	17
Guadalupe	14	17	8	9	8	6	10	14	12	18
Harding	1	0	1	0	2	1	1	1	0	2
Hidalgo	11	5	4	6	8	5	3	13	7	6
Lea	37	35	18	32	33	34	31	56	34	37
Lincoln	21	5	18	11	15	14	10	18	9	23
Los Alamos	6	5	10	9	8	5	5	7	2	7
Luna	23	14	15	13	12	10	15	11	12	17
McKinley	60	51	58	41	43	53	51	73	49	58
Mora	5	4	1	4	6	8	4	4	3	4
Otero	20	25	33	37	33	41	32	42	33	27
Quay	11	15	4	18	7	11	8	16	12	7
Rio Arriba	52	41	43	35	55	55	52	57	50	50
Roosevelt	11	9	5	9	10	9	5	9	9	11
San Juan	99	79	67	68	92	88	86	96	75	87
San Miguel	24	31	23	25	30	30	23	15	14	23
Sandoval	30	47	58	48	59	62	64	68	49	67
Santa Fe	92	108	94	89	122	127	109	119	110	121
Sierra	11	13	20	19	22	17	19	11	15	19
Socorro	17	17	22	7	13	9	11	18	10	22
Taos	33	26	29	29	22	28	24	23	23	23
Torrance	15	14	14	8	16	13	20	13	12	14
Union	4	3	5	4	4	4	4	3	0	1
Valencia	34	27	24	29	15	29	25	33	19	33
Out of State	12	19	17	23	37	26	22	6	21	30
Totals	1,406	1,430	1,390	1,352	1,521	1,458	1,399	1,572	1,445	1,576

Overview – Manner of Death – Suicide Deaths



Suicide Deaths – Overview

New Mexico's suicide rate is consistently higher than the national average, comprising 2.6% of all deaths in New Mexico, compared to 1.6% of all deaths in the U.S. The rate in 2014 (most recent data available) was 21.0 per 100,000 people, compared to a rate of 13 per 100,000 people in the rest of the U.S. (2014 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health).

Deaths from suicide in 2016 occurred most frequently among White non-Hispanics (62%) and males (78%). More men between the ages of 25 and 34 years (15% of all suicides) committed suicide than any other age group by gender. More people committed suicide on Wednesday (14.5%) than any other day of the week. More suicides occurred in August than any other month (10.9%). The fewest occurred in December (6.6%). The total number of suicides decreased from 479 in 2015 to 468 in 2016 (1.2% decrease).

Figure 17 - Suicide Deaths by Race/Ethnicity 2016

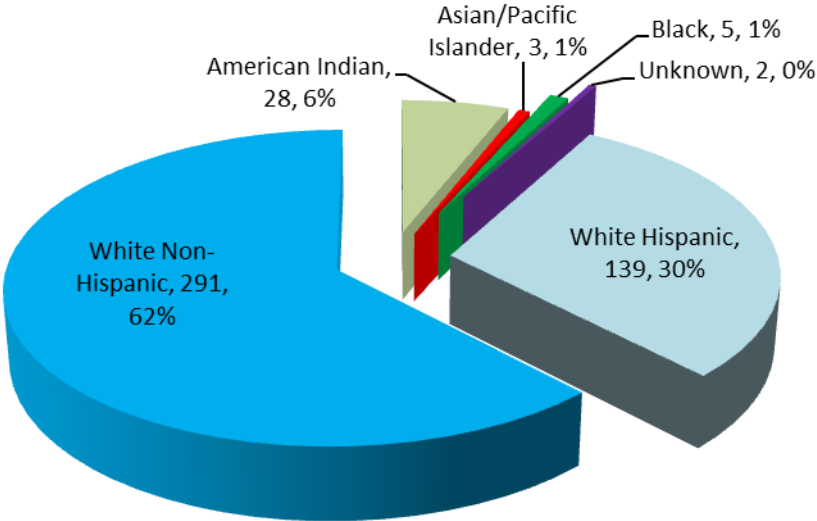
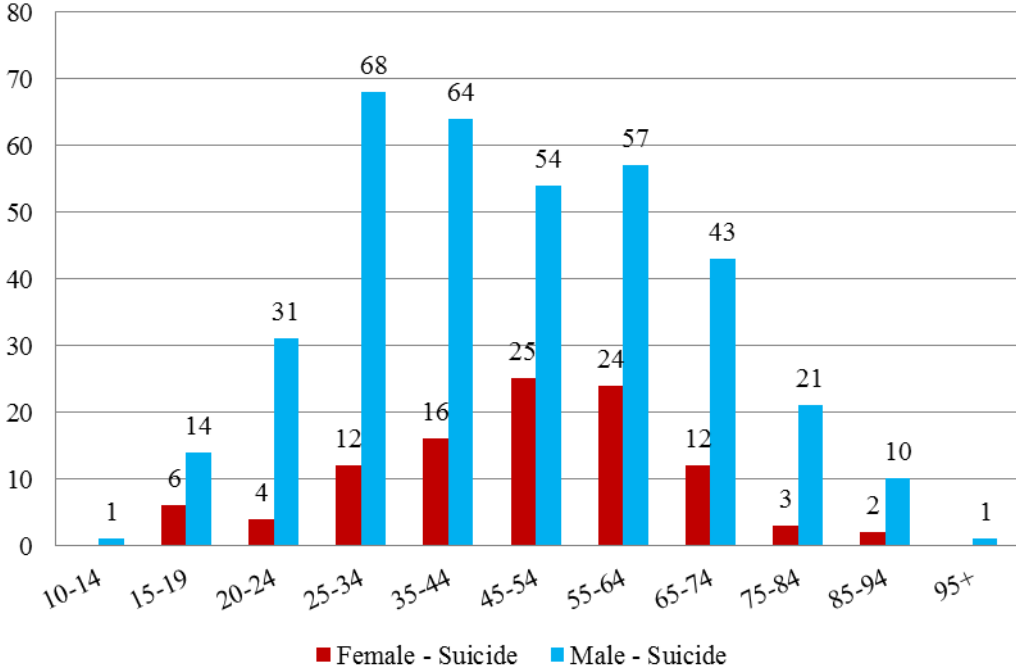


Figure 18 - Suicide Deaths by Age and Gender 2016



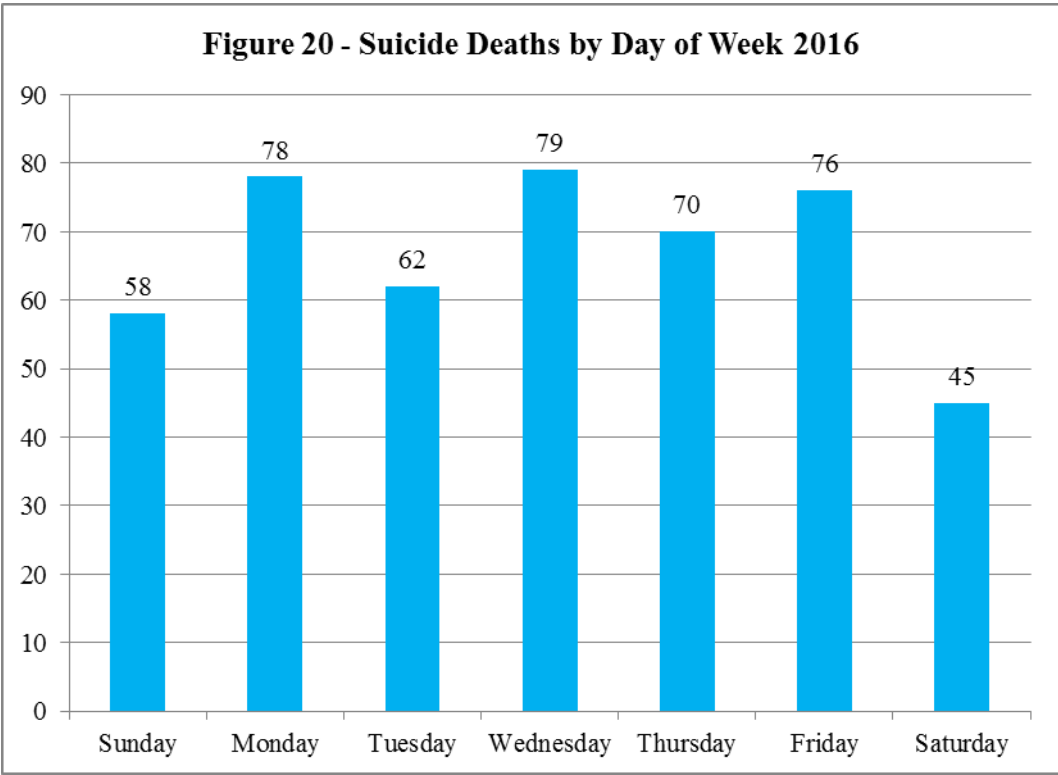
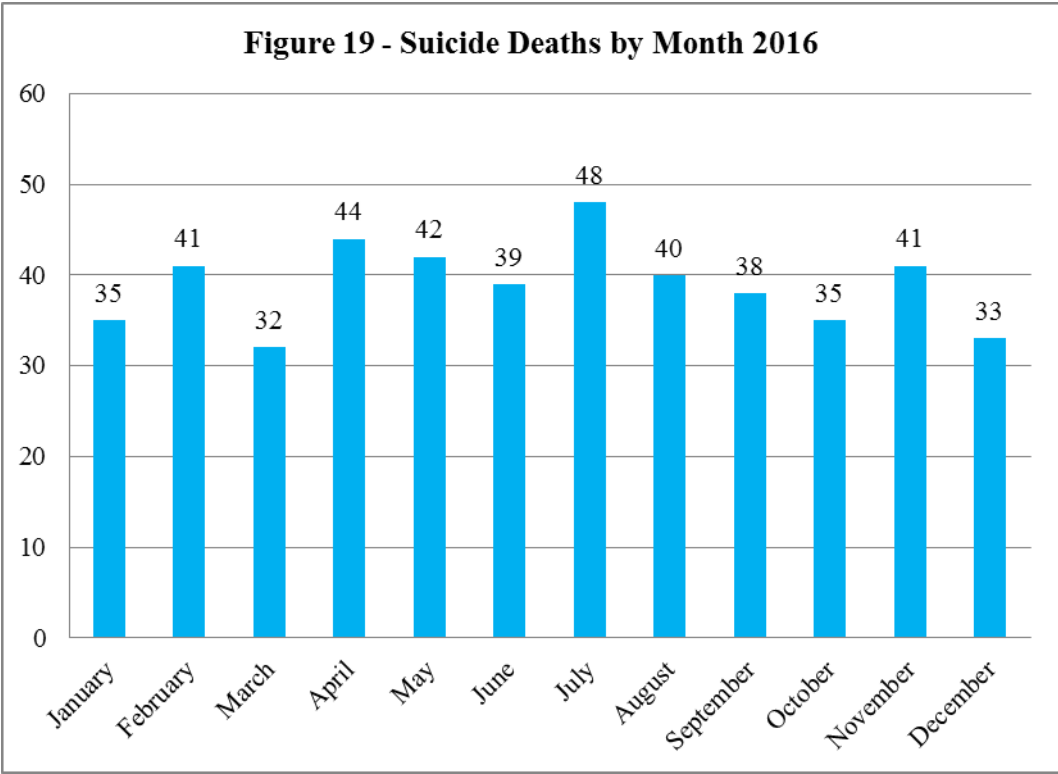
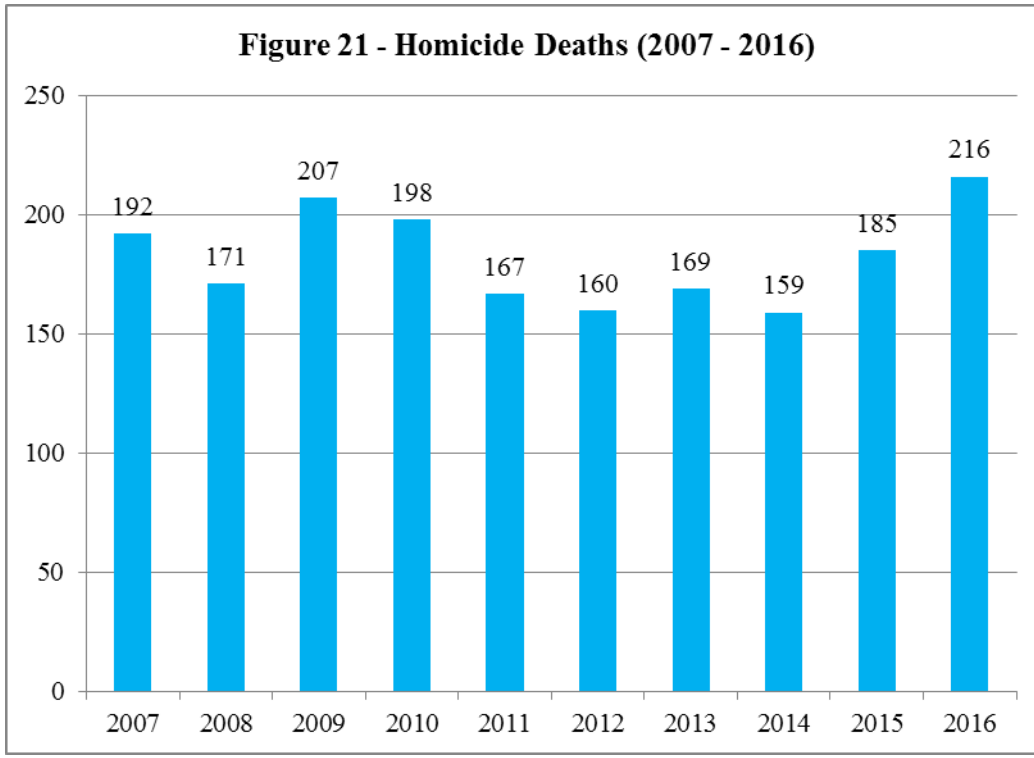


Table 8 – Suicide Deaths – Cause – 2016	
Cause of Death	Total
Gunshot Wound	243
Hanging	109
Substance Intoxication	72
Multiple Injuries	16
Natural	10
Carbon Monoxide	6
Stab Wound	3
Asphyxia	3
Inhalation	2
Thermal Injuries	2
Drowning	2
Total	468

