



**Primer for Medical Examiners
And Medical Examiner Investigators
November 1, 2019**

**The Iowa Office of State Medical Examiner
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Ankeny IA 50023
515-725-1400**

COUNTY MEDICAL EXAMINERS AND INVESTIGATORS

County medical examiners, also referred to as CMEs, are defined in Iowa to be medical or osteopathic physicians or surgeons licensed in Iowa who are appointed by the county board of supervisors to serve in this capacity. Every county should have at least one county medical examiner and may have many deputy county medical examiners, who also are licensed physicians. County medical examiner investigators, or CME-Is, are individuals appointed by a county medical examiner with approval by the county board of supervisors and the state medical examiner to serve under the supervision of the county medical examiner. A CME-I is not usually a physician, but has some experience as a paramedic or nurse or has worked in law enforcement. The CME-I is capable of doing scene investigations, gathering information and evidence, and completing entry of the electronic ME-1 form.

The CME-I should receive training in death investigation by attending the St. Louis course in medico-legal death investigation prior to or within two years of appointment as a CME-I or an equivalent course approved by the Iowa Office of the State Medical Examiner (IOSME). IOSME has federal grant money available to provide tuition, travel, and lodging reimbursement for selected CME-Is who wish to attend the St. Louis Course. You may contact the IOSME (515-725-1400) for information on how to apply.

Prior to or within five years of appointment as a CME-I, certification at the registry level as a death investigator should be obtained through the American Board of Medicolegal Death Investigators (ABMDI).

DUTIES OF THE CME – JURISDICTION

The county medical examiner has many duties and responsibilities. A logical first question to ask when you are called about a death is, does this death fall under my jurisdiction? Jurisdiction can be thought of in two parts – location and statutory requirements.

Location – The jurisdiction belongs to the medical examiner of the county where the body is **pronounced** or **found** dead.

Circumstances – The second part of jurisdiction has to do with the circumstances of the death. Iowa Code 331.802 (see Appendix A) is the law granting the county medical examiner authority to take charge of a body if it meets the **criteria of a death affecting the public interest**. The law is quite broad and includes deaths from homicide, physical injury, criminal abortion, persons in jail, unexpected or unexplained deaths, unidentified, children under two years old, *etc.* Notable cases that do *not* come under medical examiner jurisdiction are pre-diagnosed as bedfast or **terminal patients** who were seen

by a physician in the previous 30 days and **hospice patients**. While these cases do not come under medical examiner jurisdiction, if the medical examiner is called, documentation needs to be made via electronic entry by checking the Jurisdiction Declined box and entering minimal case information.

Clicking the Jurisdiction Declined box is used whenever a medical examiner takes a call and then determines it is not a medical examiner case. The medical examiner in this situation is said to be **declining jurisdiction**. (Note: The ME-1 JD form is used only in situations when by law a death does not need to be reported to the ME, but the ME is called on the case anyway, usually by hospice staff that is unsure or unfamiliar with the law).

*It is important to realize that “Jurisdiction Decline” is not synonymous with deciding an autopsy does not need to be performed. For example, an unattended death is reportable to the ME by law. After the ME is notified and an investigation uncovers clear natural causes and an autopsy is not ordered, an electronic ME-1 must be completed. **In medical facility, natural deaths (jurisdiction declined)** need abbreviated electronic entry. Medical facility refers to hospital, hospice, and nursing home deaths.*

DUTIES OF THE CME – DETERMINE CAUSE AND MANNER OF DEATH

The **cause of death** can be defined as an injury or disease that produces a physiological derangement in the body resulting in death. One needs to determine the **etiology** of a person’s demise when certifying the cause of death. Stating mechanisms of death alone are not sufficient.

Examples of causes of death include, stab wound of chest, arteriosclerotic cardiovascular disease, small cell carcinoma of lung, hanging, and blunt force injuries of head.

Examples of mechanisms of death include pulmonary arrest, hemorrhage, and cardiac arrest. One can include the mechanism on the death certificate but one must also determine and document an underlying etiology.

