New Mexico Office of the Medical Investigator

Annual Report 2013

"I will bear in mind always that I am a truth seeker, not a case maker: that it is more important to protect the innocent than to convict the guilty." –Anonymous

2013 Annual Report
Office of the Medical Investigator
State of New Mexico

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Board of Medical Investigations

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The 2013 OMI Annual Report is dedicated to our Chief, Dr. Ross E. Zumwalt

New Mexico has been most fortunate to have Dr. Ross Zumwalt serve as the state's Chief Medical Investigator since 1991. An insightful man dedicated to discovering the truth and giving a voice to those who can no longer speak for themselves, Dr. Zumwalt has worked tirelessly during the past 23 years to lead the Office of the Medical Investigator (OMI) in becoming one of the most highly regarded medical examiner's offices in the country. He joined the University of New Mexico in 1987, after serving six years as Deputy Coroner in Cincinnati, Ohio, following extensive training in pathology and forensic pathology at University of Texas Health Science Center and Southwestern Institute of Forensic Sciences in Dallas, TX. He also served as Assistant Medical Examiner in Dallas County, staff pathologist at Camp Lejeune's Navy Regional Medical Center, and Assistant Professor of Pathology at Case Western Reserve University and the University of Cincinnati College of Medicine. This wealth of experience contributed to the extraordinary autopsy skills and dedicated leadership he brought to New Mexico, where he has trained and inspired hundreds of medical students, pathology residents, and forensic pathology fellows. Many of the forensic pathologists currently practicing across the United States have benefited from Dr. Zumwalt's experience and expertise. He was instrumental in OMI's successful transition from outdated autopsy facilities to a new, state-of-the-art location as part of the New Mexico Scientific Laboratories building. He has furthered the cause of excellence in forensic pathology not just through his exceptional work at the local level, but has contributed nationally throughout his career, serving as President and Chair of the Board of Directors of the National Association of Medical Examiners (NAME), a Trustee and officer for the American Board of Pathology, a member of the Residency Review Committee for Pathology and Chair of the Council on Forensic Pathology for the American Society of Clinical Pathologists. As anyone who has had the pleasure of working with Dr. Zumwalt knows, however, he is much more than the list of his impressive accomplishments; he has been our friend, our leader and our inspiration, and it is with deep respect and sincere gratitude for his years of service to New Mexico that we dedicate this Annual Report to him.

Office of the Medical Investigator (OMI)
2013 Annual Report

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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 5,577 deaths. 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 presents 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 Bureau of Vital Statistics 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 database management system located at the New Mexico Scientific Laboratories in Albuquerque. OMI faculty Sarah Lathrop, DVM, Ph.D. and Valerie Poland, using Microsoft Office 2010 Professional and Statistical Analysis System (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 – 2013

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 tasked[1] 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 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 Office of the Medical Investigator.
- Define procedures to reimburse all parties providing services to the Office of the Medical Investigator.
- 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 Investigation (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 Health and Environment Department, the Chairman of the New Mexico Thanatopractice and the Chairman of the New Mexico Indian Affairs Commission 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 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 services. 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 preventative 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 2013

Investigative Activity:

In 2013, New Mexico had 5,577 deaths that met the criteria to become a reportable death. The OMI provided investigative services for each of these 5,577 deaths. Following these investigations, OMI retained jurisdiction of 3,246 deaths and relinquished jurisdiction of 1,577 deaths to private physicians. An additional 754 deaths were investigated as a consultation services resulting in a total caseload of 5,577 medicolegal investigations. A granular examination of the case distribution is presented in the section Total Cases beginning on page 15.

"Doe" and/or missing person cases:

Each year OMI receives 150-200 "Doe" cases, where remains are initially unidentified. 98% of these cases are successfully identified through OMI's investigative efforts. Our staff identifies these cases through fingerprint analysis, postmortem forensic dental examinations (using dental records to help identify remains), and DNA analysis. The investigative staff dedicated many hours to reviewing "cold cases" and were able to identify many cases with the advancement of DNA technology and by resubmitting fingerprints to the FBI that were originally unmatched. Unidentified individuals going as far back as 1982 were identified and their remains returned to their families.

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 staff pathologists are faculty members with 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 to three years in advance.

Certification Training

All OMI deputy medical investigators are required to become certified to perform a death investigation. The OMI provides this training for the deputy medical investigators throughout New Mexico and in the past year, twenty-two individuals successfully completed the training and received certification as new Field Investigators. One hundred current Field Investigators participated in advanced training and certification courses. 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 as two training sessions in Albuquerque, in April and October. Fifty-seven 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 Arizona, Colorado, Virginia, Washington, and of course, New Mexico. New Mexico personnel included representatives from the various law enforcement agencies, EMS, and hospitals from around the state.

Law Enforcement Education

Death investigation training is provided at the New Mexico State Police Academy, the New Mexico Law Enforcement Academy, the Bernalillo County Sheriff's Office Training 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 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 Newsletter and website

The OMI Newsletter is published quarterly and sent to OMI field and central office staff. The newsletter conveys information regarding updates in legislation and/or investigation and personnel issues.

The OMI website at *http://omi.unm.edu* provides instant access to information concerning OMI, staff, operating procedures and services offered. Through the website, users can download forms needed for requesting OMI documents or make inquiries.

Grief Services Program

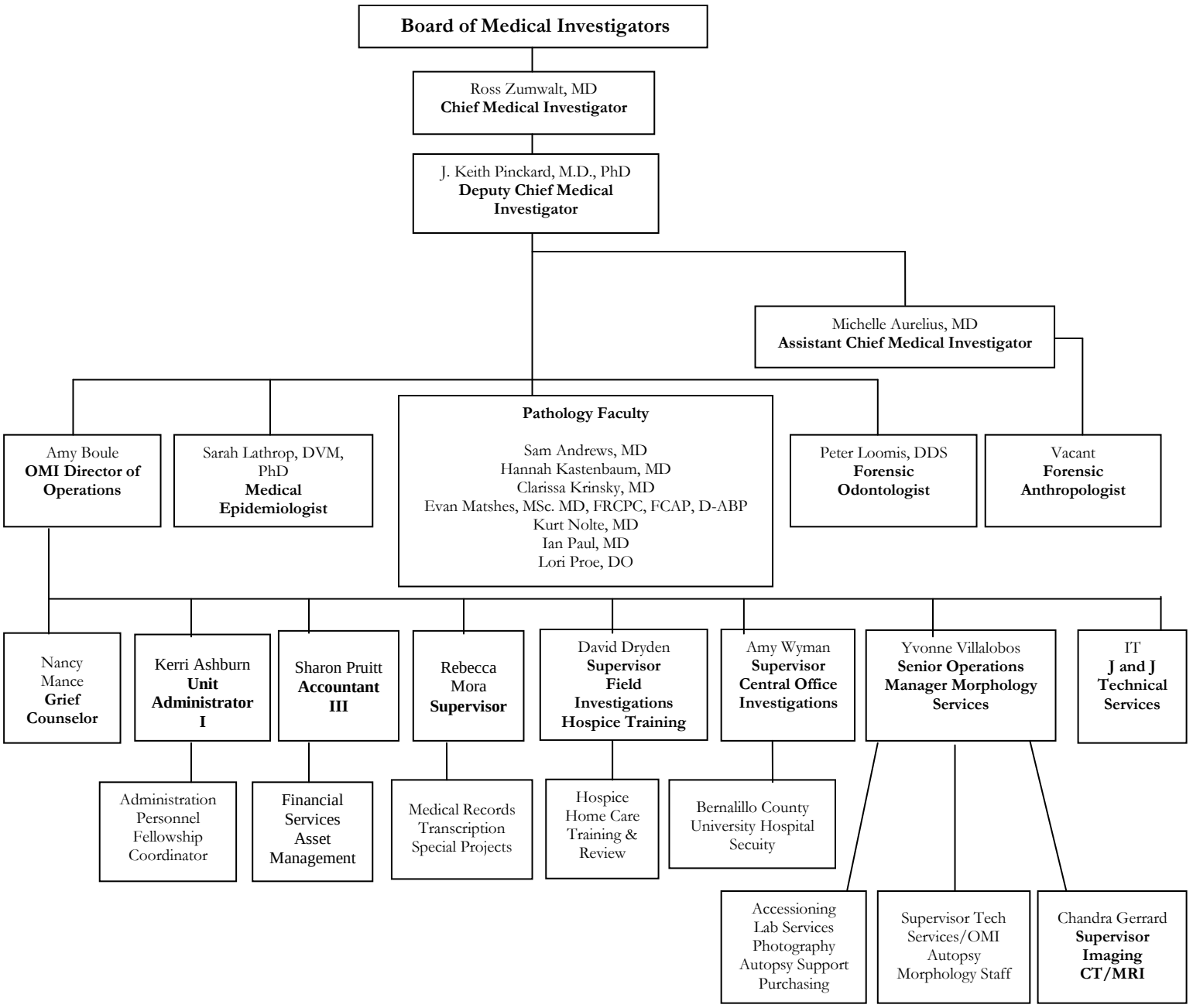
The Grief Services Program (GSP) was established in 1975. Initially, the program provided crisis intervention and education to families whose child died as a result of Sudden Infant Death Syndrome (SIDS). The program has continually expanded its mission and now provides its services to all New Mexico 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 2013, 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 to provide life-saving organs from 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
Organizational Chart as of December 2013

Figure 1



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.

Figure 2 – Total Cases 2004 - 2013

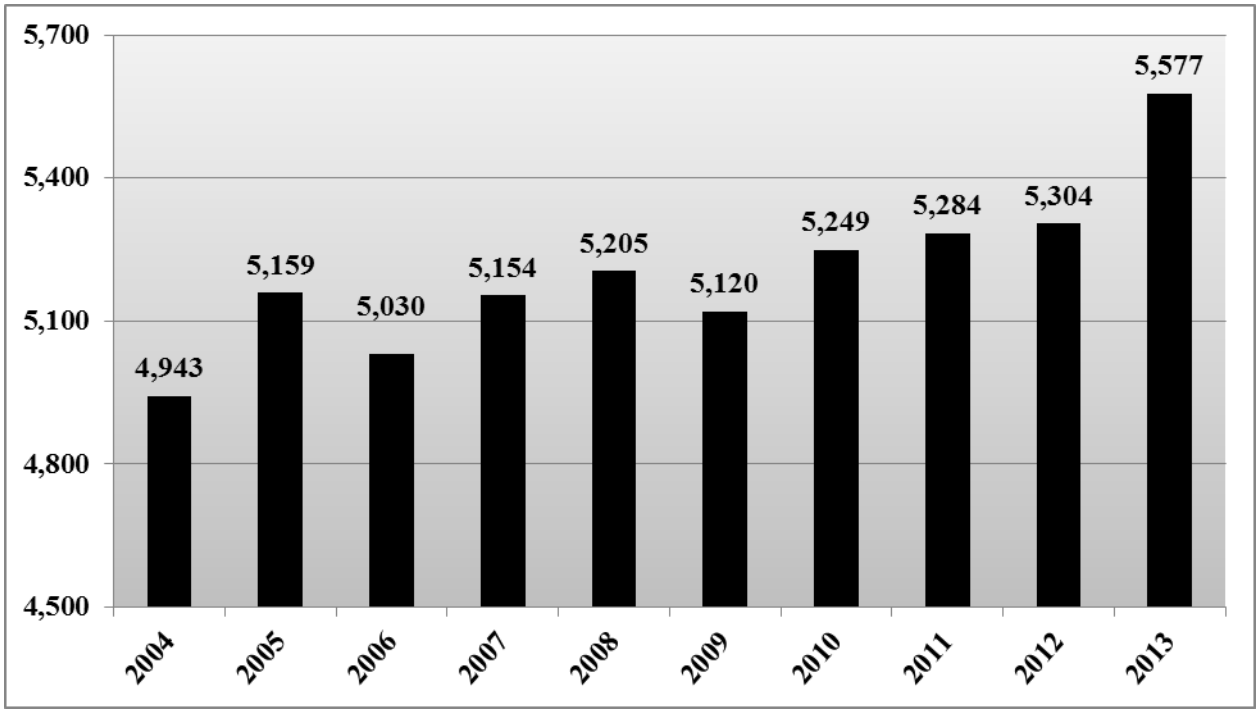


Figure 3 – Total Cases by Month – 2013

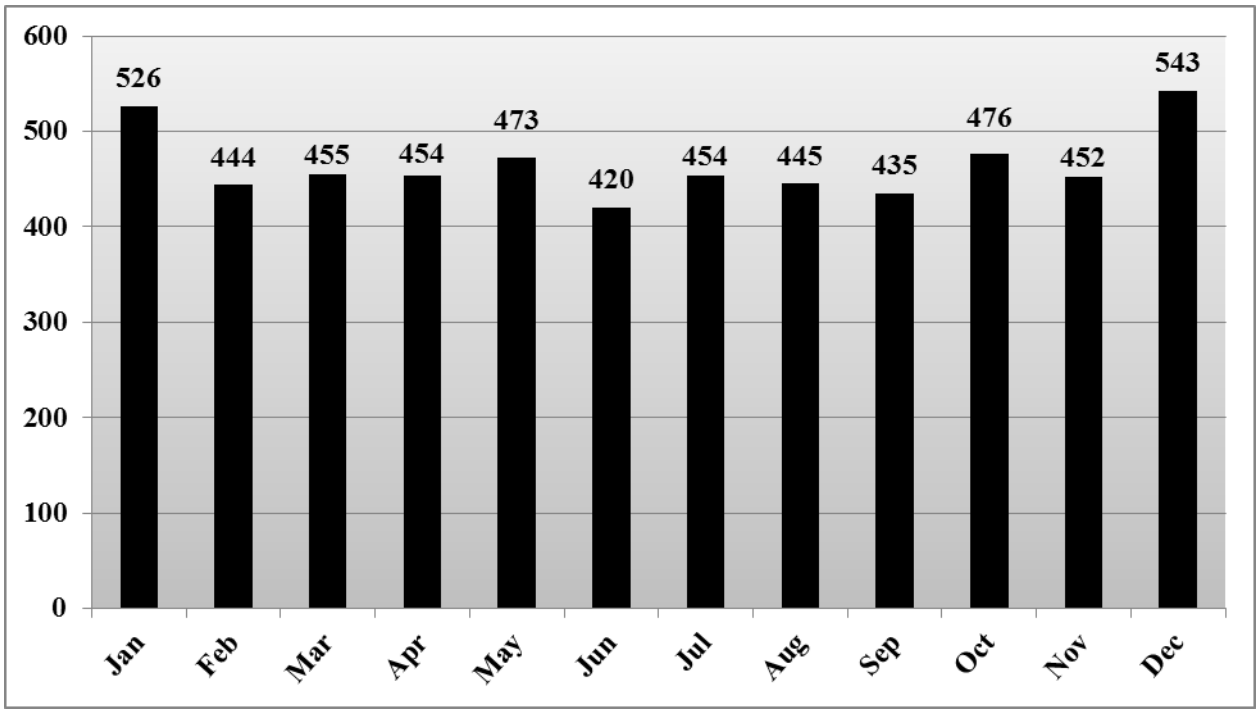


Figure 4 – Total Cases by Day – 2013

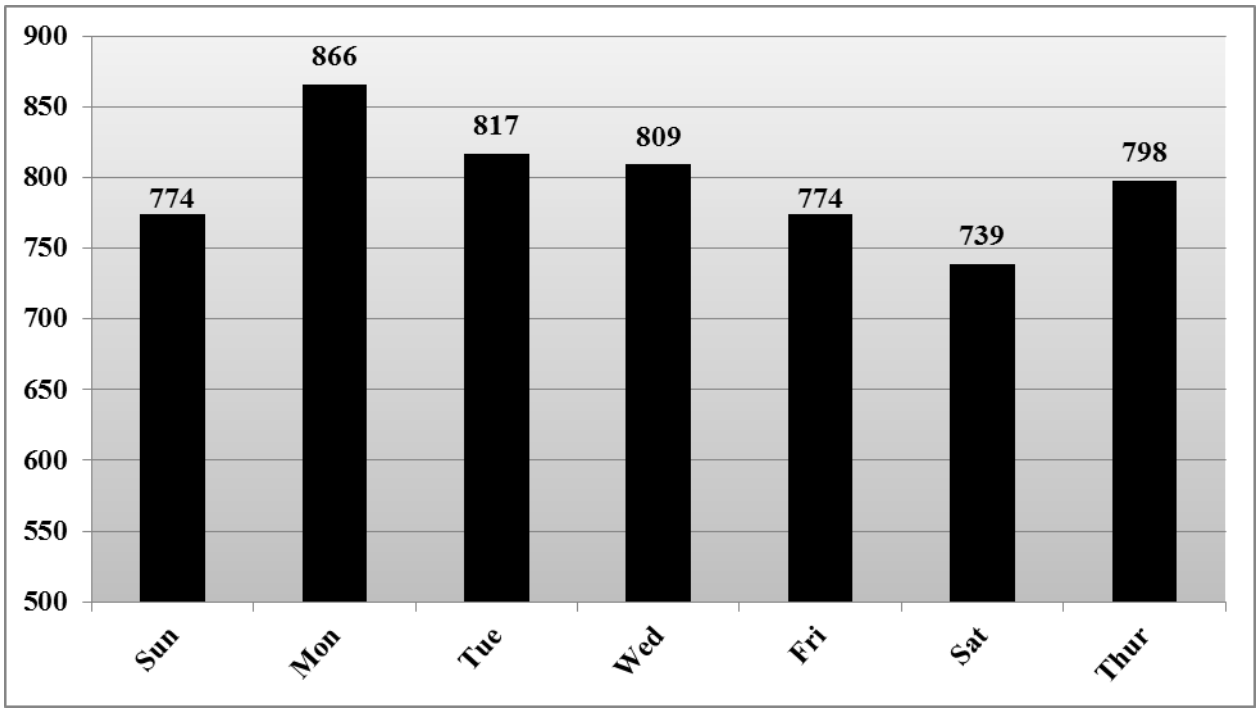
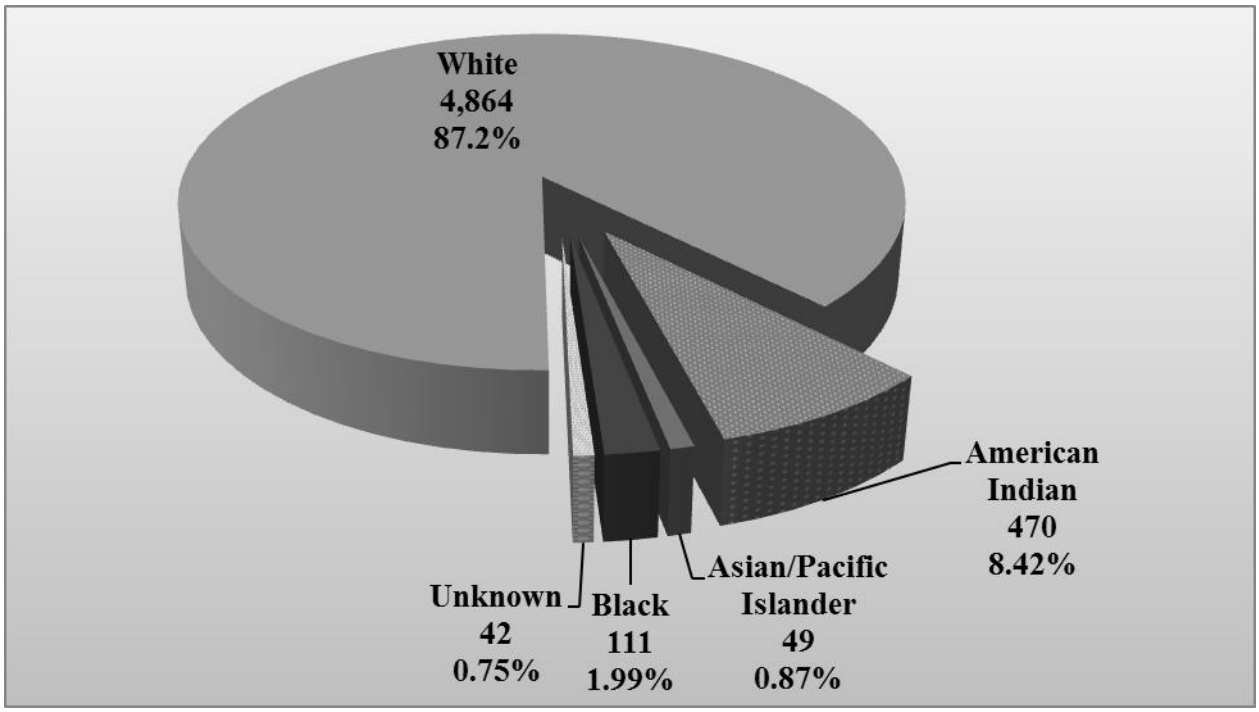
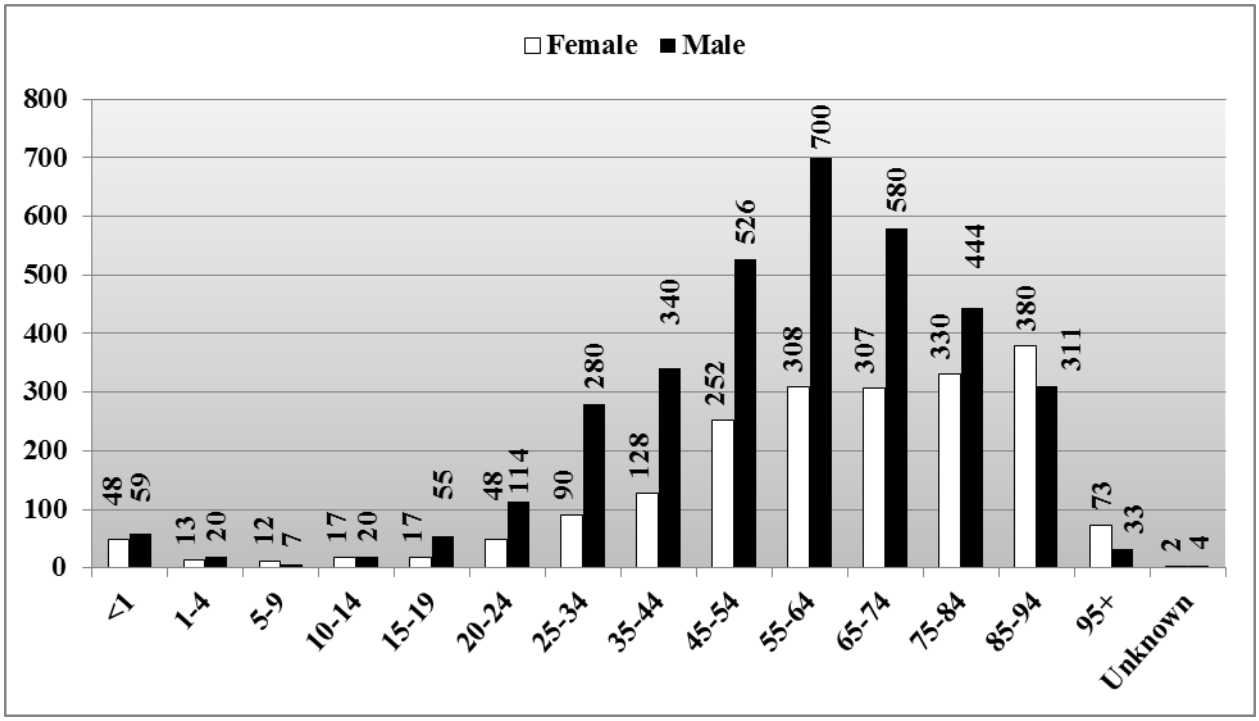