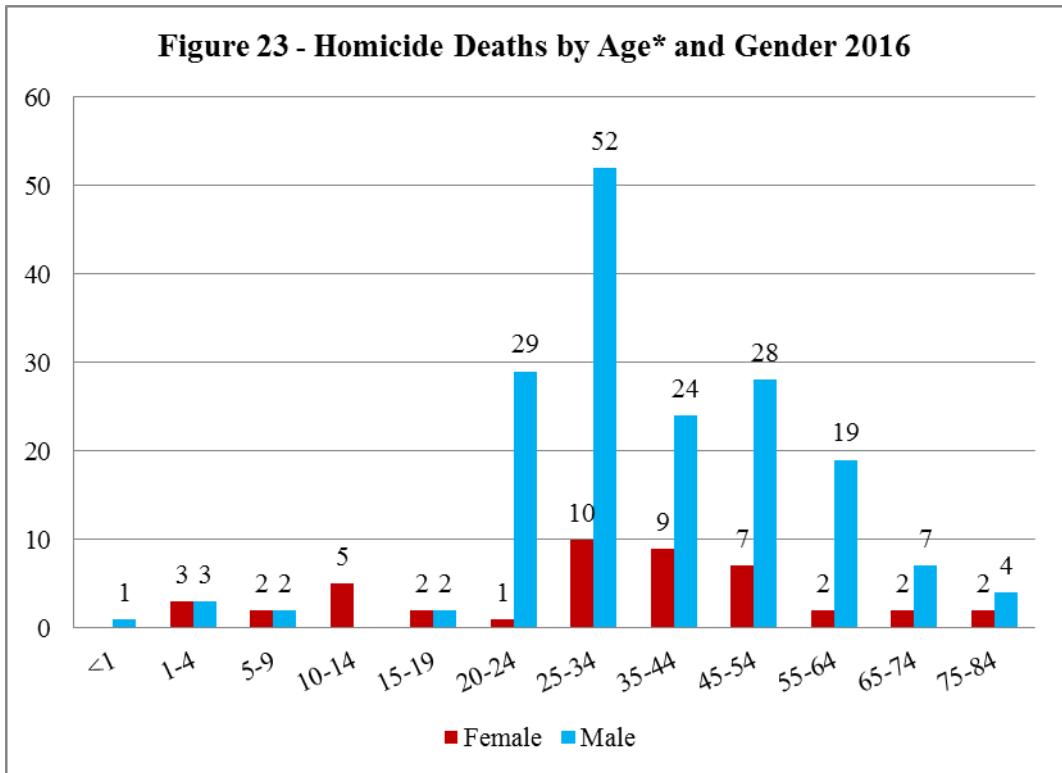
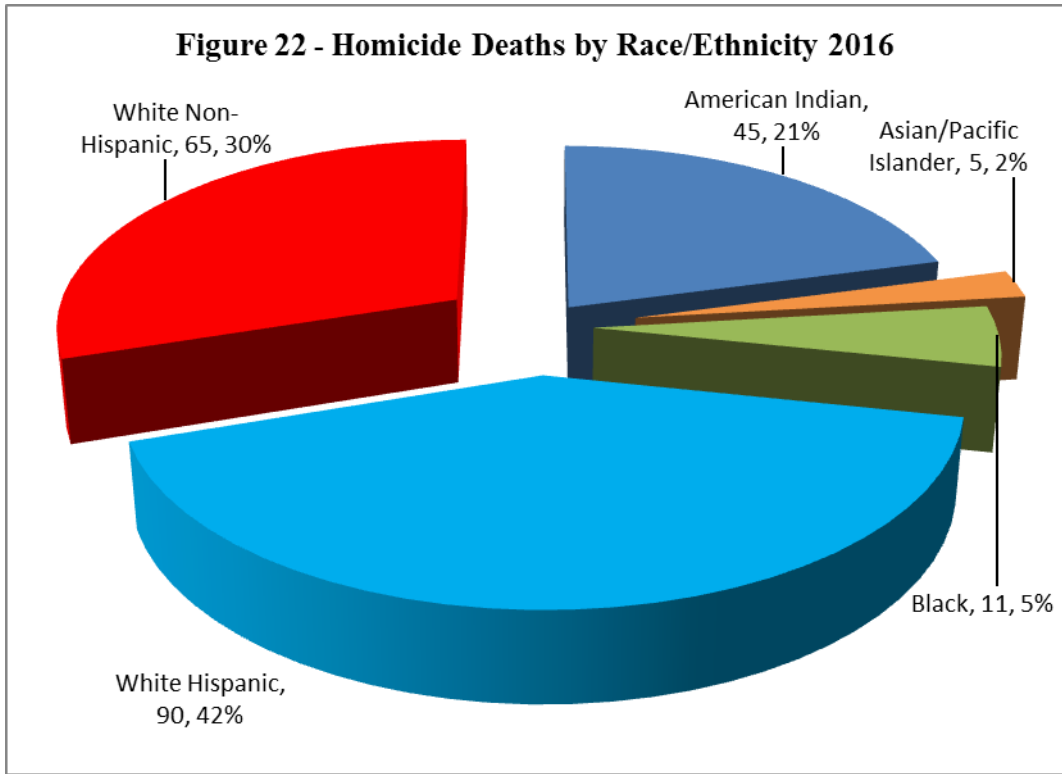
Table 9 – Suicide Deaths by County of Pronouncement (2007 – 2016)										
County of Pronouncement	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Bernalillo	131	134	142	127	137	146	147	147	160	149
Catron	3	2	2	2	1	8	2	1	2	2
Chaves	11	10	11	9	12	17	18	14	13	9
Cibola	7	6	9	4	5	6	9	5	10	4
Colfax	5	2	3	3	2	5	0	5	3	5
Curry	3	3	4	6	4	6	6	5	13	10
De Baca	1	0	0	2	0	1	2	0	1	0
Dona Ana	27	34	30	38	35	34	24	30	43	33
Eddy	10	9	11	12	9	14	7	13	15	14
Grant	5	12	9	14	7	9	9	11	6	12
Guadalupe	1	4	0	2	1	3	1	2	1	0
Harding	0	0	1	0	0	0	0	0	0	0
Hidalgo	3	3	2	0	2	0	1	0	5	0
Lea	8	7	5	14	8	9	10	11	14	12
Lincoln	7	5	3	2	3	6	3	11	5	6
Los Alamos	4	2	1	1	3	0	2	1	1	3
Luna	4	5	2	6	3	4	6	3	3	10
McKinley	9	7	12	5	16	10	9	7	3	12
Mora	1	1	2	3	2	1	2	1	2	3
Otero	16	16	15	20	20	11	21	10	13	16
Quay	2	2	1	5	0	2	3	1	3	5
Rio Arriba	15	9	9	6	10	12	13	7	18	12
Roosevelt	1	4	0	1	3	1	2	2	4	4
San Juan	19	24	23	36	21	22	18	27	33	27
San Miguel	6	7	3	7	6	5	7	8	7	10
Sandoval	20	20	18	25	30	21	26	26	27	21
Santa Fe	25	38	24	23	31	31	38	34	34	46
Sierra	2	2	4	2	7	2	6	6	4	4
Socorro	7	1	5	6	2	4	4	6	7	3
Taos	12	6	8	6	13	13	13	15	9	17
Torrance	6	4	6	9	3	3	6	4	7	5
Union	1	0	2	2	2	0	0	2	0	3
Valencia	16	15	9	8	14	8	20	15	13	11
Out of State	2	3	3	6	5	5	7	1	0	0
Total	390	397	379	412	417	419	442	431	479	468

Overview – Manner of Death – Homicide Deaths



Homicide Deaths – Overview

Homicides increased by 16.8% from 2015 to 2016. Homicide victims were most frequently male (79%) and White Hispanic (42%). As with suicide rates, homicide rates in New Mexico tend to be higher than the national rate, 7.0 per 100,000 in 2014 compared to a national rate of 4.5 per 100,000 (2014 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health).

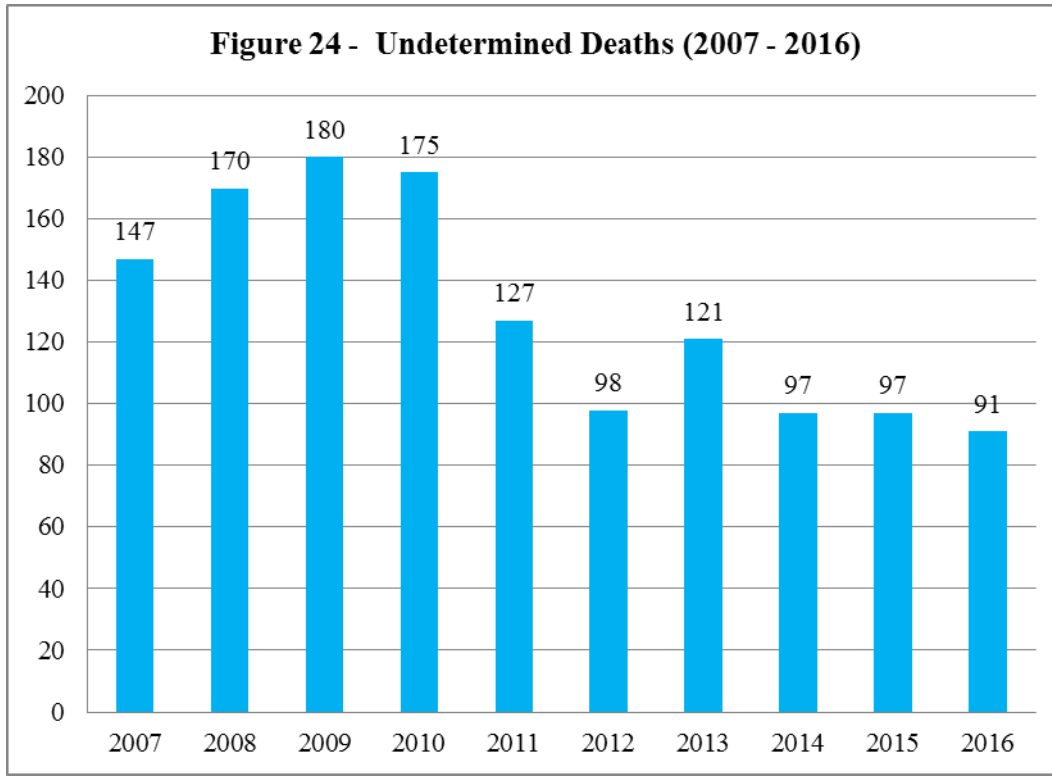


*Age groups not listed had 0 homicide deaths for 2016

Table 10 – Homicide Deaths – Cause – 2016	
Cause of Death	Total Cases
Gunshot wound	125
Multiple injuries	39
Stab wound	18
Homicide by unspecified means	15
Asphyxia	9
Not specified	2
Pneumonia	2
Thermal Injuries	1
Head and neck injuries	1
Exposure	1
Drowning	1
Cardiac arrhythmia	1
Undetermined	1
Total	216

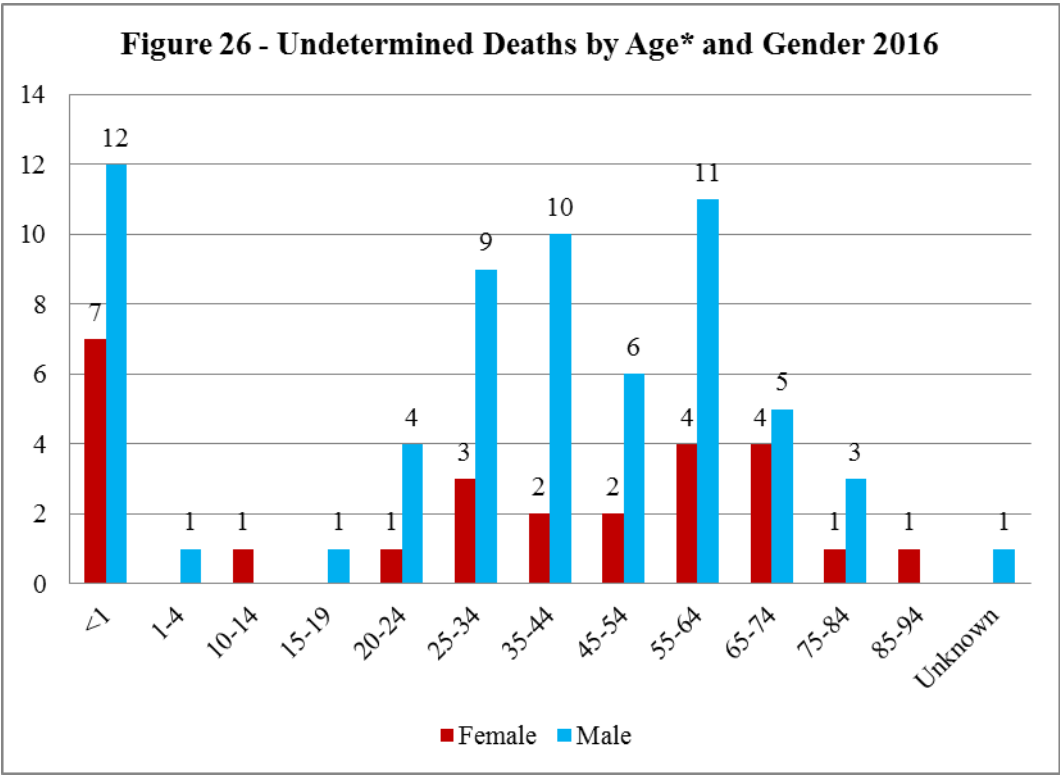
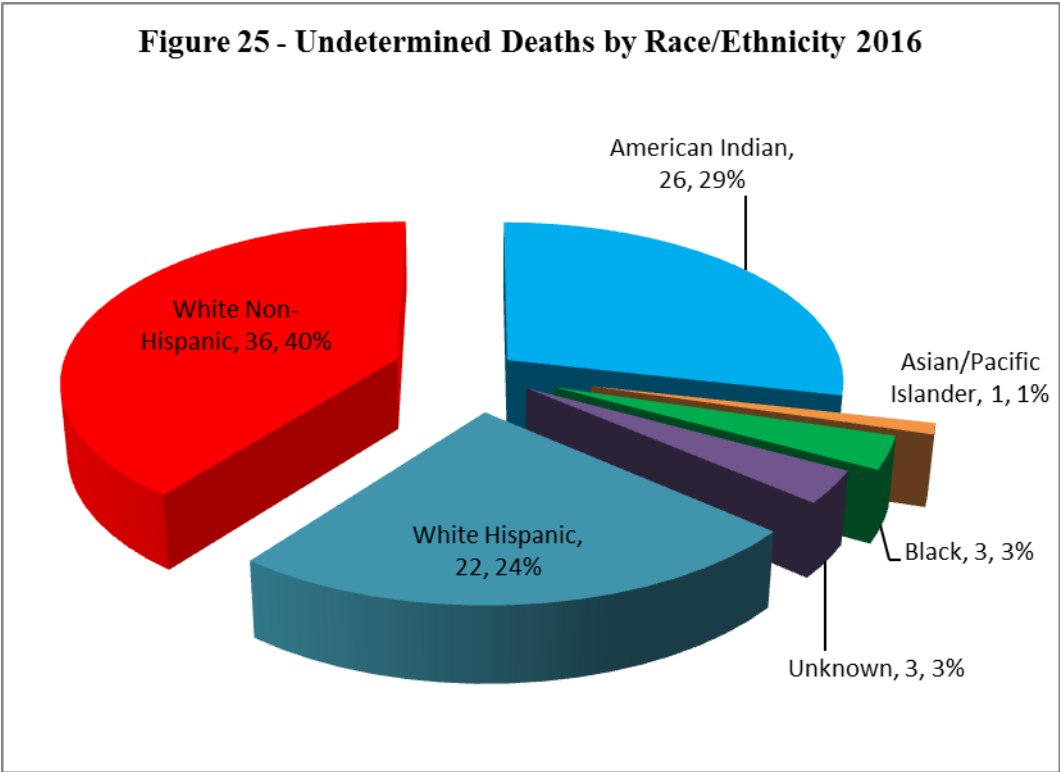
Table 11 – Homicide Deaths – County of Pronouncement (2007 – 2016)										
County of Pronouncement	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Bernalillo	70	61	81	74	50	56	55	55	73	87
Catron	0	0	0	0	0	0	0	0	0	0
Chaves	9	8	10	6	6	10	13	10	11	12
Cibola	1	0	3	5	3	4	1	4	3	2
Colfax	2	0	1	1	0	1	3	1	2	3
Curry	2	3	4	2	3	3	3	2	3	4
De Baca	0	0	0	0	0	0	1	0	0	0
Dona Ana	10	9	9	13	6	7	7	10	9	10
Eddy	3	2	6	3	3	7	4	3	3	9
Grant	3	2	1	1	4	1	3	1	3	4
Guadalupe	2	0	0	2	0	0	0	0	0	0
Harding	0	0	0	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	1	0	0	1	0	0
Lea	6	4	8	10	10	4	7	5	8	7
Lincoln	1	1	1	0	3	1	1	0	2	2
Los Alamos	0	1	0	0	0	0	0	0	0	0
Luna	4	4	2	1	1	0	2	0	3	0
McKinley	8	7	10	8	9	11	10	11	7	13
Mora	0	0	2	0	0	0	0	0	2	1
Otero	3	4	5	4	3	0	5	2	3	4
Quay	4	1	0	1	4	3	0	0	0	2
Rio Arriba	5	0	4	8	8	9	5	1	4	1
Roosevelt	1	5	1	1	1	0	0	1	0	2
San Juan	20	0	10	11	11	11	14	13	10	11
San Miguel	6	11	5	2	4	0	3	2	3	3
Sandoval	3	2	11	3	5	3	1	7	5	9
Santa Fe	5	7	8	12	12	11	4	6	6	5
Sierra	1	10	0	1	0	1	0	1	3	2
Socorro	1	0	2	0	0	1	1	0	2	3
Taos	2	2	1	6	2	2	3	2	2	2
Torrance	2	1	0	2	0	0	1	4	3	1
Union	0	2	0	0	0	0	0	1	0	0
Valencia	4	0	4	1	6	4	4	5	5	6
Out of State	13	9	18	20	12	10	18	11	10	11
Totals	191	156	207	198	167	160	169	159	185	216

