



2023

DEKALB COUNTY MEDICAL EXAMINERS OFFICE

ANNUAL REPORT

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Gerald T. Gowitt, M.D.
Chief Medical Examiner

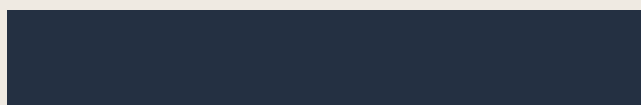
Patrick L. Bailey
Director



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Message to the DeKalb County CEO and the Board of Commissioners

The DeKalb County Medical Examiner's Office (DCMEO) conducts inquiries into reported deaths within the jurisdictional boundaries of DeKalb County, Georgia.

These inquiries include, but are not limited to, deaths reported by law enforcement agencies, medical institutions, long term care and assisted living facilities, correctional facilities, funeral services, and State Vital Records.

Under the provisions of the Georgia Death Investigation Act, O.C.G.A. 45-16-24(a), the Medical Examiner's Office shall be notified of the following types of deaths:

- As a result of violence;
- Suicide or casualty;
- Suddenly when in apparent good health;
- In any suspicious or unusual manner, with particular attention to those individuals 16 years of age and under;
- After birth but before seven (7) years of age if the death is unexpected or unexplained;
- As a result of an execution carried out pursuant to the imposition of the death penalty under Article 2 of Chapter 10 of Title 17;
- When an inmate of a state hospital or a state, county, or city penal institution;
- After having been admitted to a hospital in an unconscious state and without regaining consciousness within 24 hours of admission;
- As a result of an apparent drug overdose;
- Who is a pregnant female or a female who was pregnant within 365 days prior to such female's death; provided, however, that this paragraph shall not apply to a female whose death resulted from an incidental or accidental cause, including a motor vehicle accident, or from any other event or condition where it is apparent that the death was not causally related to the care of or physiology of pregnancy or its maintenance; or
- When unattended by a physician.

To accomplish this mission in 2023, DCMEO, like many other counties and municipalities across the United States, was challenged by the continuing impactful rise of the opioid crisis, deaths due to traumatic injuries, and the significant increase(s) in reported undetermined deaths.



Message to the DeKalb County CEO and the Board of Commissioners (Continued)

Medical Examiner's Offices nationally have been impacted by increasing caseloads while incurring recruitment issues.

With the support and approval of the CEO, Board of Commissioner, and Human Resources, 2023 brought about the first County position of Associate Medical Examiner. The additional position, using funding already approved within the department, enhances the future ability to recruit upcoming forensic pathologists entering the profession while maintaining sound fiscal policy.

DCMEO also enhanced staffing of Pathology Assistants (PA's) with the success of the 2022 pilot program. The role of the PA consisted of assisting in examinations, document reviews, training of medical residents, and responding to data requests. A minimum of two (2) pathology assistants were brought on board to assist in reducing the workload of forensic pathologists and increasing case efficiency. Our success of the PA's role brought interest from other medical examiner's offices to aide in maintaining workflow efficiency while recruiting full time pathologists.

DCMEO continued to provide an educational environment for medical residents, public health master's program students, internships in forensic science and criminal justice, and the United States Marine Corps Processing and Retrieval Unit.

During 2023, the role of Public Education Specialist (PES) also developed and expanded. Engagement on multiple social media platforms to provide public health and medicolegal educational information was viewed by a wide-ranging audience. The PES also initiated and engaged in multiple preventative events to inform the public on the continuing concerns of overdose deaths. The PES also supported other colleagues within the Medical Examiner's Office in engaging middle and high school students on the role of the Medical Examiner's Office in the community.

DCMEO also collaborated with the DeKalb County District Attorney's Office on the Cold Case Task Force. This collaboration, funded by Bureau of Justice Grant Funds acquired by the District Attorney's Office, provided an opportunity to reopen prior years suspicious death cases. The scientific evolutions in DNA have provided avenues to pursue additional investigative leads that were not available previously. As a result, notable missing and unidentified cases have been reopened with a successful prosecution of a 1998 Cold Case.

We want to extend our sincere gratitude to the DeKalb County Chief Executive Officer Micheal Thurmond and the Board of Commissioners for their continued support for the Medicolegal Death Investigative Services we provide to the Citizens of DeKalb County, Georgia.



**Patrick L. Bailey
Director**



DEKALB COUNTY MEDICAL EXAMINER CASES AT A GLANCE

Number of Deaths Reported	2,357
Number of Cases by Manner of Death	1,360
Accident	433
Homicide	154
Natural	636
Suicide	87
Undetermined	48
Pending	2
Homicides Autopsied	153
Suicides Autopsied	85
Non-Motor Vehicle Accidents Autopsied	241
Non-Motor Vehicle Accident Deaths Certified	274
Motor Vehicle Accidents Autopsied	144
Motor Vehicle Accident Deaths Certified	159
Drug-related Accident Deaths Certified	217
Drug-related Accident Deaths Autopsied	197
Naturals Autopsied	359
Undetermined Autopsied	48
Opioid-Related	184
Gun-Related Homicides	134
Asian	3
Black	118
Hispanic	8
White	3
Other	2
Scene Visits	833



Department Description

The DeKalb County Medical Examiners Office performs investigations, post mortem examinations, and forensic scientific testing into deaths that are required by law to be reported under the provisions of the Georgia Death Investigation Act.

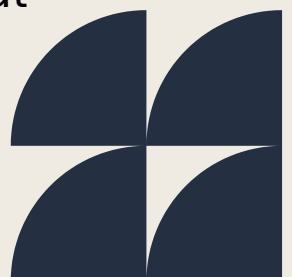


Department promotes the following DeKalb County Strategic Priorities:

- Enhanced Public Safety
- Ensure Efficient Operations
- Invest in Employees
- Improve Internal Communication, Collaboration, and Implementation
- Promote Fiscal Integrity

Mission Statement

DeKalb County Medical Examiner's Office will provide comprehensive professional forensic death investigations and conduct thorough post mortem examinations within our jurisdiction, for it is not justice that we seek, but the truth in death so that justice may be served.





Geographic Information



Area: 271 mi²

Age:

- <5: **12.6%**
- 6-20: **18.7%**
- 21-64: **60.1%**
- >65: **6.9%**

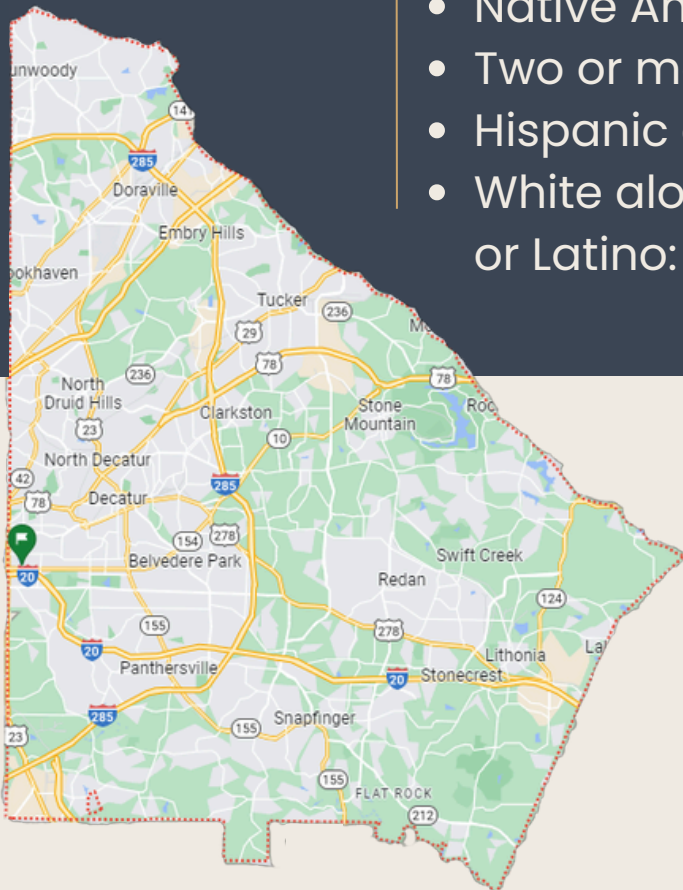
Population: 762,992

Sex:

- Females: **52.47%**
- Males: **47.53%**

Race & Ethnicity:

- Black or African American: **52.77%**
- White: **31.88%**
- Asian: **6.22%**
- Native American: **0.67%**
- Two or more races: **5.84%**
- Hispanic or Latino: **2.91%**
- White alone, not Hispanic or Latino: **28.97%**



7.06%

DeKalb County is the 4th largest county in the state of Georgia, accounting for over 7% of the total population

FACILITIES

Age of Building: 28 years

Size of Facility: 18,238 sq.ft

Size of Autopsy Suite: 1,200 sq.ft

 **Including separate suite for decomposed bodies and infectious disease cases**

Number of Autopsy Tables: 18

SPECIALIZED SERVICES

Toxicology Lab: Georgia Bureau of Investigations (GBI) Crime Lab & National Medical Services, Inc. (NMS)

Radiologic and Histology Facilities are located on-site

Forensic Science Lab: Georgia Bureau of Investigations (GBI) Crime Lab

Forensic Dentistry: Dr. Thomas David



JURISDICTION



The DeKalb County Medical Examiner's Office (DCMEO) serves all incorporated and unincorporated areas within DeKalb County. In 2022, these areas included all, or parts of, the cities of Atlanta, Avondale, Brookhaven, Chamblee, Clarkston, Decatur, Doraville, Dunwoody, Lithonia, Pine Lake, Stone Mountain, Stone Crest, Tucker, unincorporated DeKalb County, and other areas served by special law enforcement agencies such as Georgia State Patrol, MARTA and post-secondary educational institutions campus police/law enforcements agencies.

As per State Law, deaths occurring on State owned and/or State leased property may be investigated by the State Medical Examiner's Office (Georgia Bureau of Investigation).

Under the provisions of the Georgia Death Investigation Act (§ 45-16-20), DCMEO investigates deaths, as are described in detail on the next page.

GEORGIA DEATH INVESTIGATION ACT

The Georgia statute describing the duties of Medical Examiners in Georgia is detailed within the Official Code of Georgia Annotated, Title 45, Chapter 16, titled the "Georgia Death Investigations Act."

The type of death(s) required to be reported to the Medical Examiner include:

- **All violent deaths, which includes all homicides, suicides, and accidents**
- **Sudden when in apparent good health**
- **When unattended by a physician**
- **Suspicious or unusual**
- **Children after live birth but before seven years of age if death is unexpected or unexplained**
- **Executions pursuant to the death penalty**
- **Patient of a state hospital, or inmate of a state, county, or city penal institution**
- **Admitted to hospital unconscious and dying within 24 hours without regaining consciousness**
- **As a result of an apparent drug overdose;**
- **Who is a pregnant female or a female who was pregnant within 365 days prior to such female's death; provided, however, that this paragraph shall not apply to a female whose death resulted from an incidental or accidental cause, including a motor vehicle accident, or from any other event or condition where it is apparent that the death was not causally related to the care of or physiology of pregnancy or its maintenance; or**
- **When unattended by a physician.**

Decisions about performing autopsies that are not legally mandated are left to the discretion of the Medical Examiner, except in children between birth and seven years of age if the death is unexpected or unexplained, in which case an autopsy is legally required.

GEORGIA DEATH INVESTIGATION ACT

When a death is reported to DCMEO, jurisdiction is either accepted (AJ) or declined (DJ). If a case is accepted, that means the Medical Examiner will be certifying the cause and manner of death and will be signing the death certificate.

A death case is accepted if it meets the criteria specified in the Georgia Death Investigation Act, and:

- The agonal events that caused and/or contributed to death occurred in DeKalb County, or
- If the place of incident or onset of fatal events is unknown, and the death occurred or the decedent was found in DeKalb County

A death case may be declined if:

- The events that caused or contributed to death did not occur in DeKalb County
- The deceased was attended by a physician and/or was under hospice care at the time of death.

Decisions about performing autopsies that are not legally mandated are left to the discretion of the Medical Examiner, except in children between birth and seven years of age if the death is unexpected or unexplained, in which case an autopsy is legally required.

COMMON MEDICAL HISTORIES THAT MAY NOT REQUIRE AUTOPSY

- Atherosclerotic Cardiovascular Disease (ASCVD)
- Congestive Heart Failure (CHF)
- Hypertensive Cardiovascular Disease (HCVD)/High Blood Pressure (HBP)
- Morbid Obesity
- HIV/AIDS
- Cancer, depending on type and stage
- Renal Disease, depending on stage
- Diabetes Mellitus, particularly if insulin dependent



APPROACHES TO THE EXAMINATION OF THE DECEDENT

There are five commonly accepted methods:

- **Sign-out** – the death is certified after reviewing medical records or interview statements. This generally occurs without an examination of the body by the medical examiner.
- **View** – an examination is performed to further evaluate the case and rule out trauma or the need for further in-depth examination. A few simple case notes may be prepared.
- **External examination** – formal external examination with a dictated report of the findings. This examination usually includes toxicology and/or other tests, but does not include an internal examination of the body.
- **Limited dissection** – a partial examination is sometimes performed if:
 - there is expressed objection to an examination or significant health or safety risks exist for staff, or,
 - the circumstances of the death do not require a full autopsy in the judgment of the medical examiner.
- **Full autopsy** – This includes an external examination and a surgical dissection of the body with removal of the organs, of the head, neck, chest, abdomen, and pelvis, and the dissection of said organs.