Determining **manner of death** can be equally challenging. There are a few points to keep in mind when determining manner of death. First, consider if there are any conditions that are contributory to death even though they may not be the underlying cause. If the cause of death is from a natural disease, but there is a contributory factor that is not natural, such as a particular drug or injury, then the manner cannot be natural. Second, be sure to determine the **proximate** cause of death, i.e. the condition that started a chain of events leading to death. An example: A person dies of a seizure disorder. If the cause of the seizure is from an arteriovenous malformation the manner would be natural. However, if the seizure is due to blunt force injuries of the head received in an assault five years prior, then the manner of death is homicide.

Homicide, to a medical examiner, means death at the hands of another person. This differs from saying a person was murdered. There is no need to show intent. The legal community is different and they must show degrees of intent and thus determine culpability. The following are examples of homicides: gang fight where one gang member stabs another, perpetrator shoots at police and police fire back killing him, and a hunter thought he was shooting at a deer only to “accidentally” have shot his hunting partner.

Suicide, on the other hand, is the result of one taking one’s own life. The medical examiner must show that the individual intended to kill themselves. Intent may be obvious such as a suicide note. Intent may be more implicit such as taking large quantities of medications or holding a gun to their head and pulling the trigger.

Accident is when a person dies as result of a hazard from their environment. Examples of accident include most motor vehicle collisions, falls, acute drug or alcohol intoxications when there was no intent to commit suicide, anaphylactic reactions to bee stings, drowning, and gross negligence or error in medical procedures.

Natural is when the immediate cause of death and any contributory factors are natural diseases or conditions. As mentioned above, if the cause of death is a natural disease, but there is a non-natural contributory factor then the manner can not be natural. A common scenario that sometimes causes some confusion is in certifying the manner of death in a person who dies of chronic alcohol abuse. By convention, many jurisdictions including the IOSME certify these deaths as natural. The logic behind this convention is that chronic alcoholism it is generally viewed as a disease process. Acute alcohol intoxication, on the other hand, is still usually certified as accident.

CASES NEEDING AN AUTOPSY

The guidelines provided by the IOSME and administrative rules give specific instructions on which cases have to be autopsied (homicides, unidentified persons, undetermined cause or manner, children unless there is a clear diagnosis of natural disease, in custody deaths, and work-related deaths, *etc.*) The guidelines also indicate cases that should be autopsied in most circumstances, such as suicides, drivers of multiple vehicle crashes, etc.

In most instances, cases involving deaths of individuals over 55 years old where there is no indication of anything other than natural disease, a medico legal autopsy does not need to be ordered.

A forensic pathologist at the Iowa Office of the State Medical Examiner is on call 24 hours a day 365 days a year (515 725-1400). You are encouraged to call to consult about any case and discuss with the pathologist if an autopsy is necessary.

CREMATIONS

According to Iowa law, a body cannot be cremated without first having authorization from a medical examiner. The reason is that this is the last chance to “catch” any potential deaths that should have been investigated before the body and evidence is permanently destroyed. If the case is a “non-ME” case the first question to ask yourself is should it have been an ME case? This question may best be answered by looking at the cause and manner of death. If the manner is not natural it should be an ME case. Does the cause of death make medical sense for age and sex? A call to the doctor signing the death certificate is a very appropriate step to take before authorizing a cremation.

If the case is an ME case it is likely you were involved. If you were not involved, calling the ME who was would be appropriate to ensure that all evidence was collected and that there is no indication for doing an autopsy if one was not already performed.

SCENE INVESTIGATION

Death investigation is complete only after a thorough death scene investigation is achieved. The full utility of an autopsy depends on the thoroughness of that scene investigation. What then makes a complete and thorough death scene investigation?

The answer is it depends on the particular case. However, there are minimum pieces of information that are required for every case. The ME-1 worksheet is a good guide and reminder of the minimum of information that should be obtained for every medical examiner case.

After completing a death scene investigation, one should be able to answer Who? What? When? Where? How?

Who: The importance of proper identification cannot be over emphasized. If a positive identification can be made by a person who knew the decedent, then document the identification on the electronic ME-1. If there is a tentative identification then indicate that on the electronic ME-1 and try to begin the process of obtaining dental records, finger prints, medical records, or information about tattoos or scars that can then be used to confirm the identification during the autopsy.