Figure 5 – Total Cases by Race/Ethnicity* – 2013



*American Indian includes 6 Hispanic, Unknown includes 33 Hispanic, White includes 1,163 Hispanic, 41 non-human remains

Figure 6 – Total Cases by Age and Gender* – 2013



*41 non-human remains, 15 with unknown gender or age, 3 under age 1 with unknown gender

Table 1 – Total Cases – Autopsy Status – 2013

	Manner* of Death									
Autopsy	**Accident**	**Homicide**	**JT**	**Natural**	**NA**	**Other**	**Pending**	**Suicide**	**UND**	**Total**
Yes	885	169	0	781	0	17	13	385	114	2,364
No	514	0	1,391	1,001	186	54	3	57	7	3,213
Total	**1,399**	**169**	**1,391**	**1,782**	**186**	**71**	**16**	**442**	**121**	**5,577**

*JT: Jurisdiction terminated, NA: Non-accept, Other includes non-human remains and ancient remains, UND: Undetermined manner of death

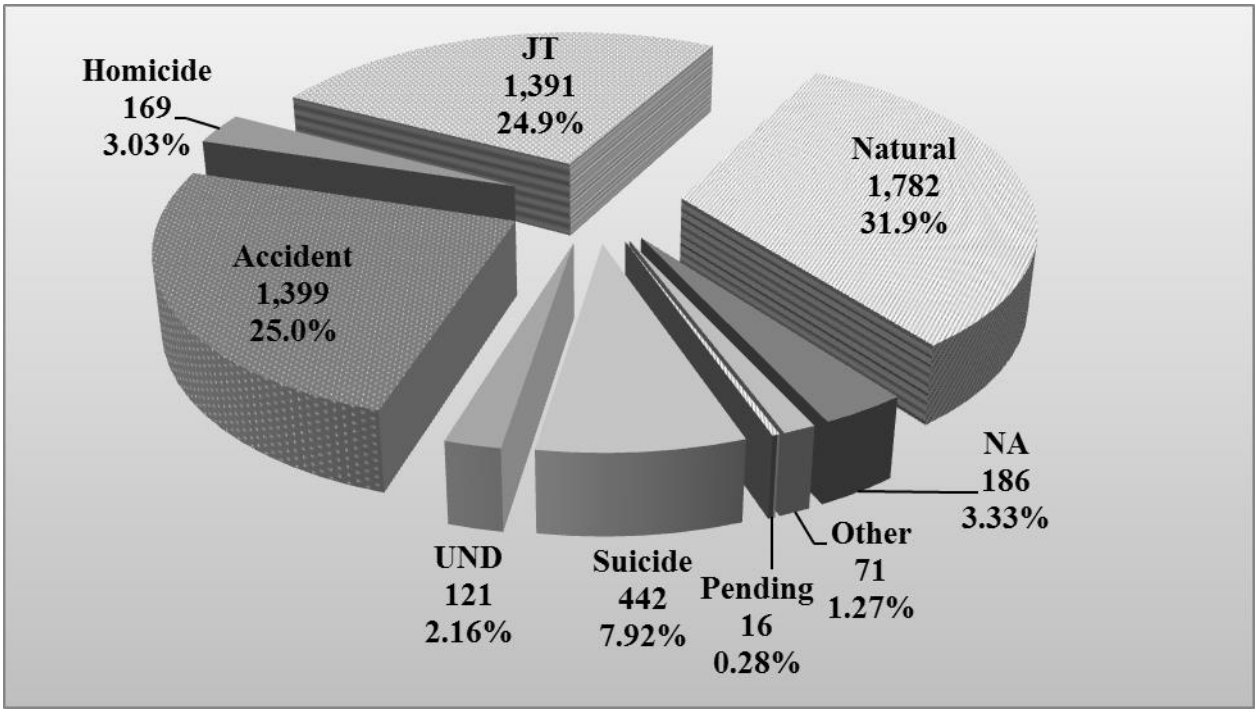
Table 2 – Total Cases – Case Distribution - 2013

Jurisdiction	**Manner**	**Autopsy**		**Percent Autopsied**	**Total**
		Yes	**No**		
Medical Investigator	Accident	814	504	61.7%	1,318
	Homicide	141	0	100%	141
	Natural	667	516	56.3%	1,183
	Other*	4	50	7.40%	54
	Pending	13	2	86.6%	15
	Suicide	373	56	86.9%	429
	Undetermined	99	7	93.3%	106
	Subtotal	**2,111**	**1,135**	**65.0%**	**3,246**
Consultation Cases	Accident	71	10	87.7%	81
	Homicide	28	0	100%	28
	Natural	114	485	19.0%	599
	Other*	13	4	76.4%	17
	Pending	0	1	0%	1
	Suicide	12	1	92.3%	13
	Undetermined	15	0	100%	15
	Subtotal	**253**	**501**	**33.55%**	**754**
Jurisdiction Terminated		0	1,391	0%	1,391
Non-accept		0	186	0%	186
Reported Deaths		2,364	3,213	42.30%	5,577

*Other includes non-human remains and ancient remains

Cause and Manner of Death

Figure 7 – Total Cases – Manner* of Death – 2013



*JT: Jurisdiction Terminated, NA: Non-accept, Other includes non-human remains and ancient remains, UND: undetermined manner

Cause and Manner of Death - Overview

In 2013, OMI investigated 5,577 deaths, representing approximately 35% of the estimated total deaths in New Mexico in 2013. Of the deaths investigated by OMI in 2013:

The total number of deaths investigated represents a 5.1% increase from the 2012 total, and a 12.8% increase since 2004.

The ratio of male to female deaths, when gender was clearly determined, was 1.72. Decedents classified as non-Hispanic white represented 66.3% of the total, Hispanic 21.5%, American Indian 8.4%, African American 1.99% and Asian 0.87%. The racial-ethnic composition of New Mexico was listed in the 2010 census as: 40% non-Hispanic white, 47% Hispanic, 10.1% American Indian, 2.5% African American and 1.6% Asian. (Source: http://quickfacts.census.gov/qfd/states/35000.html)

While natural deaths contributed the largest portion of OMI deaths investigated (31.9%), most natural deaths did not fall under the jurisdiction of the OMI. Many cases that would have been assigned a "natural" manner (JT cases, 1,391/5,577, 24.9%) in previous years were not assigned any manner this year due to a change in computer systems, as further detailed in the section on natural deaths. Data presented regarding natural deaths should not be interpreted as representative of all natural deaths in New Mexico.

Table 3 – Total Cases – Manner* of Death by Gender – 2013

Gender	Accident	Homicide	JT	Natural	NA	Other	Pending	Suicide	UND	Total
Female	510	34	583	665	76	6	3	110	38	2,025
Male	889	135	808	1,114	110	11	11	332	83	3,493
Non-human	0	0	0	0	0	41	0	0	0	41
Unknown	0	0	0	3	0	13	2	0	0	18
Total	1,399	169	1,391	1,782	186	71	16	442	121	5,577

*JT: Jurisdiction terminated, NA: Non-accept, Other includes ancient remains, UND: undetermined manner

Table 4 – Total Cases – Manner of Death by Race/Ethnicity* – 2013

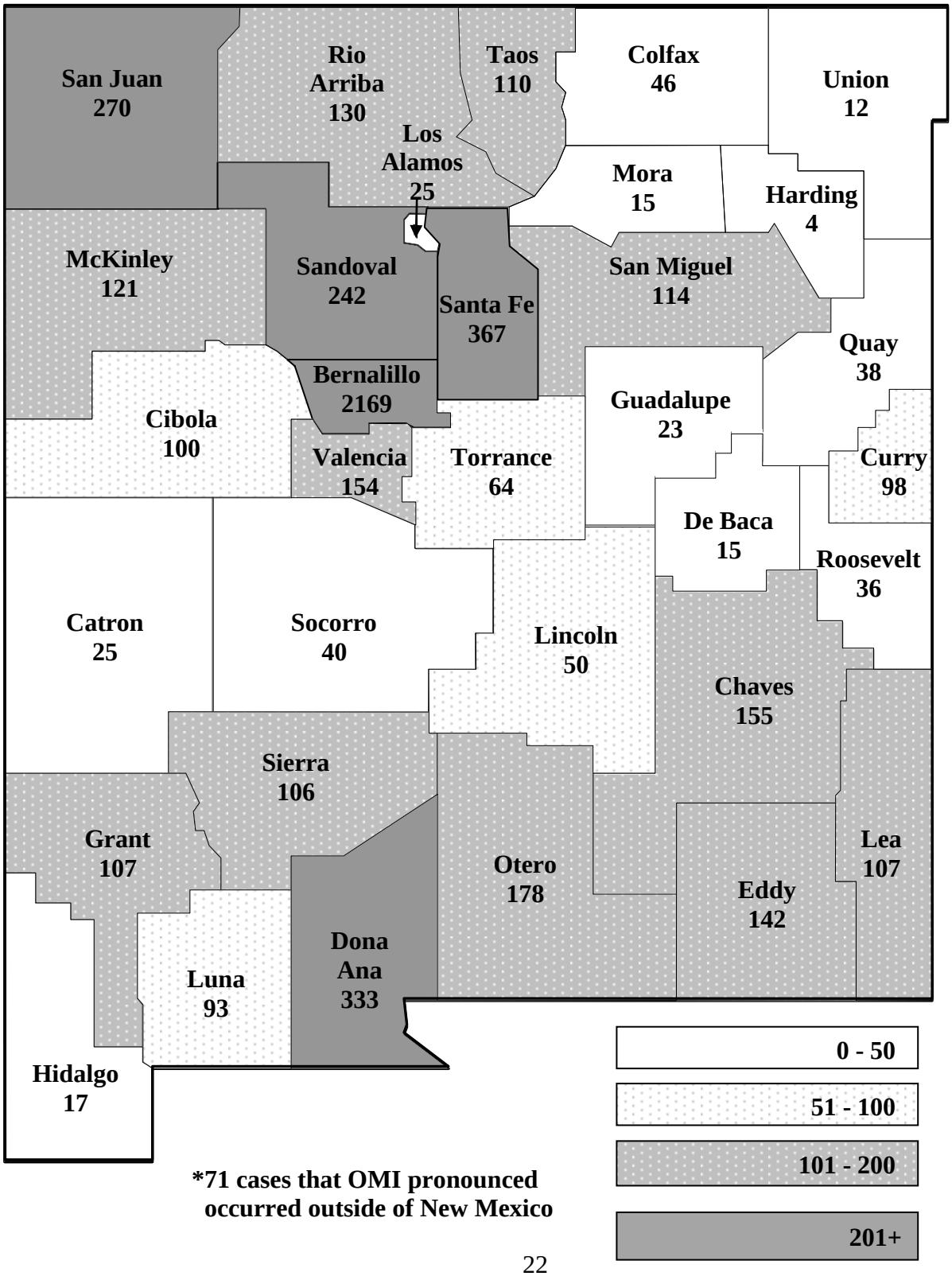
Race/Ethnicity	ACC	HOM	JT	NAT	NA	Other	PEND	SUI	UND	Total
AI	178	34	36	147	15	7	1	31	21	470
A/PI	12	0	10	19	4	0	0	3	1	49
Black	20	10	19	51	3	0	0	5	3	111
Non-human	0	0	0	0	0	41	0	0	0	41
Unknown	9	3	9	1	1	11	3	2	3	42
White	1,180	122	1,317	1,564	163	12	12	401	93	4,864
Total	1,399	169	1,391	1,782	186	71	16	442	121	5,577

*ACC: Accident, HOM: Homicide, JT: Jurisdiction terminated, NAT: Natural; NA: Non-accepted; Other includes ancient remains, *PEND: Pending cases, SUI: Suicide, UND: Undetermined manner, AI: American Indian A/PI: Asian/Pacific Islander, Unknown includes 33 Hispanic decedents, White includes 1,163 Hispanic, AI includes 6 Hispanic

Table 5 – Total Cases – Manner of Death by Age and Gender – 2013
Age at Death

Gender	Age	ACC	HOM	JT	NAT	NA	Other	PEND	SUI	UND	Total
Female	<1	2	0	1	37	3	0	0	0	5	48
	1-4	5	2	1	2	0	2	0	0	1	13
	5-9	3	2	0	7	0	0	0	0	0	12
	10-14	5	0	8	0	1	0	0	2	1	17
	15-19	11	2	1	1	0	0	0	2	0	17
	20-24	30	2	1	4	0	0	0	10	1	48
	25-34	38	12	1	24	0	0	0	12	3	90
	35-44	53	5	7	36	1	0	1	19	6	128
	45-54	66	5	35	113	5	0	0	19	9	252
	55-64	67	3	56	137	9	1	0	29	6	308
	65-74	25	1	117	129	20	1	0	11	3	307
	75-84	62	0	144	105	12	2	0	3	2	330
	85-94	109	0	184	63	21	0	0	3	0	380
	95+	34	0	27	7	4	0	1	0	0	73
	Unknown	0	0	0	0	0	0	1	0	1	2
	Subtotals	**510**	**34**	**583**	**665**	**76**	**6**	**3**	**110**	**38**	**2,025**
Male	<1	7	1	1	38	2	1	4	0	5	59
	1-4	8	2	2	4	0	0	2	0	2	20
	5-9	3	2	1	1	0	0	0	0	0	7
	10-14	2	1	7	3	2	0	0	5	0	20
	15-19	26	9	1	1	0	0	0	16	2	55
	20-24	59	15	0	8	0	1	0	26	5	114
	25-34	125	41	1	36	1	2	0	58	16	280
	35-44	139	28	8	93	1	0	1	57	13	340
	45-54	185	18	49	193	10	1	1	57	12	526
	55-64	120	11	151	333	16	2	0	53	14	700
	65-74	75	6	198	222	29	4	1	36	9	580
	75-84	67	0	215	119	21	0	1	20	1	444
	85-94	64	1	157	57	25	0	1	4	2	311
	95+	8	0	17	5	3	0	0	0	0	33
	Unknown	1	0	0	1	0	0	0	0	2	4
	Subtotals	**889**	**135**	**808**	**1,114**	**110**	**11**	**11**	**332**	**83**	**3,493**
Unknown	<1	0	0	0	3	0	0	0	0	0	3
	Unknown	0	0	0	0	0	13	2	0	0	15
	Non-human	0	0	0	0	0	41	0	0	0	41
	Subtotals	**0**	**0**	**0**	**3**	**0**	**54**	**2**	**0**	**0**	**59**
Total		**1,399**	**169**	**1,391**	**1,782**	**186**	**71**	**16**	**442**	**121**	**5,577**

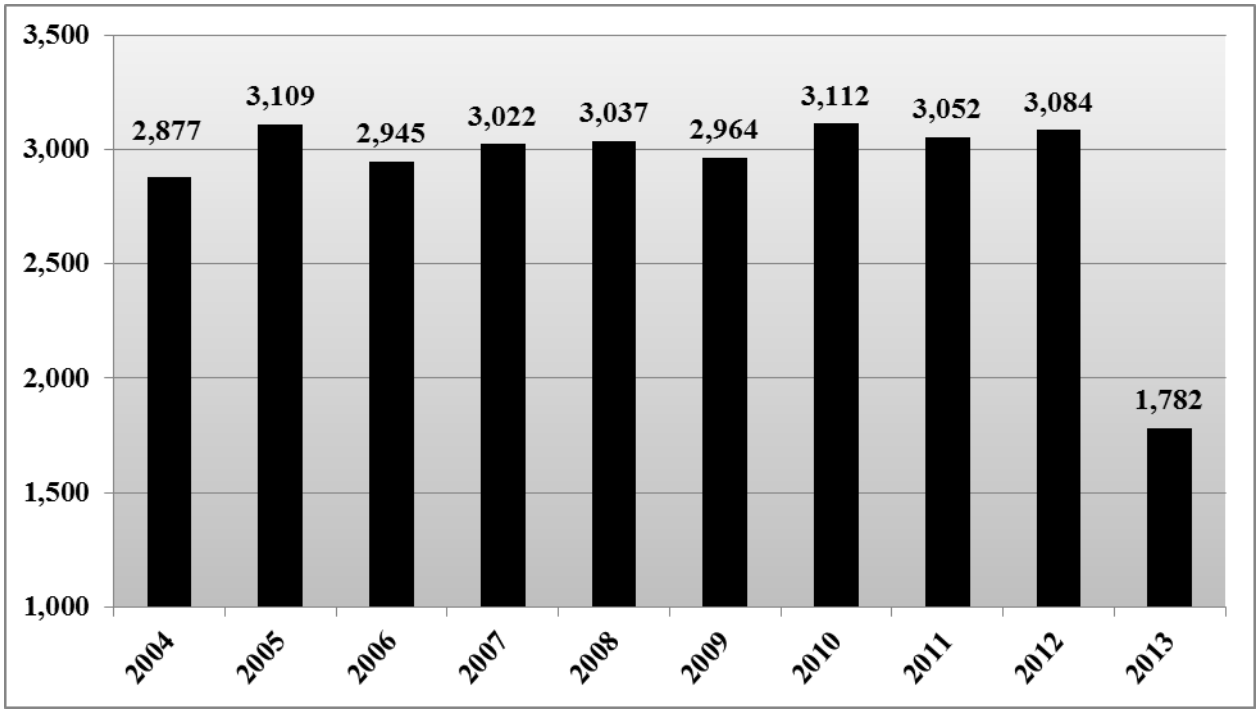
Figure 8 – Deaths by County of Pronouncement
All Manners of Death



***71 cases that OMI pronounced occurred outside of New Mexico**

Overview – Manner of Death – Natural Deaths

Figure 9 – Natural Deaths – 2004 – 2013

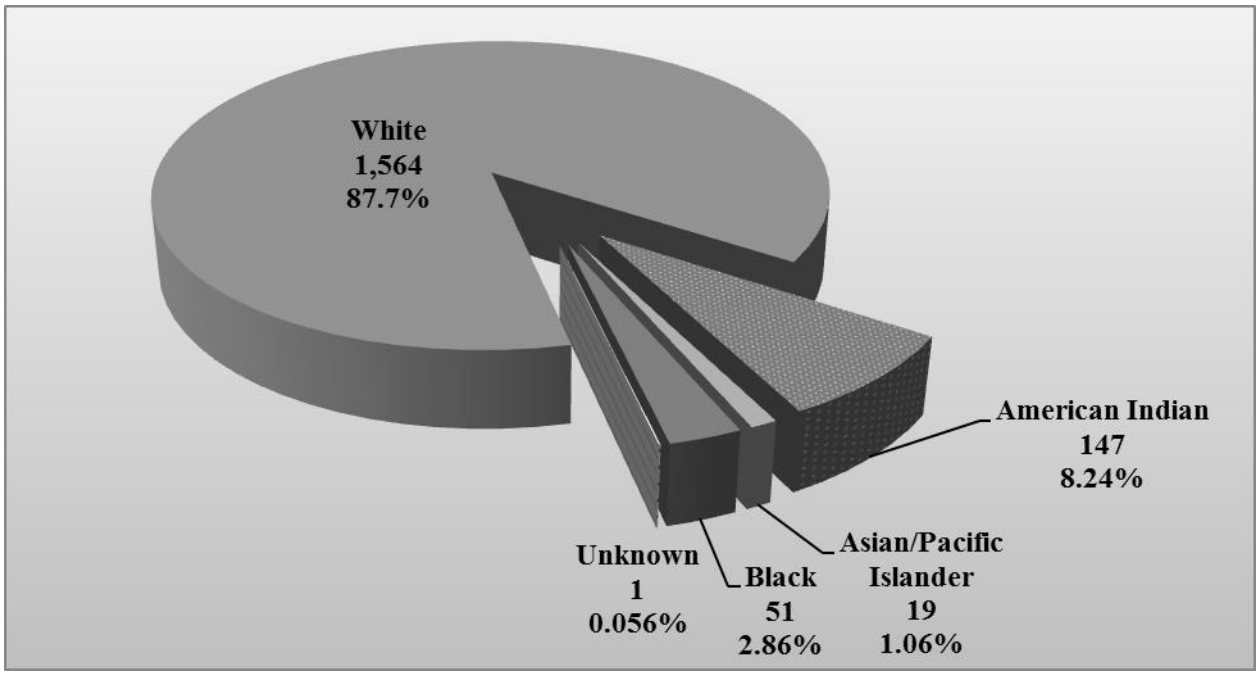


*****Please note: In previous years, cases which were not certified by OMI (either 'JT', jurisdiction terminated, or 'NA', non-accepted cases) were assigned a manner, most often natural. In 2013 due to a change in computer systems, JT and NA cases were not assigned manners, resulting in the apparent decrease in the annual total of natural cases. In 2012, 1,578 OMI-jurisdiction natural deaths were investigated, compared to 1,782 for 2013. If the 1,557 JT and NA cases had been assigned natural manners in 2013, the total for 2013 natural deaths would have been 3,339, comparable to but higher than previous years, reflecting the overall increase in OMI caseload for 2013.