MANNER OF DEATH CLASSIFICATIONS

- **Natural deaths** are due to a natural disease process, such as infection, heart disease, or cancer, etc.
- **Accidental deaths** occur due to a hostile environment, such as a motor vehicle crash or drowning, without direct intent to harm someone or one's self.
- **Suicide** results from an injury as a result of an intentional self-inflicted act committed to do self-harm or cause the death of one's self.
- **Homicide** occurs when death results from a volitional act committed by another person to cause fear, harm, or death. Intent to cause death is a common element but is not required for classification as a homicide. It is to be emphasized that the classification of homicide is the purpose of death certification and neither indicates nor implies *criminal* intent, which remains a determination made by the legal process.
- **Undetermined** or "could not be determined" is a classification used when the information pointing to one manner of death is no more compelling than other manners of death.



GENERAL RESPONSE

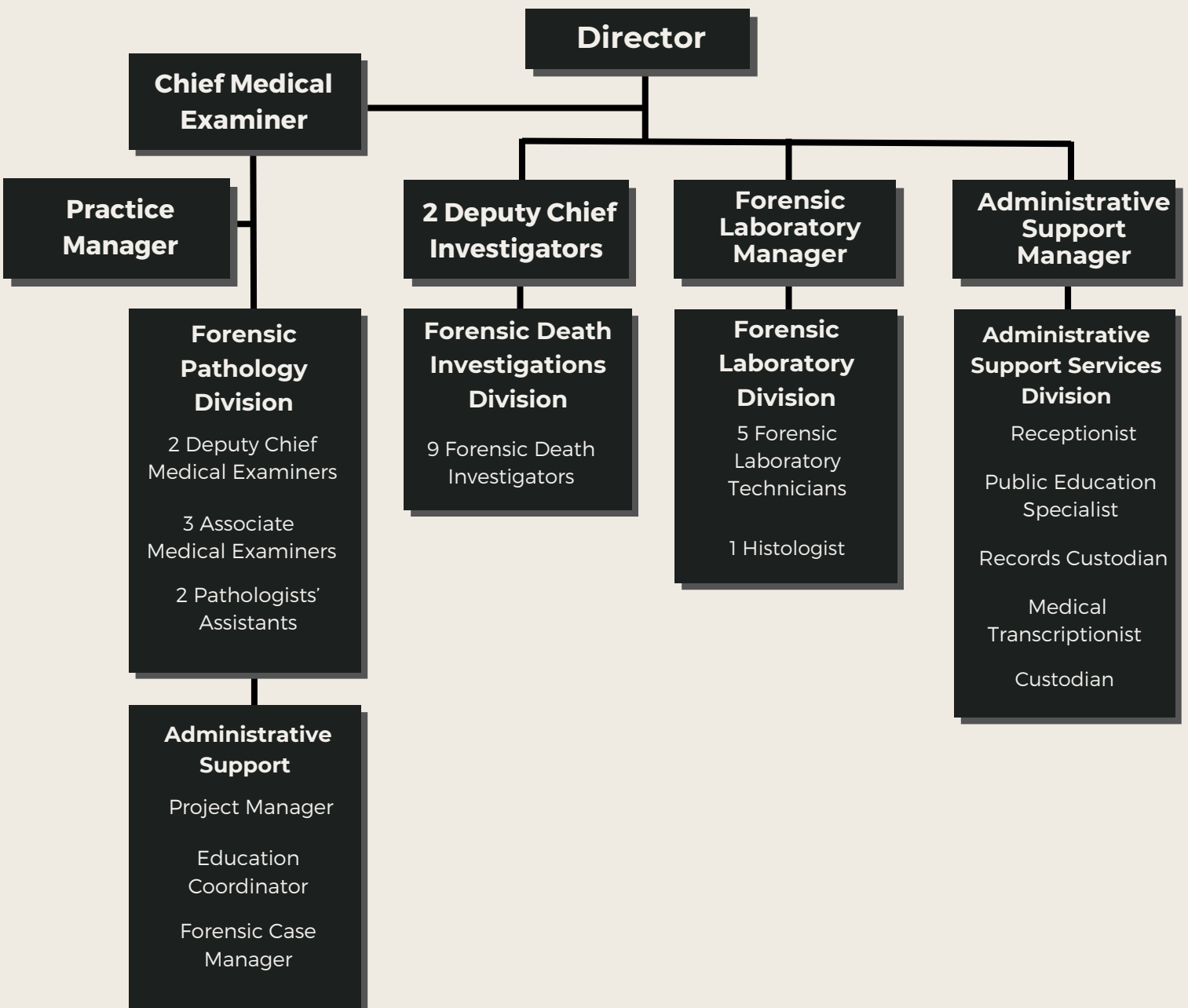
When a death is reported to DCMEO, the case is assigned a sequential case number.

Basic information is obtained on all cases reported. Medical Examiners Investigators, in consultation with the Medical Examiner as needed, make decisions about whether the case should be accepted or declined, if a death scene investigation is required, and whether or not the body needs to be transported to the DeKalb County Forensic Science Center.

The Medical Examiner then makes decisions about the type of examination to be conducted and the extent of additional testing to be performed.

DCMEO BUDGET & ORGANIZATIONAL CHART

FY23 Operating Budget was \$6.2 million. The DCMEO staff consists of 33 full-time employees and 1 part-time employee



MEDICAL EXAMINER STAFF

Patrick Bailey

Director

Michael M. Heninger, M.D.

Associate Medical Examiner

Bruce H. Wainer, M.D., Ph.D.

Associate Medical Examiner

Kyle McGlamery

Deputy Chief Investigator

Kevin Hearst

Medical Examiner's Investigator

E. P. Sliz

Medical Examiner's Investigator

Lance Taylor

Medical Examiner's Investigator

Lendarius Farley

Medical Examiner's Investigator

Keonna Jones

Forensic Autopsy Technician

Gail Parker

Medical Practice Manager

Crystal Lee

Education Coordinator

Claire Waliczek

Project Manager

Desiree Benton

Office Assistant/Receptionist

Gerald Gowitt, M.D.

Chief Medical Examiner

Marcel Castor, M.D.

Deputy Chief Medical Examiner

Amber Winslow

Deputy Chief Investigator

Jess Dillard

Medical Examiner's Investigator

Craig Cannon

Medical Examiner's Investigator

Trakeveon Robinson

Medical Examiner's Investigator

Ashleigh Nelson

Medical Examiner's Investigator

Jason Crawford

Forensic Laboratory Manager

Andrew Adesinmilolu

Forensic Autopsy Technician

Sharon Lackwood

Forensic Autopsy Technician

Alma Fuller

Forensic Case Manager

Keisa Heath

Medical Legal Transcriptionist

Tashuna Littles

Records Custodian

Steven F. Dunton, M.D.

Co-Deputy Chief Medical Examiner

Frederic N. Hellman, M.D., M.B.A.