What: Document in the narrative the information told to you by police, family members, or medical personnel about the circumstances surrounding the death. It is helpful to indicate where the information came from by stating “according to...” Pertinent past history such as a previous head injury that resulted in a seizure disorder is very important to include on the electronic ME-1 Past Medical History Section.

When: the electronic ME-1 prompts a basic timeline of key dates and times leading up to and including the time of death. Often one does not know the true time of death. Thus,

document accurately the times the decedent was last known to be alive, the time they were found dead, and the time they were pronounced dead by an individual that is legally able to pronounce death. Time of injury is also very important to document especially if there has been a period of survival. The first examination of the body for rigor and livor mortis are the most important for accuracy in estimating the post mortem interval and should always be documented. Documenting the approximate temperature and weather conditions if outdoors can be very important in estimating a time of death. Also note decompositional changes such as bloating, foul odor, skin slippage, and insect activity. Be sure to include the date and time that the examination was performed.

Where: Document where the death occurred, if known, and where injury may have occurred if different from place of death. Try to be general to specific. For instance, include the address, room location if in-doors, on floor or on furniture, location inside vehicle, and finally position (supine, prone, lateral, upside down *etc*). Including relative location of decedent to source of trauma, such as firearms, ejected from vehicle *etc* is very important.

How: How the death occurred is the cause of death. The cause of death may be obvious or may require an autopsy. Remember if there is an individual who is over 55 years old and there is no indication that the death would be anything other than natural, usually an autopsy is not needed. The cause of death is determined by your best medical judgment (i.e. arteriosclerotic cardiovascular disease, small cell carcinoma, etc).

If there is an injury, documenting how that injury occurred is very important. Blunt force injury is a very common cause of death. There are multiple scenarios in how an individual could receive the injury. For instance, a single motor crash and a fall from a seven story window could both have the same cause of death (multiple blunt force injuries), therefore, documentation from the scene is crucial in determining how the injury occurred. The autopsy will be used for documenting those injuries, collecting toxicology specimens, and determining the cause of death.

Identification of the Deceased

County Medical Examiners are often called on to assist in identification of unknown or unidentified bodies. This is sometimes a difficult but **EXTREMELY** important function of your office. Identification of bodies should be considered just as important as determining the cause and manner of death of an individual. All unidentified bodies **MUST** be autopsied!

When possible, bodies should be identified using at least one of the methods of identification described below. It is best practice to use as many of these methods listed

as possible in combination with one another in order to help establish a positive identification of the decedent.

If possible, identification of a body should be established prior to transporting a body for autopsy. If a body cannot be identified prior to transportation for autopsy, one should place “Unidentified Male” or “Unidentified Female” on the toe tag attached to the decedent. If the CME and/or law enforcement official has a reasonable suspicion as to the identity of the decedent, then it is recommended that the decedent’s suspected name be prefaced with the word “tentatively” on the toe tag.

All of the methods used to establish the identity of the decedent should be recorded on the electronic ME-1.

Identification of the decedent can be accomplished through use of one or more of the following methods:

I. Visual / Photographic Identification of the Decedent

Visual recognition is the most common method of identification. Visual identification is accomplished by showing a family member, friend, or an individual who knew the decedent well the body or photograph of the decedent. This method should only be used when the decedent is visually recognizable. Visual identification of decomposed bodies or burned bodies is not a reliable method and should be avoided. Also, document the name, address, telephone number, and relationship of the person making the identification.

Although visual and photographic identification is the most commonly used method, it has the greatest potential for error. Even close family members can make errors in identifying a deceased body.

II. Scientific Identification of the Decedent

- **Fingerprint identification** is an excellent method to employ, however, the decedent must have a fingerprint record on file with which to compare. Law enforcement and military records provide the most common sources for retrieving comparison finger or toe prints. Decomposition and other trauma sustained by the body may make the body “unprintable.” Other methods, such as comparison of dental records, should then be used.

Do not fingerprint homicide or suicide victims prior to autopsy. The process of fingerprinting may destroy evidence. If it is absolutely necessary to fingerprint the body prior to autopsy, please contact the pathologist performing the autopsy prior to transportation of the body.