Natural Deaths – Overview

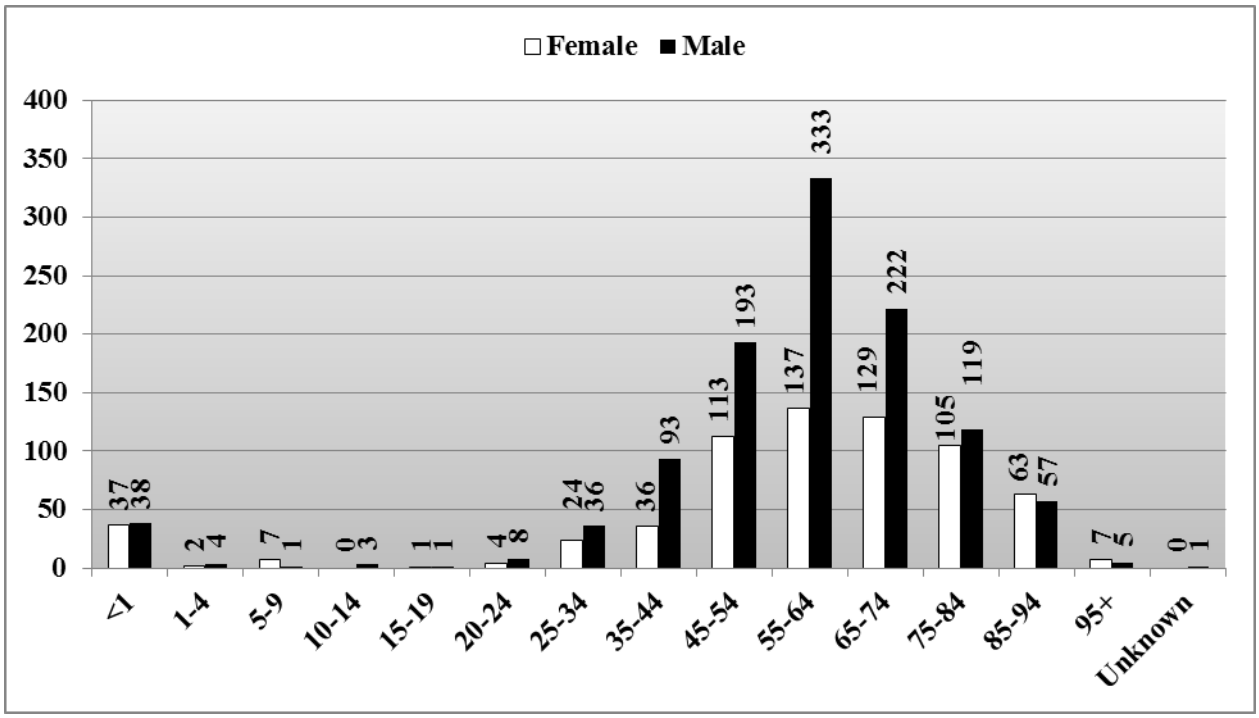
Deaths classified as a "natural" manner of death, as compared to suicides, homicides, accidents and undetermined manners of death, represent the largest number of deaths investigated by OMI. In 2013 the overall number of natural deaths *appears* to be lower than in previous years, due to a change in a computer system which ended the assigning of manners to JT and NA cases. However, the number of natural deaths investigated by OMI, once JT and NA cases are removed, actually increased, from 1,578 in 2012 to 1,782 in 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 2012 Annual Report is available online at: http://nmhealth.org/publication/view/data/141/

Figure 10 – Natural Deaths by Race/Ethnicity* – 2013



*American Indian includes 2 Hispanic, White includes 354 Hispanic

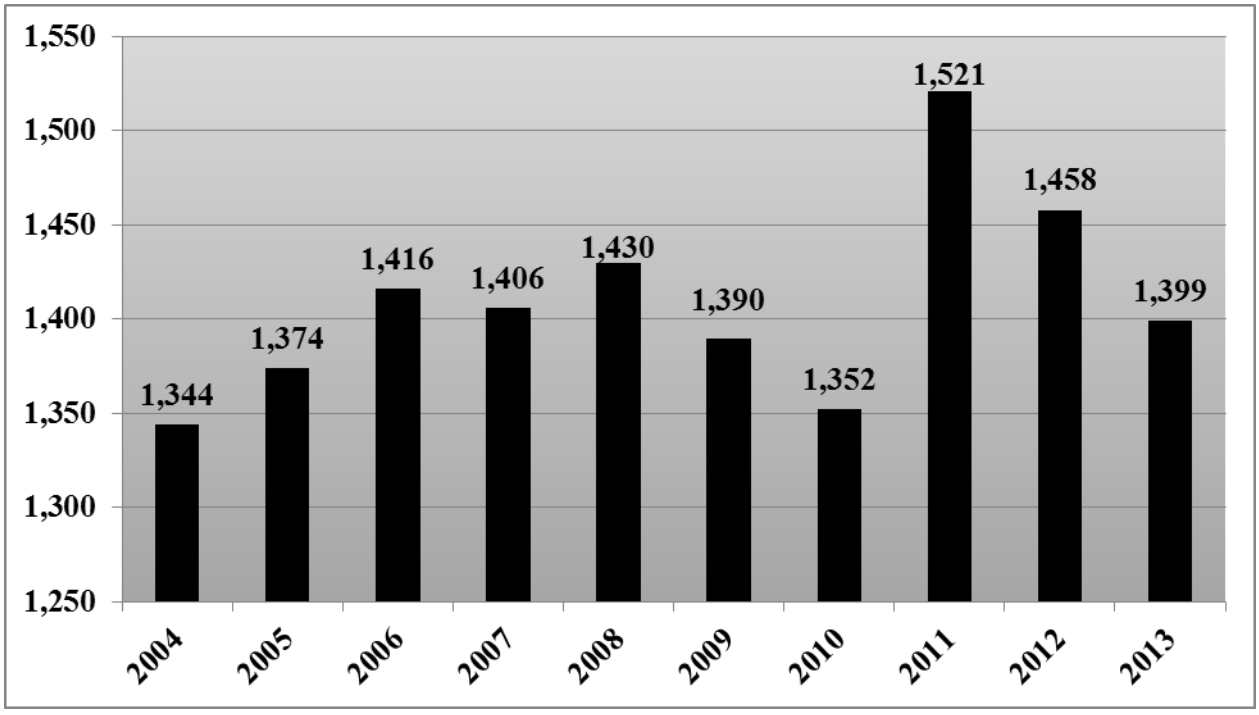
Figure 11 – Natural Deaths by Age and Gender* – 2013



*3 fetuses died due to natural manner with an unknown gender

Overview – Manner of Death – Accidental Deaths

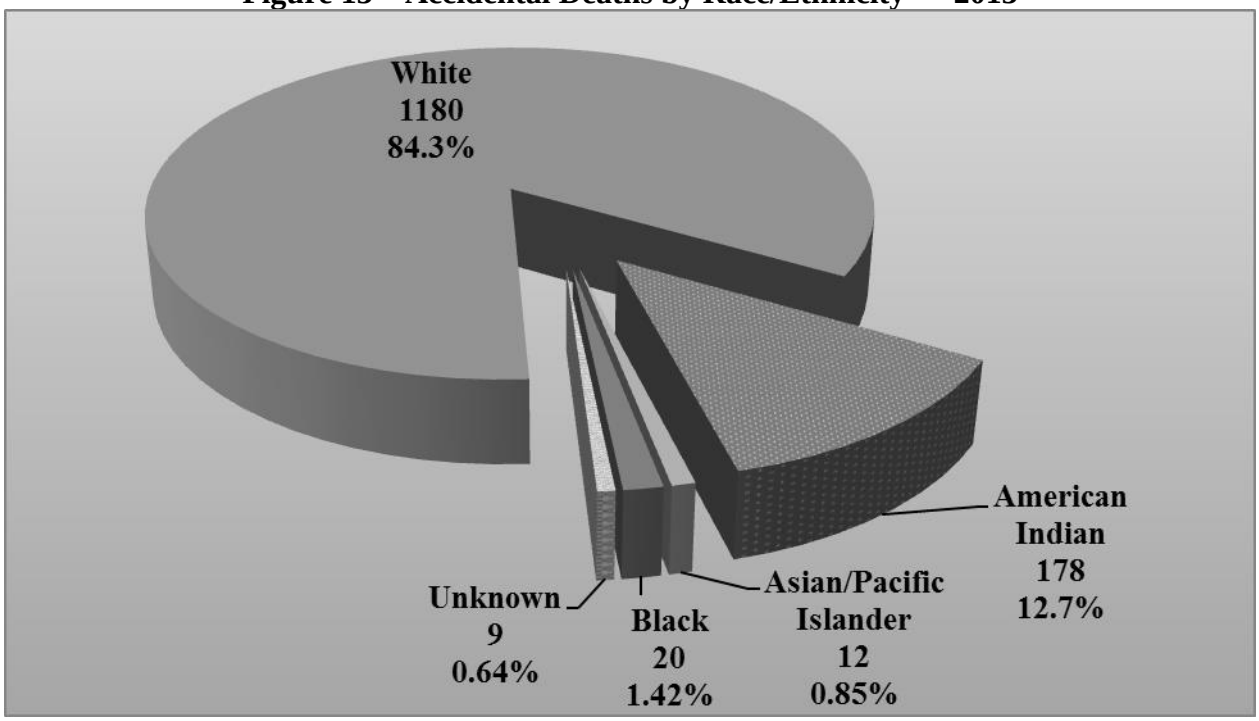
Figure 12 – Accidental Deaths – 2004 – 2013



Accidental Deaths – Overview

Accidental deaths accounted for 25.0% of the deaths investigated by OMI in 2013, second only to natural deaths as a manner of death. The highest number of accidental deaths was in males 45-54 years of age.

Figure 13 – Accidental Deaths by Race/Ethnicity* – 2013



*American Indian includes 3 Hispanic, Unknown includes 8 Hispanic, White includes 336 Hispanic

Figure 14 – Accidental Deaths by Age and Gender – 2013

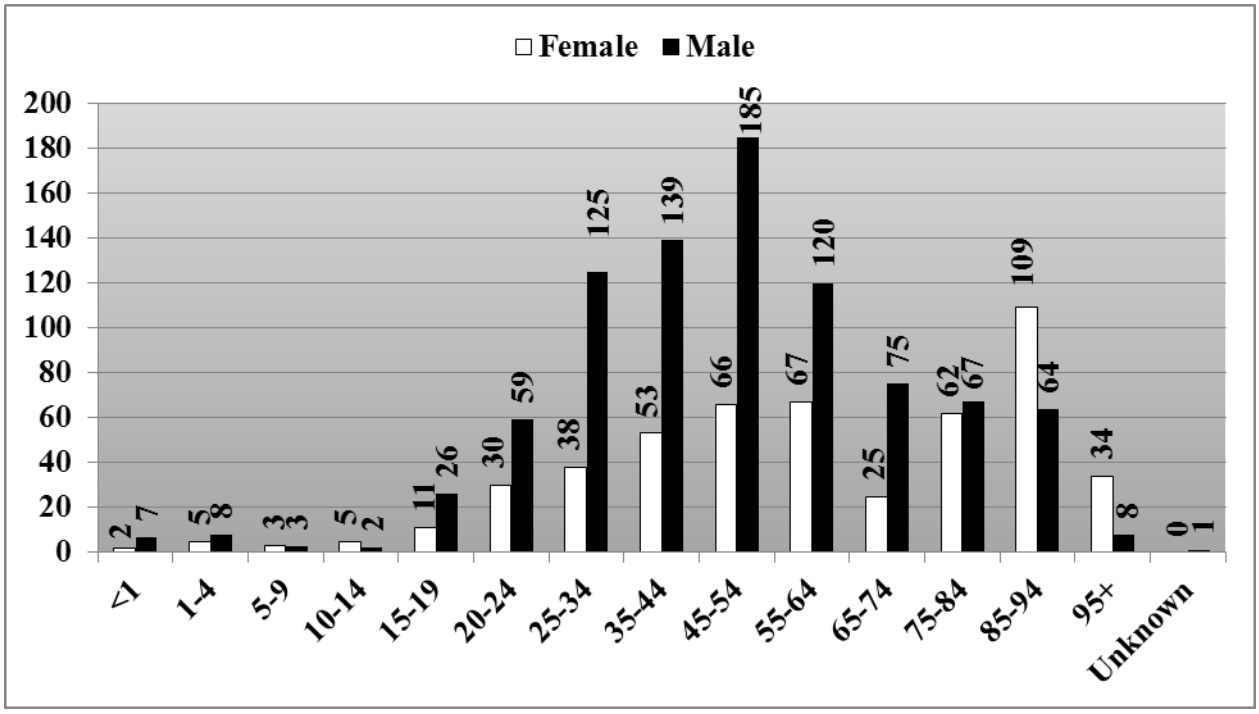


Table 6 – Accidental Deaths – Cause – 2013

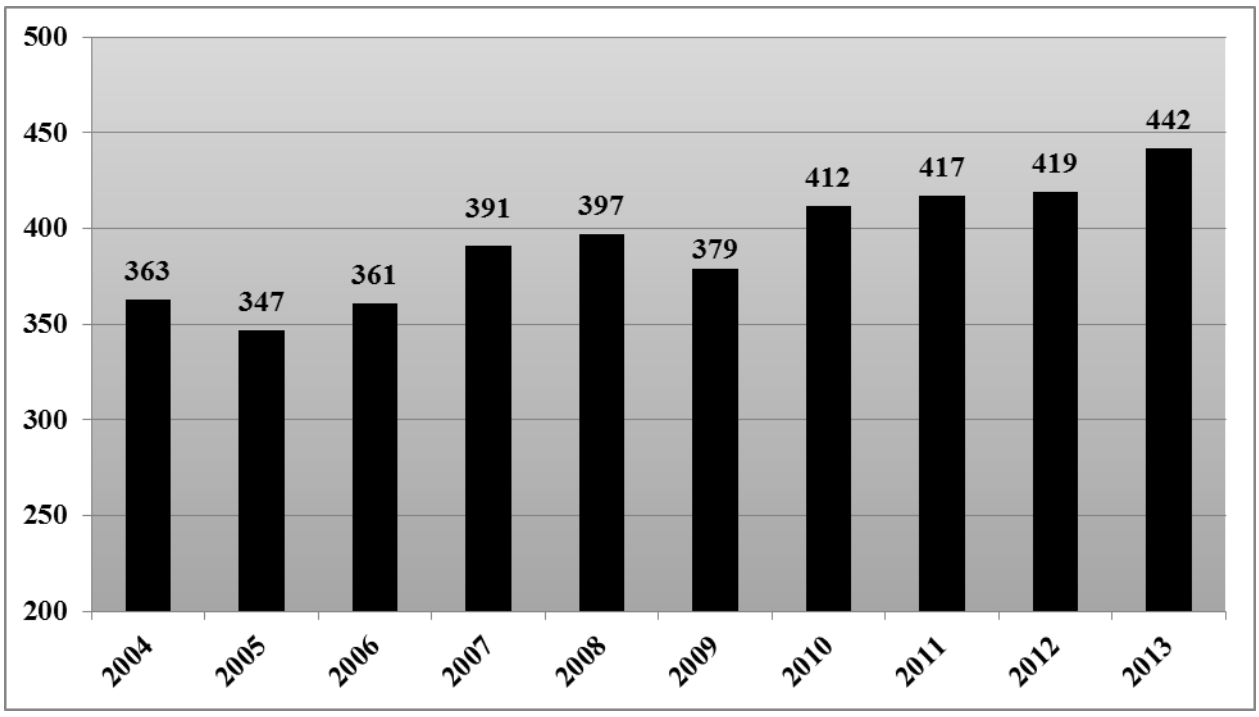
Cause of Death	Total Cases
Multiple injuries	442
Substance intoxication	325
Head and neck injuries	144
Cardiac arrhythmia	63
Ethanol intoxication	42
Exposure	42
Asphyxia	40
Pneumonia	38
Narcotic abuse	35
Drowning	28
Hypertension	26
History of illness or injury	26
Sepsis	22
Thermal injuries	20
Subdural hematoma	12
Chronic obstructive pulmonary disease	9
Carbon monoxide intoxication	8
Obesity	8
Alzheimer's	8
Cerebrovascular	7
Carcinoma	7
Emboli	6
Diabetes	4
Aspiration	3
Electrocution	3
Other	3
Epilepsy	3
Gunshot wound	2
Hanging	2
Renal failure	2
Aneurysm	2
Hepatic failure	2
Spontaneous hemorrhage	2
Dehydration	2
Ethanolism	2
Medical treatment	2
Other	7

Table 7 – Accidental Deaths – County of Pronouncement – 2004 – 2013

County of Pronouncement	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Bernalillo	503	476	552	512	572	549	532	573	523	514
Catron	2	7	1	3	3	0	1	5	5	8
Chaves	41	34	47	31	48	36	49	56	35	35
Cibola	14	34	12	24	20	18	19	20	12	29
Colfax	9	19	9	12	14	8	9	10	5	17
Curry	18	22	20	27	17	21	24	30	23	22
De Baca	0	2	1	3	2	2	0	3	2	2
Dona Ana	82	61	83	95	75	112	90	96	106	80
Eddy	32	39	39	37	40	34	43	38	41	38
Grant	24	19	18	19	29	19	12	18	21	20
Guadalupe	15	8	14	14	17	8	9	8	6	10
Harding	0	0	0	1	0	1	0	2	1	1
Hidalgo	6	10	7	11	5	4	6	8	5	3
Lea	21	31	40	37	35	18	32	33	34	31
Lincoln	13	13	16	21	5	18	11	15	14	10
Los Alamos	5	5	5	6	5	10	9	8	5	5
Luna	23	37	27	23	14	15	13	12	10	15
McKinley	83	69	67	60	51	58	41	43	53	51
Mora	8	4	3	5	4	1	4	6	8	4
Otero	28	30	33	20	25	33	37	33	41	32
Quay	13	10	16	11	15	4	18	7	11	8
Rio Arriba	53	39	42	52	41	43	35	55	55	52
Roosevelt	6	14	8	11	9	5	9	10	9	5
San Juan	87	79	82	99	79	67	68	92	88	86
San Miguel	26	22	22	24	31	23	25	30	30	23
Sandoval	28	40	33	30	47	58	48	59	62	64
Santa Fe	78	100	97	92	108	94	89	122	127	109
Sierra	9	11	6	11	13	20	19	22	17	19
Socorro	15	22	12	17	17	22	7	13	9	11
Taos	27	25	22	33	26	29	29	22	28	24
Torrance	12	14	17	15	14	14	8	16	13	20
Union	2	6	7	4	3	5	4	4	4	4
Valencia	29	32	37	34	27	24	29	15	29	25
Out of State	32	40	21	12	19	17	23	37	26	22
Totals	1,344	1,374	1,416	1,406	1,430	1,390	1,352	1,521	1,458	1,399

Overview – Manner of Death – Suicide Deaths

Figure 15 – Suicide Deaths – 2004 – 2013

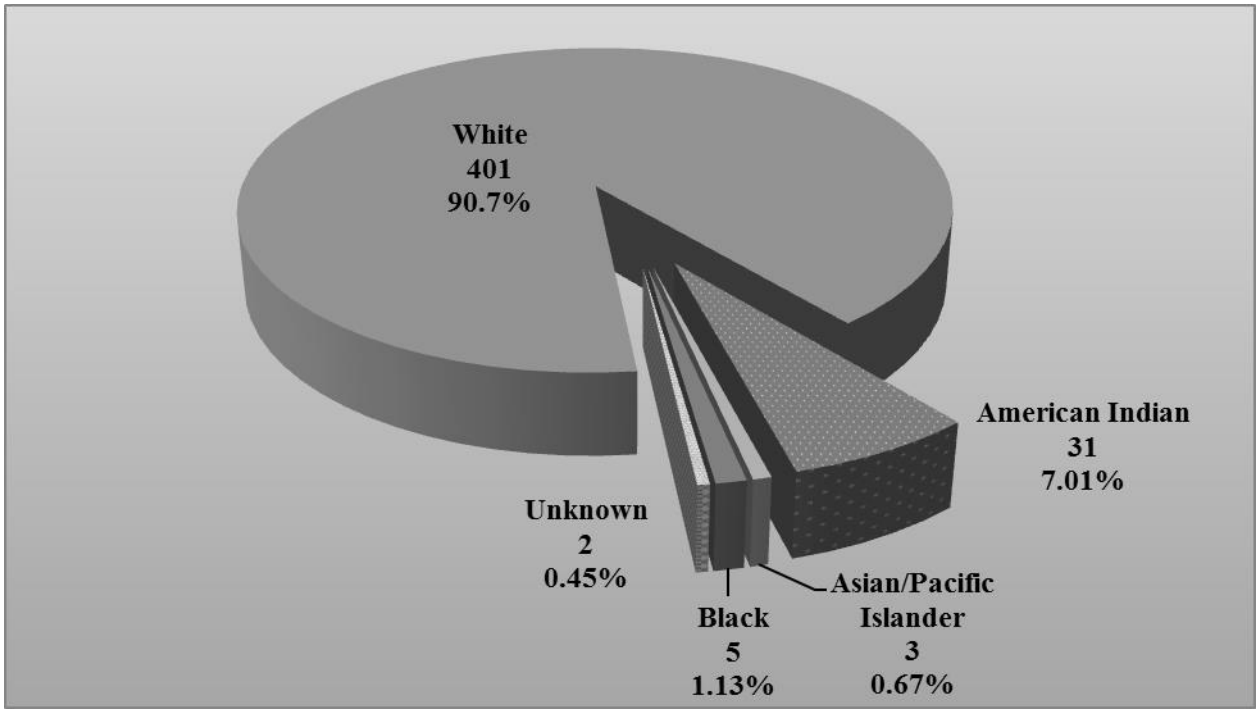


Suicide Deaths – Overview

New Mexico's suicide rate is consistently higher than the national average, comprising 2.4% of all deaths in New Mexico, compared to 1.2% of all deaths in the U.S. The rate in 2012 (most recent data available) was 20.9 per 100,000 people, compared to a rate of 12.1 per 100,000 people in the rest of the U.S. (2012 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health).

Deaths from suicide in 2013 occurred most frequently among non-Hispanic whites (70.3%) and males (75.1%). More men between the ages of 25 and 34 years (13.1% of all suicides) committed suicide than other age group by gender. More people committed suicide on Thursday (17.6%) than any other day of the week. More suicides occurred in July than any other month (11.5%). The fewest occurred in November (3.8%). The total number of suicides increased from 419 in 2012 to 442 in 2013 (5.5% increase).