Co-Deputy Chief Medical Examiner

Eric Minter

Medical Examiner's Investigator

Julio Alicea

Medical Examiner's Investigator

Treshauna Carroll

Medical Examiner's Investigator

Dumonder Dawson

Administrative Support Manager

Marquel Johnson

Forensic Autopsy Technician

Shana Wooldridge

Forensic Autopsy Technician

Rhiannon Webb

Forensic Autopsy Technician

Ke'Aira Rider

Histologist

Lauren Bucci

Education Coordinator

Brittany Godfrey

Public Education Specialist

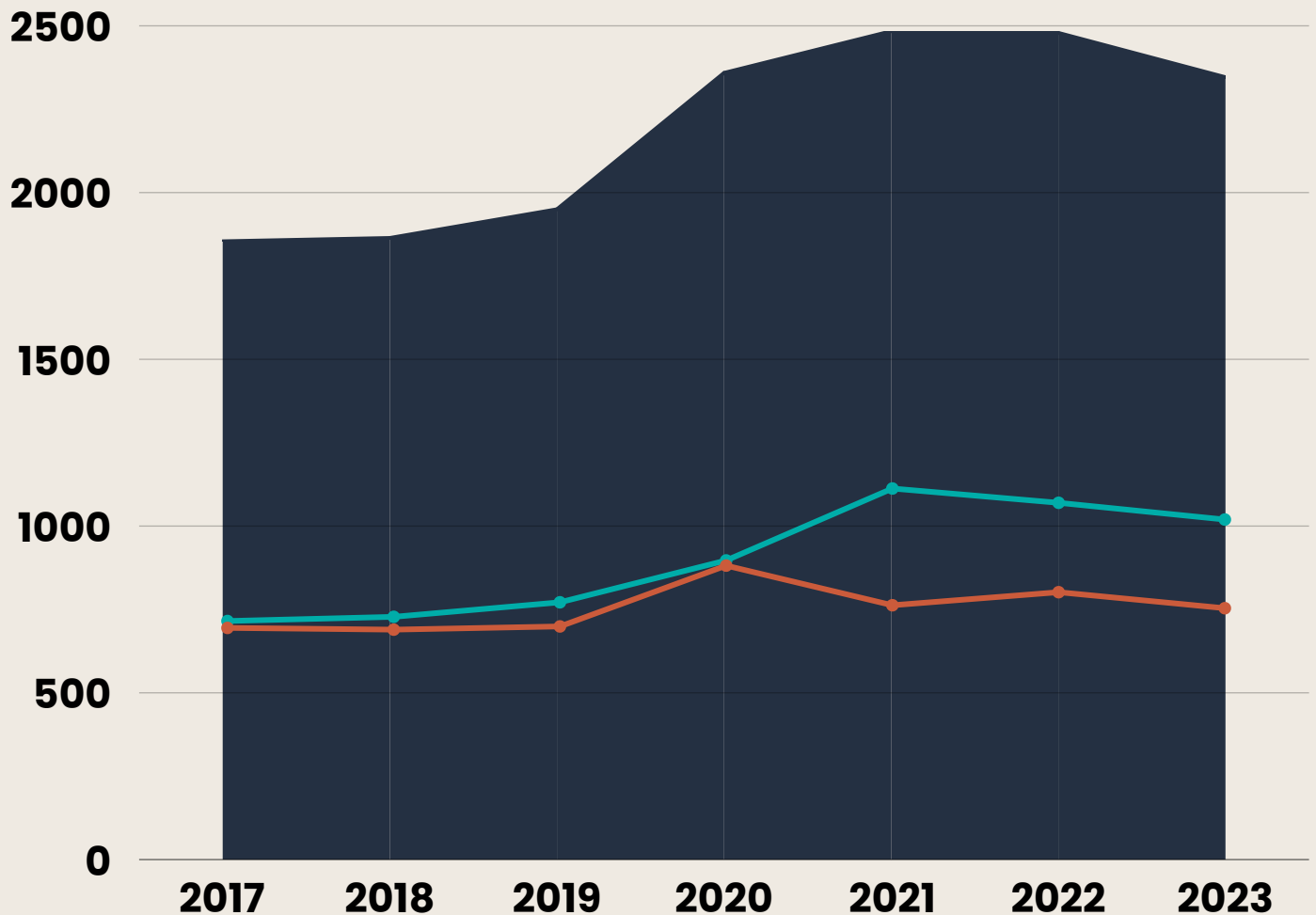
Cali Dyke

Custodian

CASELOAD

From 2017 to 2023, there has been a 27 % increase in reported cases

● Cases Reported ● Accepted Cases ● Declined Cases



DeKalb County Medical Examiner Cases



Population: 762,992

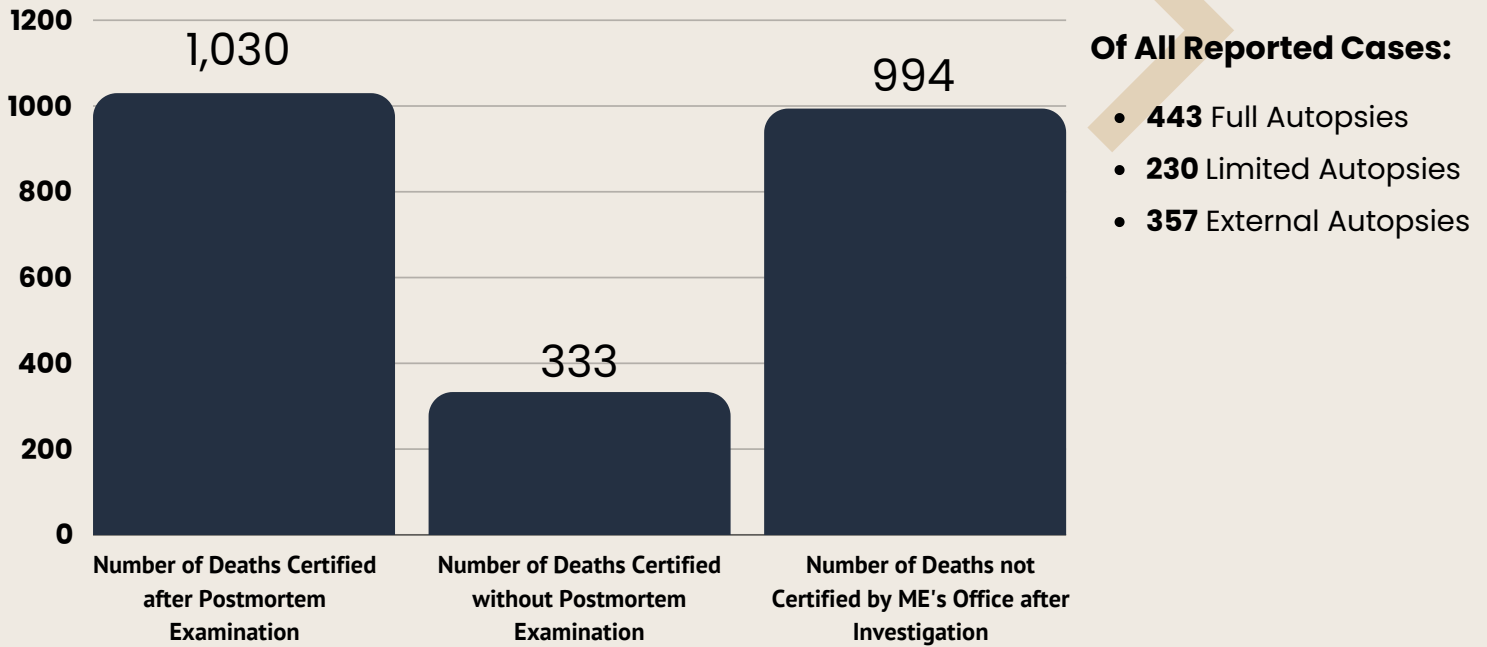
Deaths in Jurisdiction	5,363
Cases Reported to Medical Examiner	2,357
Accepted Jurisdiction	1,360
Full Autopsy	443
Limited autopsy	230
External Examination	358
Number of deaths certified without postmortem examination (Sign-Out)	329
Declined Jurisdiction	994

ALL 2023 REPORTED CASES

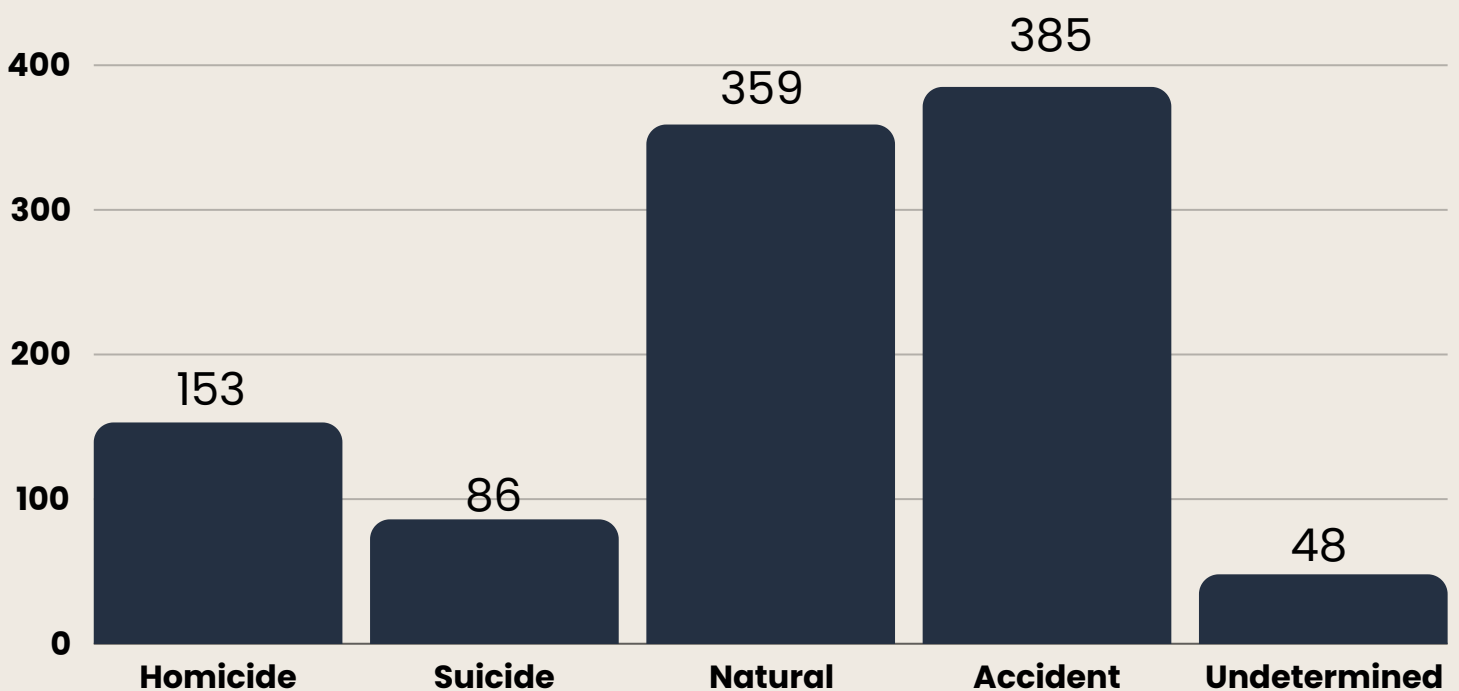
Out of the 5,363 total deaths in DeKalb County, 2,357 unique deaths were reported to our office.

Jurisdiction	Manner of Death	Number of Cases	Examinations Performed
Accepted			
	Accident (Non-Traffic)	274	241
	Accident (Traffic)	159	144
	Homicide	154	153
	Natural	636	359
	Suicide	87	86
	Undetermined	48	48
	Pending	2	0
Tot. Accepted Jurisdiction		1,360	
Total Declined Jurisdiction		994	
Total		2,357	

ALL 2023 REPORTED CASES



Manner of Death Postmortem Examination



PROCEDURES ON ACCEPTED CASES

Manner	Autopsy	Limited Dissection	External PM Exam/View	Sign Out	Total
Accident (Non-Traffic)	68	39	134	33	274
Accident (Traffic)	50	36	58	15	159
Homicide	152	1	0	1	154
Natural	127	127	105	277	636
Suicide	12	21	53	1	87
Undetermined	34	6	8	0	48
Pending Cases	0	0	0	2	2
Total	443	230	358	329	1,360

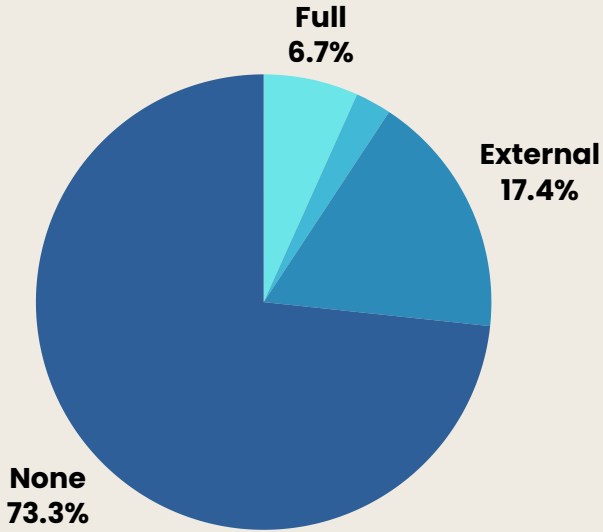
PROCEDURES TOTALS BY MEDICAL EXAMINER

Medical Examiner	Procedure	Number of Cases
Gerald T. Gowitt, M.D.	Full	29
	Limited Dissection	11
	External	75
	Other/None	316
Steven F. Dunton, M.D.	Full	105
	Limited Dissection	26
	External	59
	Other/None	1
Frederic N. Hellman, M.D.	Full	129
	Limited Dissection	70
	External	42
	Other/None	0
Bruce H. Wainer, M.D.	Full	25
	Limited Dissection	58
	External	52
	Other/None	0
Michael M. Heninger, M.D.	Full	80
	Limited Dissection	21
	External	88
	Other/None	0
Marcel Castor, M.D.	Full	32
	Limited Dissection	11
	External	19
	Other/None	3

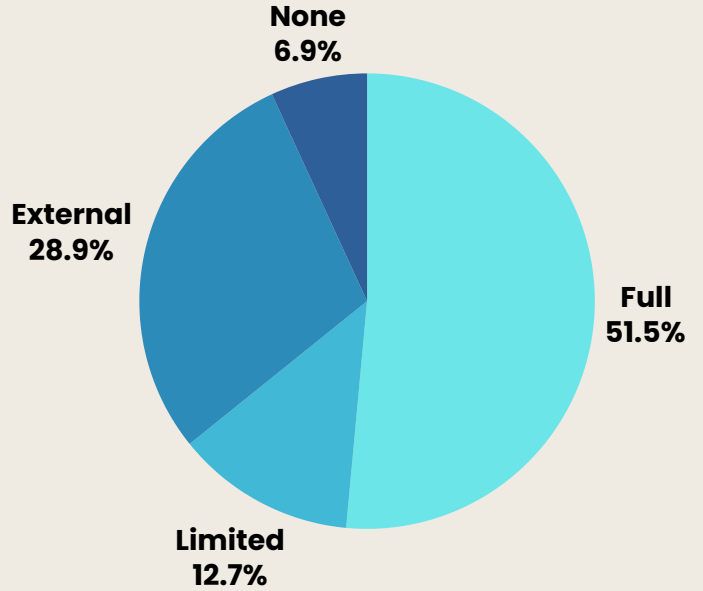
PROCEDURES TOTALS BY MEDICAL EXAMINER (CONT.)

Medical Examiner	Procedure	Number of Cases
Locums Tenens	Full	42
	Limited Dissection	33
	External	23
	Other/None	0

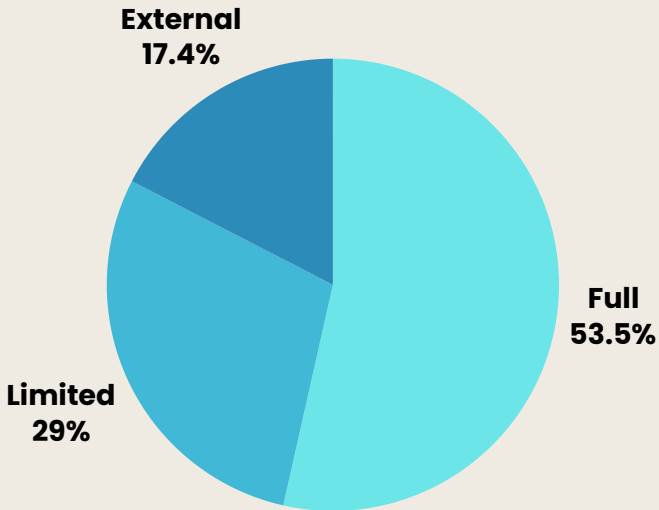
PROCEDURES PERFORMED BY MEDICAL EXAMINER



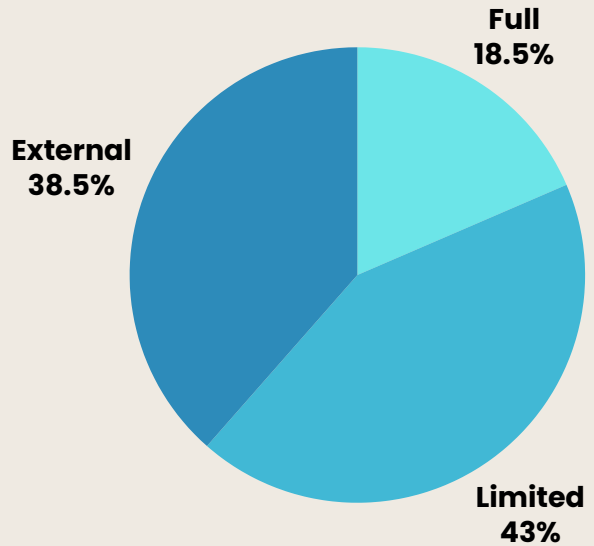
Gerald T. Gowitt, M.D.



Steven F. Dunton, M.D.

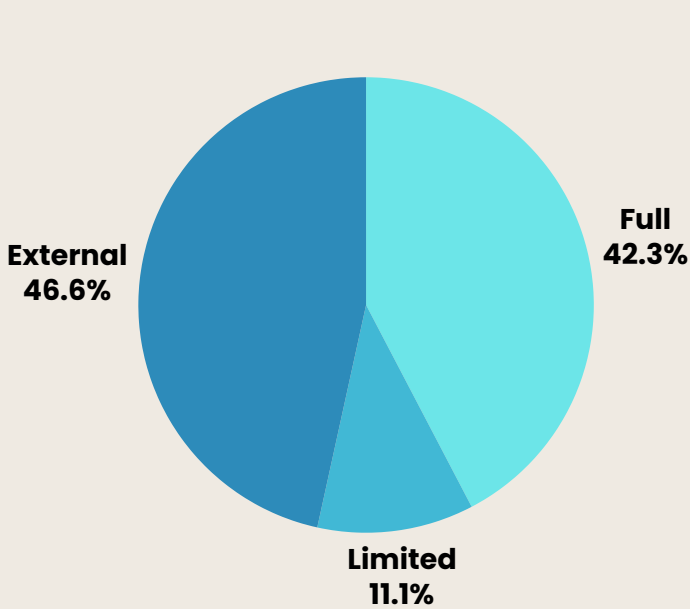


Frederic N. Hellman, M.D.