- **Dental identification** requires the acquisition of ante-mortem dental x-rays (bitewings) and dental charting. A comparison is made between the ante-mortem dental records and x-rays with the postmortem dental charting and x-rays.

As soon as it is suspected that dental identification may be required, a search for ante-mortem dental records should begin. Once ante-mortem dental information is ascertained, copies of those records and x-rays should be forwarded on to the office performing the autopsy as soon as possible.

- **Radiographic identification** is used when you have ante-mortem x-rays that show remote skeletal fracture(s), unique skeletal anomalies, lesions, old and un-recovered projectiles, and prosthesis. The ante-mortem x-rays that display such unique “qualities” will be compared against the postmortem x-rays taken at the time of autopsy. The ante-mortem x-rays, once located, should be forwarded on to the office performing the autopsy as soon as possible.

If the body is not autopsied, you may need to obtain the assistance of your local radiologist to help you in this type of identification.

- **DNA analysis** can also be used to establish a positive identification of a decedent. Comparisons can be made directly (e.g., comparing DNA from hairs contained on a hair brush of a known person to DNA obtained from the body) or by comparison with a relative’s DNA.

DNA can be obtained from dried blood, hair with roots, tissue, bone marrow, and sometimes from teeth. Blood dried on DNA blotter paper or an FTA bloodstain card is the specimen of choice.

- **Nuclear DNA Testing:** Within the cell nucleus, there is nuclear DNA. The nuclear DNA contains sequences which make up what is called chromosomes. One half of the nuclear DNA is inherited from the mother and the other half is inherited from the father.
- **Mitochondrial DNA:** Within the cell cytoplasm there are organelles called mitochondria. The mitochondria contain mitochondrial DNA (mtDNA) which is another type of DNA that can be analyzed in order to identify deceased remains. Mitochondrial DNA is inherited only from the mother, not from the father.

III. Circumstantial Evidence Used for Identification of the Decedent

If none of the preceding methods of identification are available, you may either use circumstantial evidence (e.g. person found in their own vehicle or home, ID on the body, jewelry, scars, tattoos, etc.) in an attempt to establish identification. Or, you can prepare the death certificate with the qualifying phrase “presumed to be.”

FAQ's

How do I contact a State Medical Examiner if I have a question?

The State Medical Examiner's Office has a live person answer the telephone 24 hours a day at 515-725-1400. During normal business hours a receptionist will either connect you directly with an investigator or take your name and contact number and an investigator or forensic pathologist will return your call usually within 10 minutes or less. If you call during non-business hours a morgue attendant will answer the phone. The morgue attendant is trained to acquire from you over the phone the minimal information needed to accept a body for autopsy. If you have questions about the case or need assistance in deciding whether to send a case for autopsy a forensic pathologist is always on-call 24 hours a day for consultation. The morgue attendant will have the forensic pathologist call you back usually within 10 to 15 minutes. The fax number is 515-725-1414. To send supplemental reports and scene photos email iosme.mel@idph.iowa.gov.

How do I determine the time of death?

Unless there is a witness who actually saw the person die there is usually no way to determine the time of death. Estimates should not be used when signing a death certificate. Determine a reliable date and time when the person was last seen alive and when they were found dead to include on the electronic ME-1.

There are three post mortem changes that should be documented at the scene. These post mortem changes include body temperature, livor mortis, and rigor mortis. These post mortem changes can help the pathologist performing the autopsy estimate a time of death.

By touching the body one can make a subjective assessment whether the body is warm (alive body temperature), cool or cold (ambient temperature). **DO NOT DO INVASIVE LIVER TEMPERATURE**, as this will create unnecessary and potentially problematic artifacts for the pathologist.

Livor mortis is the purplish discoloration due to settling of blood by gravitational forces within dilated capillaries. Press on the body with your finger and document whether the livor mortis blanches or remains fixed. In general liver mortis becomes fixed after about 8 to 12 hours.

Rigor mortis is the development of rigidity in the muscles after death. Rigor mortis begins to develop in about 30 minutes to an hour after death and achieves maximum stiffness in about 12 hours. The muscles usually maintain their maximum rigidity for about 12 hours and then slowly disappear over the next 12 hours.