Figure 16 – Suicide Deaths by Race/Ethnicity* – 2013



*Unknown includes 1 Hispanic, White includes 90 Hispanic

Figure 17 – Suicide Deaths by Age and Gender – 2013

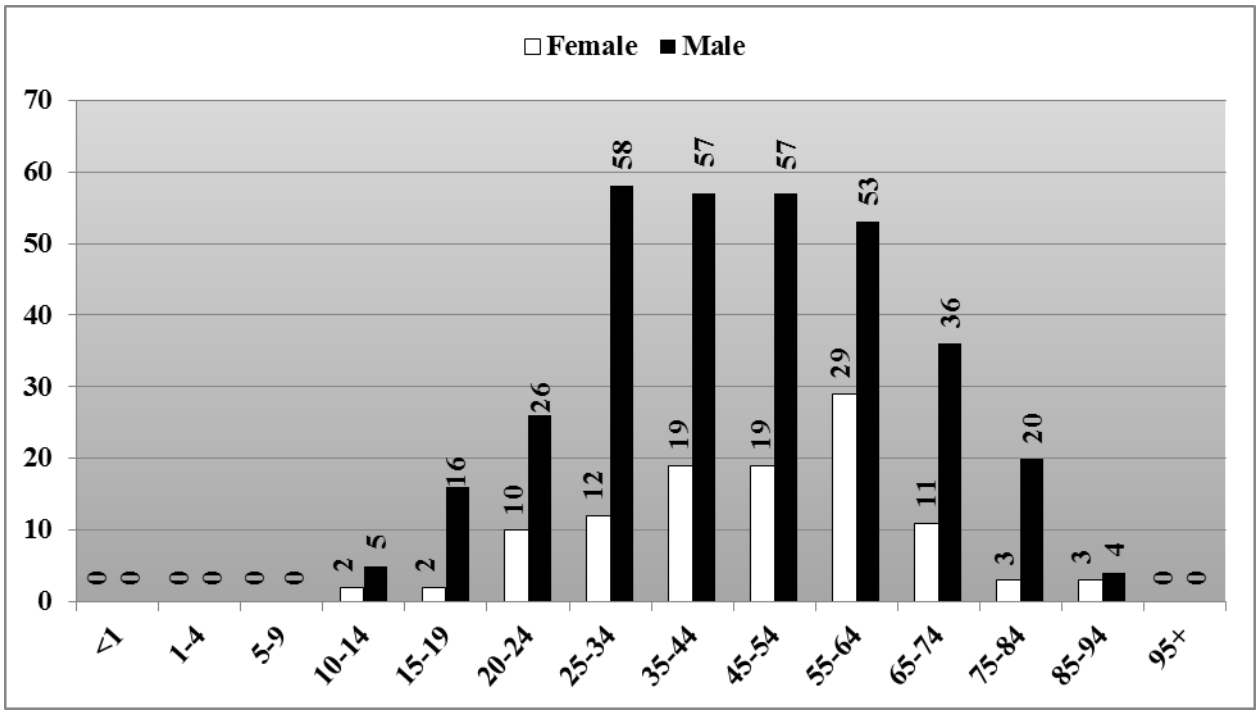


Figure 18 – Suicide Deaths by Month – 2013

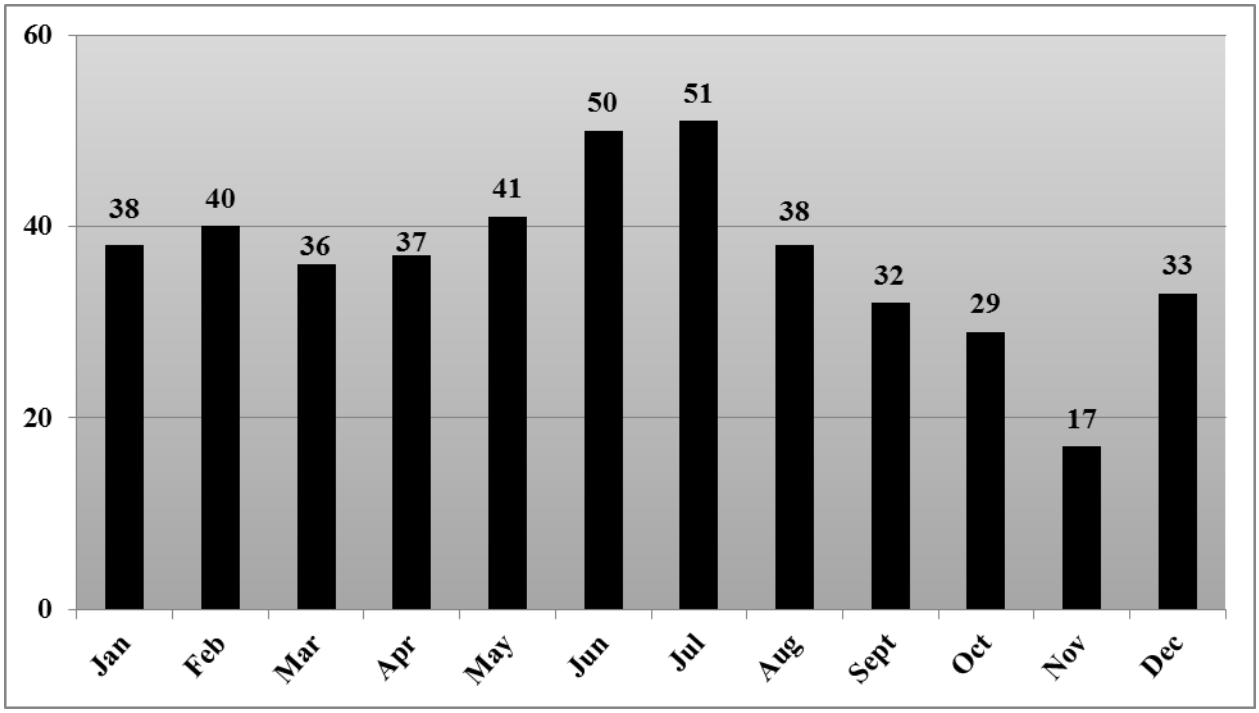


Figure 19 – Suicide Deaths by Day of the Week – 2013

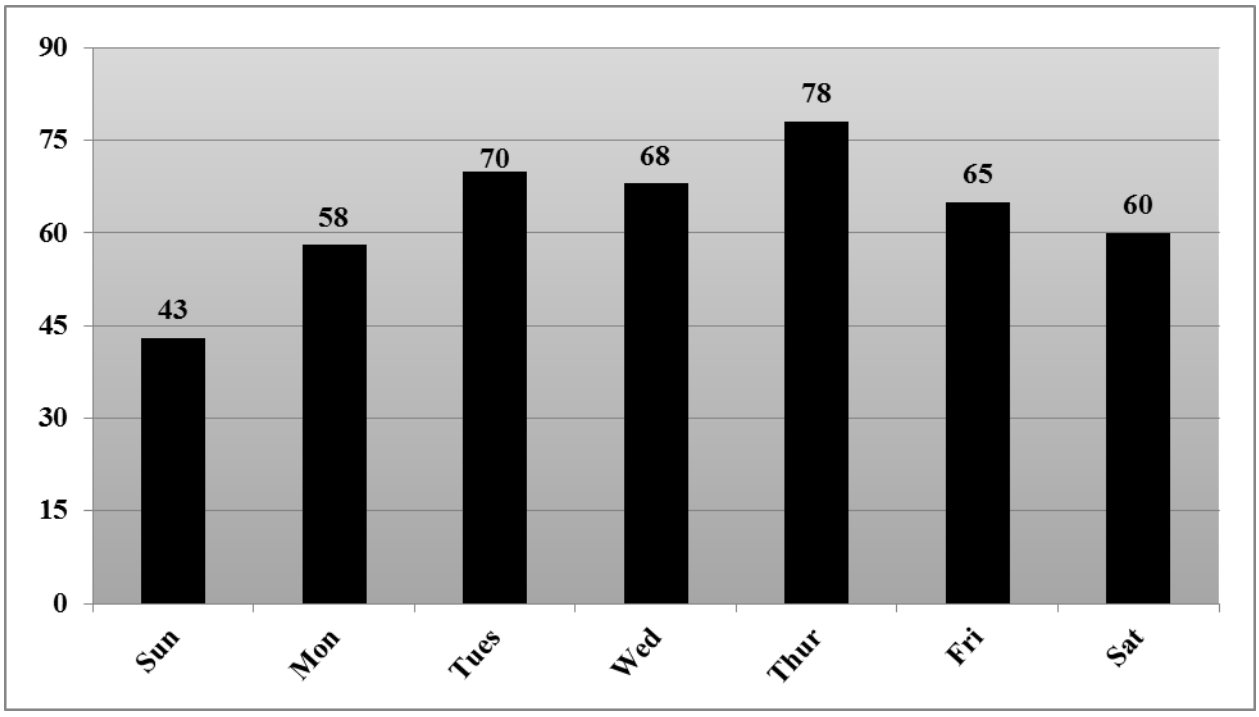


Table 8 – Suicide Deaths – Cause – 2013

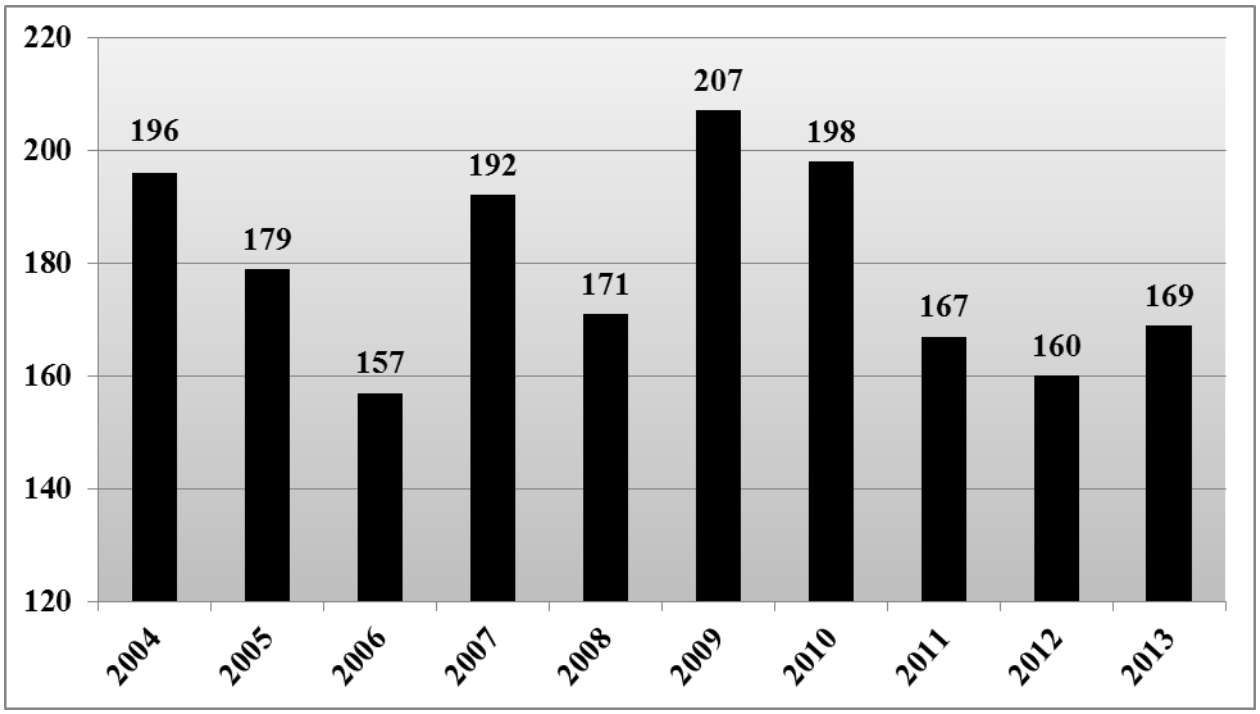
Cause of Death	Total Cases
Gunshot wound	230
Hanging	100
Substance intoxication	73
Multiple injuries	13
Carbon monoxide poisoning	7
Asphyxia	6
Narcotic abuse	5
Head and neck injuries	4
Drowning	1
Exsanguination	1
Pneumonia	1
Stab wound	1

Table 9 – Suicide Deaths by County of Pronouncement – 2004 – 2013

County of Pronouncement	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Bernalillo	107	104	118	131	134	142	127	137	146	147
Catron	3	0	1	3	2	2	2	1	8	2
Chaves	18	8	10	11	10	11	9	12	17	18
Cibola	2	3	4	7	6	9	4	5	6	9
Colfax	7	1	4	5	2	3	3	2	5	0
Curry	5	1	6	3	3	4	6	4	6	6
De Baca	0	1	1	1	0	0	2	0	1	2
Dona Ana	26	36	23	27	34	30	38	35	34	24
Eddy	9	13	10	10	9	11	12	9	14	7
Grant	6	8	9	5	12	9	14	7	9	9
Guadalupe	0	0	2	1	4	0	2	1	3	1
Harding	1	0	0	0	0	1	0	0	0	0
Hidalgo	0	1	0	3	3	2	0	2	0	1
Lea	8	8	12	8	7	5	14	8	9	10
Lincoln	7	7	2	7	5	3	2	3	6	3
Los Alamos	3	3	4	4	2	1	1	3	0	2
Luna	7	3	6	4	5	2	6	3	4	6
McKinley	19	12	16	9	7	12	5	16	10	9
Mora	0	0	2	1	1	2	3	2	1	2
Otero	15	12	13	16	16	15	20	20	11	21
Quay	1	3	2	2	2	1	5	0	2	3
Rio Arriba	9	10	4	15	9	9	6	10	12	13
Roosevelt	3	1	4	1	4	0	1	3	1	2
San Juan	14	20	25	19	24	23	36	21	22	18
San Miguel	9	6	8	6	7	3	7	6	5	7
Sandoval	12	11	16	20	20	18	25	30	21	26
Santa Fe	30	22	23	25	38	24	23	31	31	38
Sierra	4	7	5	2	2	4	2	7	2	6
Socorro	6	3	2	7	1	5	6	2	4	4
Taos	6	20	12	12	6	8	6	13	13	13
Torrance	4	2	6	6	4	6	9	3	3	6
Union	1	2	1	1	0	2	2	2	0	0
Valencia	16	9	7	16	15	9	8	14	8	20
Out of State	5	10	3	2	3	3	6	5	5	7
Total	363	347	361	390	397	379	412	417	419	442

Overview – Manner of Death – Homicide Deaths

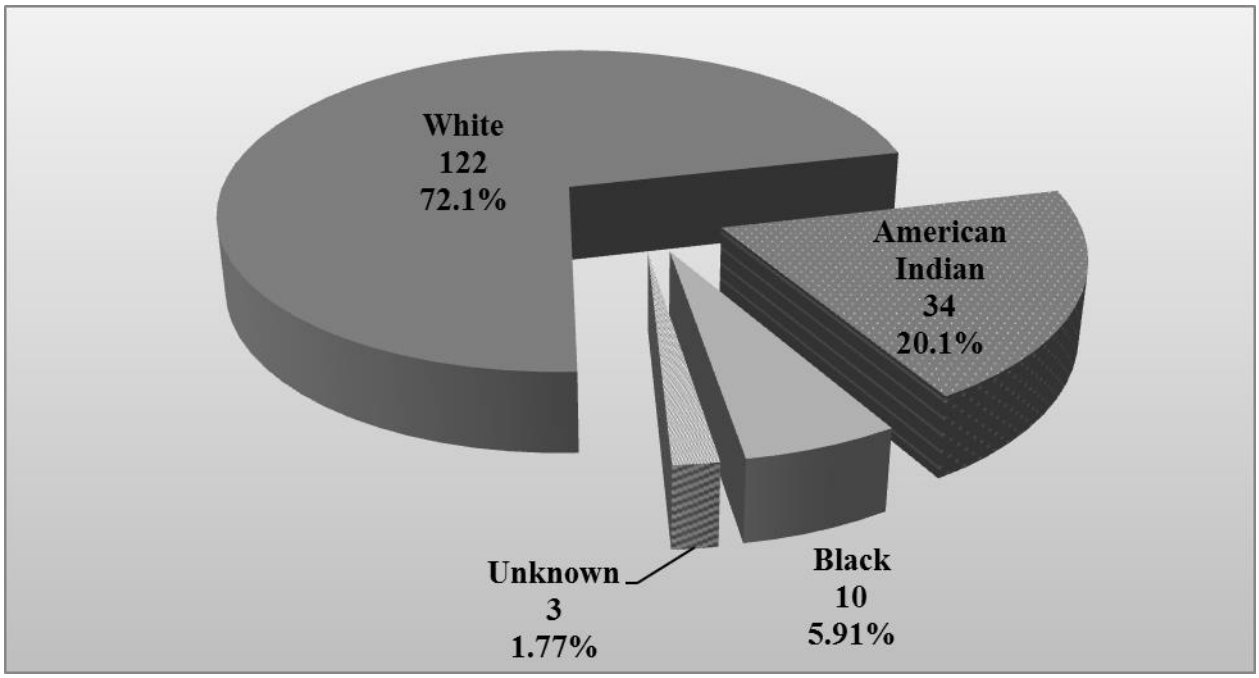
Figure 20 – Homicide Deaths – 2004 – 2013



Homicide Deaths – Overview

Homicides increased by 5.6% from 2012 to 2013. Homicide victims were most frequently male (79.9%) and non-Hispanic White (42.6%). As with suicide rates, homicide rates in New Mexico tend to be higher than the national rate, 6.6 per 100,000 in 2012 compared to a national rate of 5.3 per 100,000 (2012 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health).

Figure 21 – Homicide Deaths by Race/Ethnicity* – 2013



*American Indian includes 1 Hispanic, Unknown includes 1 Hispanic, White includes 51 Hispanic

Figure 22 – Homicide Deaths by Age and Gender – 2013

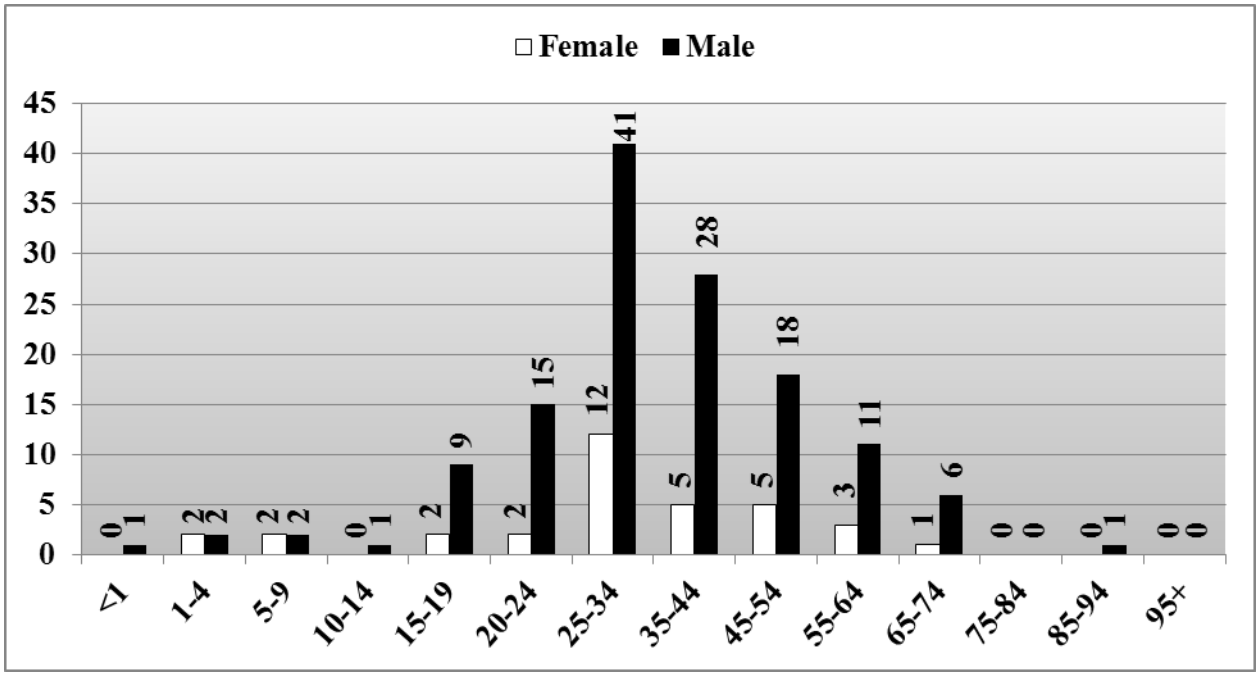


Table 10 – Homicide Deaths – Cause – 2013

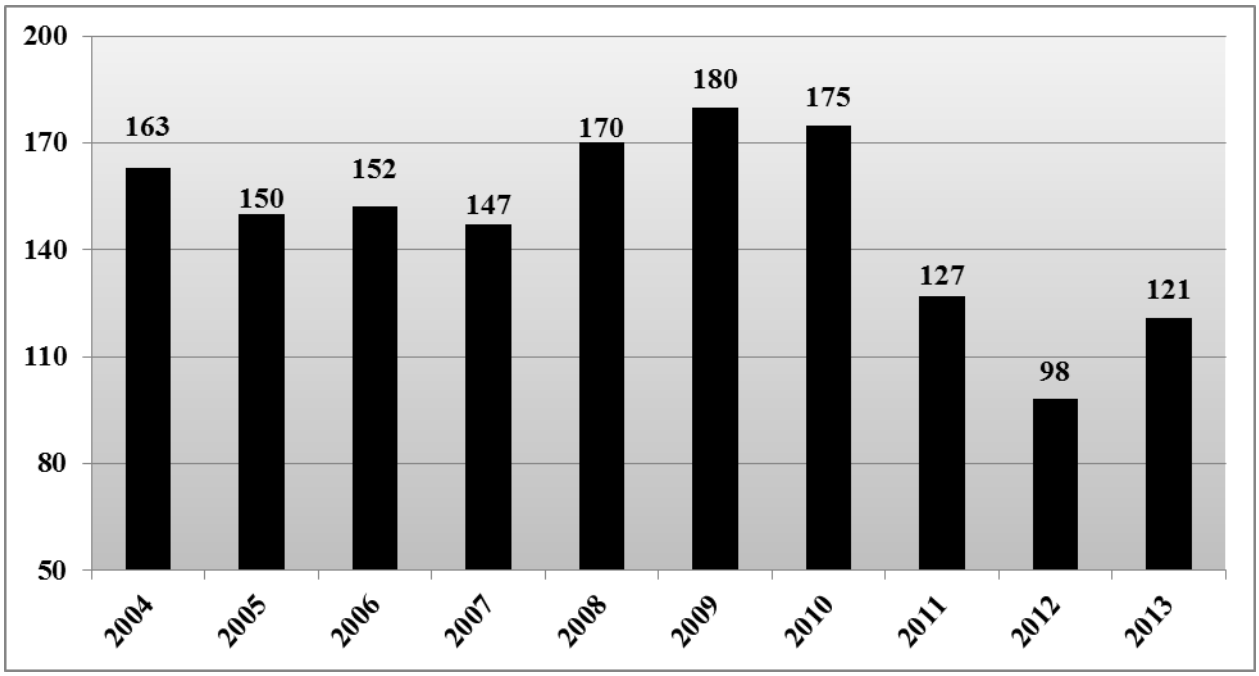
Cause of Death	Total
Gunshot wound	102
Stab wound	27
Multiple injuries	17
Head and neck injuries	15
Asphyxia	3
Sepsis	2
Thermal injuries	1
Substance intoxication	1
Renal failure	1

Table 11 – Homicide Deaths – County of Pronouncement – 2004 – 2013

County of Pronouncement	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Bernalillo	74	73	62	70	61	81	74	50	56	55
Catron	0	0	0	0	0	0	0	0	0	0
Chaves	9	14	5	9	8	10	6	6	10	13
Cibola	1	1	2	1	0	3	5	3	4	1
Colfax	0	0	2	2	0	1	1	0	1	3
Curry	11	3	3	2	3	4	2	3	3	3
De Baca	1	1	0	0	0	0	0	0	0	1
Dona Ana	6	7	6	10	9	9	13	6	7	7
Eddy	4	3	0	3	2	6	3	3	7	4
Grant	1	1	2	3	2	1	1	4	1	3
Guadalupe	0	0	0	2	0	0	2	0	0	0
Harding	1	0	0	0	0	0	0	0	0	0
Hidalgo	1	0	0	0	0	0	0	1	0	0
Lea	5	6	6	6	4	8	10	10	4	7
Lincoln	6	1	1	1	1	1	0	3	1	1
Los Alamos	1	0	0	0	1	0	0	0	0	0
Luna	2	1	2	4	4	2	1	1	0	2
McKinley	6	5	6	8	7	10	8	9	11	10
Mora	0	0	0	0	0	2	0	0	0	0
Otero	8	0	3	3	4	5	4	3	0	5
Quay	1	0	0	4	1	0	1	4	3	0
Rio Arriba	7	8	2	5	0	4	8	8	9	5
Roosevelt	2	3	0	1	5	1	1	1	0	0
San Juan	7	13	15	20	0	10	11	11	11	14
San Miguel	2	3	1	6	11	5	2	4	0	3
Sandoval	7	4	4	3	2	11	3	5	3	1
Santa Fe	7	4	9	5	7	8	12	12	11	4
Sierra	1	2	1	1	10	0	1	0	1	0
Socorro	1	1	1	1	0	2	0	0	1	1
Taos	5	2	3	2	2	1	6	2	2	3
Torrance	0	2	1	2	1	0	2	0	0	1
Union	1	0	0	0	2	0	0	0	0	0
Valencia	7	6	4	4	0	4	1	6	4	4
Out of State	11	15	15	13	9	18	20	12	10	18
Totals	**196**	**179**	**156**	**191**	**156**	**207**	**198**	**167**	**160**	**169**