Overview – Manner of Death – Undetermined Deaths



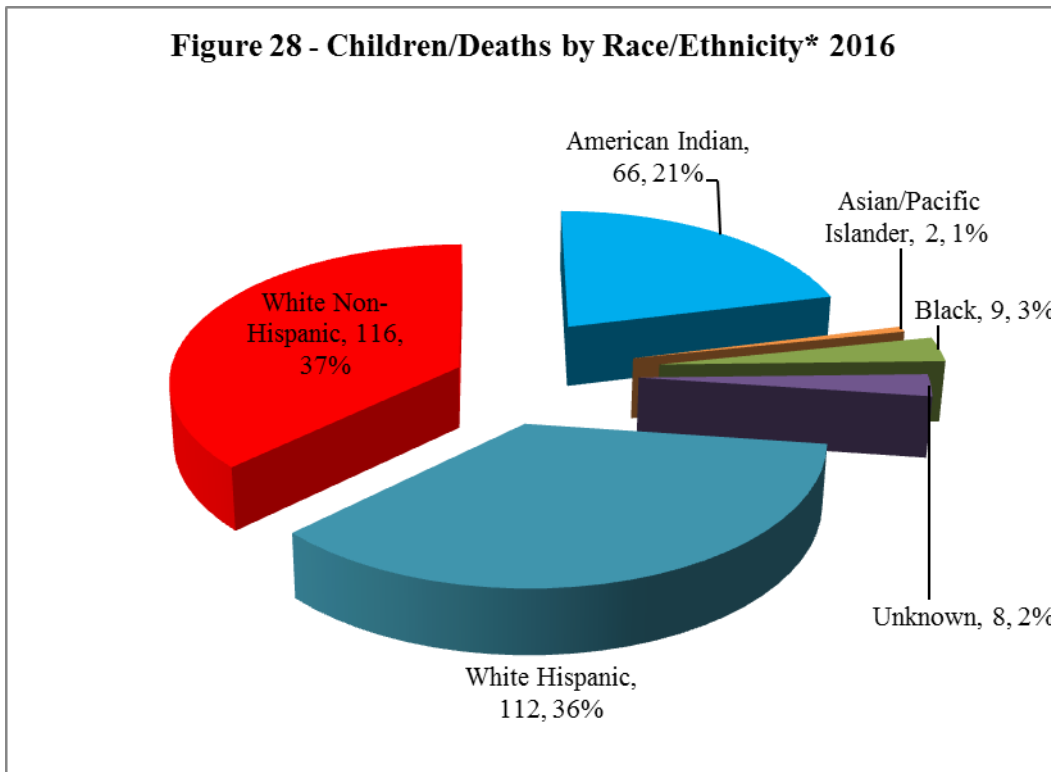
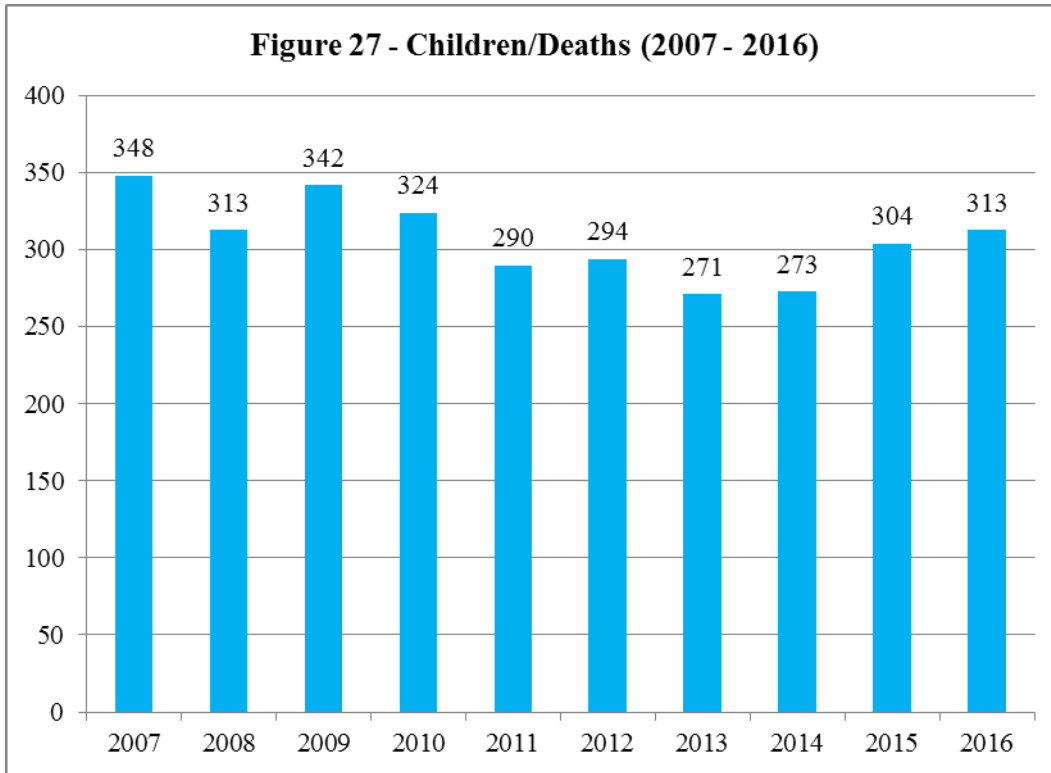
Undetermined Deaths – Overview

All possible efforts are made to determine both a manner (accident, suicide, homicide, natural) and a cause of death for all deaths investigated by OMI. In a very small percentage of cases (less than 1% most years) neither the manner nor cause of death can be determined, even with a complete autopsy, scene investigation, and laboratory testing. In other cases only skeletal or mummified remains were found, or a request for an autopsy was withdrawn.

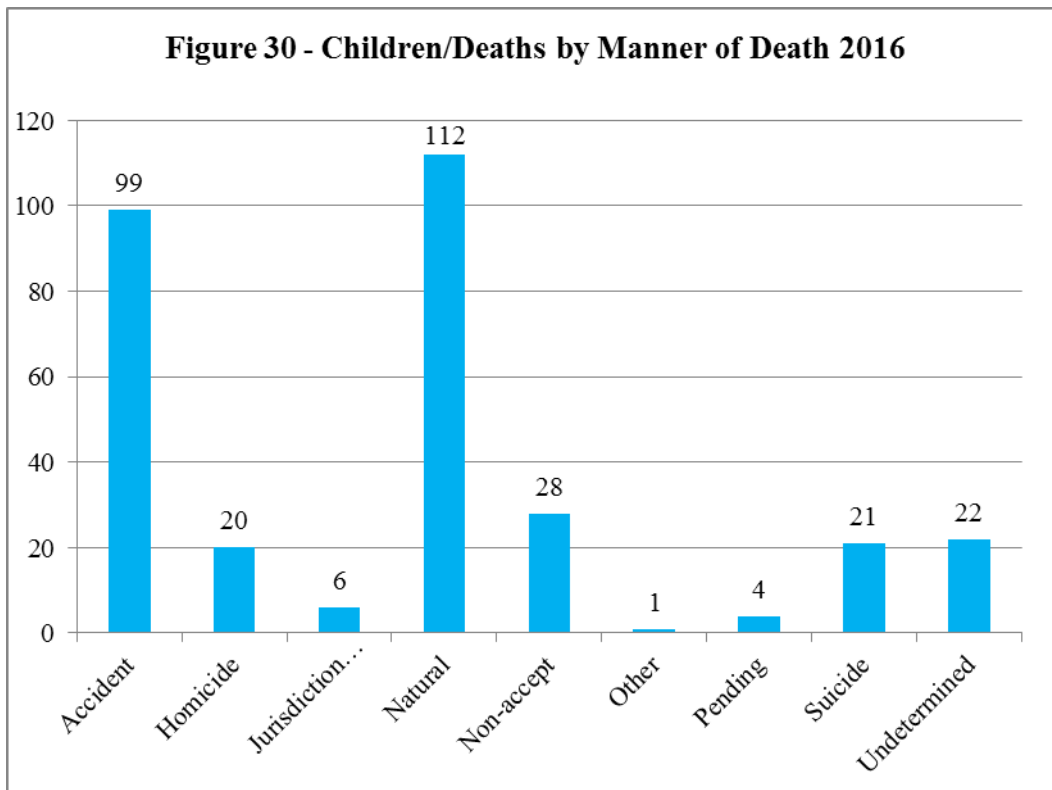
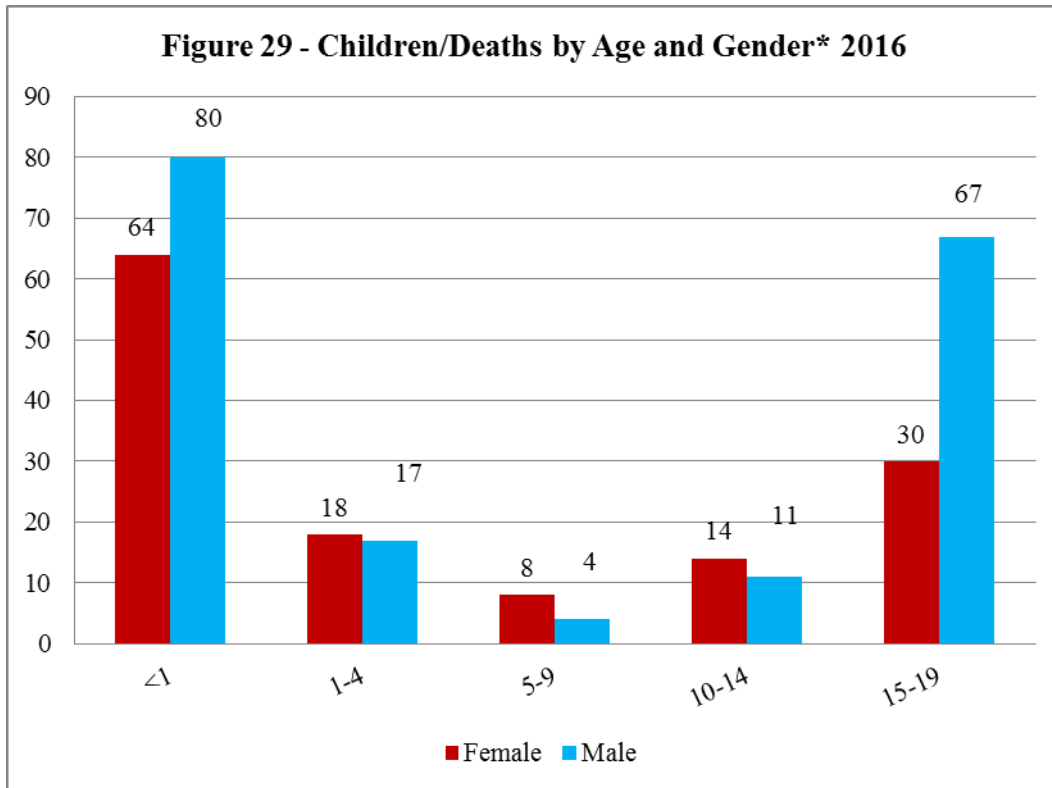


*2 males with unknown age, age groups not represented had no undetermined deaths in 2016