Should I do liver temperatures?

NO! Taking a liver temperature requires inserting a probe into the body. This procedure introduces artifacts that can be very problematic for the pathologist.

How do I access medical examiner forms on the internet?

Access the State Medical Examiner web site www.iosme.iowa.gov. Click the “CMEs” tab, which is password protected. The password is _____ (password will be given at lecture or you may call the IOSME). The County Medical Examiner Handbook, ME-1 worksheet, videos on completing electronic death investigation information, etc can be found on the website.

What do I do if there is evidence on the body that is in danger of being lost if the body is placed in a body bag?

Call the pathologist on-call 515-725-1400 and discuss the situation. The pathologist will likely advise that you coordinate with law enforcement in collecting the evidence from the body at the scene. Photograph the evidence before collecting

Why do I need to have the electronic ME-1 completed before the autopsy starts?

The electronic ME-1 contains very important information that is part of the permanent record. An autopsy is an important tool for the death investigator. The value that the autopsy can provide, however, is largely dependent on the circumstances that surround the death. The decision to do special techniques, not part of the standard protocol, is many times dependent on the information received from investigation. Also, biographical information such as addresses and contact information that are needed before a body can be released are pieces of information that are part of the electronic ME-1. Not having the electronic ME-1 before the autopsy, slows processing time, leaves incomplete paperwork, and can delay body release to the funeral home.

How do I send my death investigation information to the IOSME?

IOSME no longer accepts paper ME-1 forms as of October 1, 2019. All deaths where the medical examiner was contacted will be input into the Electronic Medical Examiner Reporting (EMER) system via IVES. The record is considered complete by IOSME once the ME/MEI Entry & Approval section has been successfully signed off. When attempting to sign a record with missing required information, a message will prompt the user to go back and complete missing fields.

EMER handbook and training videos available at iosme.iowa.gov under the CME tab.

Supplemental narratives/reports and scene photos should be sent to iosme.me1@idph.iowa.gov.

What do I do if an autopsy is needed?

Call the State Medical Examiners Office at 515-725-1400. If you call during normal business hours the receptionist will connect you with an investigator. If you call outside of business hours a morgue attendant will record the minimum information needed in order to accept a body. If you wish to speak to a pathologist, for instance if you are trying to decide if the case should be sent for autopsy or not, the morgue attendant will contact the pathologist who will call you back usually within 10 to 15 minutes. Before the body may be transported to the State Medical Examiner's Office a toe tag or some form of ID bracelet must be placed on the body. The toe tag needs to have at a minimum the name of the decedent, date, and county. The electronic ME-1 must be completed prior to the start of the autopsy. Transportation can be arranged by calling a funeral home or a designated person authorized by the county medical examiner.

Who can order an autopsy?

A county medical examiner, a state medical examiner, or a county attorney.

Who can sign a cremation permit?

A cremation permit may be signed only by a county medical examiner or a state medical examiner. Usually the cremation permit is signed by the medical examiner in the county where the cremation is to take place. However, the law is not specific in this general practice.

A CME-I can not sign a cremation permit.

If a body is discovered and pronounced dead in one county but police are quite sure the person was murdered in another county, the medical examiner from which county has jurisdiction over the body?

The medical examiner from where the body was discovered and pronounced dead has jurisdiction over the body.

What should I do with prescription medications found at the scene?

Complete the ME Medication tab on the electronic ME-1. Unless there is a concern that the pills were mixed together or are in unlabeled containers do not send the pills with the body that is to be sent for autopsy.

Is there an age "cut-off" for ordering an autopsy?

Age does not play a factor in deciding if an autopsy is needed in cases of homicide, accidents, or suicides. In cases where the decedent is over 55 years old and there is no indication from investigation, scene, or history that the death is **NOT** due to anything other than a natural disease process, then an autopsy is generally not indicated. An exception to this general guideline is deaths of individuals who are major celebrities or high profile public figures.

In which cases should I cover the hands with paper bags prior to transportation?

Paper bags (*do not use plastic*) should be placed on all homicide cases and suicide cases involving firearms. There is no harm in covering the hands with paper bags, so you should have a low threshold for making the decision to do so.

When are autopsies performed at the IOSME?