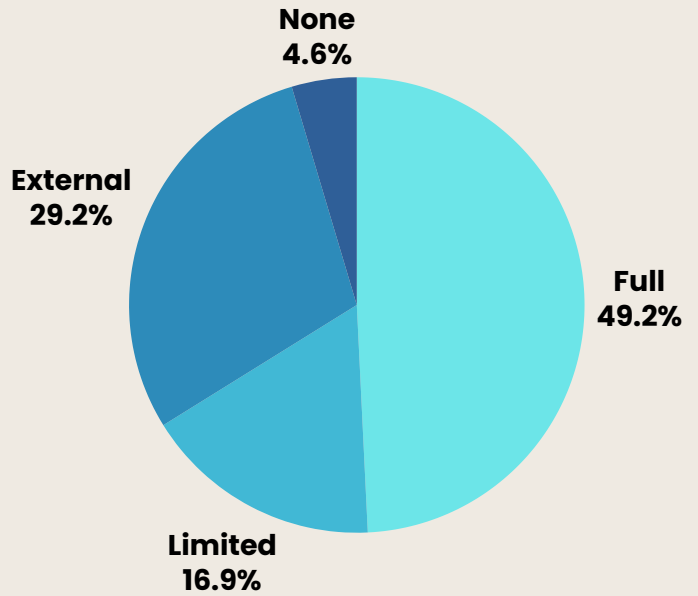


Bruce H. Wainer, M.D.

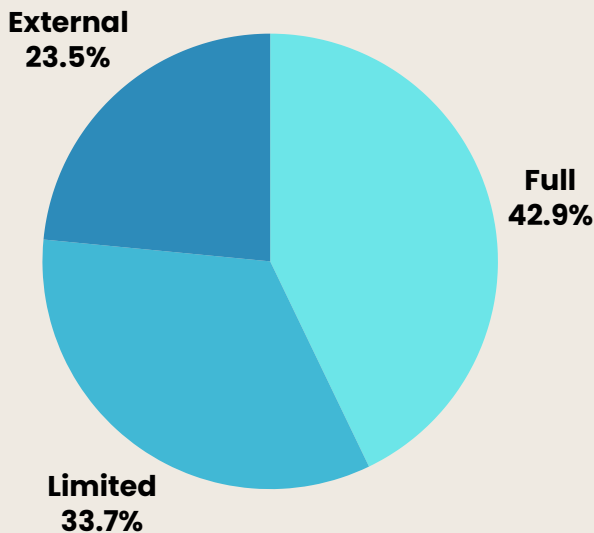
PROCEDURES PERFORMED BY MEDICAL EXAMINER



Michael M. Heninger, M.D.

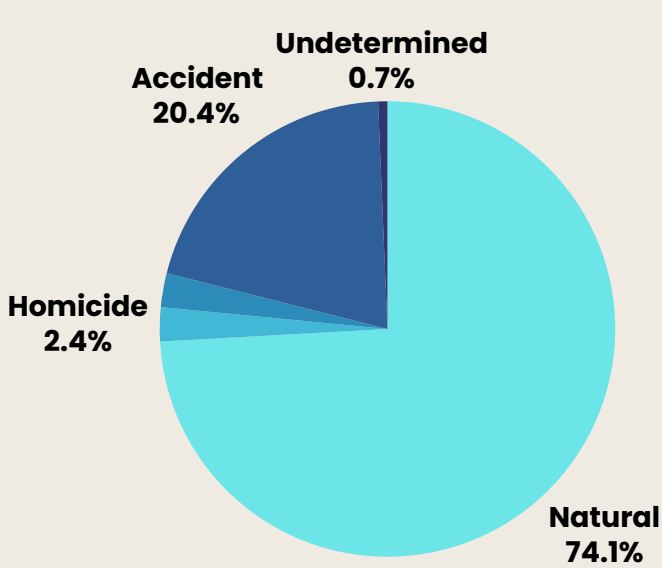


Marcel Castor, M.D.

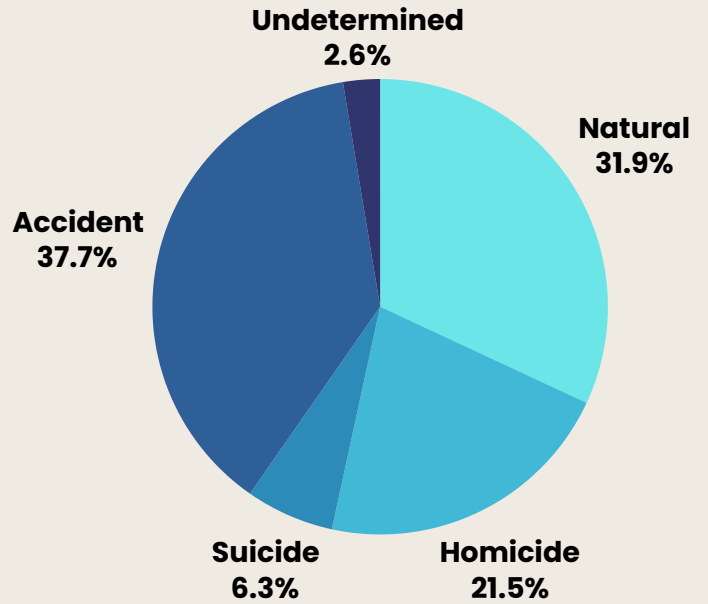


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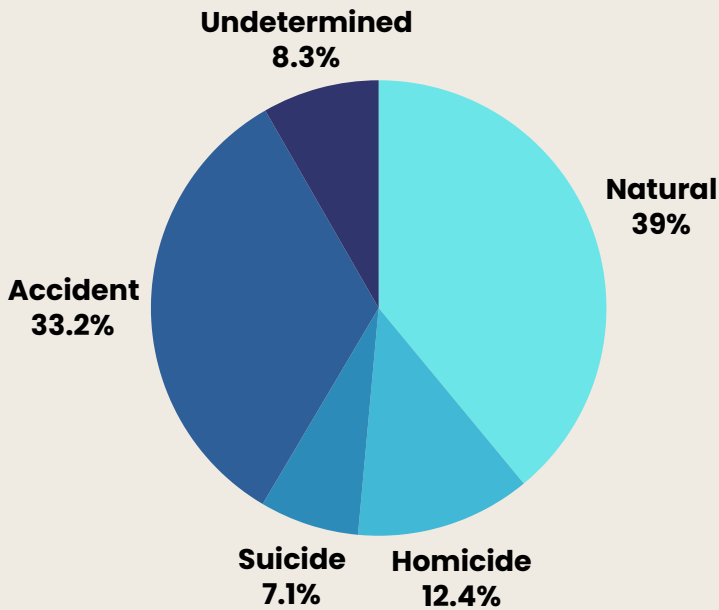
MANNER OF DEATH BY MEDICAL EXAMINER



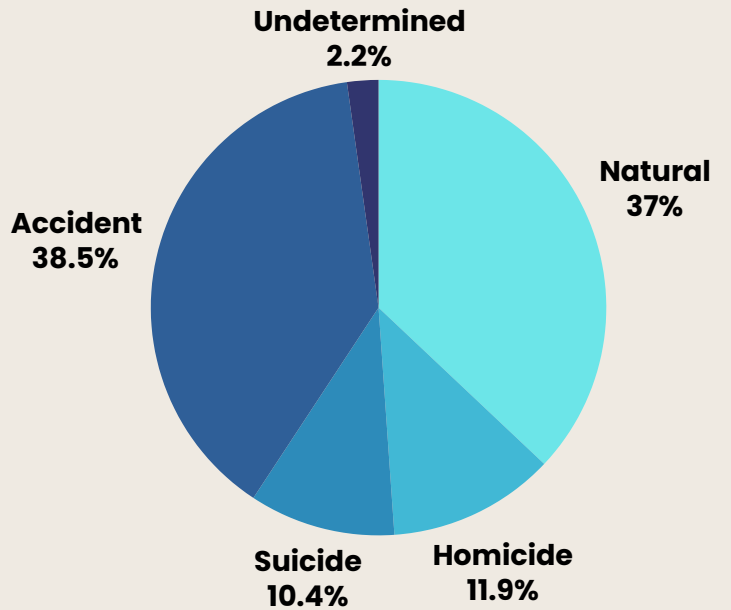
Gerald T. Gowitt, M.D.



Steven F. Dunton, M.D.

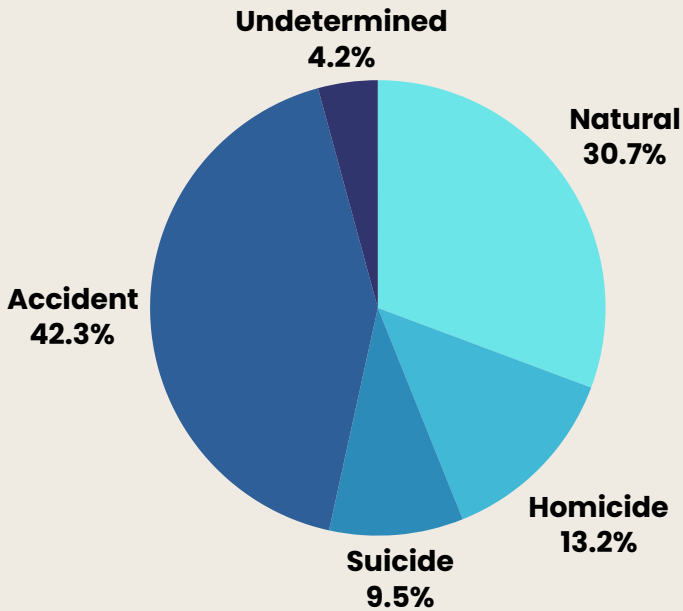


Frederic N. Hellman, M.D.

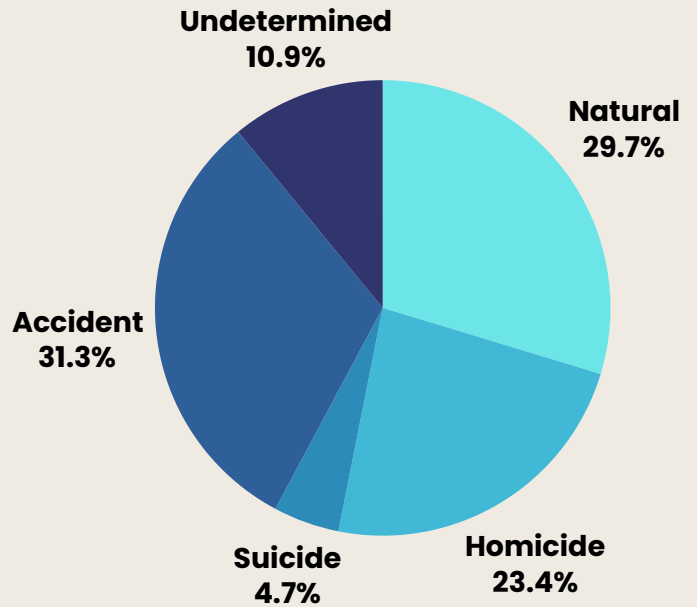


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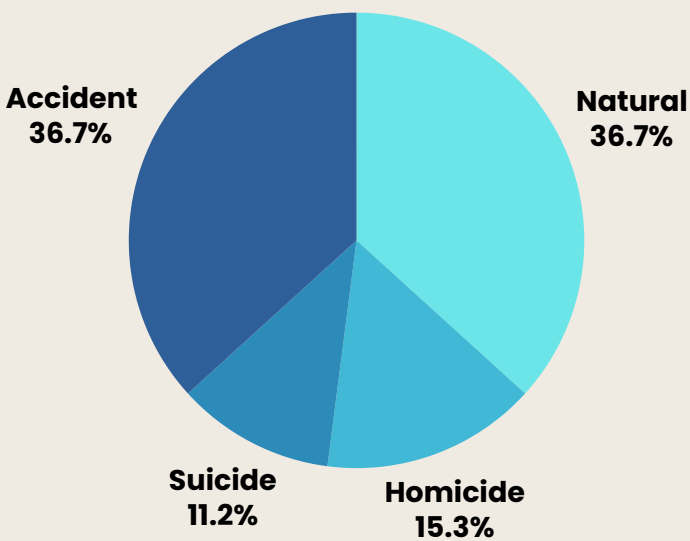
MANNER OF DEATH BY MEDICAL EXAMINER



Michael M. Heninger, M.D.



Marcel Castor, M.D.