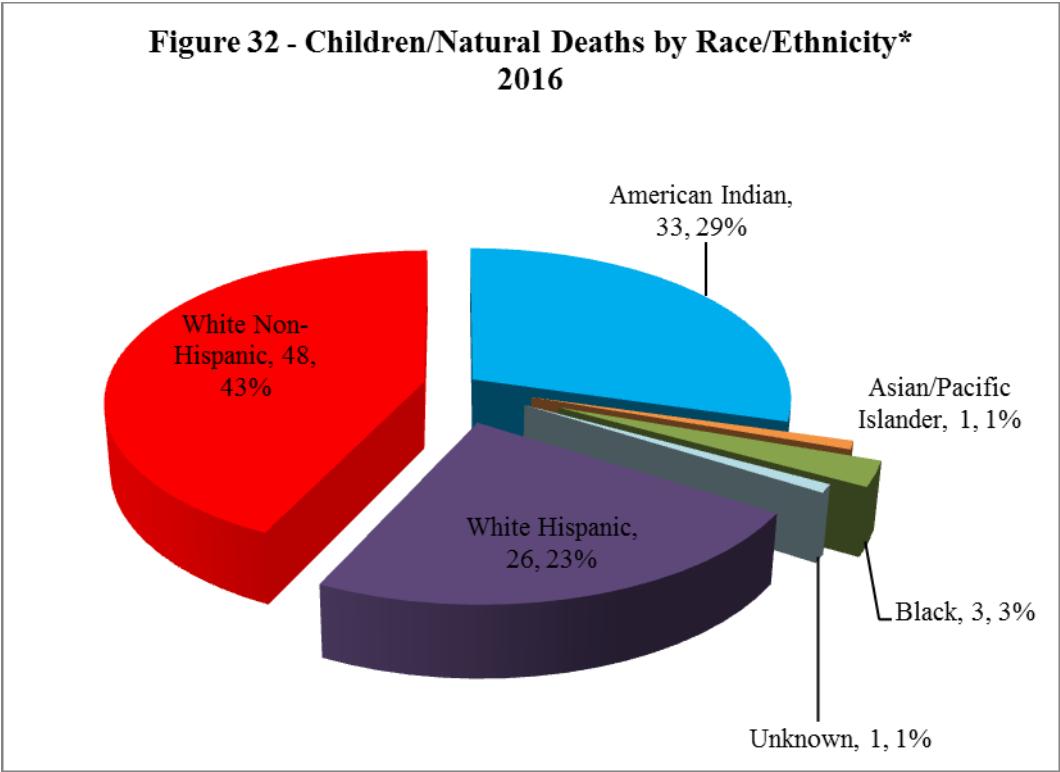
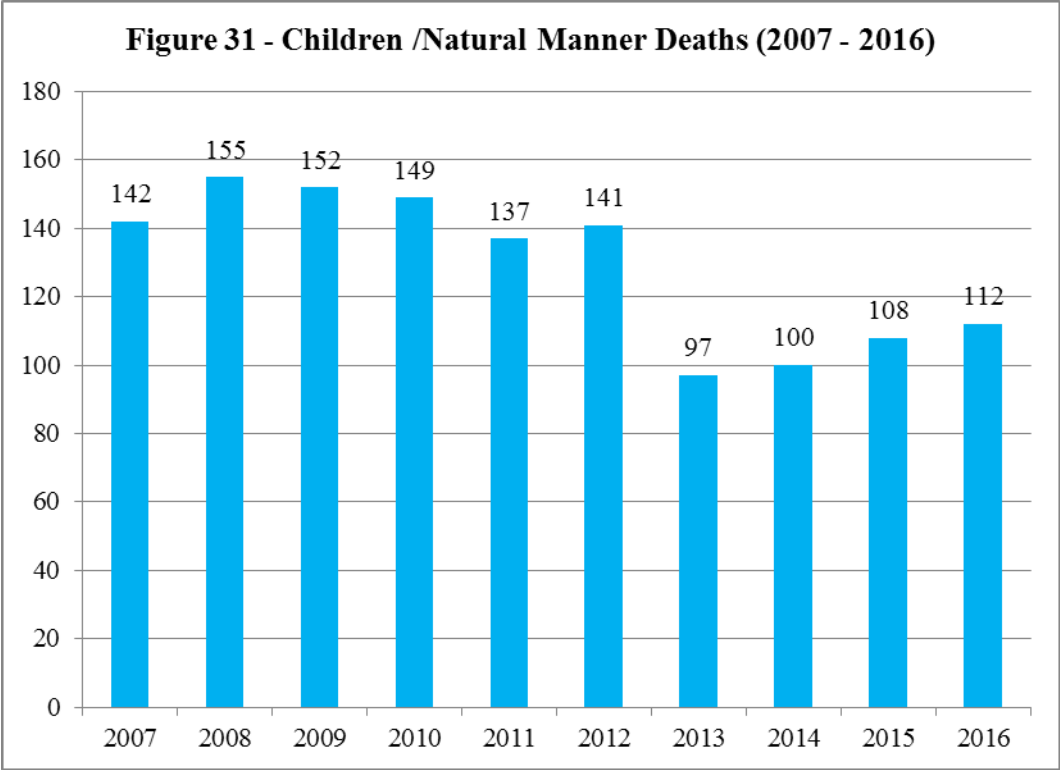
Deaths of Children (19 years of age and younger)



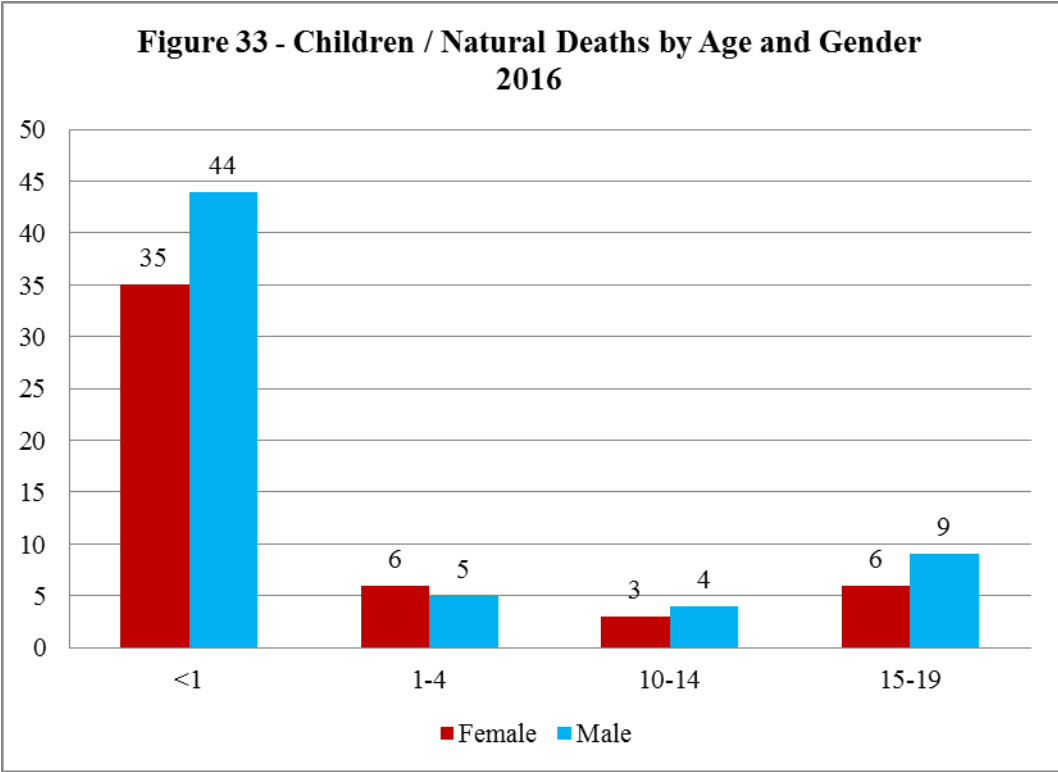
*American Indian includes 1 Hispanic



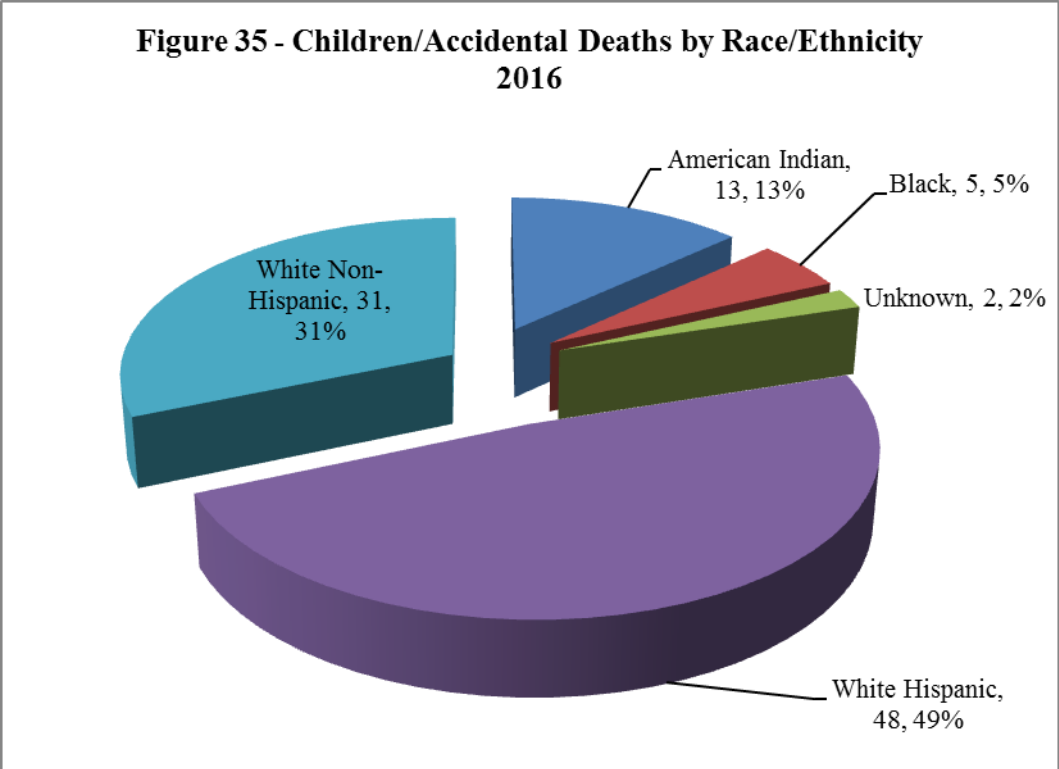
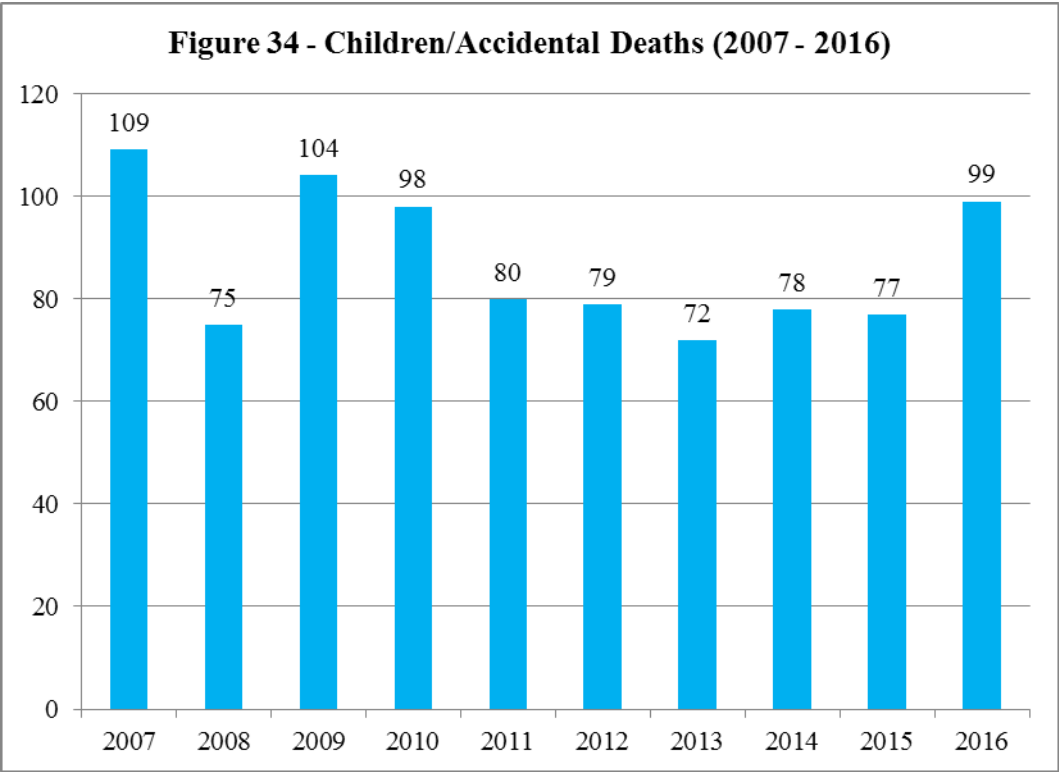
Overview – Children – Manner of Death – Natural Deaths