Autopsies are generally performed seven days a week dependent on staff availability and complexity of cases. If law enforcement is planning to attend the autopsy, call the investigator or pathologist on call (515-725-1400) to confirm the date and time the autopsy is to take place.

Is toxicology testing performed when an autopsy is sent to the IOSME?

Nearly all cases having an autopsy at the State Medical Examiner's Office will have toxicology testing performed. There are rare instances when toxicology testing is not indicated or can not be performed (i.e. patient with long hospitalization or skeletal remains).

What information can be released to the public?

Only cause and manner of death may be released. Cause and manner of death is not to be released if doing so could interfere with an investigation or put someone in danger.

Do all children need an autopsy?

All children under 18 need to have an autopsy unless there is a well documented natural disease that is the known cause of death and there is no concern for neglect or abuse.

Who has jurisdiction at a crime scene?

The medical examiner and law enforcement must work cooperatively in death investigation. Law enforcement has jurisdiction or control of the scene. The medical examiner has jurisdiction of the body. Communication and cooperation between the two agencies is the expectation at any death investigation. Before entering any scene, speak first with the law enforcement agent in charge about entering the scene, where to walk, pictures you plan to take, examining and moving the body, and collection of any evidence from the body (before collecting evidence from the body also speak with the forensic pathologist on-call).

Should I collect toxicology for law enforcement in the field if the body is to be sent in for autopsy?

No. Toxicology is collected at time of autopsy. If toxicology is collected in the field it is likely to be tested in a different laboratory from the one used by the IOSME. Two laboratories can mean two results. This scenario causes unnecessary confusion and problems in explaining the two different results during depositions or court.

What if the family opposes autopsy?

By law the medical examiner has the authority to order an autopsy despite family opposition. In cases of homicide there is little room for accommodating the family. In other circumstances of death especially automobile accidents usually when it is explained to families that future litigation could be effected if an autopsy is not performed the family will agree to the autopsy. If the family opposes autopsy for religious reasons, having the forensic pathologist involved in discussion with the family may help in finding a way to accommodate the religious needs of the family and the needs of the medical examiner. A call to the forensic pathologist is appropriate in any cases of strong family opposition to autopsy.

Can a family come to visit the IOSME facility to view the body?

No, family viewings at the IOSME are not permitted. There are several reasons why families are unable to view the body at the state medical examiner's office. Until the body has been released after autopsy the body and personal effects are considered evidence. The chain of evidence is broken when the body bag is opened and the body is viewed or worse touched by family members. Many cases have blood and open wounds that can present a biohazard. Most importantly, the facility and staffing are not set up for the emotional needs of the family that is needed at a time of viewing. *It is much better for all parties involved if the body is viewed at the funeral home.*

What should I put down as the time of death if the decedent has obviously been dead for several days?

The time and sometimes the date of death often are not known. However, a date and time of death are required fields on the death certificate. Using an estimate can have significant consequences, especially in cases where suspects are being ruled-in or ruled-out by law enforcement. Therefore it is best practice to complete the death certificate with information that is accurate and logically defensible. Using the date and time of pronouncement and indicating that on the death certificate ("pronounced" or "found") along with the date and time is a practical way to address this issue.

Appendix A

Iowa code pertaining to which cases fall under ME jurisdiction

331.802 Deaths -- reported and investigated.

1. A person's death which affects the public interest as specified in subsection 3 shall be reported to the county medical examiner or the state medical examiner by the physician in attendance, any law enforcement officer having knowledge of the death, the embalmer, or any other person present. The appropriate medical examiner shall notify the city or state law enforcement agency or sheriff and take charge of the body.