Overview – Manner of Death – Undetermined Deaths

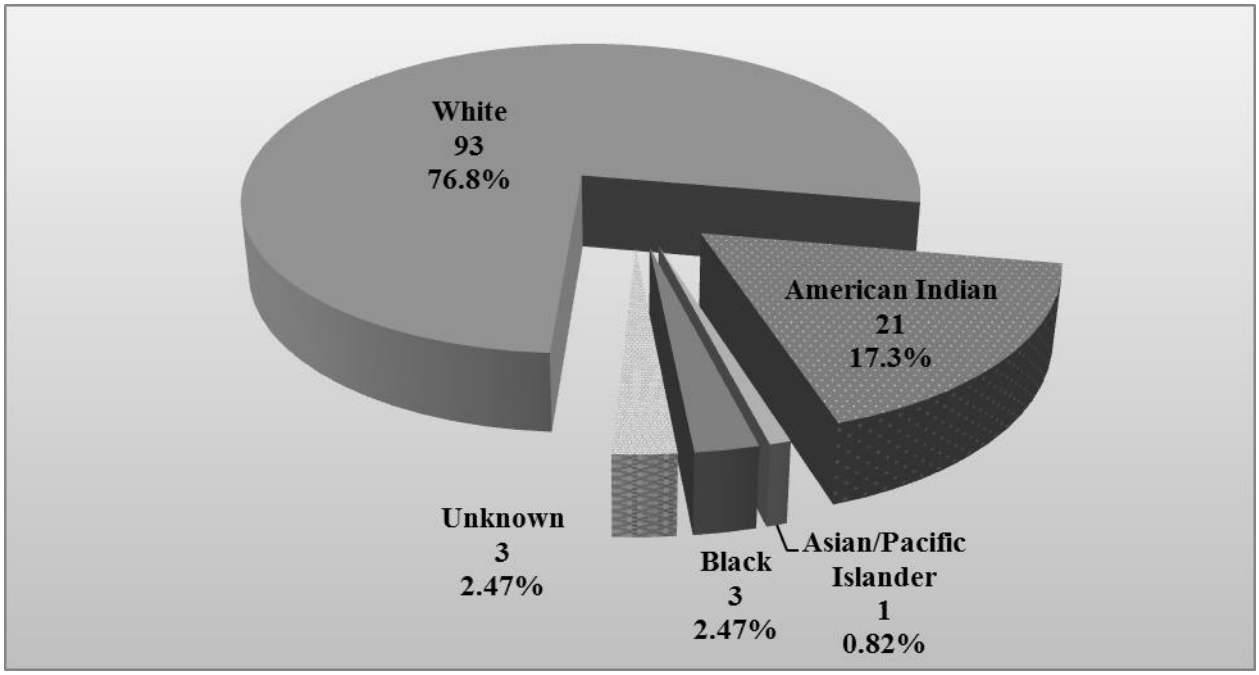
Figure 23 – Undetermined Deaths – 2004 – 2013



Undetermined Deaths – Overview

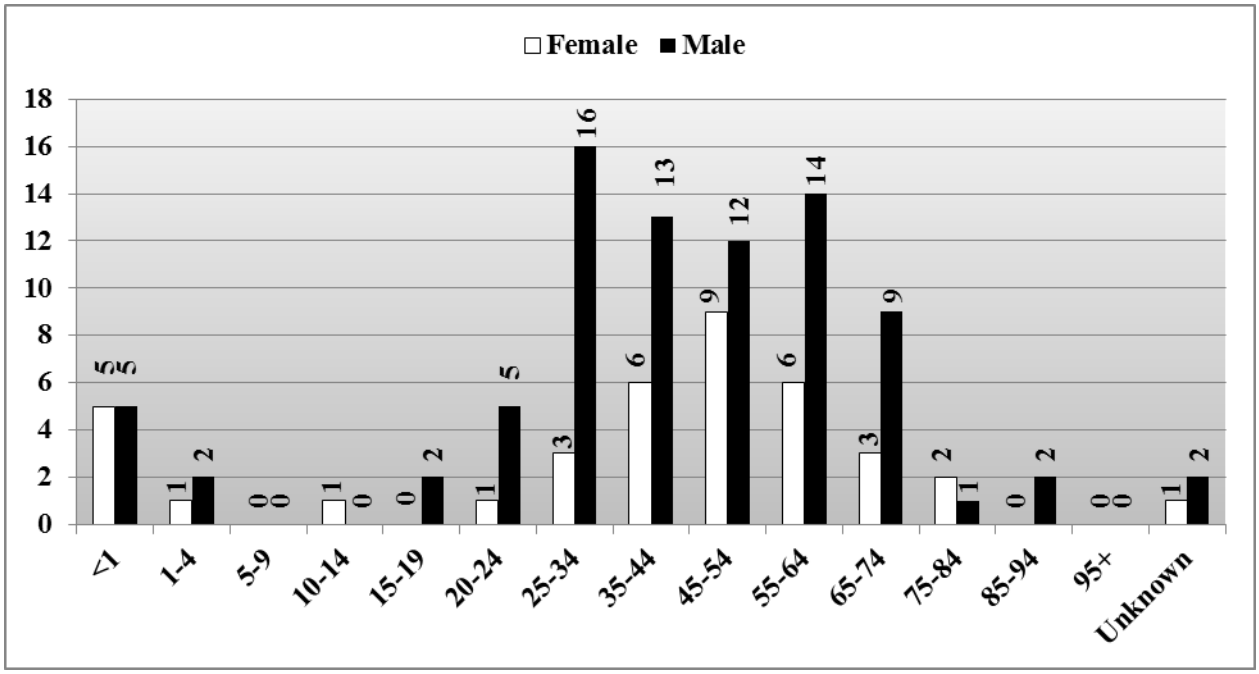
All possible efforts are made to determine both a manner (accident, suicide, homicide, natural) and a cause of death for all deaths investigated by OMI. In a very small percentage of cases (less than 1% most years) neither the manner nor cause of death can be determined, even with a complete autopsy,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

Figure 24 – Undetermined Deaths by Race/Ethnicity* – 2013



*Unknown includes 2 Hispanic, White includes 28 Hispanic

Figure 25 – Undetermined Deaths by Age and Gender – 2013



Deaths of Children (19 years of age and younger)

Figure 26 – Children – Deaths – 2004 - 2013

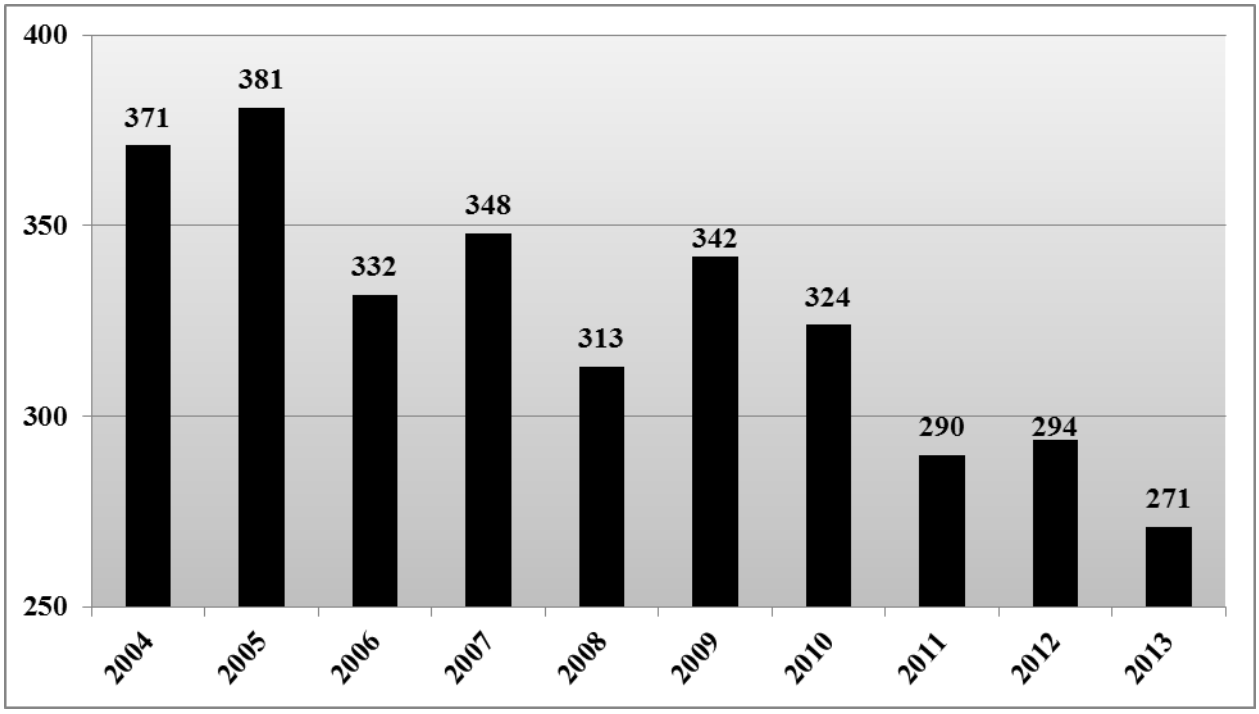
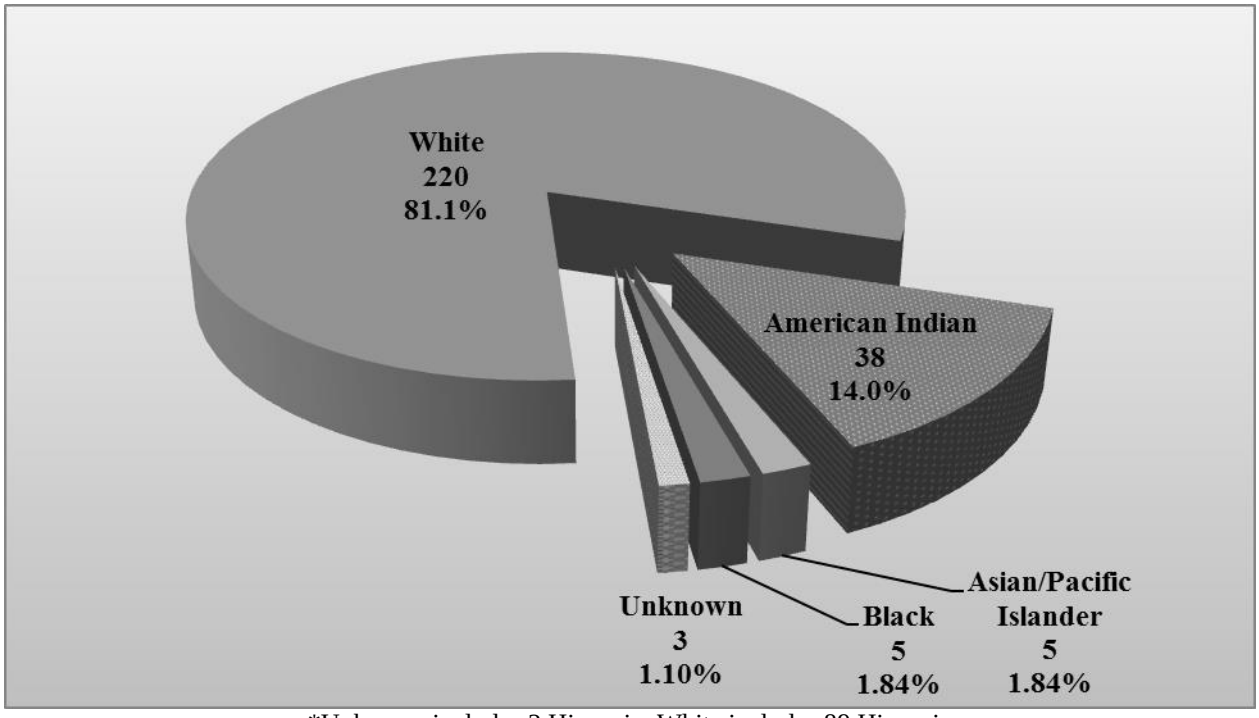


Figure 27 – Children – Deaths by Race/Ethnicity* – 2013



*Unknown includes 2 Hispanic, White includes 89 Hispanic

Figure 28 – Children – Deaths by Age and Gender – 2013

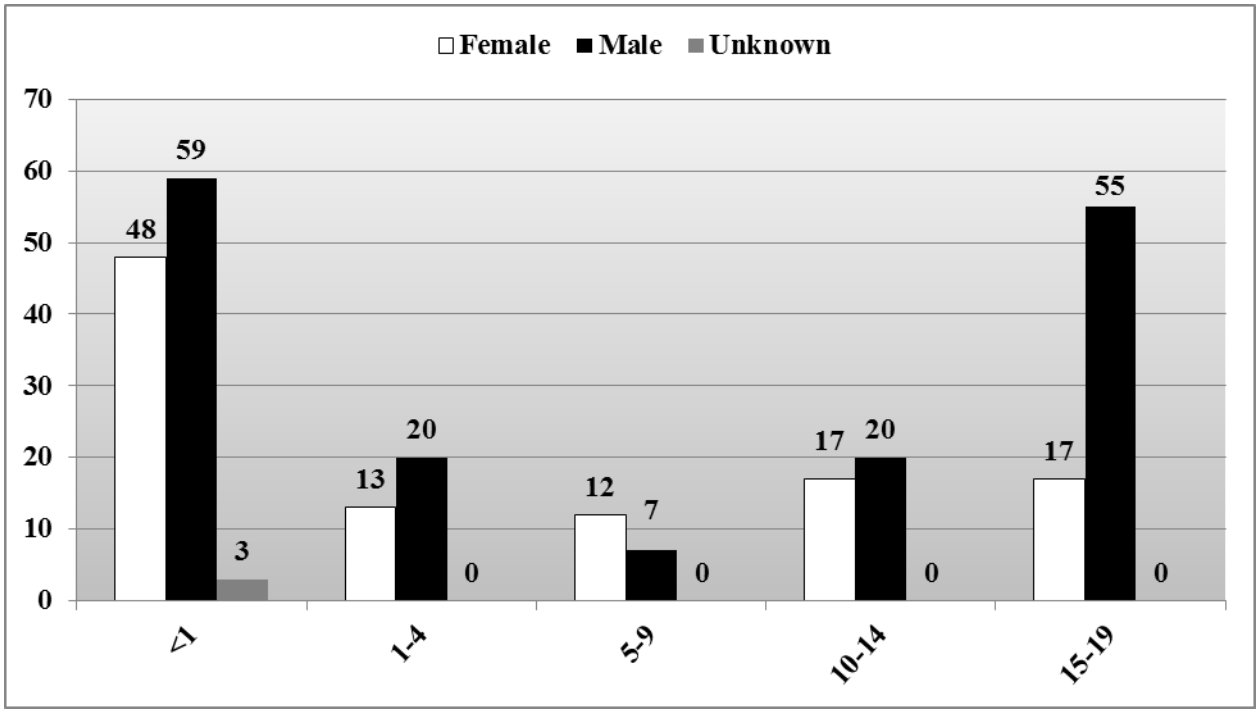
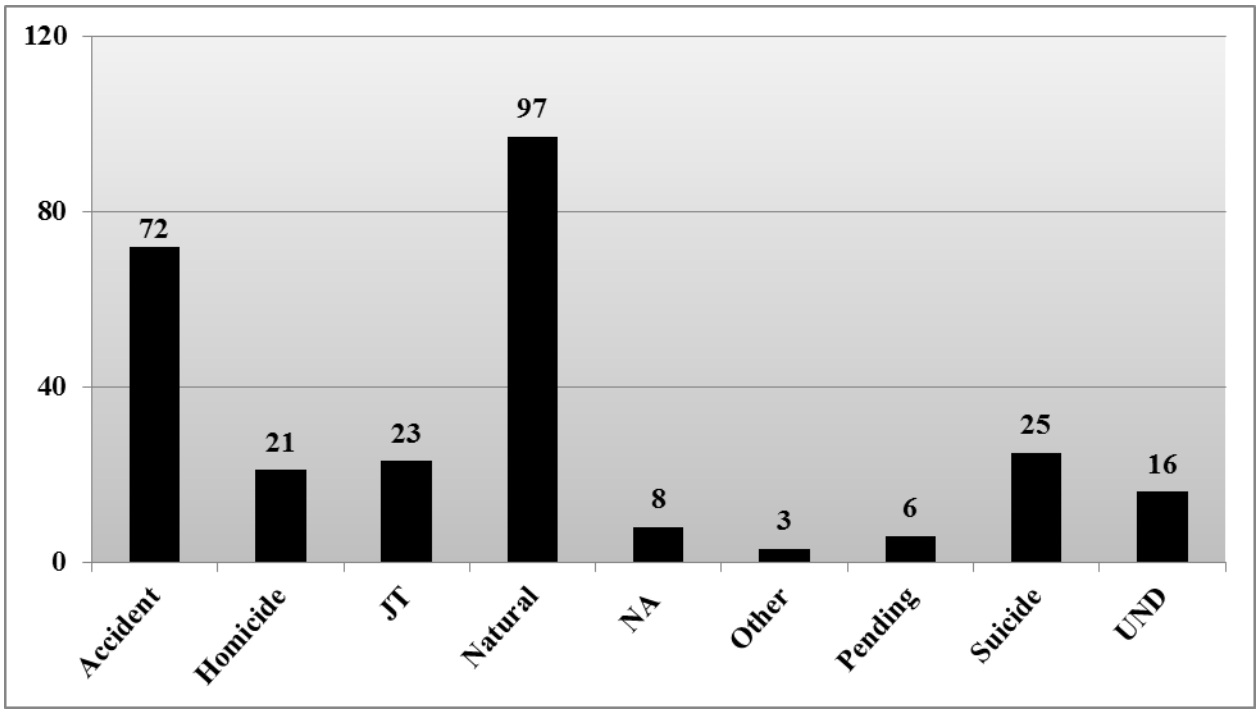


Figure 29 – Children – Total Cases – Manner* of Death – 2013



*JT: Jurisdiction terminated, NA: Non-accept, Other refers to specialized consultations, UND: undetermined manner

Overview – Children – Manner of Death – Natural Deaths

Figure 30 – Children – Natural Deaths – 2004 – 2013

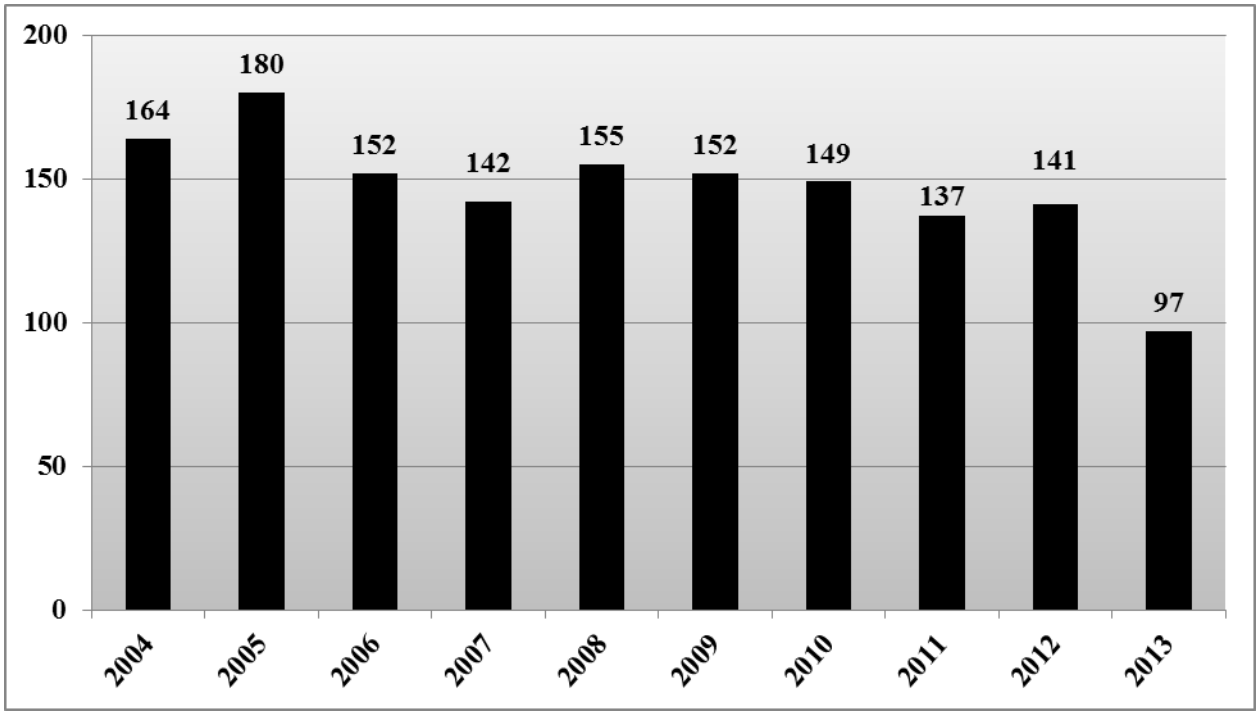
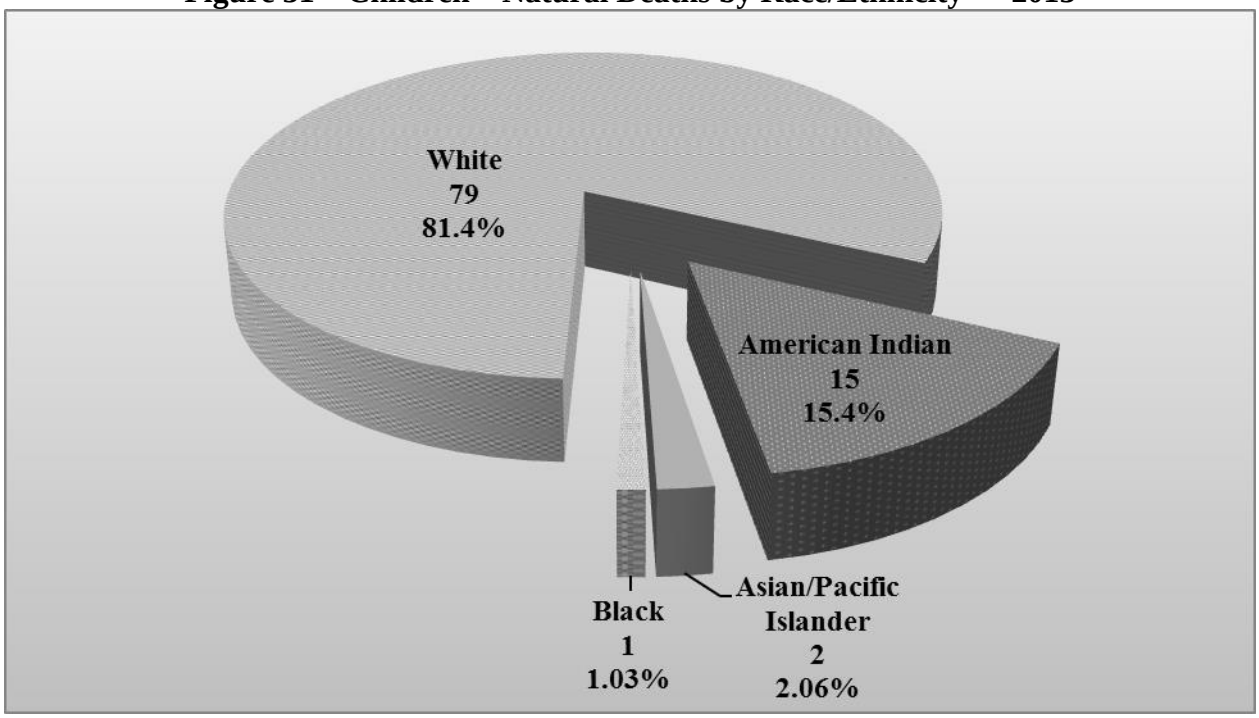
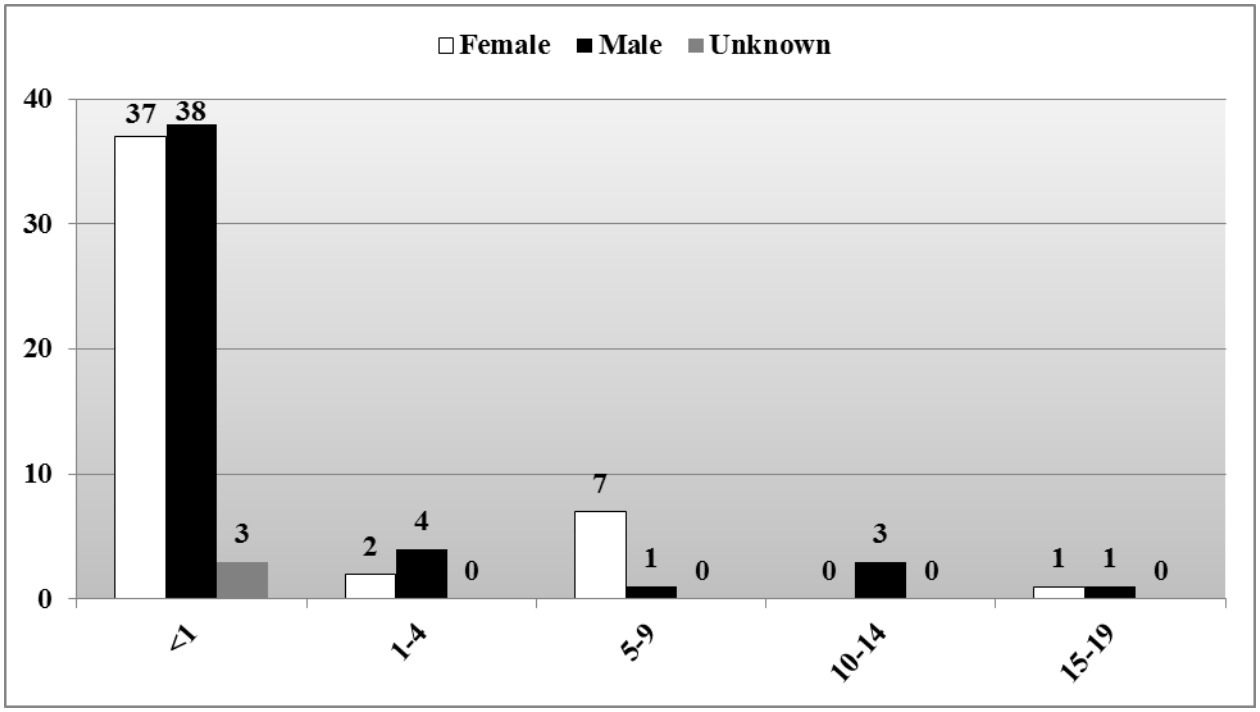