*American Indian includes 1 Hispanic



Overview – Children – Manner of Death – Accidental Deaths



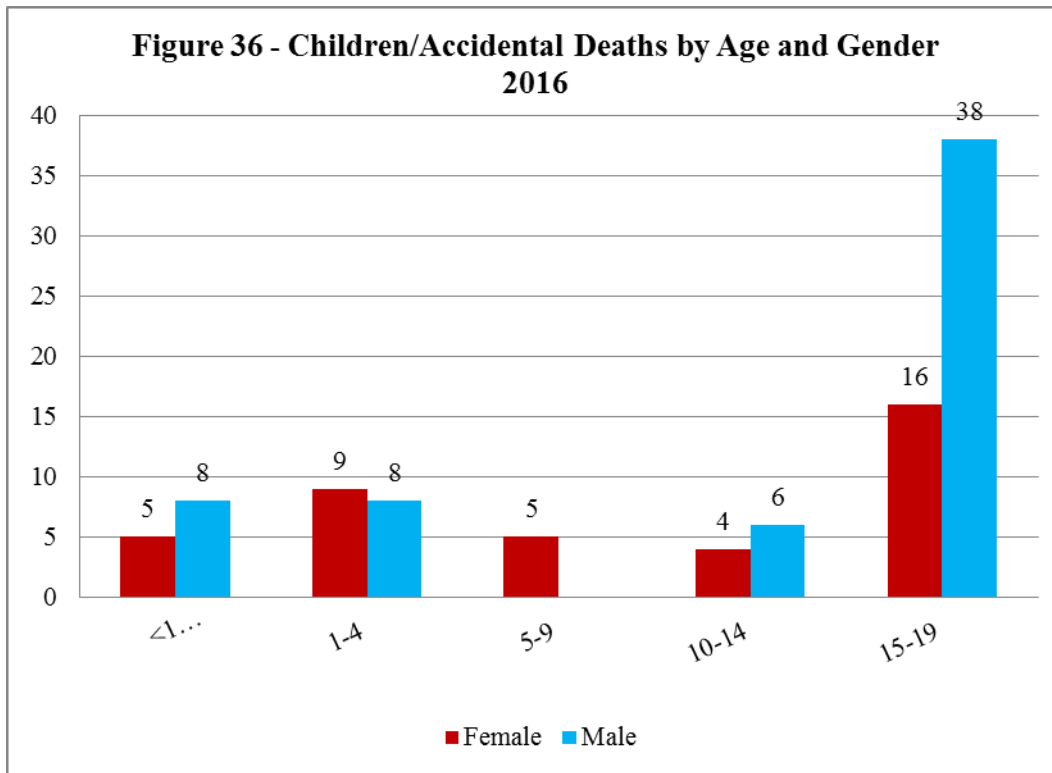
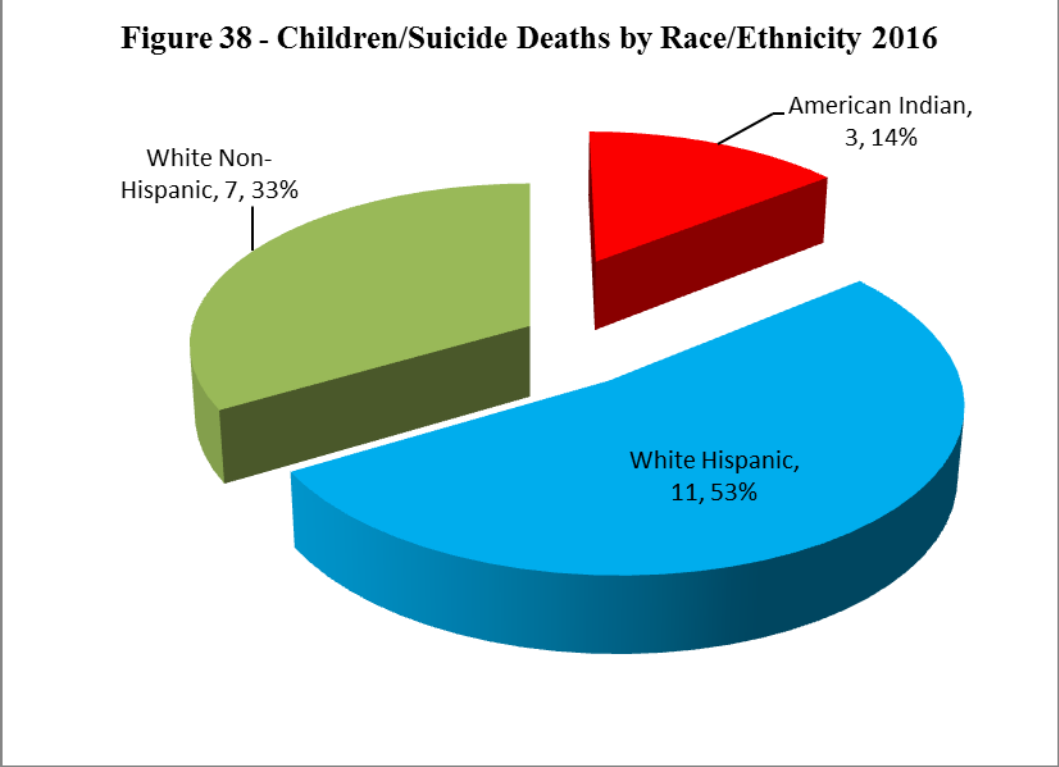
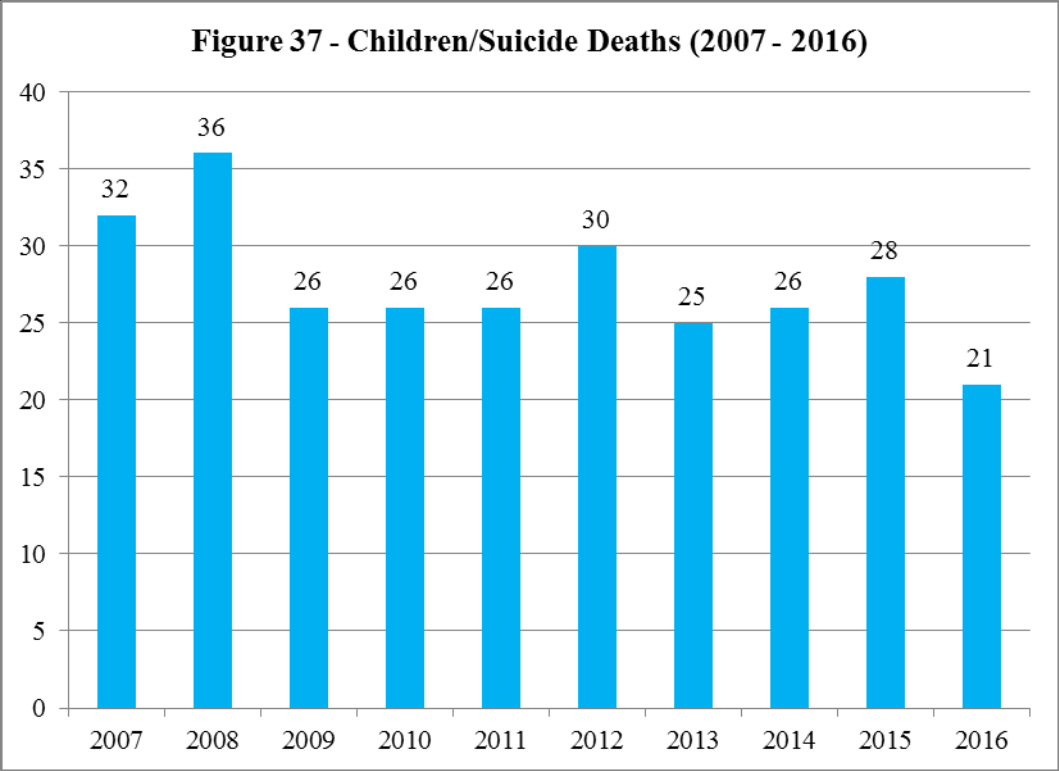


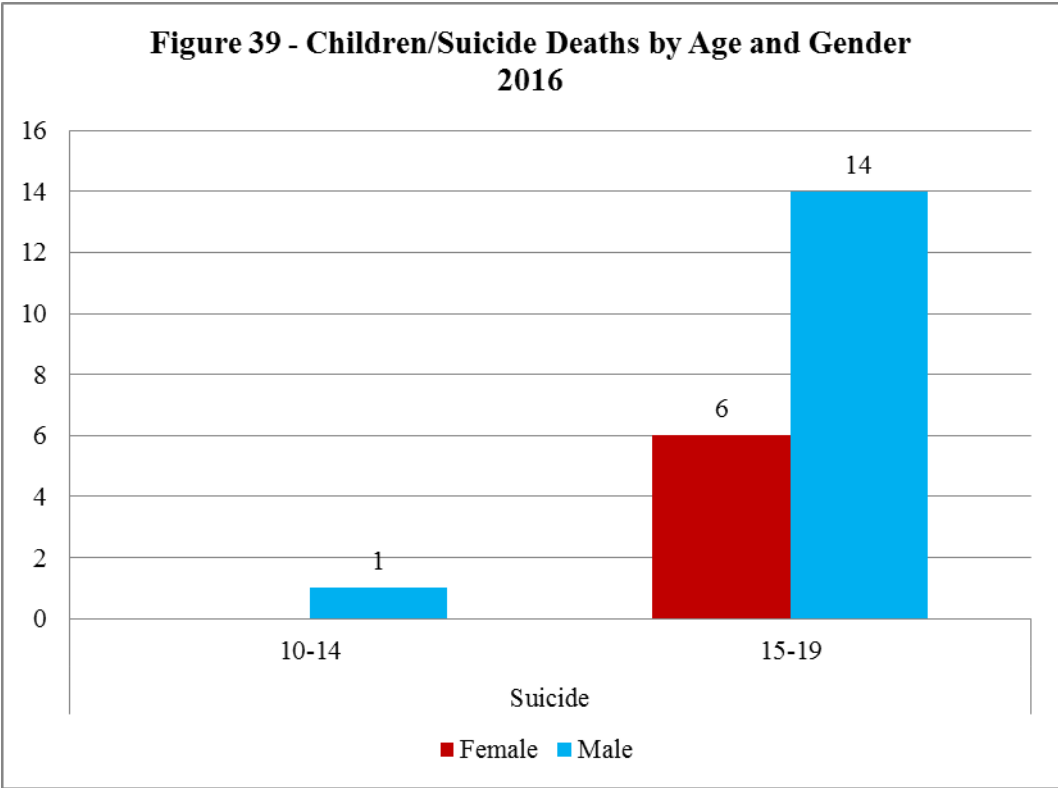
Table 12 – Children – Accidental Deaths – Cause – 2016

Cause of Death	Total Cases
Multiple injuries	56
Substance intoxication	10
Natural Causes	8
Drowning	7
Asphyxia	5
Thermal injuries	2
Head and neck injuries	2
Exposure	2
Intrauterine fetal death	2
Ethanol (alcohol) intoxication	1
Electrocution	1
Pneumonia	1
Prematurity	1

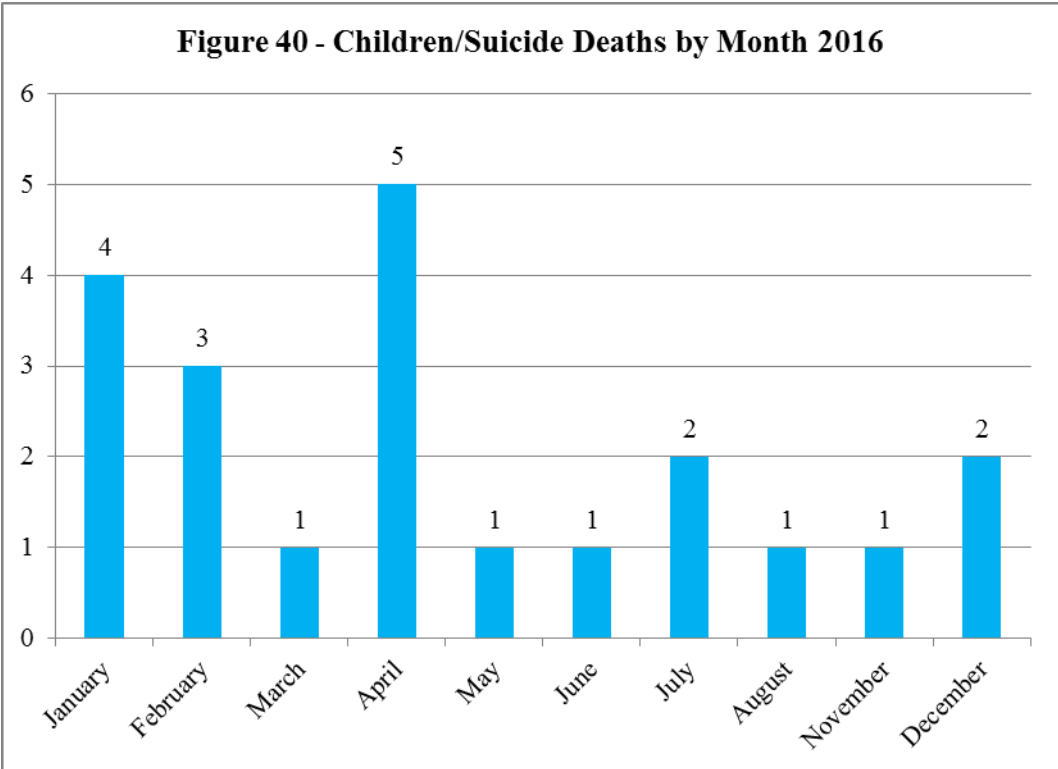
Overview – Children – Manner of Death – Suicide Deaths



• Age groups not included above had no deaths by suicide in 2016



*Age groups not included above had no deaths by suicide in 2016



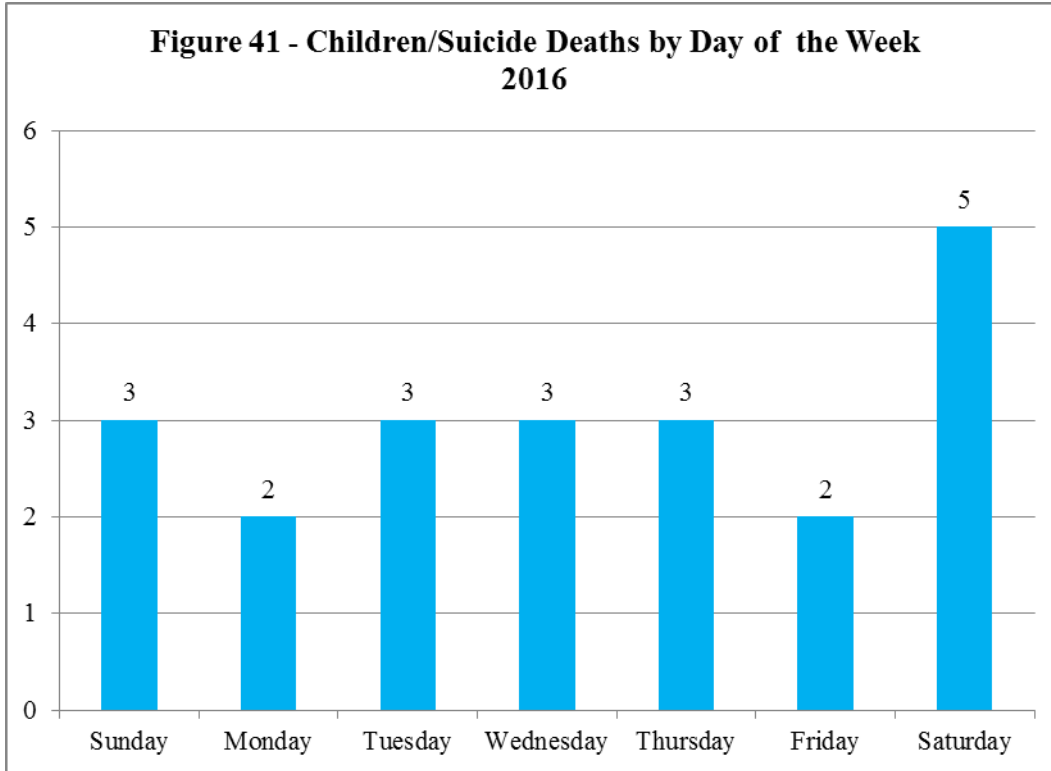
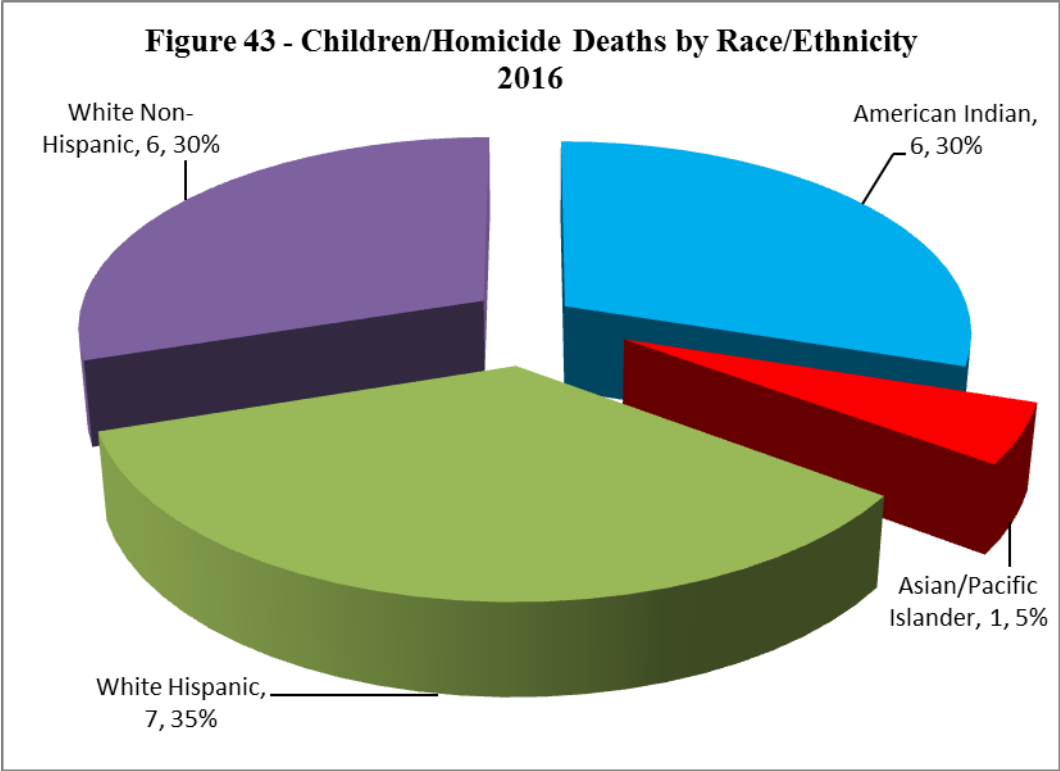
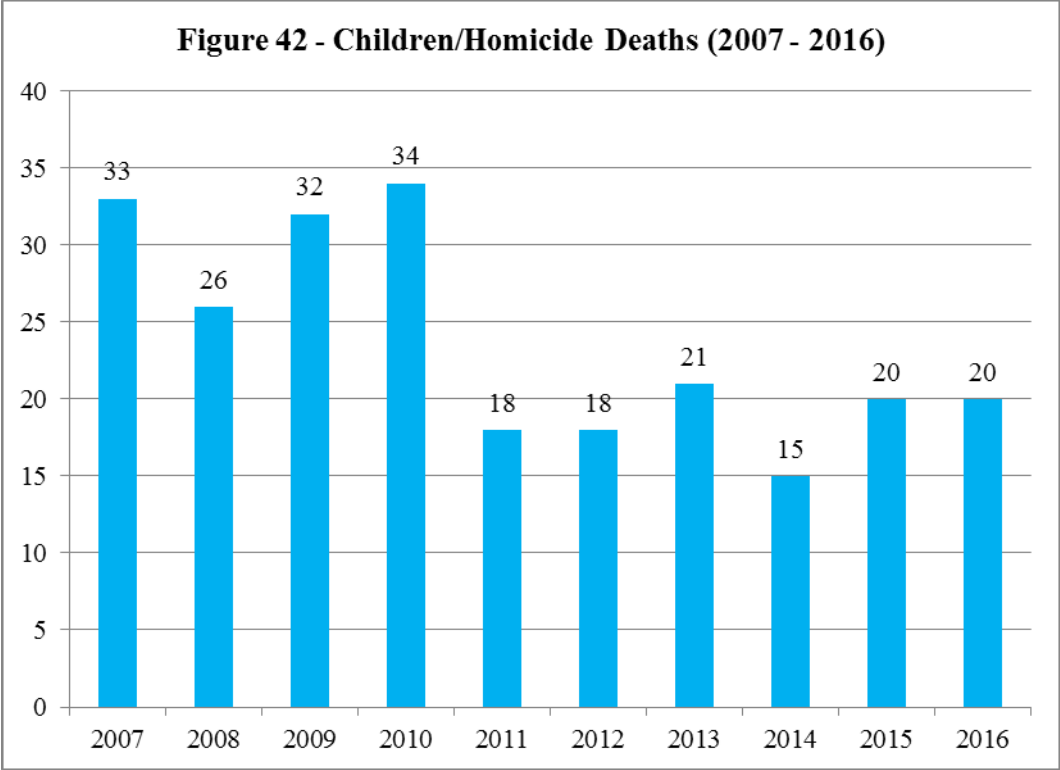