2. If a person's death affects the public interest, the county medical examiner shall conduct a preliminary investigation of the cause and manner of death, prepare a written report of the findings, promptly submit the full report to the state medical examiner on forms prescribed for that purpose, and submit a copy of the report to the county attorney. For each preliminary investigation and the preparation and submission of the required reports, the county medical examiner shall receive from the county of appointment a fee determined by the board plus the examiner's actual expenses. The fee and expenses paid by the county of appointment shall be reimbursed to the county of appointment by the county of the person's residence. However, if the person's death is caused by a defendant for whom a judgment of conviction and sentence is rendered under section 707.2, 707.3, 707.4, 707.5, or 707.6A, the county of the person's residence may recover from the defendant the fee and expenses. The fee and expenses of the county medical examiner who performs an autopsy or conducts an investigation of a person who dies after being brought into this state for emergency medical treatment by or at the direction of an out-of-state law enforcement officer or public authority shall be paid by the state. A claim for payment shall be filed with the Iowa department of public health. If moneys are not appropriated to the Iowa department of public health for the payment of autopsies under this subsection, claims for payment shall be forwarded to the state appeal board and, if authorized by the board, shall be paid out of moneys in the general fund of the state not otherwise appropriated.

3. A death affecting the public interest includes, but is not limited to, any of the following:

- a.* Violent death, including homicidal, suicidal, or accidental death.
- b.* Death caused by thermal, chemical, electrical, or radiation injury.
- c.* Death caused by criminal abortion including self-induced, or by sexual abuse.
- d.* Death related to disease thought to be virulent or contagious which may constitute a public hazard.
- e.* Death that has occurred unexpectedly or from an unexplained cause.
- f.* Death of a person confined in a prison, jail, or correctional institution.
- g.* Death of a person who was prediagnosed as a terminal or bedfast case who did not have a physician in attendance within the preceding thirty days; or death of a person who was admitted to and had received services from a hospice program as defined in section 135J.1, if a physician or registered nurse employed by the program was not in attendance within thirty days preceding death.

- h.* Death of a person if the body is not claimed by a relative or friend.
 - i.* Death of a person if the identity of the deceased is unknown.
 - j.* Death of a child under the age of two years if death results from an unknown cause or if the circumstances surrounding the death indicate that sudden infant death syndrome may be the cause of death.
4. The county medical examiner shall conduct the investigation in the manner required by the state medical examiner and shall determine whether the public interest requires an autopsy or other special investigation. However, if the death occurred in the manner specified in subsection
- 3, paragraph "j," the county medical examiner shall order an autopsy, the expense of which shall be reimbursed by the Iowa department of public health. In determining the need for an autopsy, the county medical examiner may consider the request for an autopsy from a public official or private person, but the state medical examiner or the county attorney of the county where the death occurred may require an autopsy.
5. *a.* A person making an autopsy shall promptly file a complete record of the findings in the office of the state medical examiner and the county attorney of the county where death occurred and the county attorney of the county where any injury contributing to or causing the death was sustained.
- b.* A summary of the findings resulting from an autopsy of a child under the age of two years whose death occurred in the manner specified in subsection 3, paragraph "j", shall be transmitted immediately by the physician who performed the autopsy to the county medical examiner. The report shall be forwarded to the parent, guardian, or custodian of the child by the county medical examiner or a designee of the county medical examiner, or through the infant's attending physician. A copy of the autopsy report filed with the county attorney shall be available to the parents, guardian, or custodian upon request.
6. The report of an investigation made by the state medical examiner or a county medical examiner and the record and report of an autopsy made under this section or chapter 691, shall be received as evidence in any court or other proceedings, except that statements by witnesses or other persons and conclusions on extraneous matters included in the report are not admissible. The person preparing a report or record given in evidence may be subpoenaed as a witness in any civil or criminal case by any party to the cause. A copy of a record, photograph, laboratory finding, or record in the office of the state medical examiner or any medical examiner, when attested to by the state medical examiner or a staff member or the medical examiner in whose office the record, photograph, or finding is filed, shall be received as evidence in any court or other proceedings for any purpose for which the original could be received without proof of the official character of the person whose name is signed to it.
7. In case of a sudden, violent, or suspicious death after which the body is buried without an investigation or autopsy, the county medical examiner, upon being advised of the facts, shall notify the county attorney. The county attorney shall apply for a court order requiring the body to be exhumed in accordance with chapter 144. Upon receipt of the court order, an autopsy shall be performed by a medical examiner or by a pathologist designated by the medical examiner and the facts disclosed by the autopsy shall be communicated to the court ordering the disinterment for appropriate action.