Locums Tenens

HOMICIDES BY AGE, RACE & GENDER

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	0	0	0	0	0	0	0
AM	0	0	2	1	0	0	0	0	3
BF	3	5	4	6	0	2	1	0	21
BM	1	14	28	35	17	12	2	1	110
HF	0	0	1	1	1	0	0	0	3
HM	2	0	2	3	3	2	0	0	12
WF	0	0	0	0	1	0	0	1	2
WM	0	0	0	0	1	0	0	0	1
Other Female	0	0	0	0	0	0	0	0	0
Other male	0	1	0	0	0	0	1	0	2
Total	6	20	37	46	23	16	4	2	154

HOMICIDE DEATHS BY CAUSE/WEAPON

Cause	Number of Deaths
Gun-Not Specified	54
Gun-Handgun	46
Gun-Pistol	23
Gun-Shotgun	3
Gun-Revolver	2
Gun-Rifle	3
Sharp-Instrument-Knife	7
Asphyxia-Strangulation-Ligature	2
Asphyxia-Suffocation-Smothering	1
Other	10

SUICIDE DEATHS BY AGE, RACE & GENDER

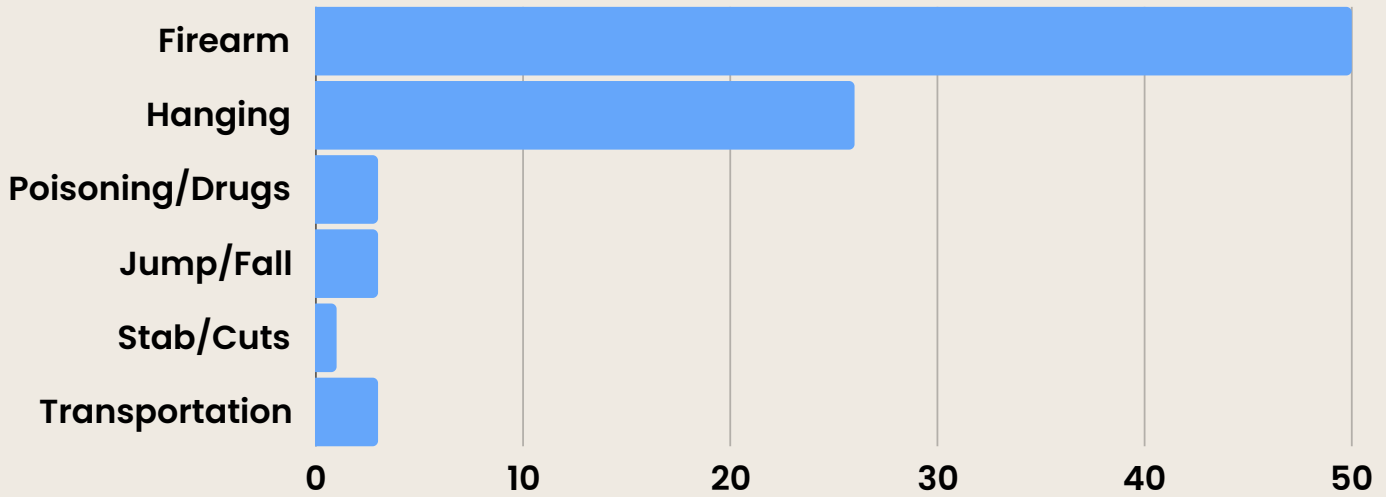
	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	0	0	0	0	1	0	1
AM	0	0	0	0	0	1	1	0	2
BF	0	1	4	5	0	1	0	0	11
BM	0	5	15	5	5	5	2	0	37
HF	0	0	0	0	0	0	0	0	0
HM	0	2	1	0	1	1	0	0	5
WF	0	0	0	0	3	2	2	2	9
WM	0	0	3	5	2	5	3	4	22
Total	0	8	23	15	11	15	9	6	87

SUICIDE DEATHS BY TYPE

Cause	Number of Deaths
Asphyxia-Hanging	20
Asphyxia-Ligature	5
Drug Death-Mixed Drug Toxicity	1
Drug-Death-Poisoning	2
Gun-Pistol	28
Gun-Handgun	9
Gun-Not Specified	3
Gun-Revolver	8
Gun-Shotgun	2
Transportation-Train	3
Jump from Height	3
Asphyxia	1
Sharp Instrument	1
Other	1

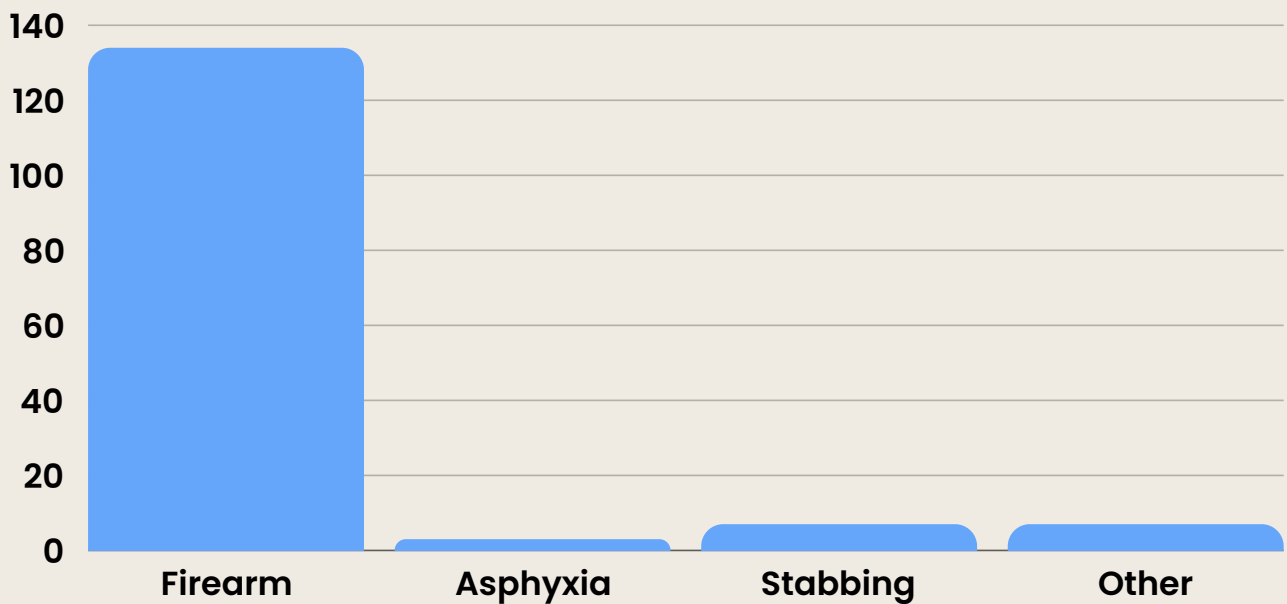
SUICIDE BY MEANS

Total Suicides: 87



HOMICIDE BY MEANS

Total Homicides: 154



MOTOR VEHICLE ACCIDENTS BY AGE, RACE & GENDER

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	1	0	0	0	0	0	1	2
AM	0	0	1	0	0	1	0	0	2
BF	3	4	6	7	2	2	6	2	32
BM	1	3	15	19	8	17	9	3	75
HF	0	1	1	1	0	1	0	0	4
HM	0	2	5	2	6	2	2	1	20
WF	0	0	5	0	0	4	0	0	9
WM	1	1	2	4	4	0	3	1	16
Total	5	12	35	33	20	27	20	8	160

MOTOR VEHICLE ACCIDENTS

Cause	Number of Deaths
MV Crash- Pedestrian	61
MV Crash- Driver	53
MV Crash- Occupant	18
MV Crash Motorcyclist Driver	17
MV Crash- Rider	3
MV Crash- Motorcyclist Rider	2
MV Crash- Bicyclist	2
Transportation-Train- Commercial	2
MV Crash- ATV	2
Total	160

ACCIDENTS (NON-TRAFFIC RELATED) BY AGE, RACE & GENDER

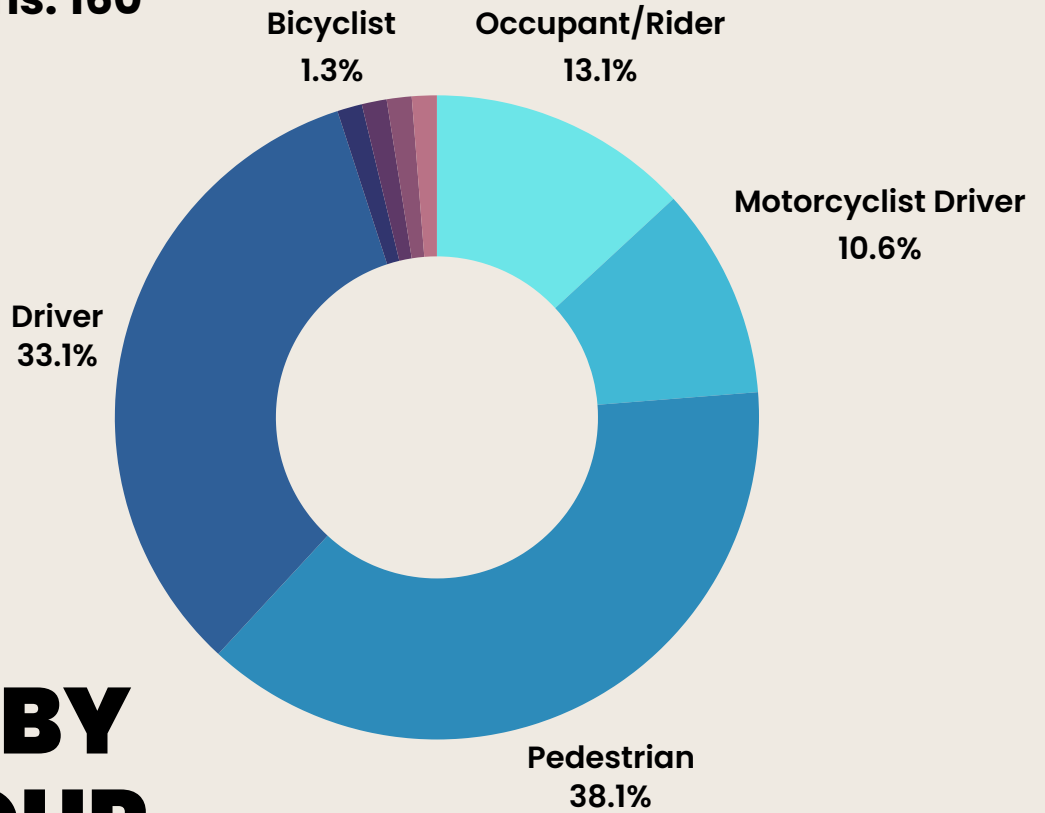
	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70	71+	Total
AF	0	0	1	0	0	0	0	1	2
AM	0	0	0	0	0	2	1	3	6
BF	1	2	13	11	4	1	2	7	41
BM	1	2	8	29	25	28	15	5	113
HF	0	0	0	0	0	0	1	0	1
HM	1	2	5	4	7	3	0	1	23
WF	0	0	4	5	6	3	3	7	28
WM	0	0	10	10	15	13	3	8	59
Total	3	6	41	59	57	50	25	32	273

ACCIDENTS (NON-TRAFFIC RELATED)