Table 13 - Children/Suicide Deaths by Cause 2016	
Cause of Death	Total Cases
Gunshot wound	10
Hanging	8
Multiple injuries	2
Substance intoxication	1

Overview – Children – Manner of Death – Homicide Deaths



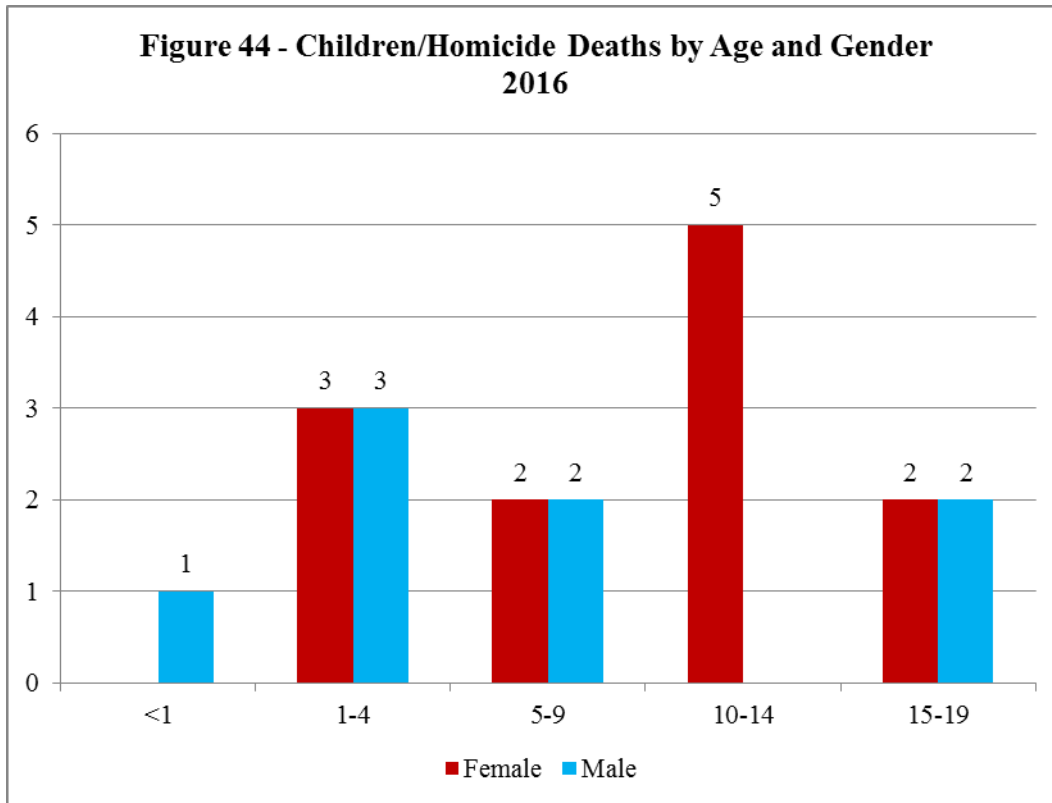
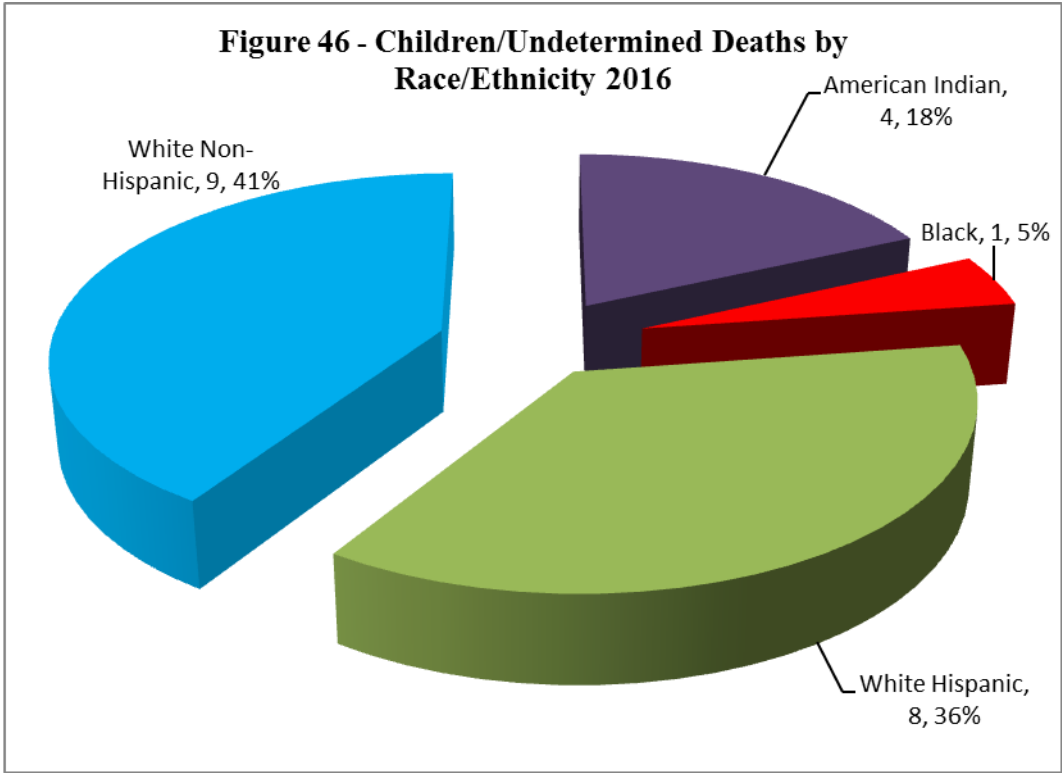
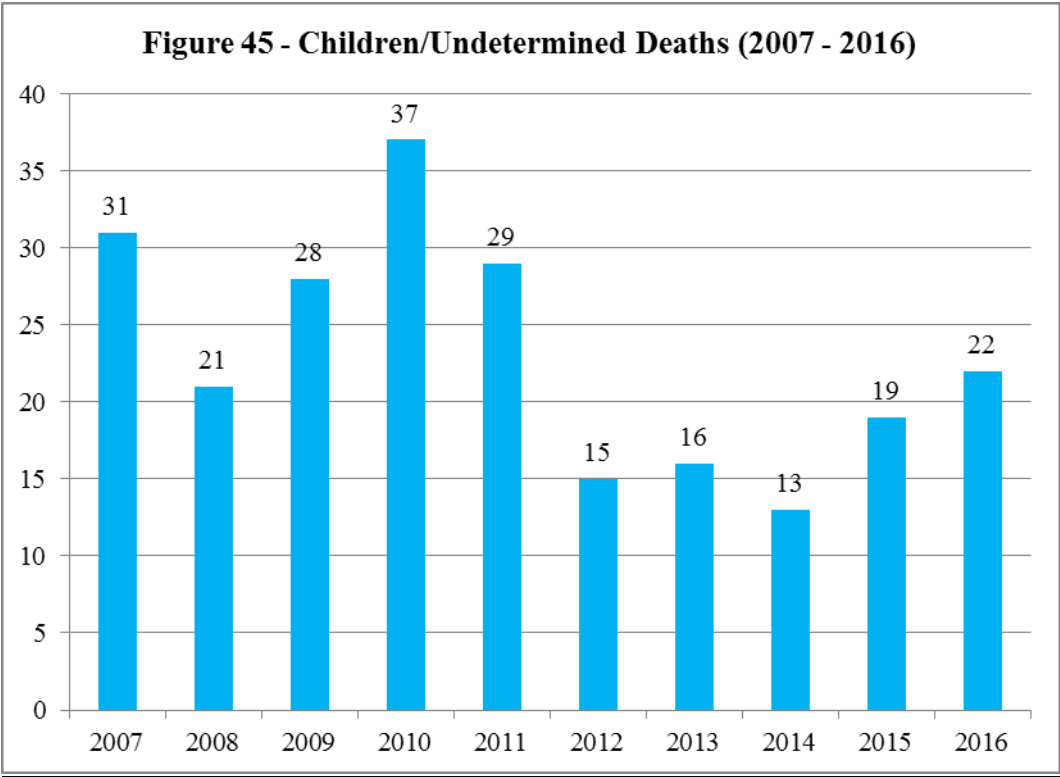
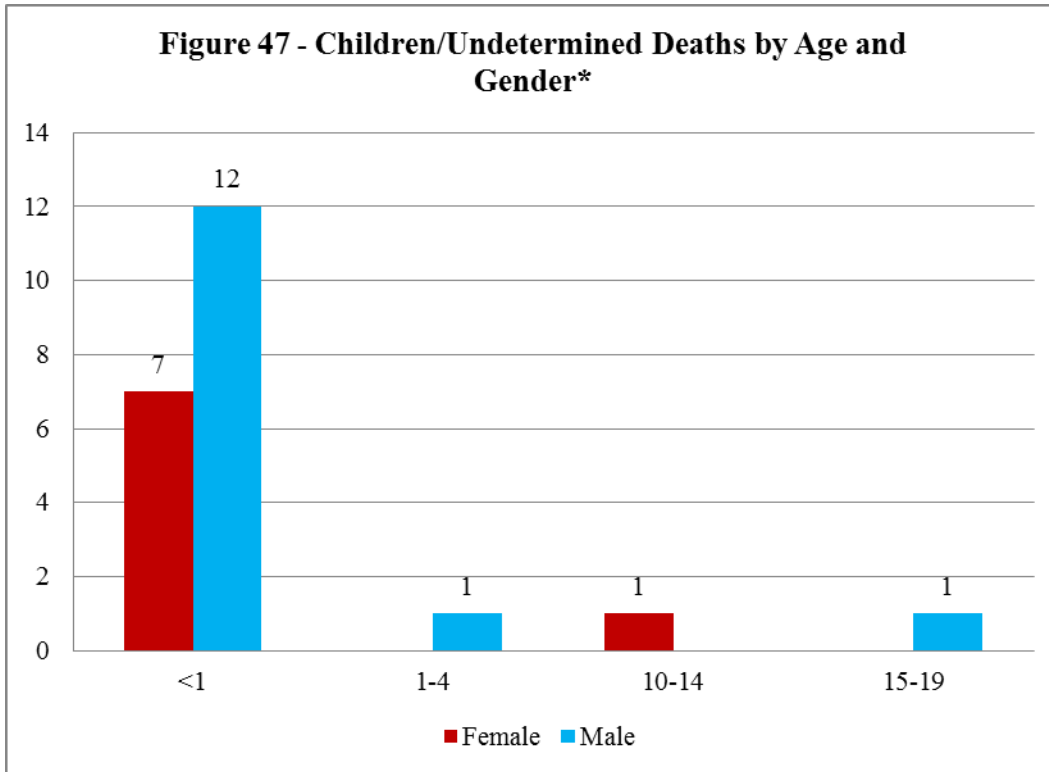


Table 14 - Children/Homicide Deaths by Cause 2016

Cause of Death	Total Cases
Gunshot wound	9
Multiple injuries	6
Exposure	2
Stab wound	1
Pneumonia	1
Strangulation	1

Overview – Children – Manner of Death – Undetermined Deaths





• There were 0 cases for age groups and gender data not depicted in graph.