8. Where donation of the remains of the deceased to a medical school or similar institution equipped with facilities to perform autopsies is provided by will or directed by the spouse, parents or children of full age, of the deceased, any autopsy under this section shall be performed at the direction of the school or institution, and in such a manner as to further the purpose of the donation, while serving the public interest.

Appendix B

Iowa law pertaining to Immediate Next of Kin Heirarchy (633.219)-Autopsy Report

1. Surviving spouse of the decedent, if not legally divorced from decedent
2. A child or children of the decedent (age 18 or older)
3. Parent of the decedent
4. Sibling of decedent
5. Grandparent of the decedent
6. Grandchild of the decedent

If there is more than one person in an above class, each person similarly situated is entitled to the autopsy report. If there is a living member in a class, a member of the next class is not entitled to a copy of the autopsy report. Both naturally and legally adopted children are equally entitled to the autopsy report; however if parental rights had been terminated the rights to receive the autopsy report are terminated as well.

If a person that has been legally appointed as an “Administrator” or ‘Executor” of an estate does *not* have legal right to an autopsy report, unless the designee is one of the aforementioned classes of NOK.

Please note that the issue of the right to control the final disposition of a decedent’s remains is a separate question governed by a separate statute.

Administrative Rule Mandatory Autopsies

641—127.3(331,691) Autopsies.

127.3(1) Autopsy required. A county medical examiner shall perform an autopsy or order that an autopsy be performed in the following cases:

- a.** All cases of **homicide or suspected homicide, irrespective of the period of survival following injury.**
- b.** All cases in which the manner of death is **undetermined.**
- c.** All cases involving **unidentified bodies.**
- d.** All deaths of **children under the age of two** when there is not a clear cause of death, including suspected cases of sudden infant death syndrome. A summary of the findings of the autopsy shall be transmitted by the physician who performed the autopsy to the county medical examiner within two days of completion of the report. Autopsies performed on children under the age of two when the circumstances surrounding the death indicate that sudden infant death syndrome may be the cause of death or the cause of death is not clearly explained by known medical history shall conform to Form ME-4.
- e.** All **work- and farm-related deaths** unless there is an obvious natural cause of death.
- f.** All **drowning** deaths.
- g.** All deaths of **commercial vehicle drivers** that occur during the performance of their job duties.
- h.** Deaths due to **poisoning.**

- i.* Deaths of **airplane pilots** who die as a result of an airplane crash. The National Transportation Safety Board and the Federal Aviation Administration should be contacted prior to the autopsy to request specimen kit(s).
- j.* Deaths due to a **natural disaster, including tornadoes and floods.**
- k.* Deaths in a **prison, jail, or correctional institution or under police custody**, where there is not a natural disease process that accounts for the death.

Administrative Rule Recommended Autopsies

127.3(2) *Autopsy recommended.* It is recommended that a county medical examiner should perform an autopsy or order that an autopsy be performed in the following cases:

- a.* Deaths of adolescents less than 18 years of age when there is not a natural cause of death.
- b.* All cases which involve a motor vehicle crash, unless it is a single motor vehicle accident with no potential for litigation and there is an obvious cause of death or the injuries have been clearly documented by hospitalization.
- c.* Rescinded IAB 3/29/06, effective 5/3/06.
- d.* Deaths from suicide.
- e.* All pedestrian, bicycle, motorcycle, snowmobile, boating, watercraft, three- or four-wheeler or all-terrain vehicle fatalities.
- f.* Deaths due to failure of a consumer product.
- g.* Deaths due to a possible public health hazard.
- h.* Deaths due to drug or alcohol abuse or overdose.
- i.* Electrical- and lightning-related deaths.
- j.* Deaths from burns or smoke or soot inhalation.
- k.* All deaths related to exposure, such as hypothermia and hyperthermia.
- l.* All sport-related deaths, including but not limited to deaths from auto racing and deaths resulting from injuries sustained in football, basketball, baseball, softball, soccer, or other games or sports.

127.3(3) *Other deaths.* For those deaths not listed in subrule 127.3(1) or 127.3(2), a county medical examiner shall determine whether the public interest requires an autopsy and may perform an autopsy or order that an autopsy be performed. A county medical examiner may consult with the state medical examiner to assist in determining the need for an autopsy