Figure 31 – Children – Natural Deaths by Race/Ethnicity* – 2013



*White includes 34 Hispanic

Figure 32 – Children – Natural Deaths by Age and Gender – 2013



Overview – Children – Manner of Death – Accidental Deaths

Figure 33 – Children – Accidental Deaths – 2004 – 2013

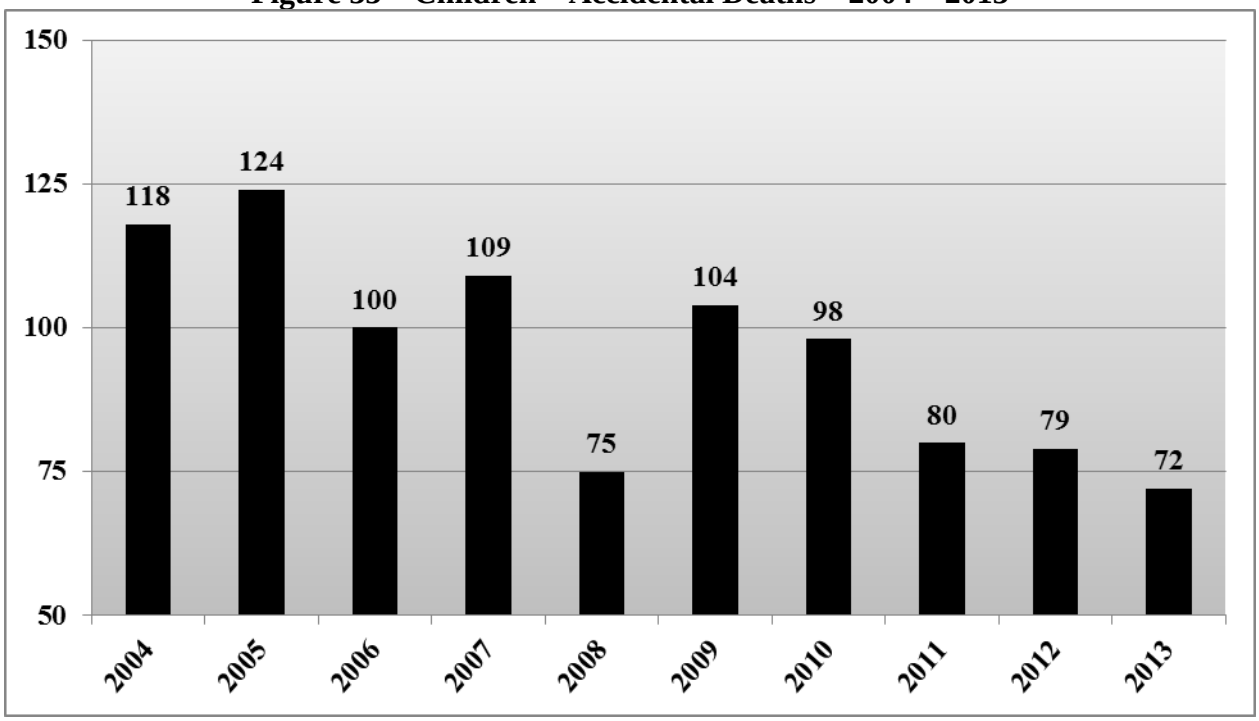
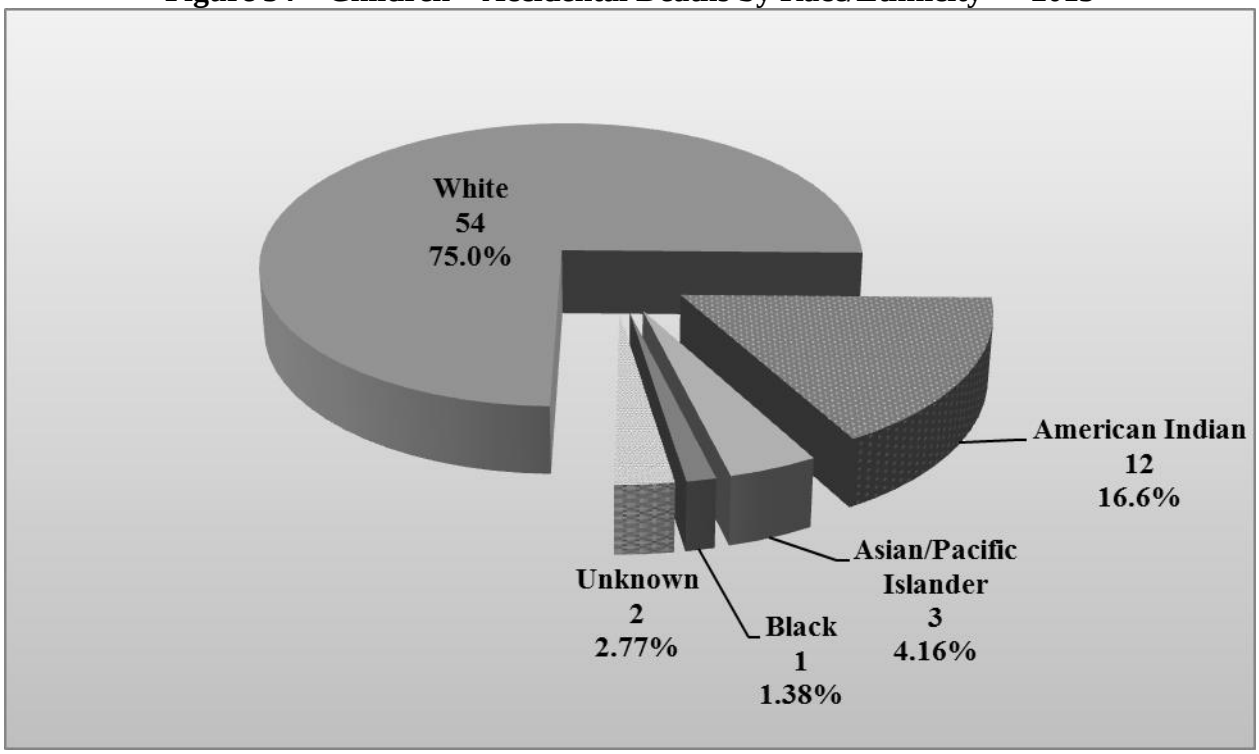


Figure 34 – Children – Accidental Deaths by Race/Ethnicity* – 2013



*Unknown includes 1 Hispanic, White includes 22 Hispanic

Figure 35 – Children – Accidental Deaths by Age and Gender – 2013

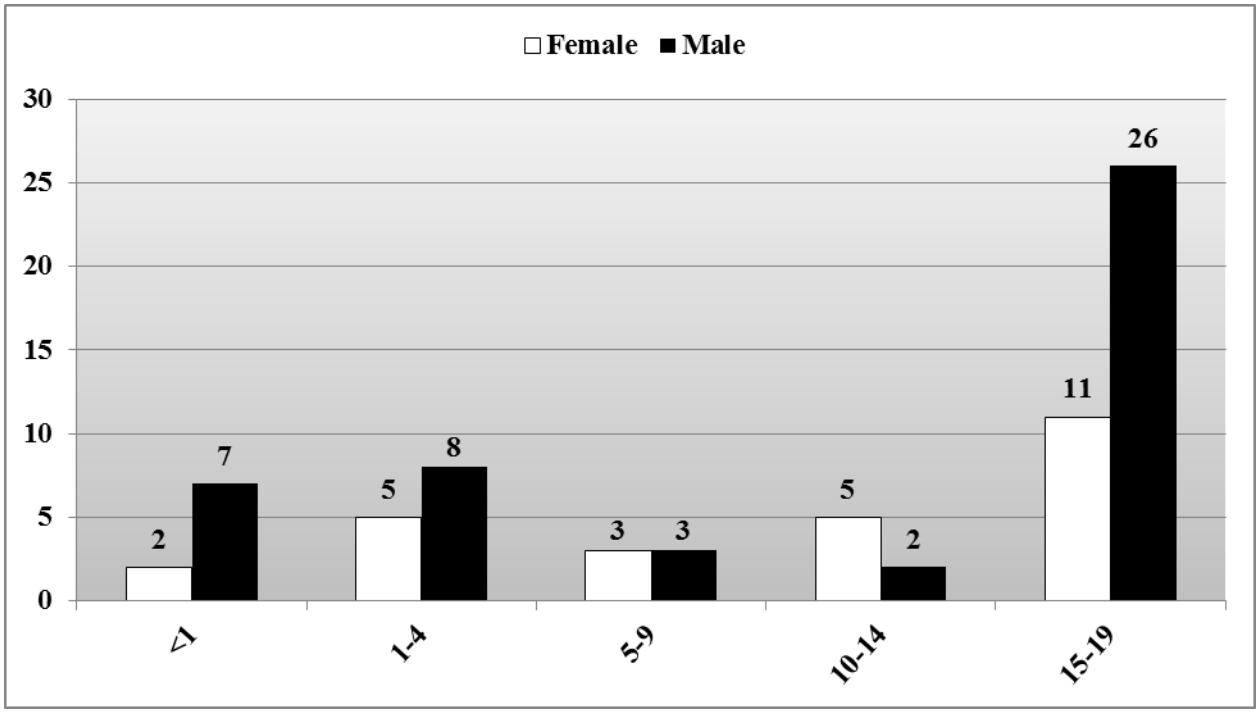


Table 12 – Children – Accidental Deaths – Cause – 2013

Cause of death	Total
Multiple injuries	33
Head and neck injuries	14
Asphyxia	9
Substance intoxication	6
Drowning	5
Thermal injuries	1
Narcotic abuse	1
Hanging	1
Intrauterine fetal death	1
Spontaneous hemorrhage	1

Overview – Children – Manner of Death – Suicide Deaths

Figure 36 – Children – Suicide Deaths – 2004 – 2013

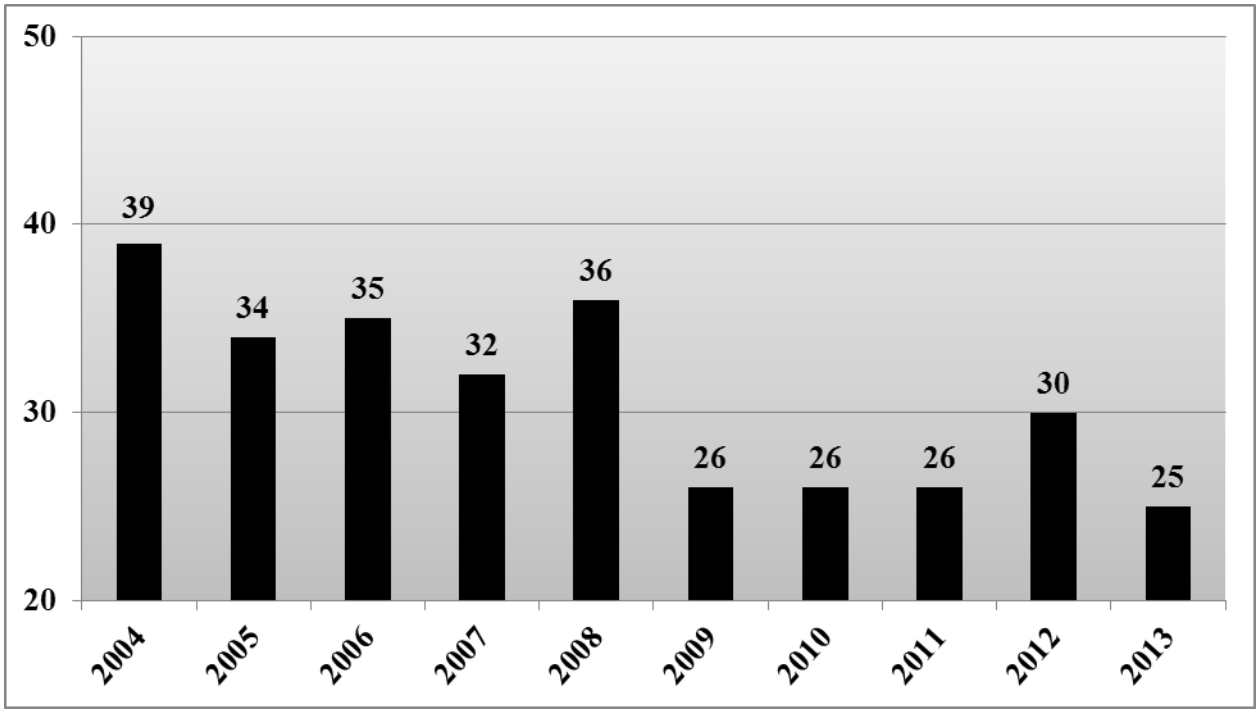
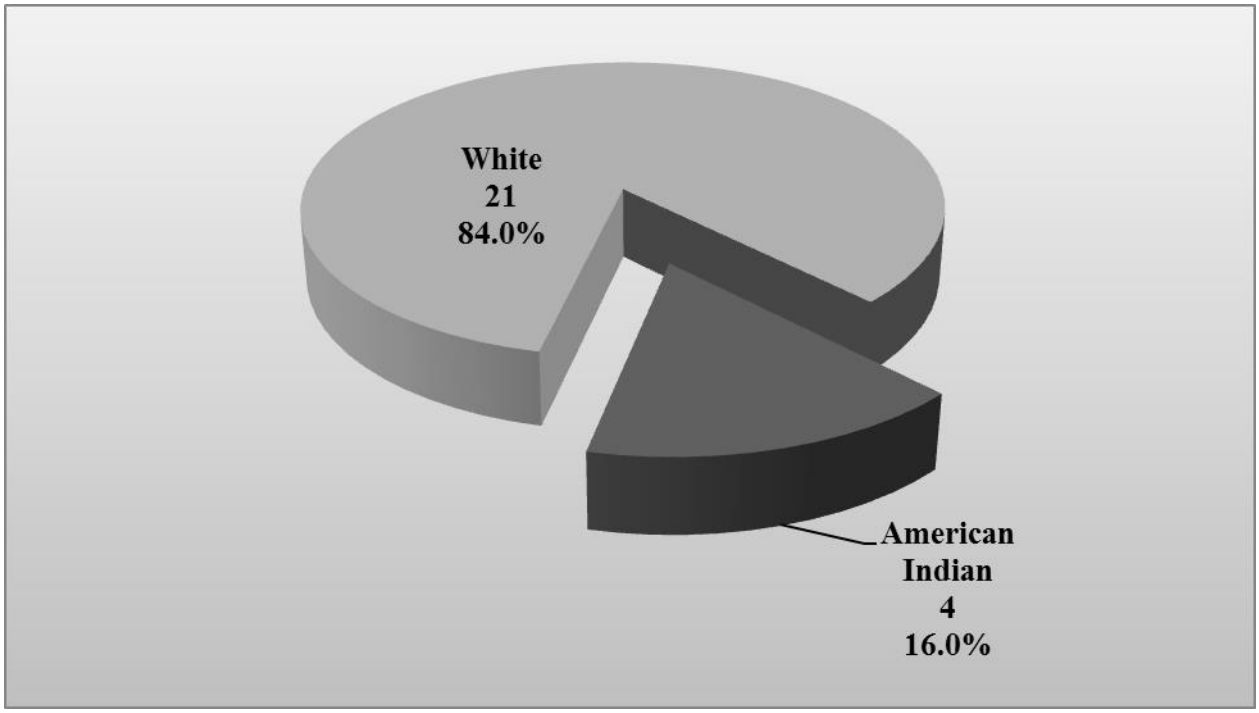


Figure 37 – Children – Suicide Deaths by Race/Ethnicity* – 2013



*White includes 10 Hispanic

Figure 38 – Children – Suicide Deaths by Age and Gender – 2013

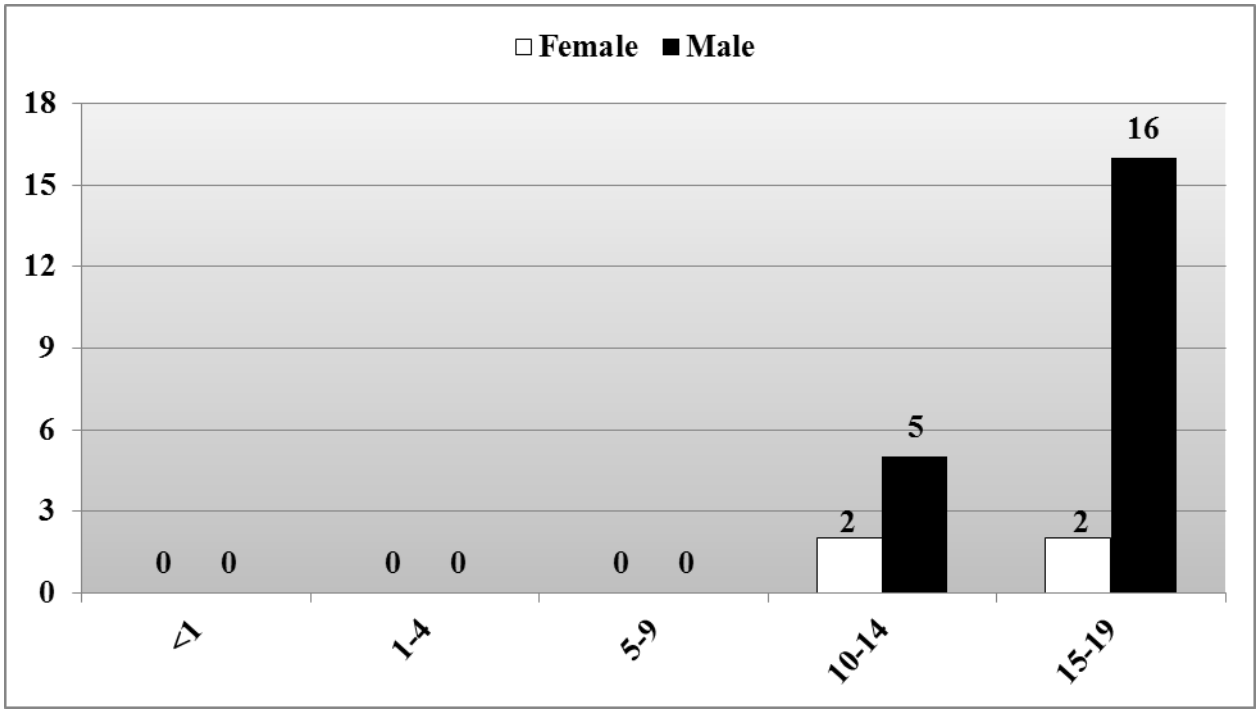


Figure 39 – Children – Suicide Deaths by Month – 2013

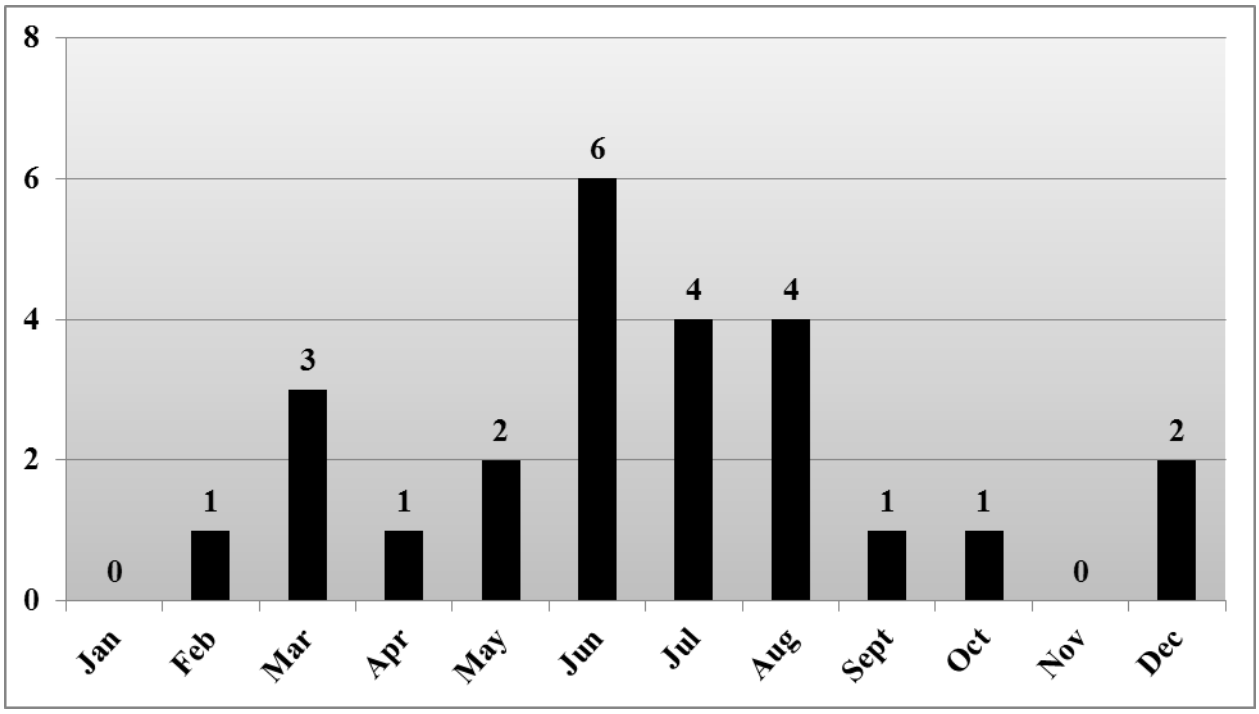


Figure 40 – Children – Suicide Deaths by Day of the Week – 2013

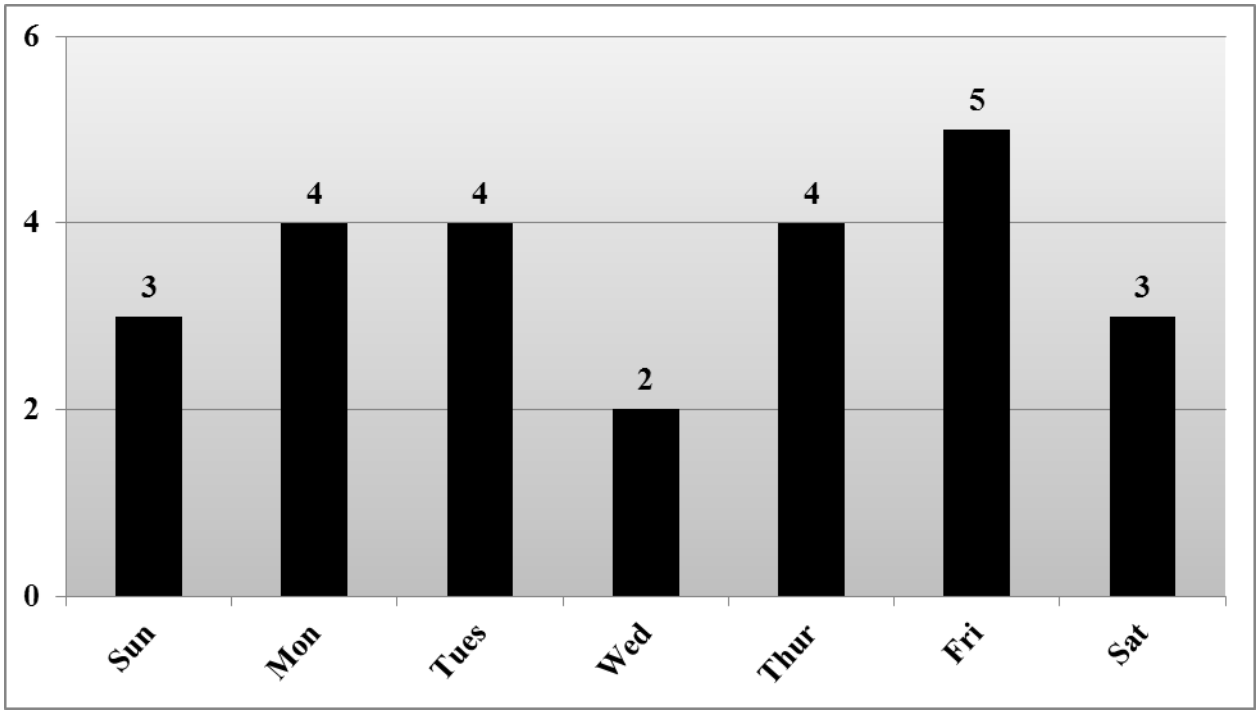


Table 13 – Children - Suicide Deaths – Cause – 2013

Cause of death	Total cases
Hanging	12
Gunshot wound	9
Head and neck injuries	2
Substance intoxication	1
Asphyxia	1