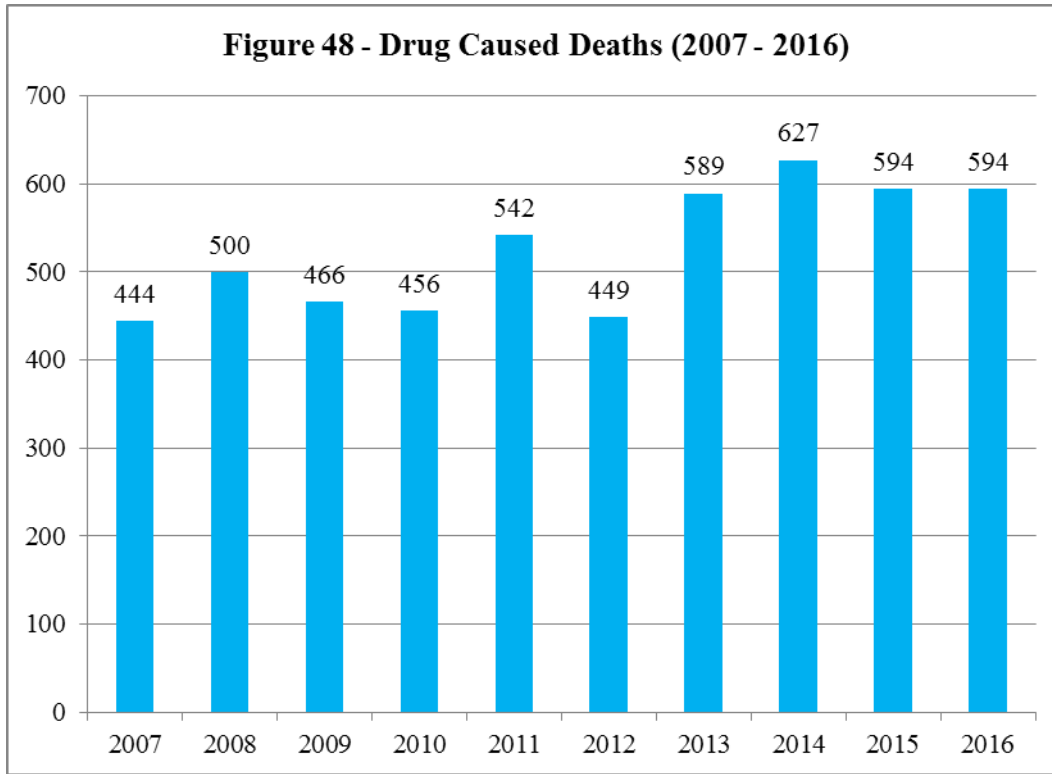
Cause of Death	Total Cases
Undetermined	17
Asphyxia	2
Gunshot wound	1
Multiple injuries	1

Deaths of Children in New Mexico – Summary

The 10-year summaries presented in this report for childhood deaths all include ages 19 and younger. The 313 deaths of people aged 19 and younger represented 4.54% of all deaths investigated by the OMI in 2016. Male decedents comprised 57% of the total deaths in children. The most common manner of death among children was natural, contributing 36% of the total. There were 21 suicides among children in 2016. Suicide deaths were more common among young males (71%) than females (29%), and gunshot wounds were the most common method of suicide in children. The total number of childhood homicides remained constant at 20 homicides in both 2015 and 2016. Homicide deaths among children tended to be female (70%), White Hispanic (35 %) and killed by a firearm (45%). The majority of childhood homicide victims (30%) were between the ages of 1 and 4. Firearms played a role in 10 suicides (48% of total child suicides) and 9 homicides (45% of child homicides).

An excellent resource for additional information about the deaths of children in New Mexico, their circumstances, risk factors, and opportunities for prevention is the Annual Report of the New Mexico Child Fatality Review (NMCFR), published by the New Mexico Department of Health Public Health Division, Maternal and Child Health Epidemiology Program. NMCFR consists of volunteers from many state and local agencies organized into four panels: Suicide, Sudden Unexplained Infant Death (SUID), Unintentional Injury, and Child Abuse and Neglect. The experts on these panels review the circumstances of childhood deaths in order to identify risk factors and develop prevention strategies, and their findings are presented in their annual report.

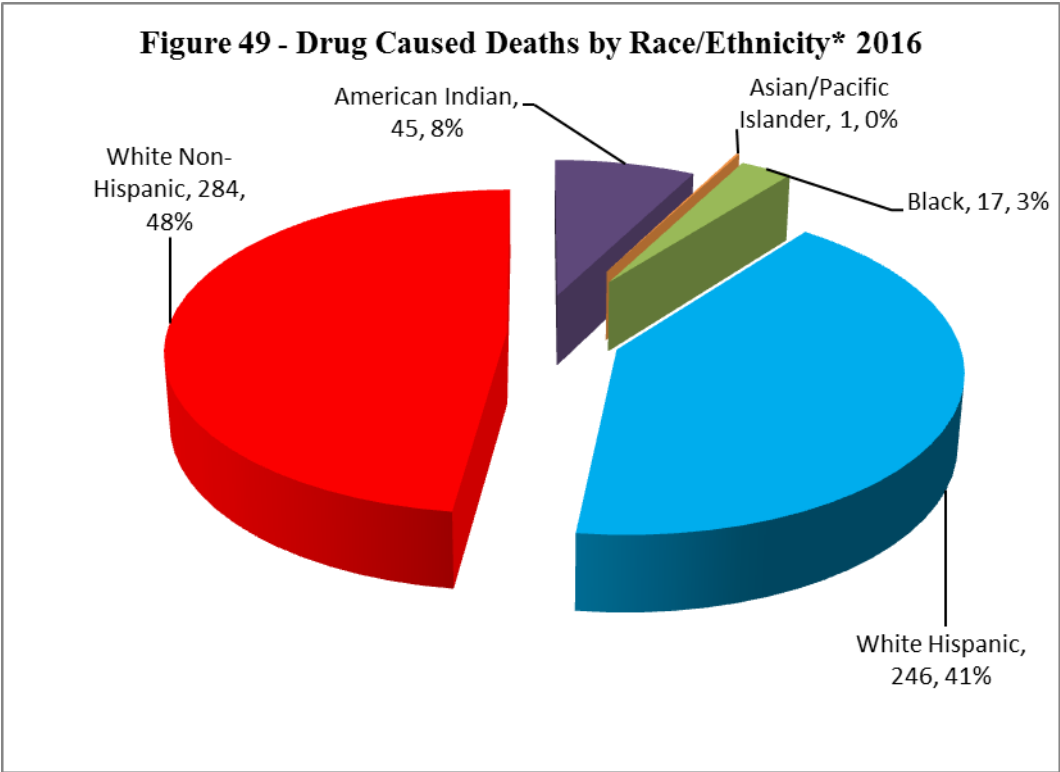
Drug Caused Deaths



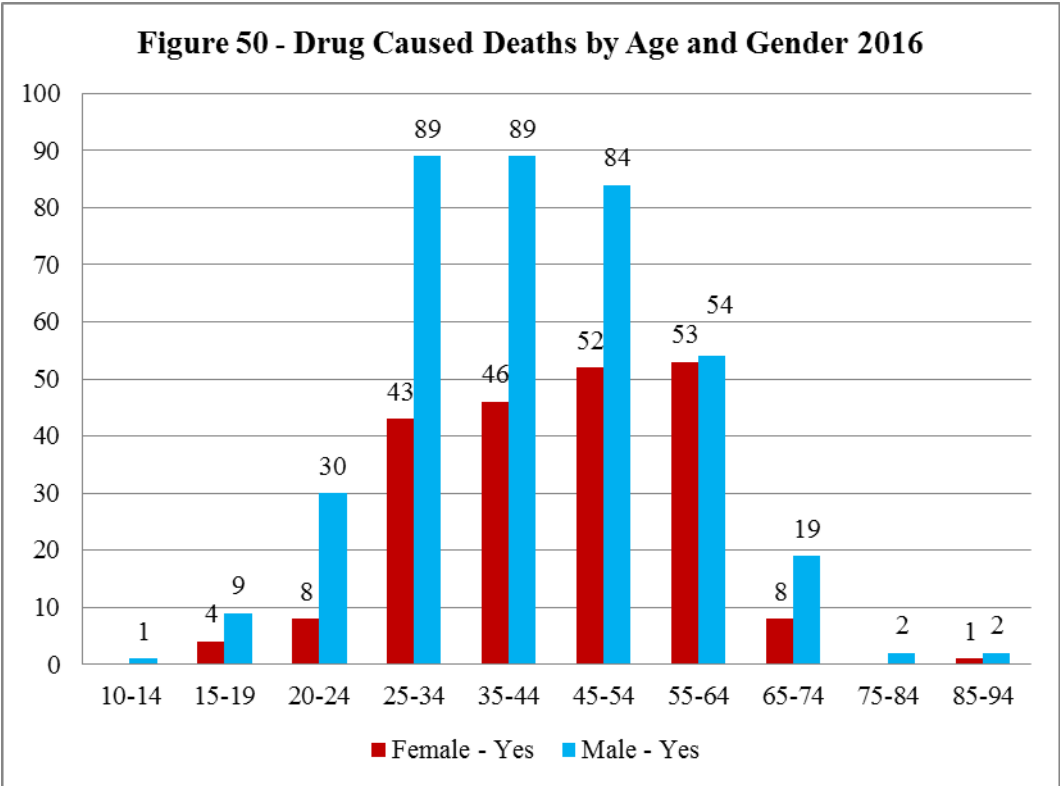
Drug Caused Deaths – Overview

Drug overdose deaths continue to be a problem in New Mexico. A wide variety of drugs, both illegal and prescription, contributed to the 594 drug-caused deaths. Many decedents had more than one drug present at the time of death. The most drug-caused deaths being seen in males ages 25-44 years (30%). The OMI designation of ‘drug-caused deaths’ includes both intentional (suicide, homicide) and unintentional (accidental) drug overdoses.

Additional information regarding unintentional drug overdose deaths in New Mexico is available annually in the newsletter *New Mexico Epidemiology*, published by the New Mexico Department of Health.



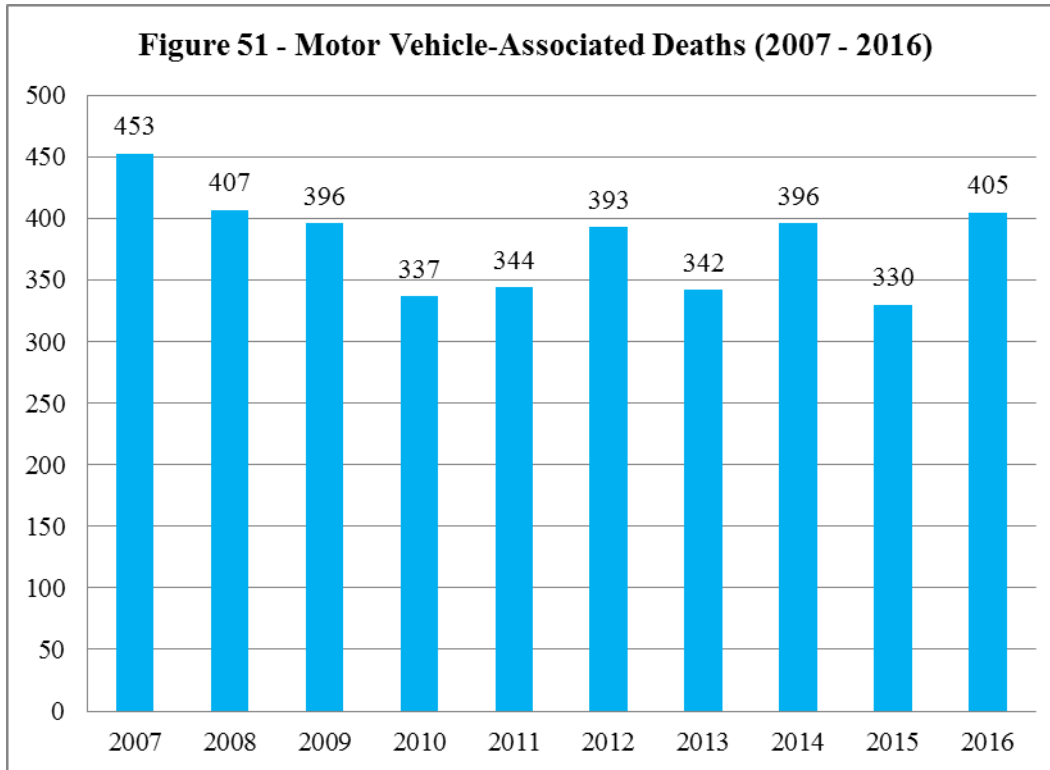
*Black includes 1 Hispanic



• Age groups and genders not depicted above had no drug caused Manner assigned deaths.

Table 16 – Drug Caused Deaths – County of Pronouncement – 2016	
County of Pronouncement	Total Cases
Bernalillo	236
Catron	0
Chaves	12
Cibola	9
Colfax	4
Curry	11
De Baca	0
Dona Ana	28
Eddy	8
Grant	8
Guadalupe	2
Harding	0
Hidalgo	1
Lea	19
Lincoln	14
Los Alamos	3
Luna	4
McKinley	18
Mora	0
Otero	15
Quay	2
Rio Arriba	34
Roosevelt	2
San Juan	25
San Miguel	14
Sandoval	20
Santa Fe	58
Sierra	6
Socorro	4
Taos	12
Torrance	2
Union	0
Valencia	20
Out of State	3
Total	594

Motor Vehicle-Associated Deaths



Motor Vehicle-Associated Deaths – Overview

In 2016, OMI investigated 405 motor-vehicle associated deaths, a 22.7% increase from 2015, and 26% of all accidental deaths investigated by OMI in 2016. Included in this classification are deaths of drivers and passengers of cars, trucks and motorcycles, as well as deaths occurring when a motor vehicle struck a pedestrian or a bicyclist. American Indian decedents were over-represented, with 21% of motor-vehicle accidental deaths. Males ages 25-34 years had the highest number (13%) of motor vehicle-associated accidental deaths. April saw the highest number of motor vehicle deaths (13%), while March and November each had the lowest number (6%). More motor vehicle deaths occurred on a Saturday (17%) than any other day of the week.