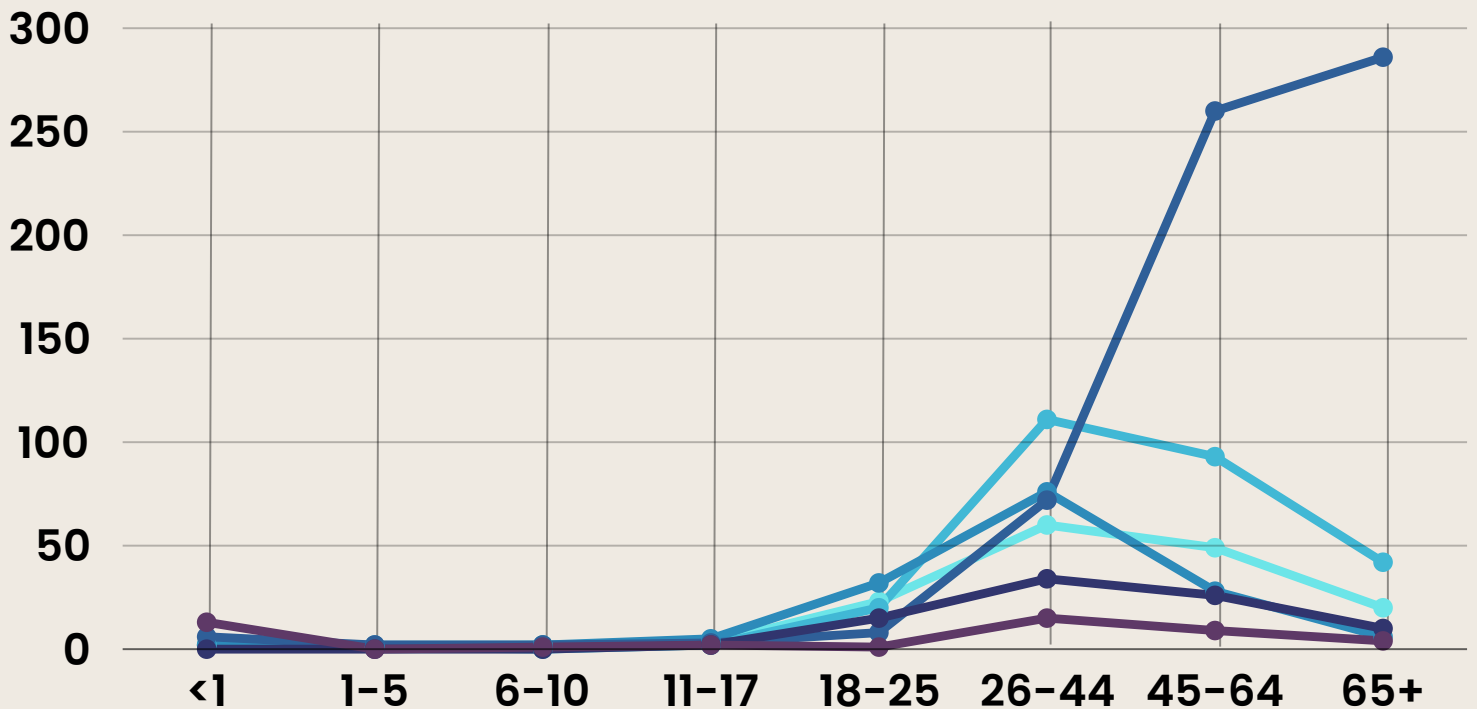
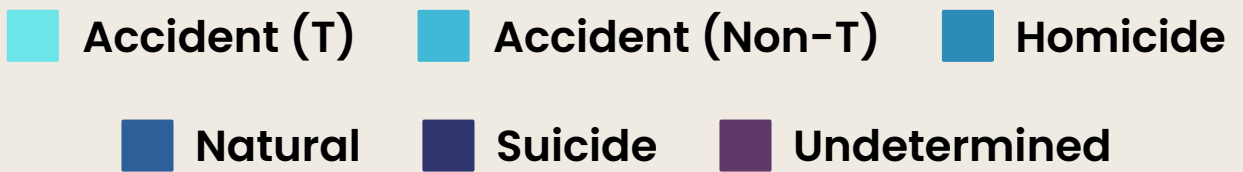
Cause	Number of Deaths
Asphyxia- Drowning	5
Asphyxia-Mechanical-Positional	2
Asphyxia Suffocation-Choking	3
Drug Death-Acute Intoxication	68
Drug Death-Mixed Drug Toxicity	121
Drug Death- Poisoning	6
Drug Death- Adverse Effect	6
Fall-Standing Height	22
Fall	7
Fall-From Height	5
Carbon Monoxide- Structural Fire	2
Hypothermia-Exogenous	4
Fire Death	3
Other	19
Total	273