Overview – Children – Manner of Death – Homicide Deaths

Figure 41 – Children – Homicide Deaths – 2004 – 2013

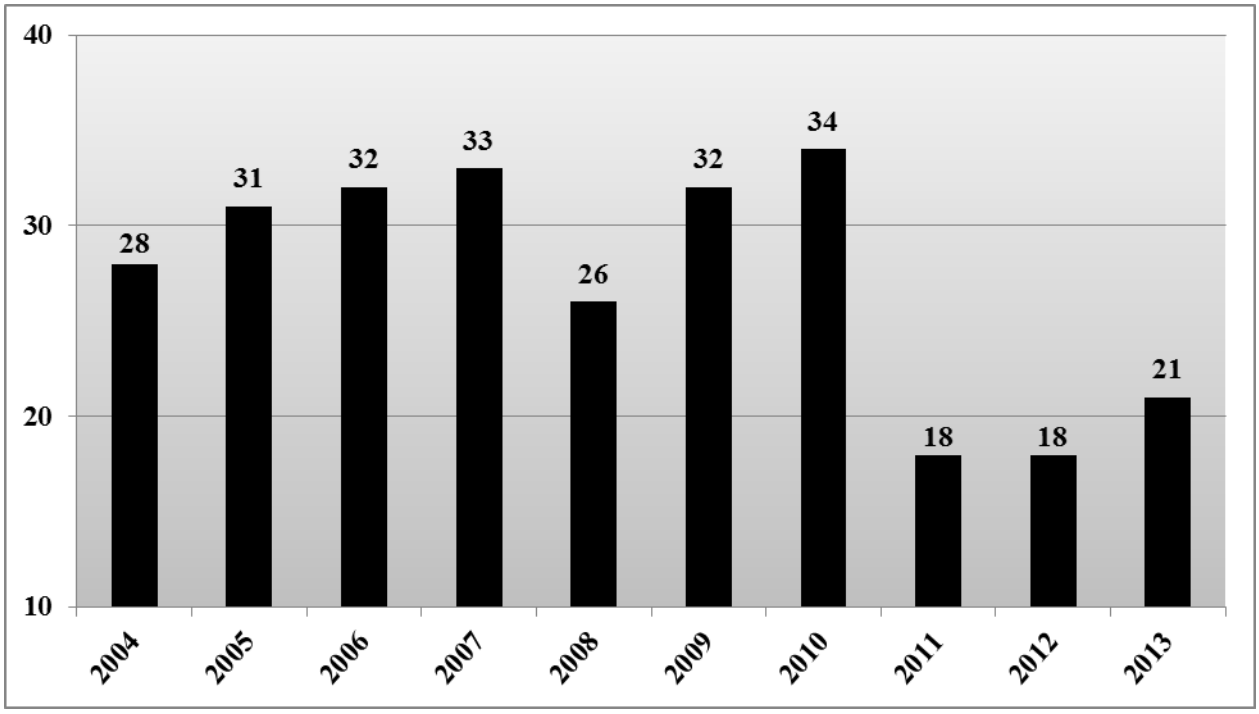
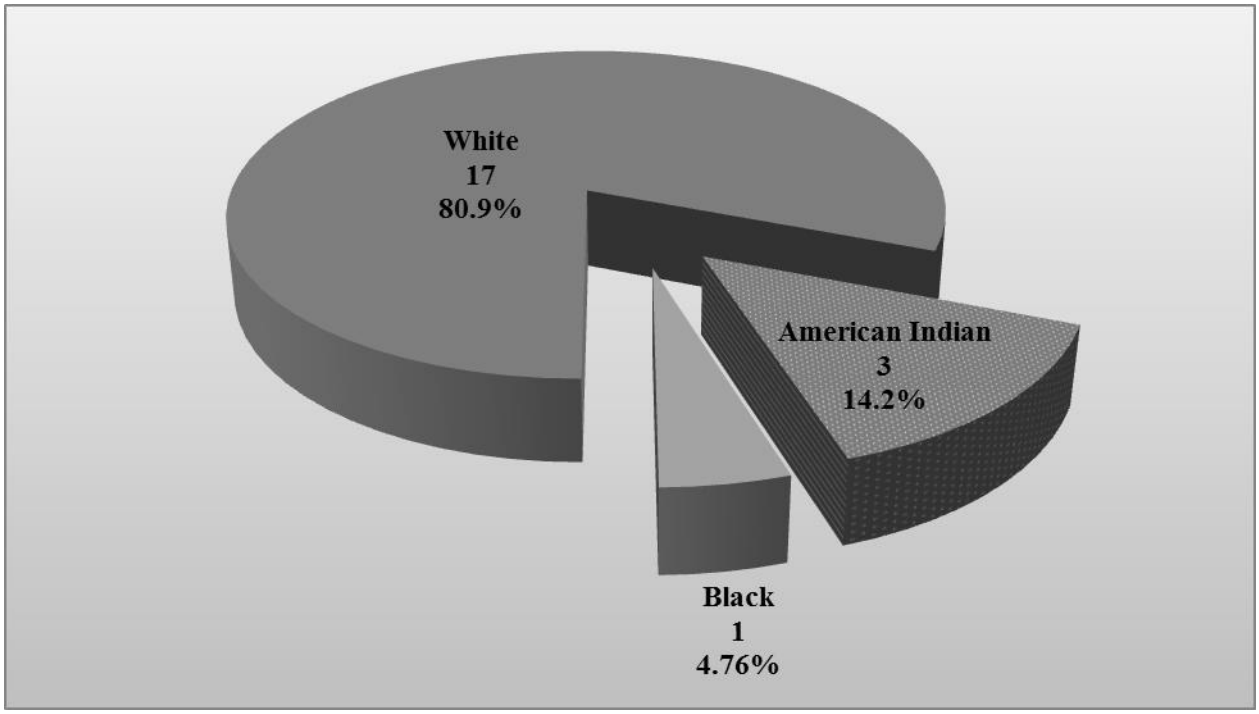


Figure 42 – Children – Homicide Deaths by Race/Ethnicity* – 2013



*White includes 8 Hispanic

Figure 43 – Children – Homicide Deaths by Age and Gender – 2013

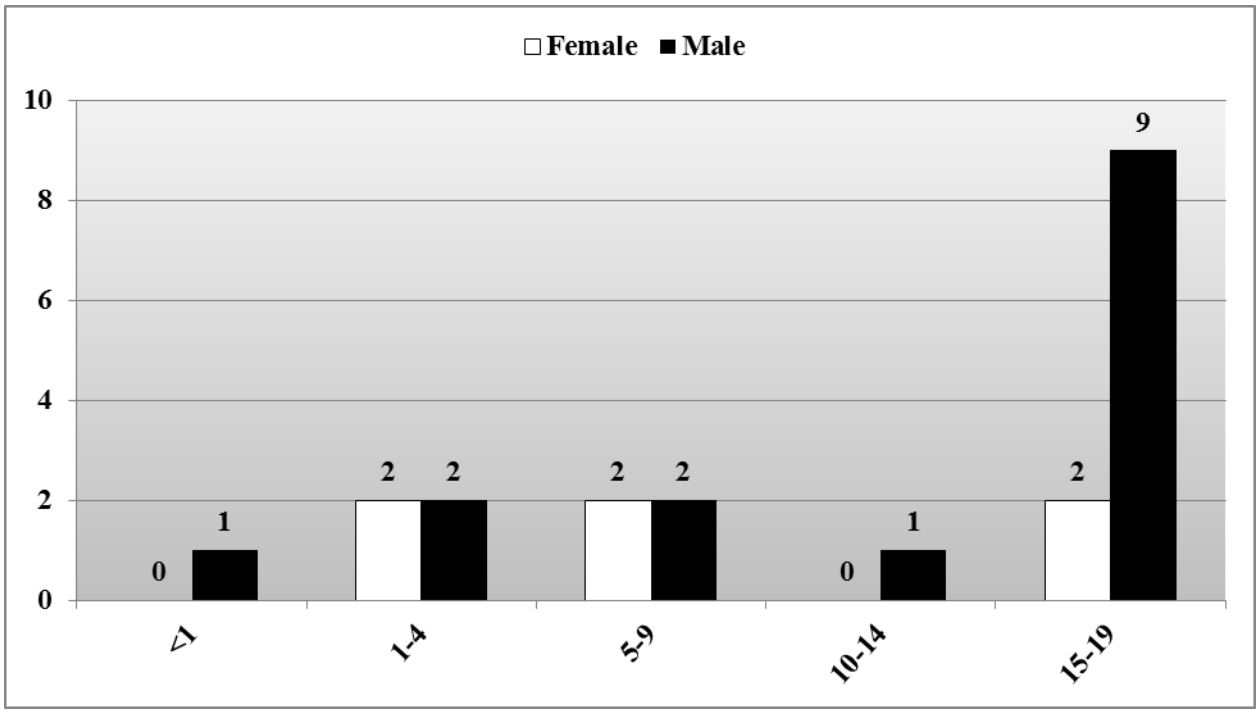


Table 14 – Children – Homicide Deaths – Cause – 2013

Cause of death	Total cases
Gunshot wound	14
Stab wound	2
Multiple injuries	3
Head and neck injuries	2

Overview – Children – Manner of Death – Undetermined Deaths

Figure 44 – Children – Undetermined Deaths – 2004 – 2013

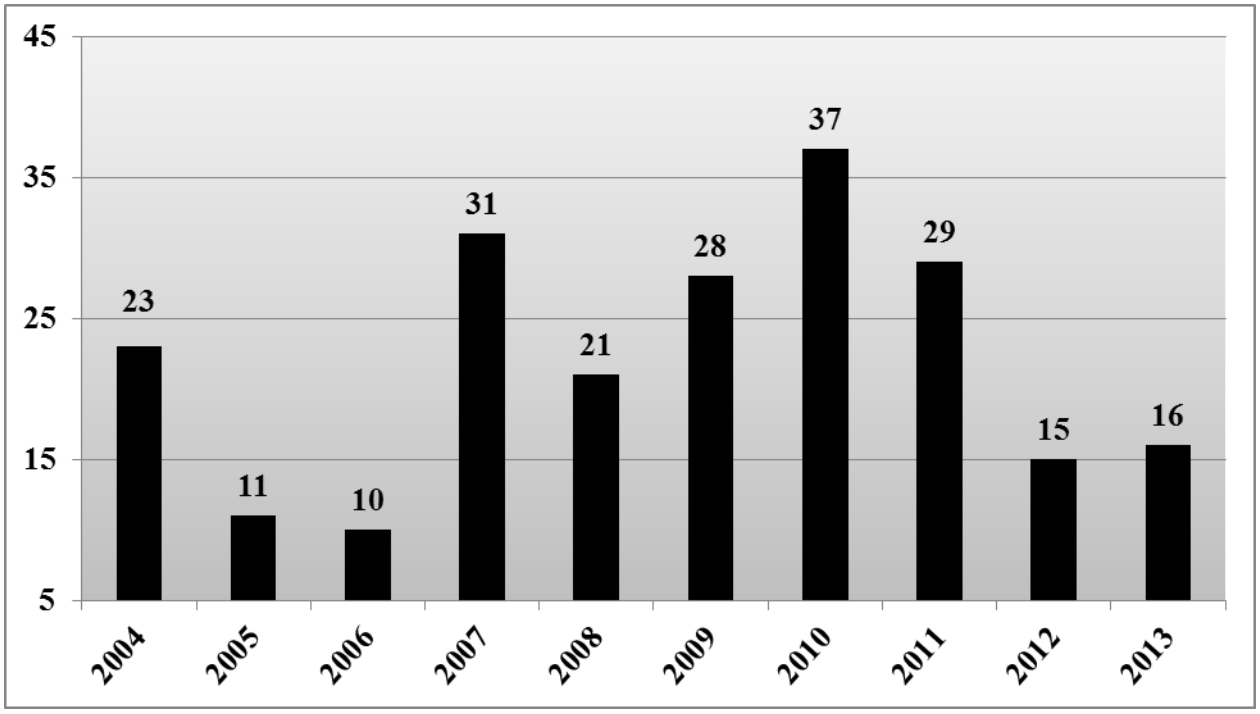
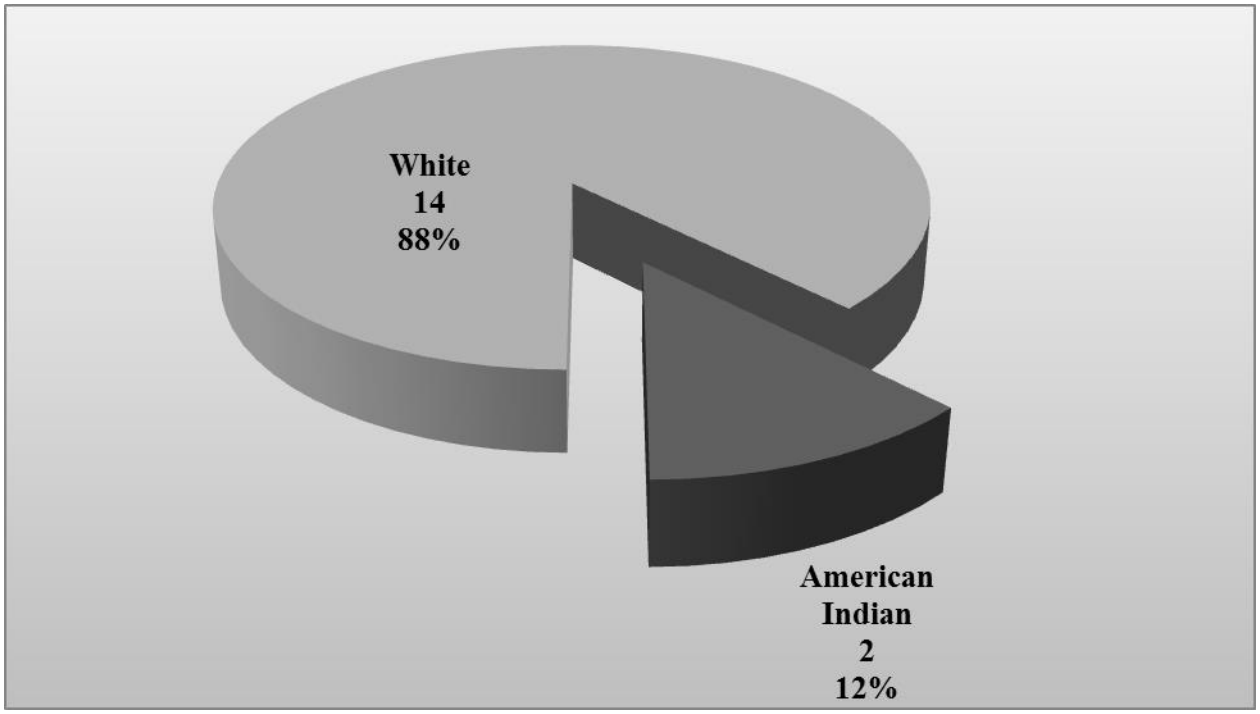


Figure 45 – Children – Undetermined Deaths by Race/Ethnicity* – 2013



*White includes 4 Hispanic

Figure 46 – Children – Undetermined Deaths by Age and Gender – 2013

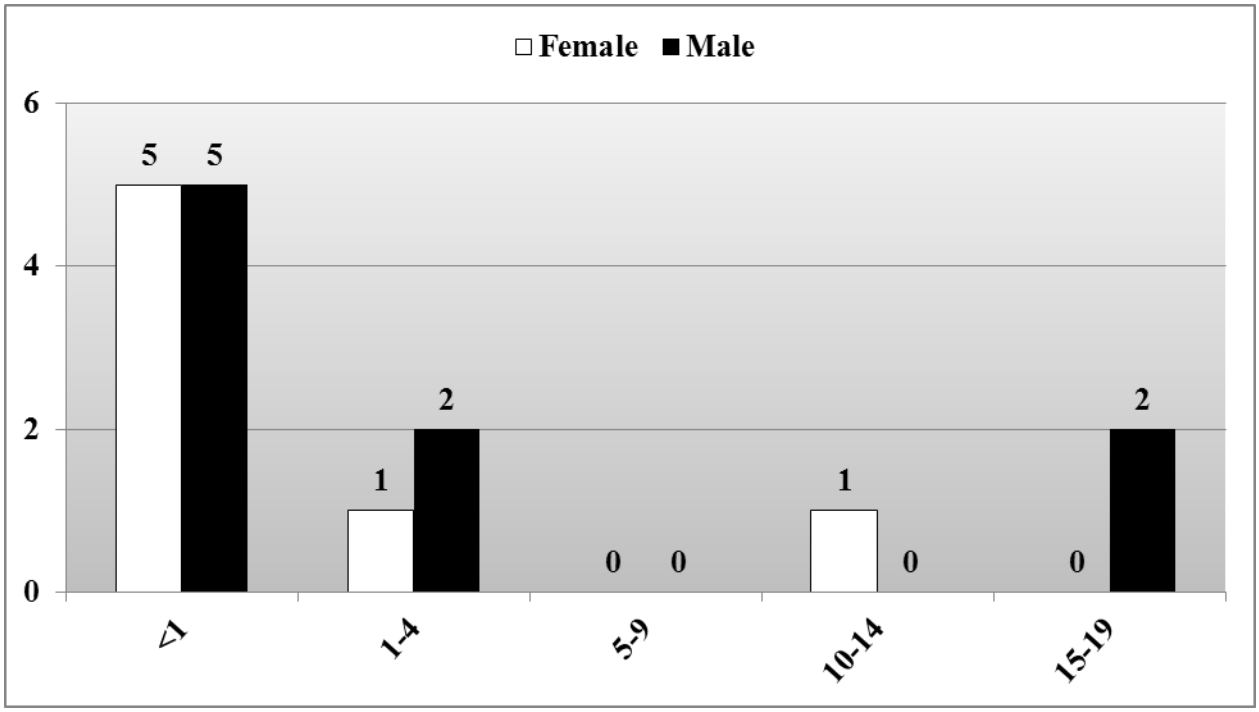


Table 15 – Children - Undetermined Deaths – Cause – 2013

Cause of death	Total cases
Undetermined	13
Substance intoxication	2
Gunshot wound	1

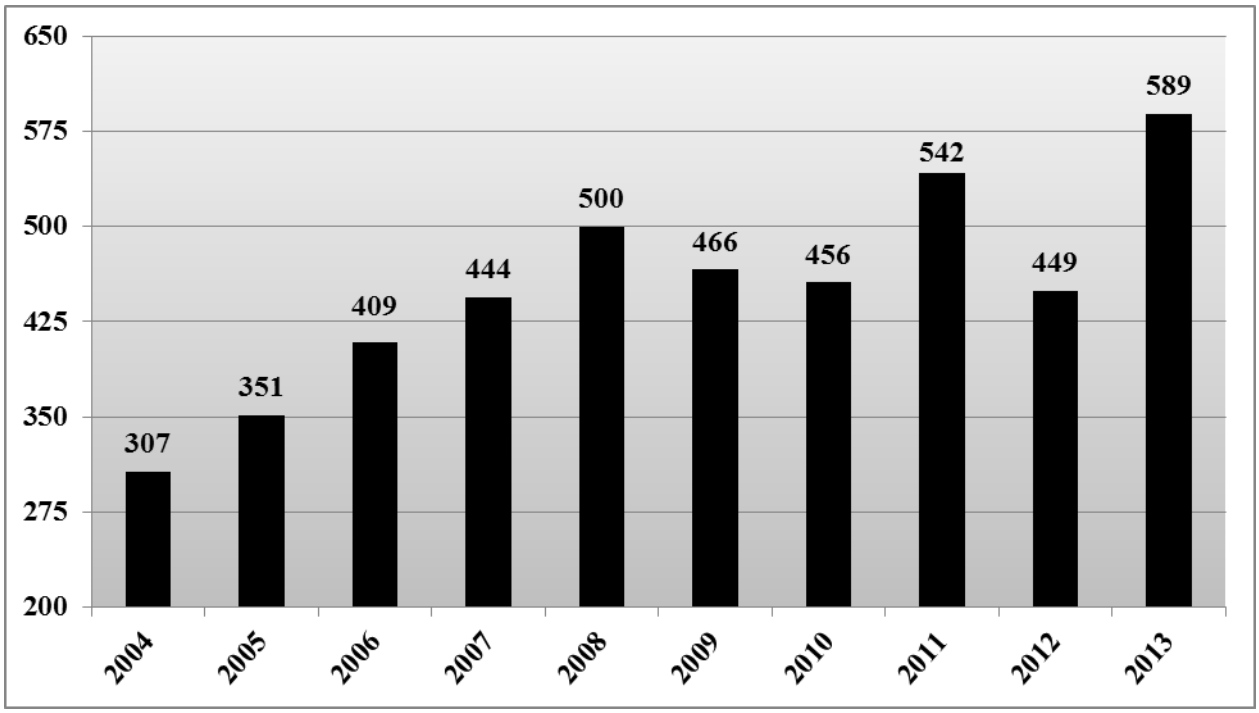
Deaths of Children in New Mexico – Summary

The 10-year summaries presented in this report for childhood deaths all include ages 19 and younger. The 271 deaths of people aged 19 and younger represented 4.9% of all deaths investigated by the OMI in 2013. Male decedents comprised 59.4% of the total deaths in children. The most common manner of death among children was natural, contributing 35.7% of the total. There were 25 suicides among children in 2013. Suicide deaths were more common among young males (84.0 %) than females (16.0%), and hanging was the most common method of suicide in children. The total number of childhood homicides increased from 18 homicides in 2012 to 21 homicides in 2013 (16.6% increase). Homicide deaths among children tended to be male (71.4%), non-Hispanic white (42.8%) and killed by a firearm (66.6%). The majority of childhood homicide victims (52.3%) were between the ages of 15 and 19. Firearms played a role in 9 suicides (36.0% of total child suicides) and 14 homicides (66.6% of child homicides), 13.2% of all unnatural deaths in children.