Figure 52 - Motor Vehicle Accident vs. Non-Motor Vehicle Accidents 2016

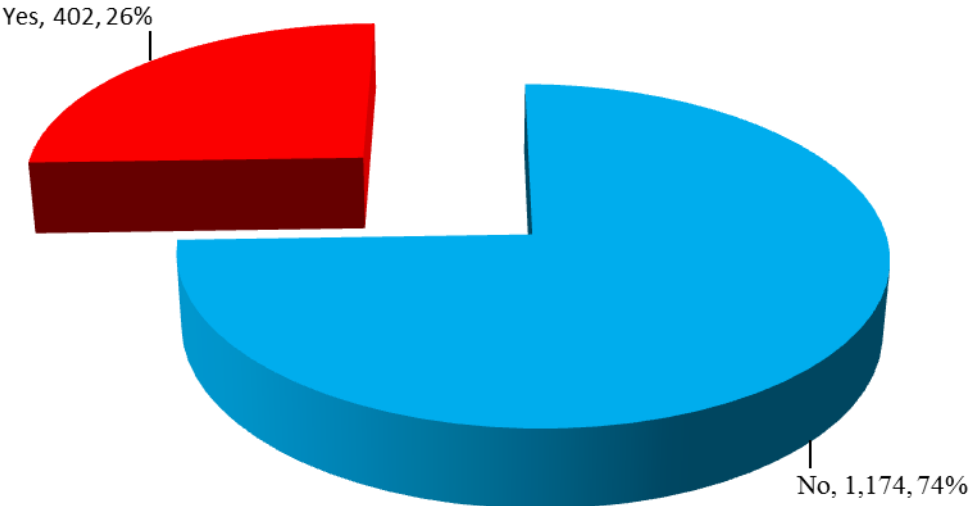
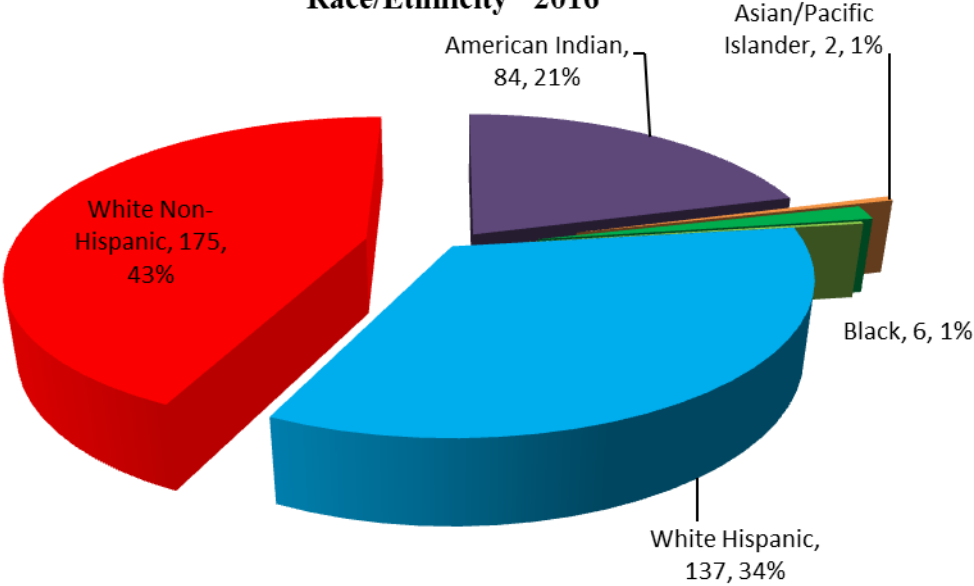
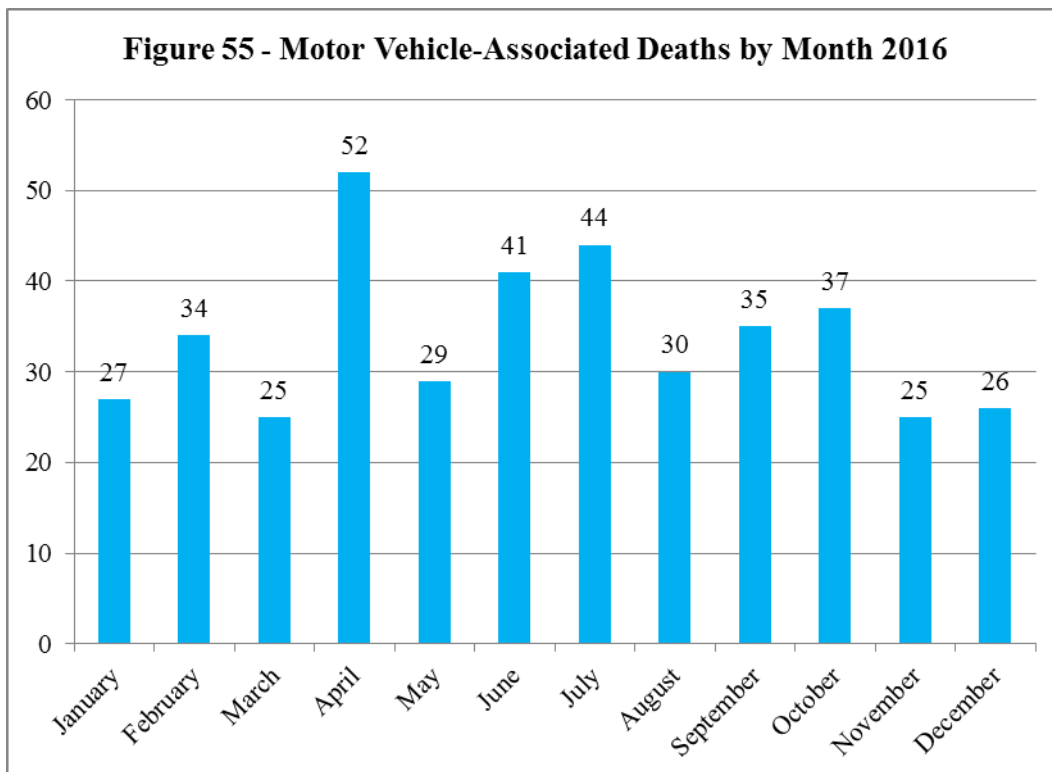
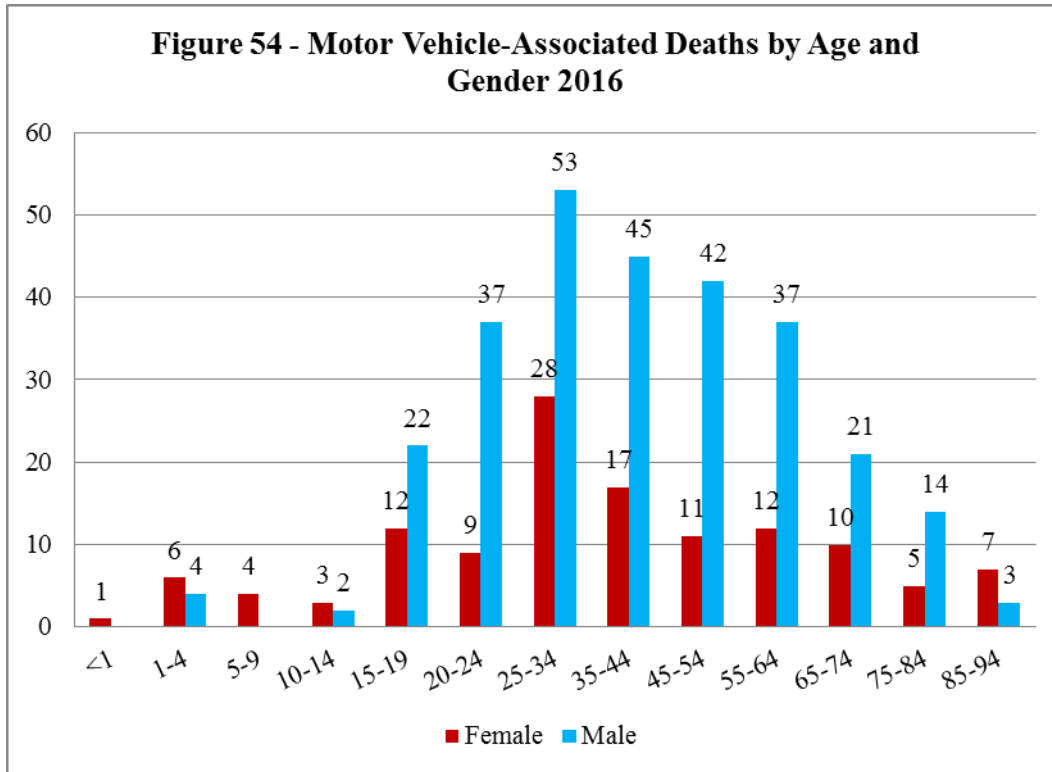


Figure 53 - Motor Vehicle-Associated Deaths by Race/Ethnicity* 2016



*One case with unknown race/ethnicity not included



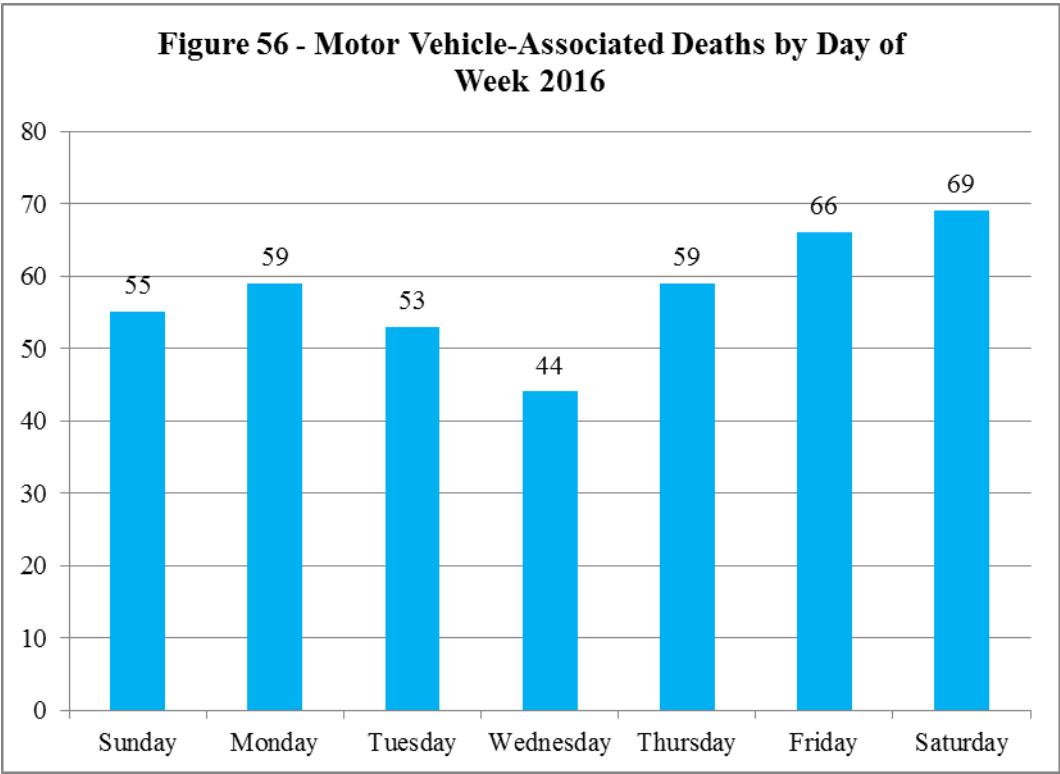


Table 17 – Motor Vehicle-Associated Deaths by County of Pronouncement – 2016	
County of Pronouncement	Total Cases
Bernalillo	130
Catron	1
Chaves	13
Cibola	12
Colfax	4
Curry	6
De Baca	3
Dona Ana	19
Eddy	6
Grant	1
Guadalupe	10
Harding	2
Hidalgo	3
Lea	11
Lincoln	5
Luna	10
McKinley	23
Mora	3
Otero	3
Quay	2
Rio Arriba	10
Roosevelt	3
San Juan	26
San Miguel	7
Sandoval	18
Santa Fe	25
Sierra	2
Socorro	14
Taos	6
Torrance	11
Union	1
Valencia	3
OUT OF STATE	12
Total	405

Glossary

Accident – The *manner of death* used when, in other than *natural deaths*, there is no evidence of intent.

Autopsy – A detailed postmortem external and internal examination of a body to determine *cause of death*. An autopsy may be either ‘full’, with complete dissection and examination of internal structures, or ‘partial’, dissecting only a select portion of the body, such as the brain or abdomen.

Cause of Death – The agent of effect that results in a physiological derangement or biochemical disturbance that is incompatible with life. The results of postmortem examination, including autopsy and toxicological findings, combined with information about the medical history of the decedent serves to establish the cause of death. The cause of death can result from different circumstances and manner of death. For example, the same cause of death, drowning, can result from the accidental immersion of a child in a swimming pool or from the homicidal immersion of a child in a bathtub.

Children – Individuals 19 years of age or younger. (Normally this is 18 years of age or younger, but to keep with industry standard age divisions, 19 year-olds are included in our tables.)

Circumstances of Death – The situation, setting, or condition present at the time of injury or death.

Consultation – Autopsies paid for by families, hospitals or investigating agencies, such as the Federal Bureau of Investigations (FBI); these autopsies are not under OMI jurisdiction and are done by request and payment.

County of Pronouncement – The county where the decedent was pronounced dead.

Deputy Medical Investigator – An investigator, not necessarily a physician, appointed by the *State Medical Investigator* to assist in the investigation of deaths in the *jurisdiction* of the OMI. There is at least one deputy medical investigator in each county in New Mexico.

Exhumation – To remove a deceased body from a pre-existing grave site in order to examine the body and assign a *cause* and *manner of death* or to identify the remains using current information and/or technology.

External Examination – A detailed postmortem external examination of a body, conducted when a full or partial autopsy is determined to not be required.

Drug Caused Death – A death caused by a drug or combination of drugs. Deaths caused by *ethanol*, poisons and volatile substances are excluded.

Ethanol – An alcohol, which is the principal intoxicant in liquor, beer and wine. A person with an alcohol concentration in blood of 0.08 grams/100 milliliters (0.08 g/100mL) is legally intoxicated in New Mexico.

Ethanol Present – Deaths in which toxicological tests reveal a reportable level of *ethanol* (0.005% or greater) at the time of death.

Homicide – The *manner of death* in which death results from the intentional harm of one person by another.

Jurisdiction – The extent of the Office of the Medical Investigator’s authority over deaths. The OMI authority covers reportable deaths that occur in New Mexico, except for those occurring on federal reservations (American Indian and military) and in hospitals. New Mexico Statute 24-11-5NMSA 1978 and descriptions in the OMI policy manual define reportable deaths. The OMI may be invited to consult or investigate cases over which it has no jurisdiction.

Jurisdiction Terminated – Jurisdiction terminated cases are reported to OMI, which is statutorily obligated to review the cases. However, after review proves that there was no foul play and if the decedent’s physician agrees that the death was an expected natural death, the case is then assigned a *cause* and *manner* of death by their physician. The OMI is still obligated to make sure the decedent’s remains are properly cared for.

Field External Examination – An investigation and external examination conducted at the scene to determine cause of death, with no autopsy conducted but under OMI jurisdiction.

Manner of Death – The general category of the condition, circumstances or event, which causes the death. The categories are *natural*, *accident*, *homicide*, *suicide* and *undetermined*.

Natural – The *manner of death* used when solely a disease causes death. If death is hastened by an injury, the *manner of death* is not considered natural.

Non-accept – Non-accept cases are decedents who have died under the care of a physician, but are reported into the OMI to verify that there is no statutory obligation to investigate the case.

Office of the Medical Investigator – The state agency in New Mexico that is responsible for the investigation of sudden, violent or untimely deaths. The Office of the Medical Investigator was created by legislation in 1973 to replace the county coroner system (see also, *Deputy Medical Investigator*).

Pending – The *cause of death* and *manner of death* are to be determined pending further investigation and/or toxicological, histological and/or neuropathological testing at the time of publication.

State Medical Investigator – The head of the *Office of the Medical Investigator*. The State Medical Investigator must be a licensed physician licensed in New Mexico and may appoint Assistant Medical investigators, who must be physicians and *Deputy Medical Investigators*.

Undetermined – The *manner of death* for deaths in which there is insufficient information to assign another manner.