MOTOR VEHICLE ACCIDENTS

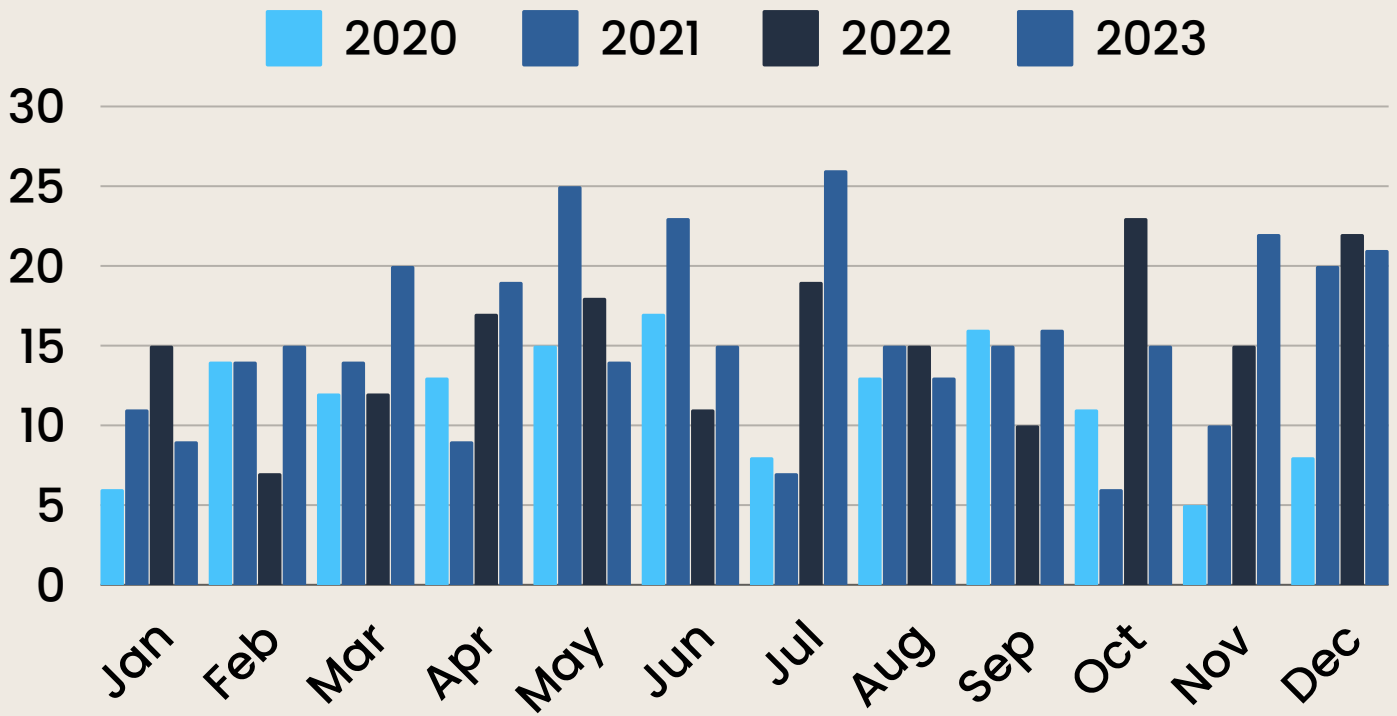
Total MVA Deaths: 160



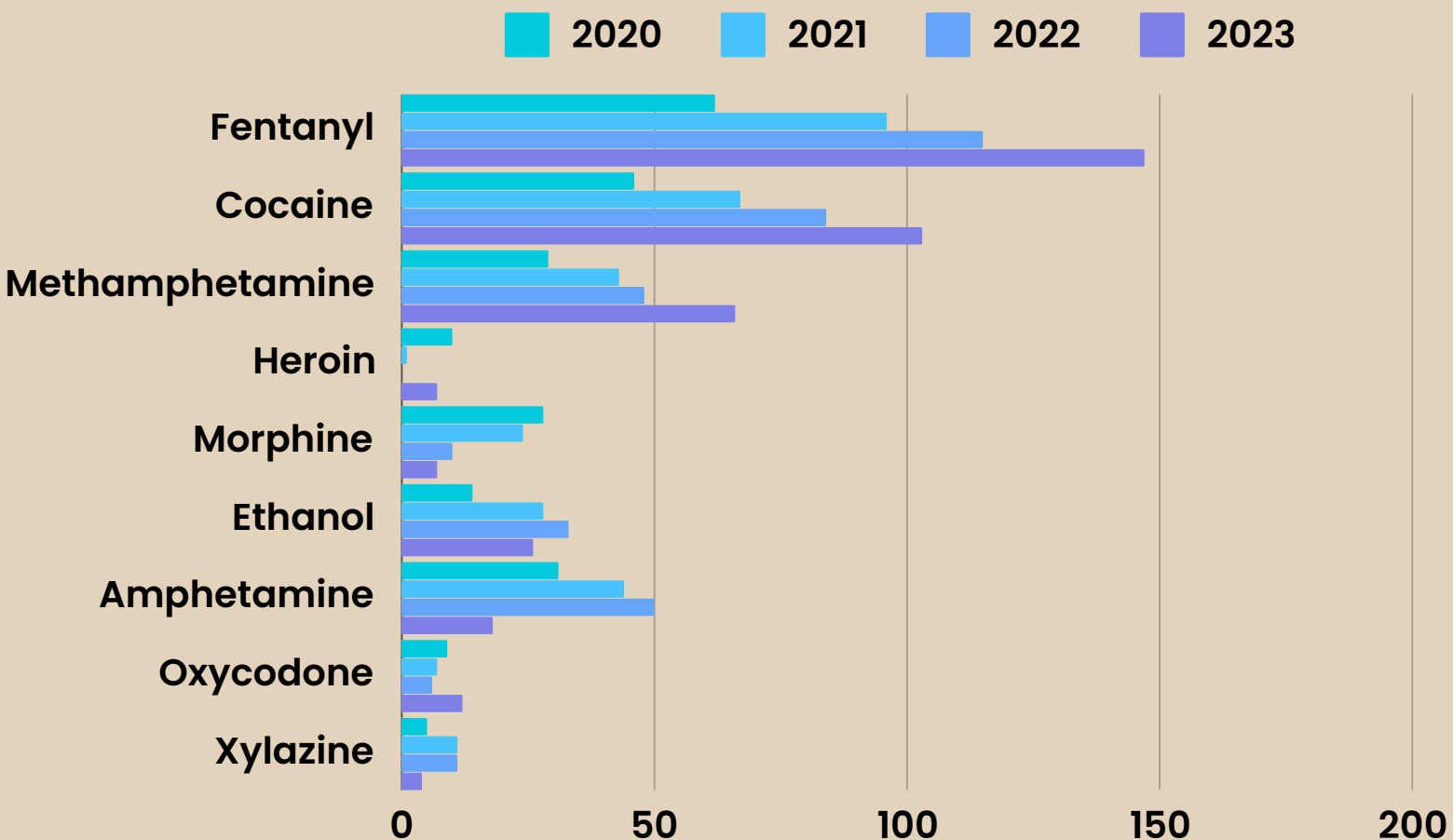
DEATHS BY AGE GROUP



TOTAL DRUG-RELATED DEATHS



COMPARISON OF DRUGS THAT CONTRIBUTED TO DEATH FROM 2020 TO 2023

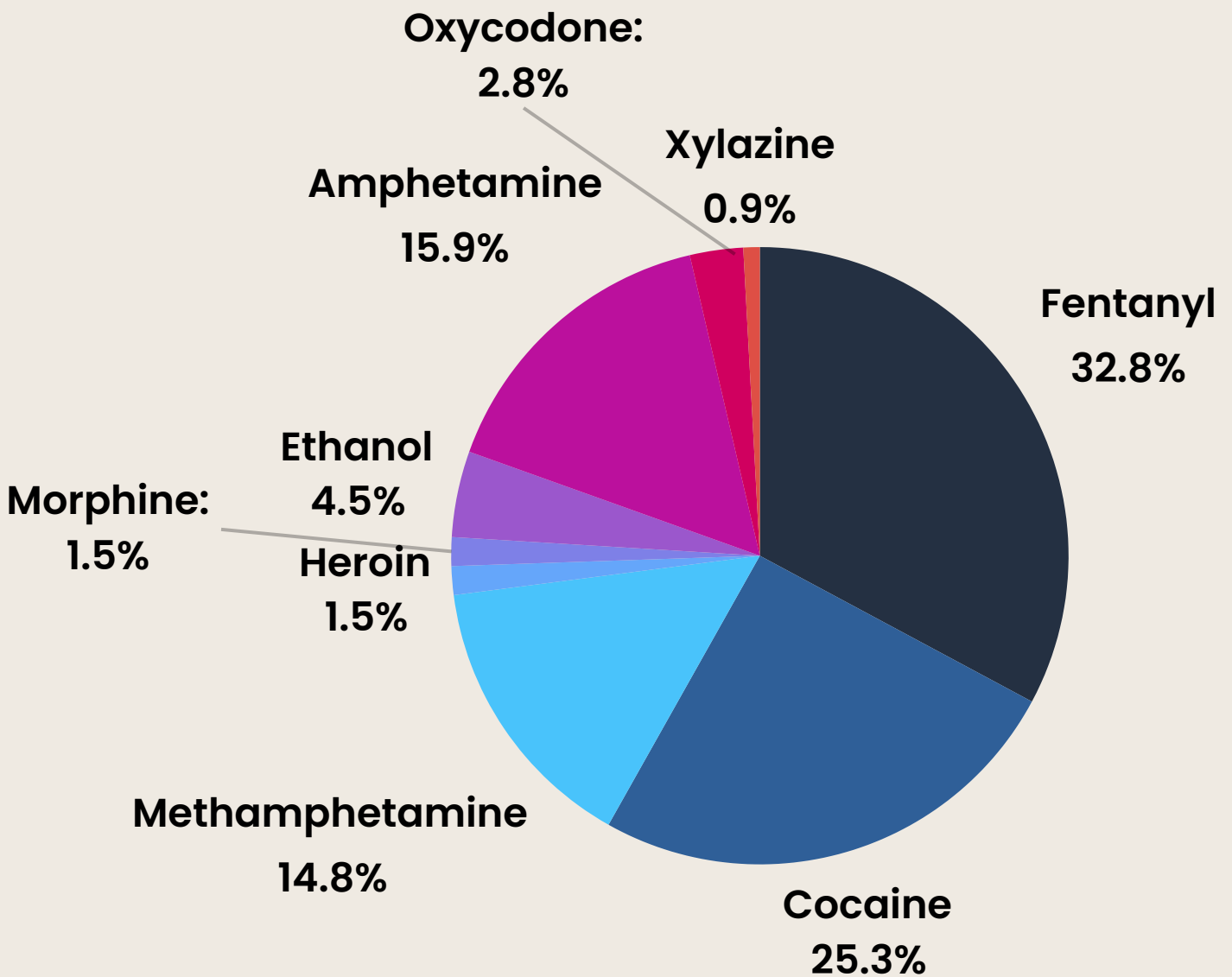


*AN UNQUANTIFIABLE NUMBER OF MORPHINE DEATHS MAY BE ATTRIBUTED TO HEROIN USE

DRUGS THAT CONTRIBUTED TO DEATH

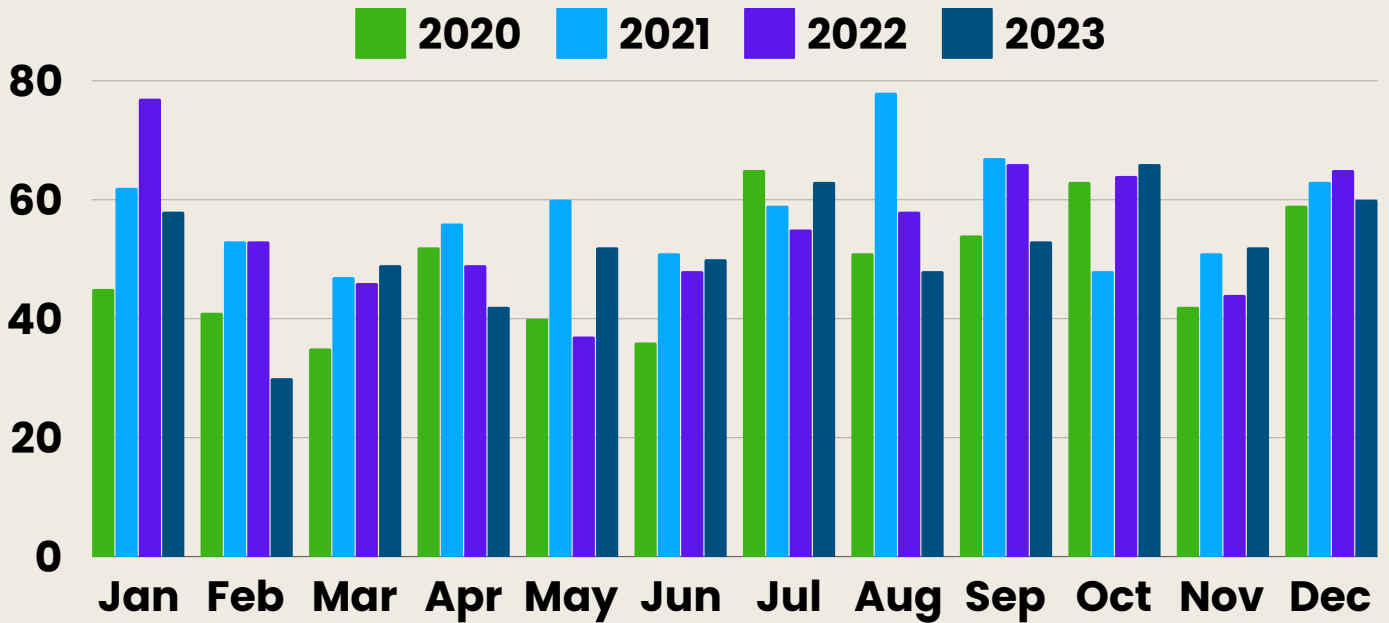
Total Drug-Related Deaths: 217

Out of 217 drug-related cases, Fentanyl was found and contributed to the decedent's death in 153 of those cases.

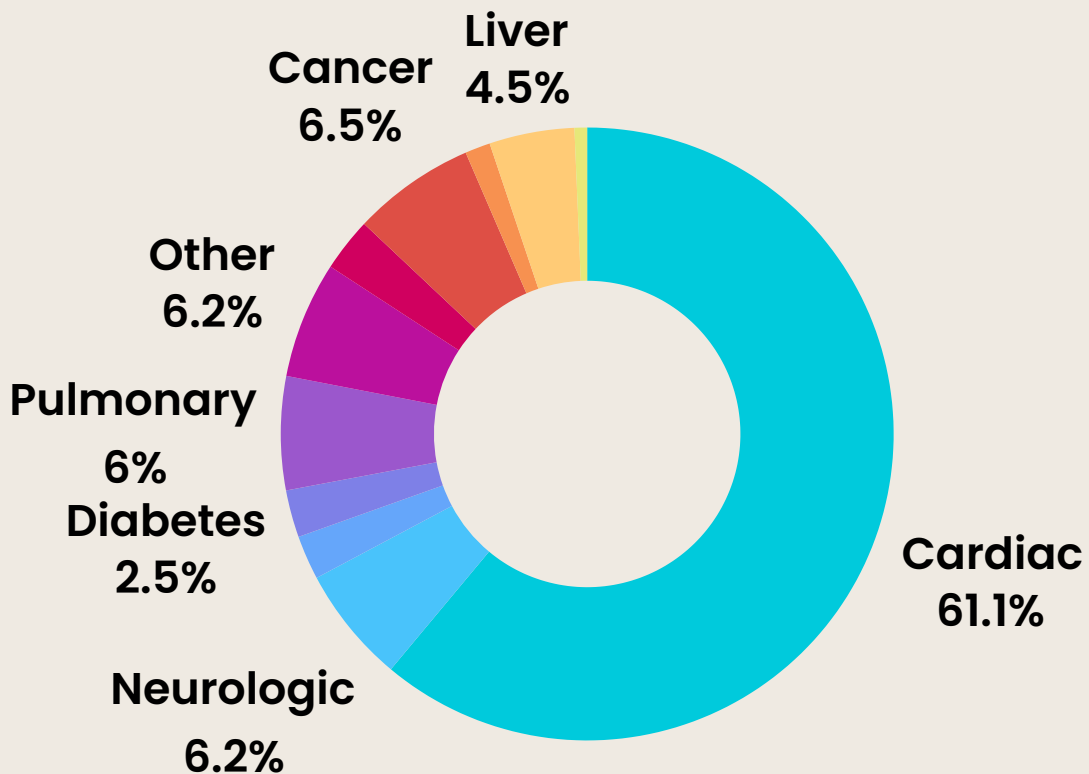


Results provided by Georgia Bureau of Investigation's (GBI) Division of Forensic Sciences (DOFS) Toxicology Section & National Medical Services (NMS) Laboratory

TOTAL NATURAL DEATHS BY MONTH



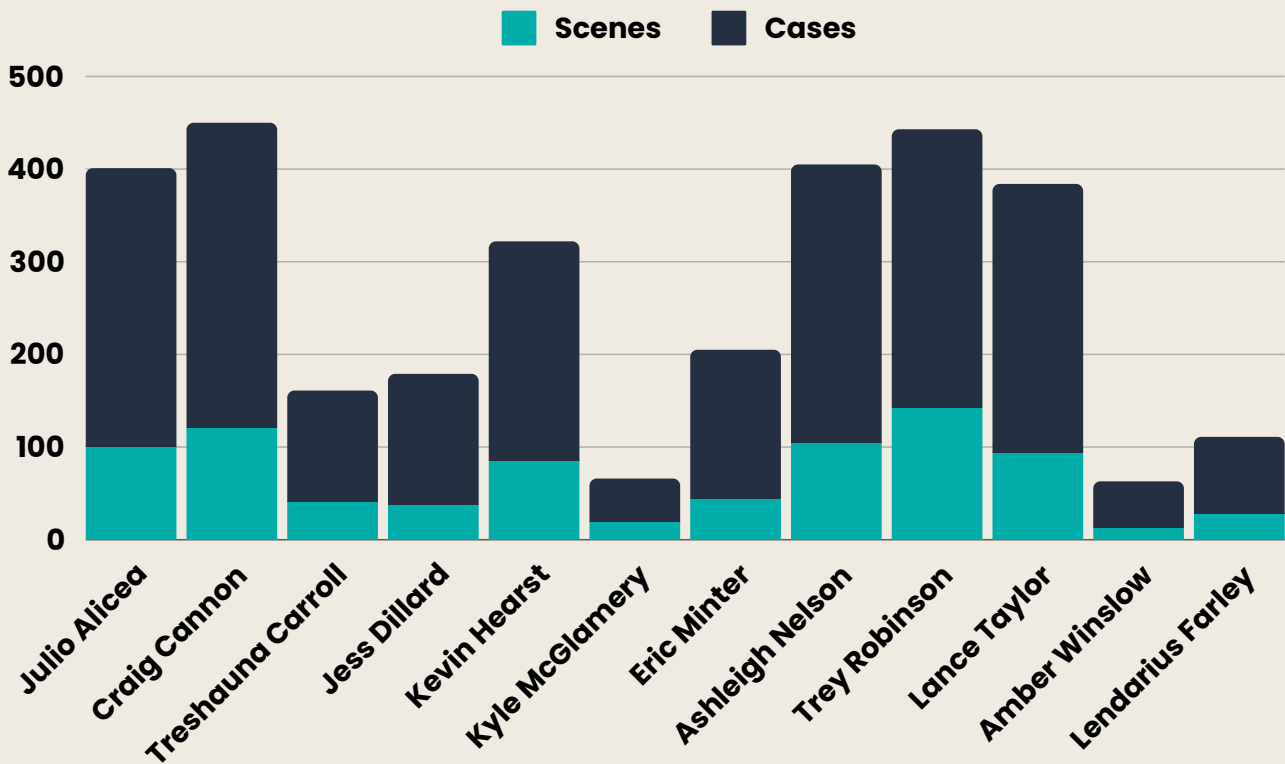
MOST COMMON NATURAL DEATHS



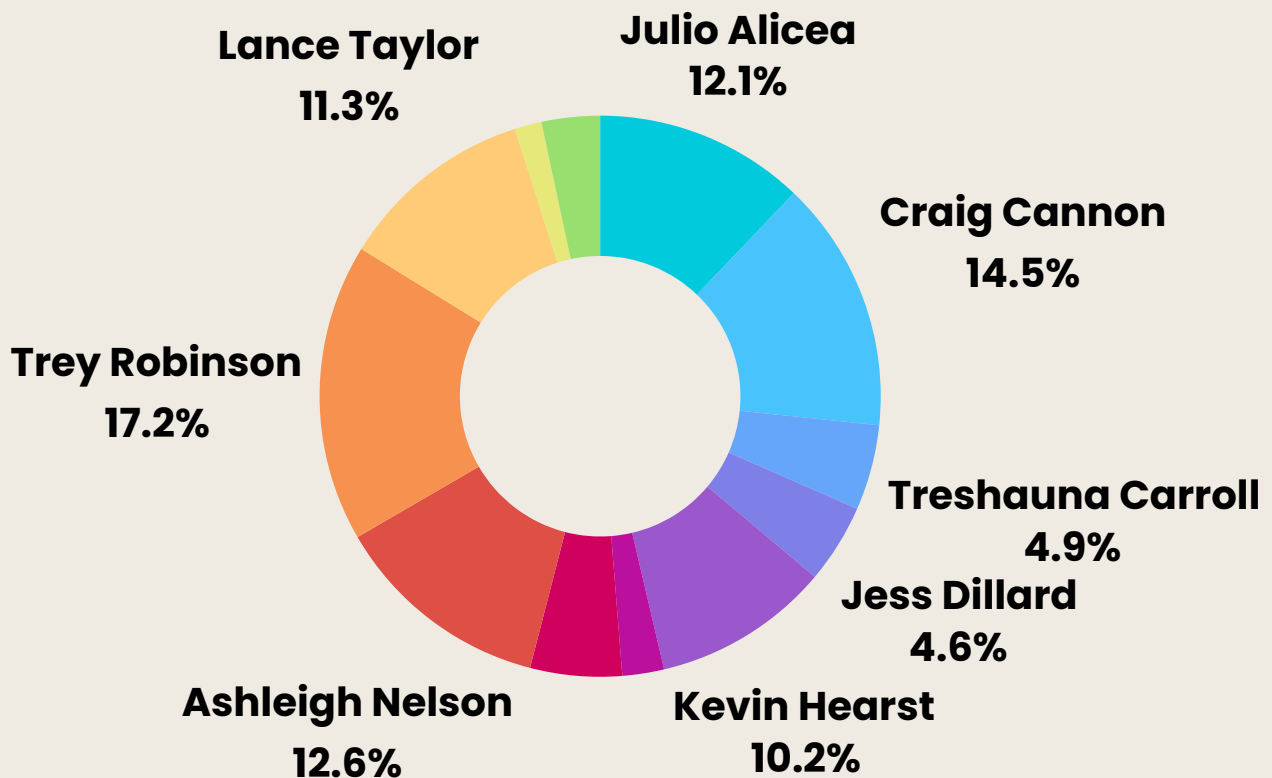
CASES BY INVESTIGATOR

Investigator	Scenes/Cases
Julio Alicea	101/300
Craig Cannon	121/329
Treshauna Carroll	41/120
Jess Dillard	38/141
Kevin Hearst	85/237
Kyle McGlamery	20/46
Eric Minter	44/161
Ashleigh Nelson	105/300
Trey Robinson	143/300
Lance Taylor	94/290
Amber Winslow	13/50
Lendarius Farley	28/83
Total	833/2,357

INVESTIGATOR CASELOAD



SCENE VISITS BY INVESTIGATOR



FACILITY TOTALS

- Total GBI Blood Alcohol Concentration: 661
- Total GBI Toxicology: 661
- Total NMS Toxicology: 361
- Total Number of Bodies of Transported to Facility: 1,074
- Total Number of Exhumations: 5
- Total Number of Tissue Procurement with LifeLink of Georgia:
 - Referrals: 345 (tissue) 26 (organs)
 - Tissue Donors: 18
 - Organ Donors: 11
- Georgia Eye Bank:
 - Referrals: 332
 - Donors: 10
- Total Unidentified/Unclaimed Remains: 2
- Total Number of Scenes Investigations: 833
- Artivion (Cryolife) Totals: 23
- Indigent Burials (DCMEO cases): 70
- Indigent Burials (DeKalb County Total): 155

DCMEO INFANT DEATHS

Infant deaths include those between the ages of live birth and one year.

- **Number of Infant deaths certified: 29**
- **Number of infants autopsied:**
 - **Full: 28**
 - **Limited: 0**
 - **External: 1**
- **Common causes of death for infants:**
 - **Sudden Unexplained Infant Death (6)**
 - **Undetermined (7)**
 - **Infection: (6)**
 - **Asphyxia (3)**
- **Manners:**
 - **Undetermined (14)**
 - **Accident (5)**
 - **Natural (8)**
 - **Homicide (2)**

DeKalb County Child Fatality Review Annual Report

The DeKalb County Child Fatality Review (CFR) Committee was established following O.C.G.A. § 19-15-3. The CFR is charged with reviewing all deaths of children ages from birth through 17 years, with a recorded residence at the time of death in DeKalb County, as a result of the following circumstances, to determine the cause and manner of death and if the death is preventable:

- Sudden Unexpected Infant Death (SUID)
- Any unexpected or unexplained conditions
- Unintentional injuries
- Intentional injuries
- Sudden death when the child is in apparent good health
- Any manner that is suspicious or unusual
- Medical conditions when unattended by a physician
- Serving as an inmate of a state hospital or state, county, or city penal institution
- Child abuse

In accordance with O.C.G.A. § 19-15-3(o), the DeKalb County Child Fatality Review Committee shall release an annual report for panel review.

In 2023, 69 child deaths were reported to the DeKalb CFR Committee, with 53 of these deaths being determined reviewable and having reports prepared by the Committee.

Although included in the 2023 Annual Report of the DeKalb County Medical Examiner's Office, the reviewable cases include all child deaths of DeKalb County residents. It should be noted that several deaths did not come under the jurisdiction of the DeKalb County Medical Examiner's Office, because these DeKalb residents died outside of our jurisdictions.

The causes of death reported on the 53 death certificates charted below have been optimized through simplified categorization to allow for better analysis of trends and patterns within the population.

DeKalb County Child Fatality Review Annual Report

Deaths by Manner Under 7 Years of Age

Manner	<=7 Years Old	Cause
Accident	4	Motor vehicle collision (MVC) (2) Drowning (1) Sleep-related (1)
Homicide	7	Blunt Force Trauma (3) Asphyxiation due to Smothering (1) Inanition and Dehydration (1) Ligature Strangulation (1) Maternal Trauma, gun-related (1)
Natural	6	COVID-19 related (2) Infection-related, other than COVID-19 (2) Congenital abnormality (2)
Suicide	0	
Undetermined	15	SUID, sleep-related (11) SUID, non-sleep-related (3) Gun-related (1)
Unknown	1	Unknown (death reported in California) (1)
Total	33	

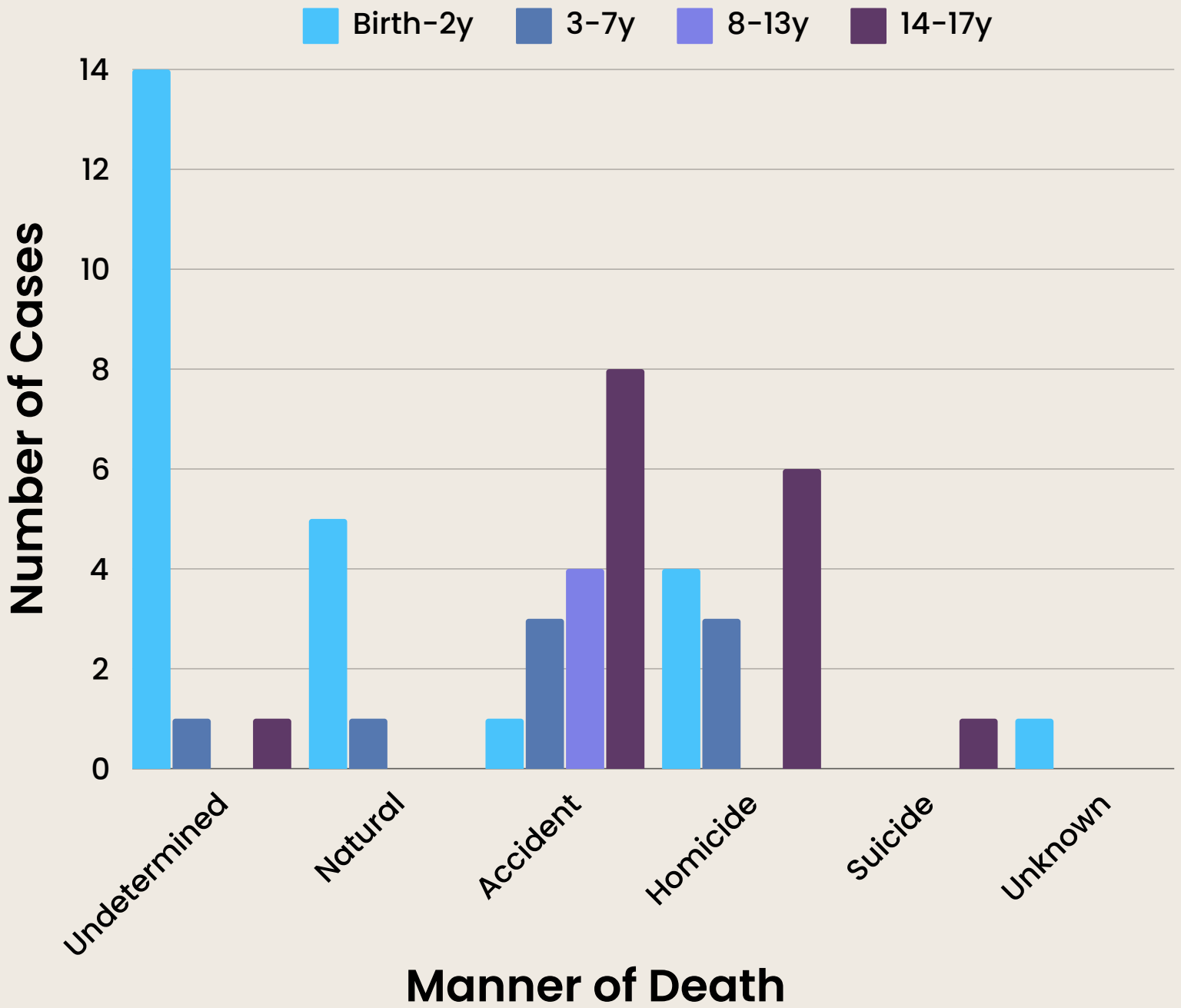
DeKalb County Child Fatality Review Annual Report

Deaths by Manner 8-17 Years of Age

Manner	8-17 Years Old	Cause
Accident	12	Motor vehicle collision (MVC) (8) MVC, pedestrian (3/8) MVC, multi-fatality (5/8) Drug-related (3) Drowning (1)
Homicide	6	Gunshot wound (GSW) to Torso (3) GSW to Head (2) Multiple GSWs (1)
Natural	0	
Suicide	1	Gun-related (1)
Undetermined	1	Violence-related (1)
Total	20	



DeKalb County Child Fatality Review Annual Report



DeKalb County Child Fatality Review Annual Report

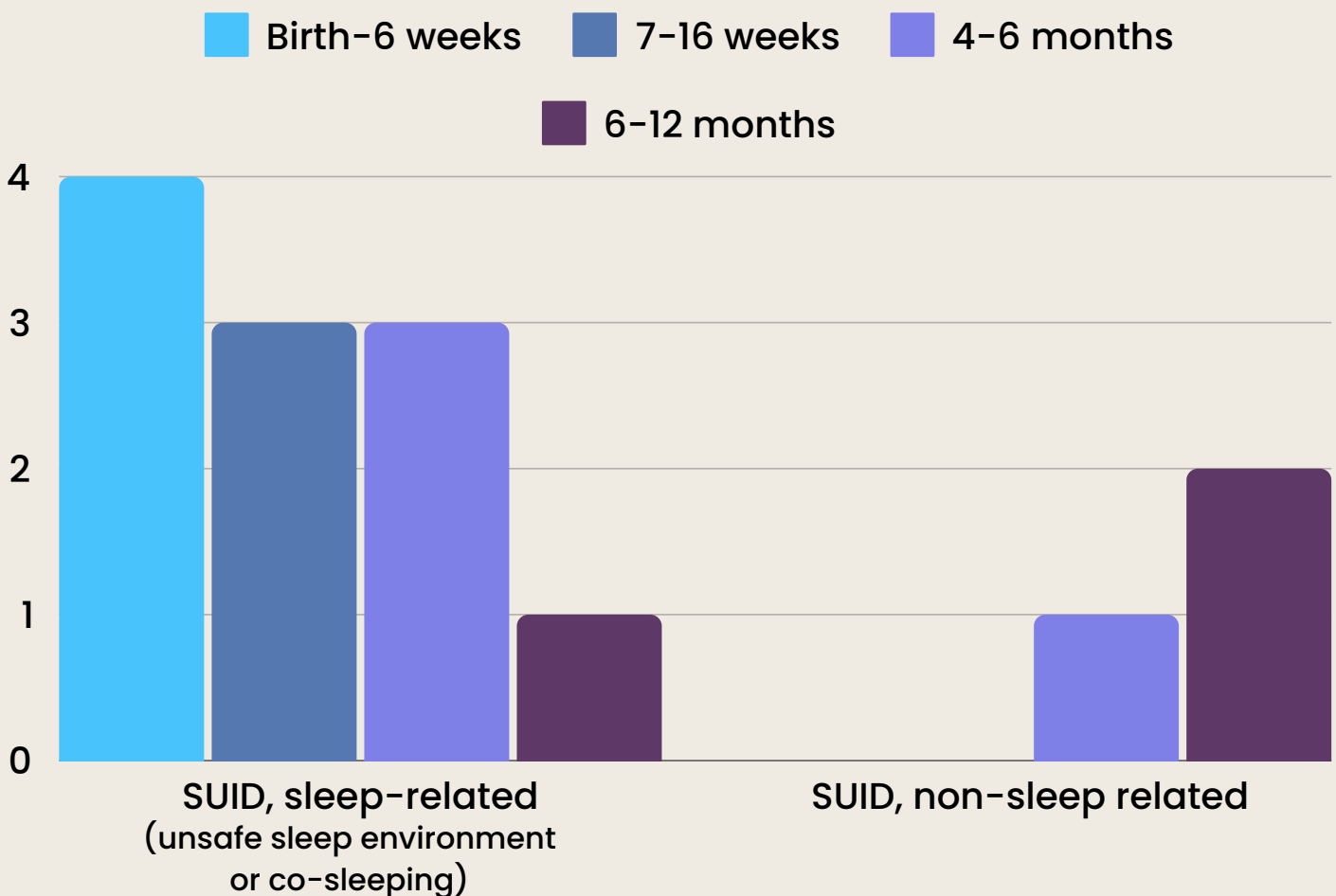
Sudden Unexplained Infant Death (SUID)

Sudden unexpected infant death (SUID) is a term used to describe the sudden and unexpected death of a child less than 1 year old which may be due to multiple potential mechanisms. These include disturbances of normal cardiac rhythm, undetected seizure activity, undetected inborn errors of metabolism, central or obstructive apnea, and unnatural deaths including suffocation in soft bedding items, overlying by a larger individual, and homicidal smothering.

Because each of these potential mechanisms of sudden unexplained infant death is usually indistinguishable from the other listed mechanisms during postmortem examination, it is the opinion of the DeKalb County Medical Examiner’s Office that cases such as these be designated with a cause and manner of death as Undetermined, unless further pertinent information warrants review.

SUID Cases Reviewed, by type and age

*Note: All reported SUID cases were at or under 12 months of age.



PLEASE CONTACT

OUR OFFICE AT

(404) 508-3500

IF YOU HAVE ANY

QUESTIONS

THANK YOU!