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 six panels: Homicide, Suicide, Transportation, 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

Figure 47 – Drug Caused Deaths – 2004 – 2013

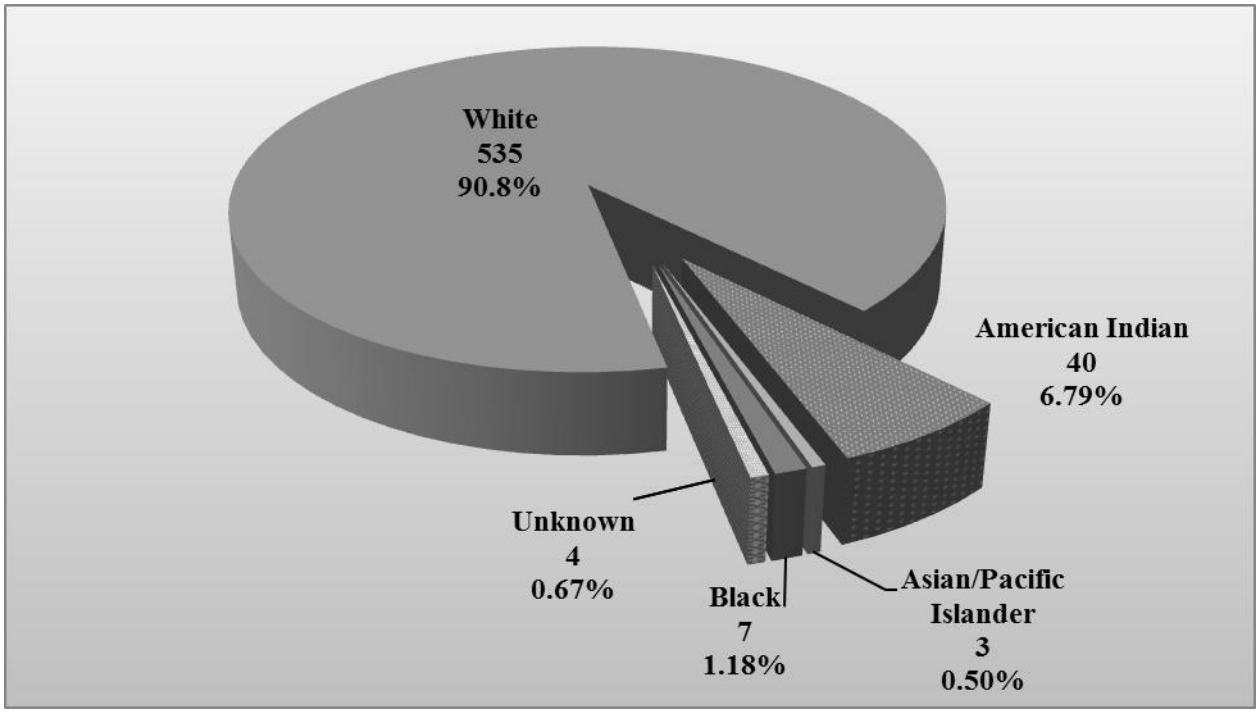


Drug Caused Deaths – Overview

Drug overdose deaths continue to be a problem in New Mexico. A wide variety of drugs, both illegal and prescription, contributed to the 589 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 45-54 years. 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.

Figure 48 – Drug Caused Deaths by Race/Ethnicity* – 2013



*American Indian includes 2 Hispanic, Unknown includes 4 Hispanic, White includes 177 Hispanic

Figure 49 – Drug Caused Deaths by Age and Gender – 2013

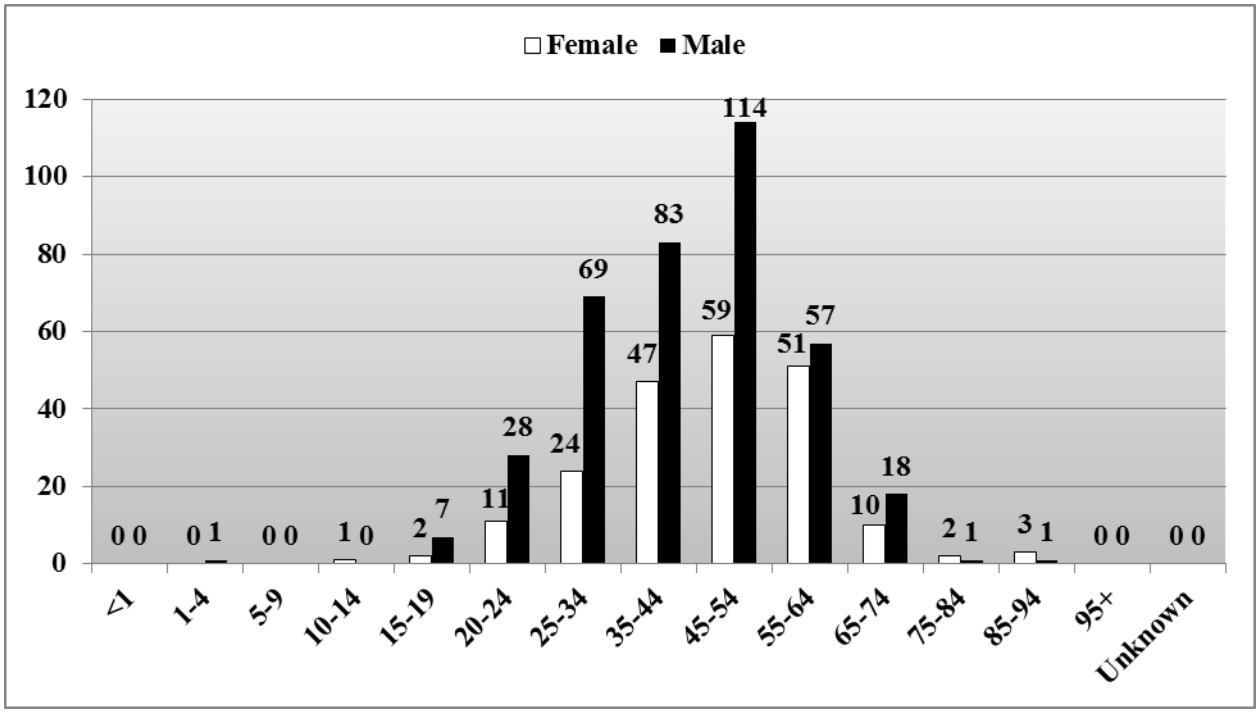
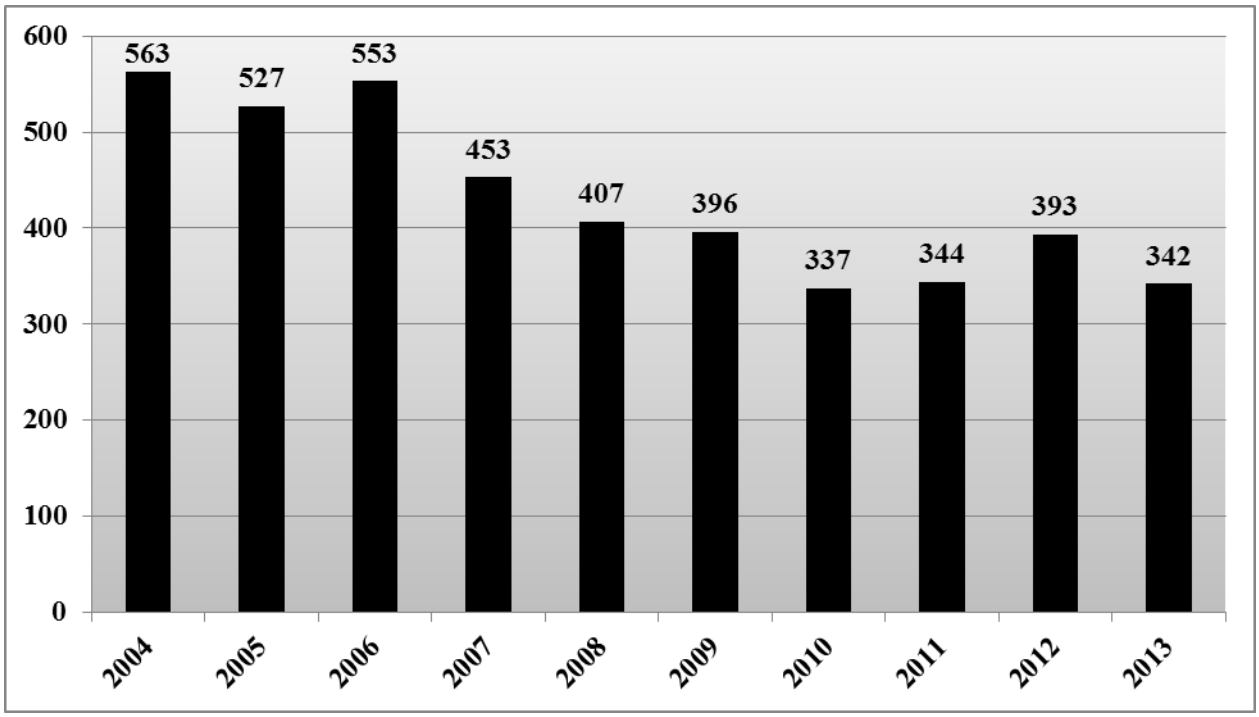


Table 16 – Drug Caused Deaths – County of Pronouncement – 2013

County of Pronouncement	Total
Bernalillo	223
Catron	0
Chaves	24
Cibola	12
Colfax	7
Curry	7
De Baca	0
Dona Ana	33
Eddy	8
Grant	13
Guadalupe	2
Harding	0
Hidalgo	2
Lea	18
Lincoln	5
Los Alamos	0
Luna	8
McKinley	7
Mora	2
Otero	15
Quay	1
Rio Arriba	28
Roosevelt	2
San Juan	28
San Miguel	9
Sandoval	26
Santa Fe	54
Sierra	9
Socorro	3
Taos	11
Torrance	7
Union	1
Valencia	22
Out of State	2
Totals	589

Motor Vehicle-Associated Deaths

Figure 50 – Motor Vehicle-Associated Deaths – 2004 - 2013



Motor Vehicle-Associated Deaths – Overview

In 2013, OMI investigated 342 motor-vehicle associated deaths, a 13% decrease from 2013, and 24.4% of all accidental deaths investigated by OMI in 2013. 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 22.8% of motor-vehicle accidental deaths. Males ages 45-54 years had the highest number (12.8%) of motor vehicle-associated accidental deaths. July saw the highest number of motor vehicle deaths (11.6%), while June had the lowest number (4.67%). More motor vehicle deaths occurred on a Monday (17.5%) than any other day of the week.

Figure 51 – Motor Vehicle Accidents vs. Non-Motor Vehicle Accidents - 2013

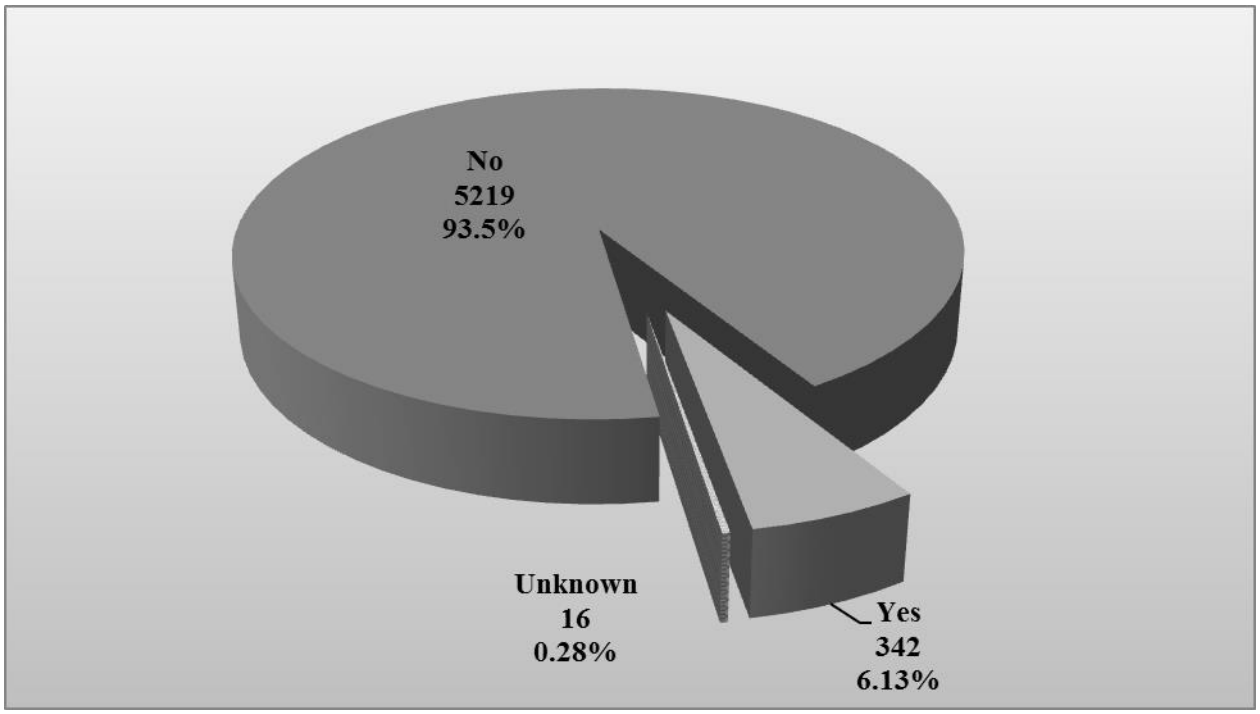
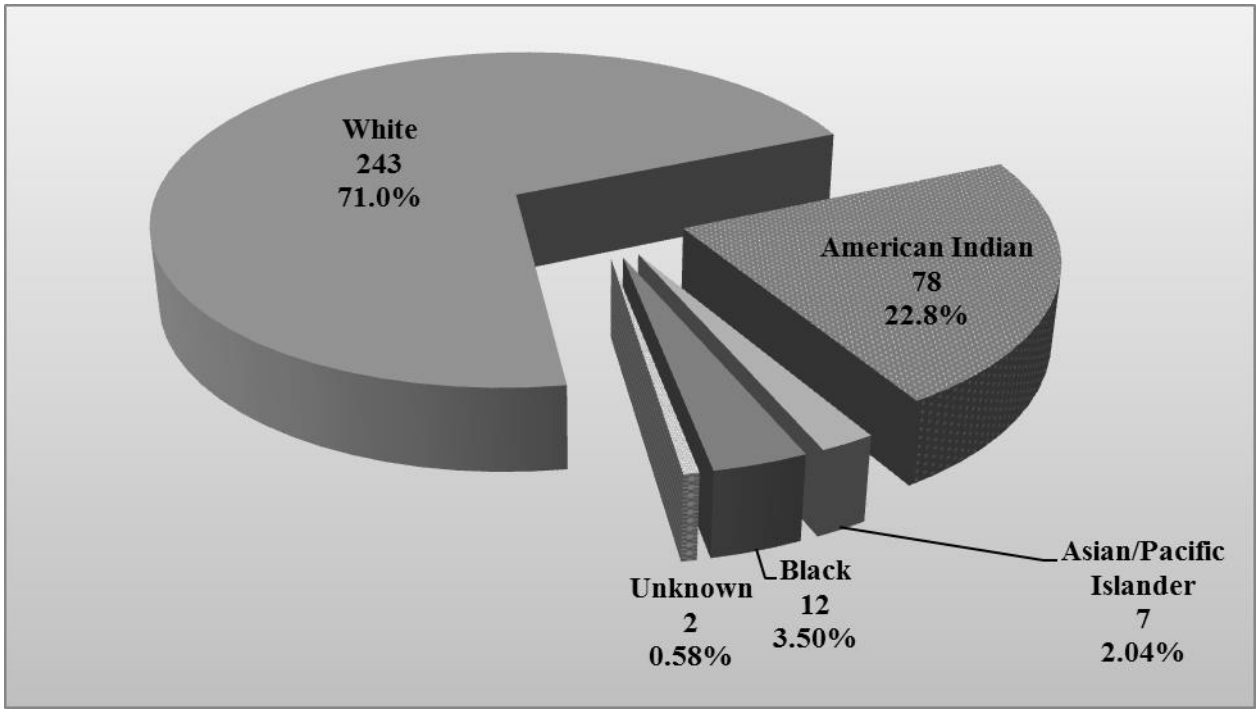


Figure 52 – Motor Vehicle-Associated Deaths by Race/Ethnicity* – 2013



*American Indian includes 1 Hispanic, Unknown includes 2 Hispanic, White includes 73 Hispanic

Figure 53 – Motor Vehicle-Associated Deaths by Age and Gender – 2013

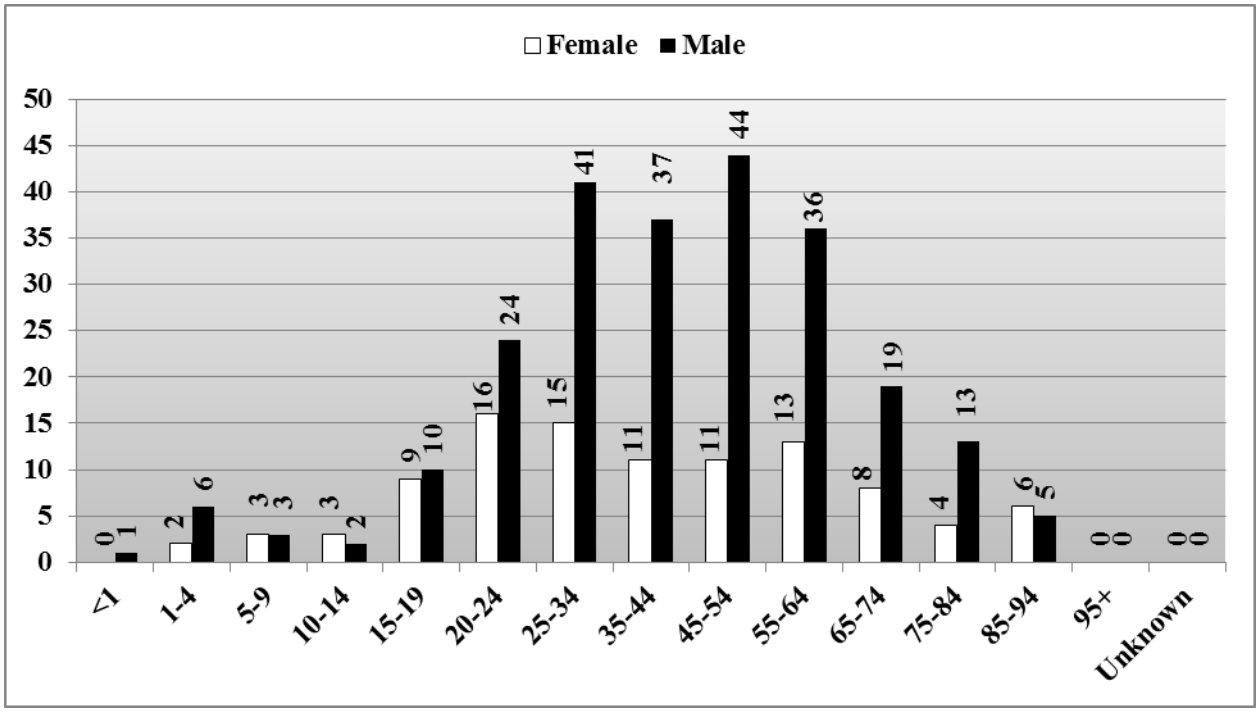


Figure 54 – Motor Vehicle-Associated Deaths by Month – 2013

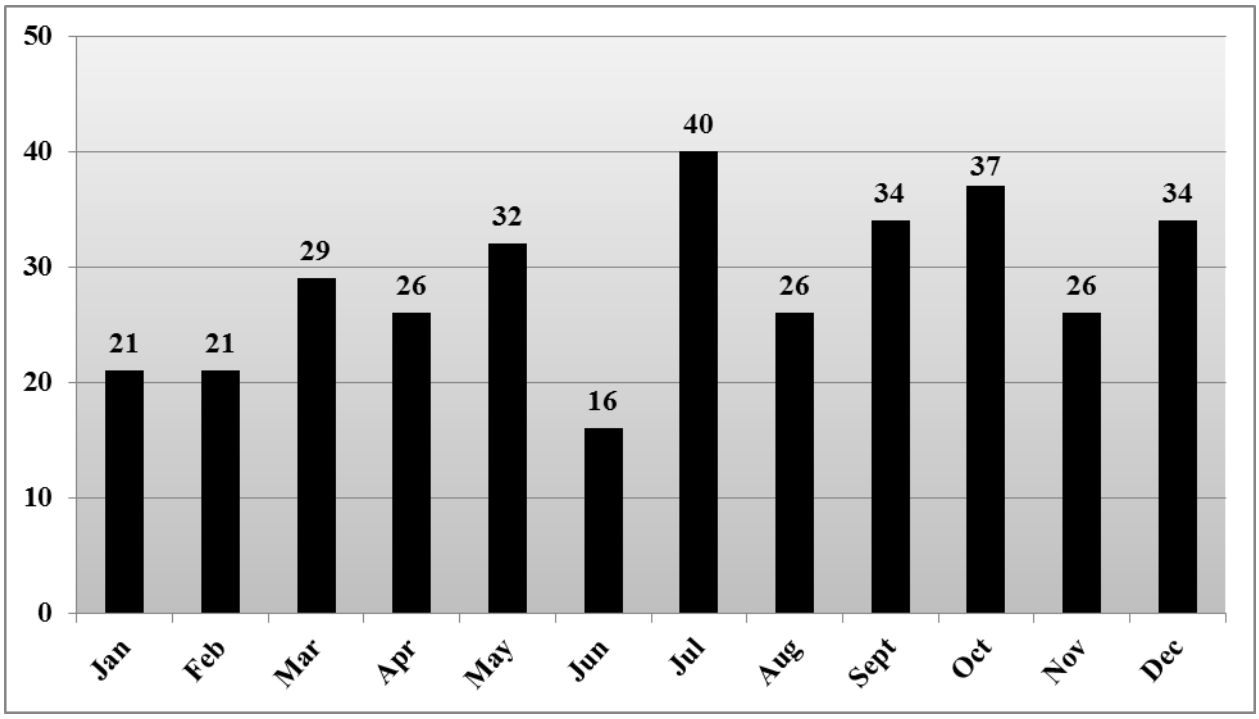


Figure 55 – Motor Vehicle-Associated Deaths by Day of the Week – 2013

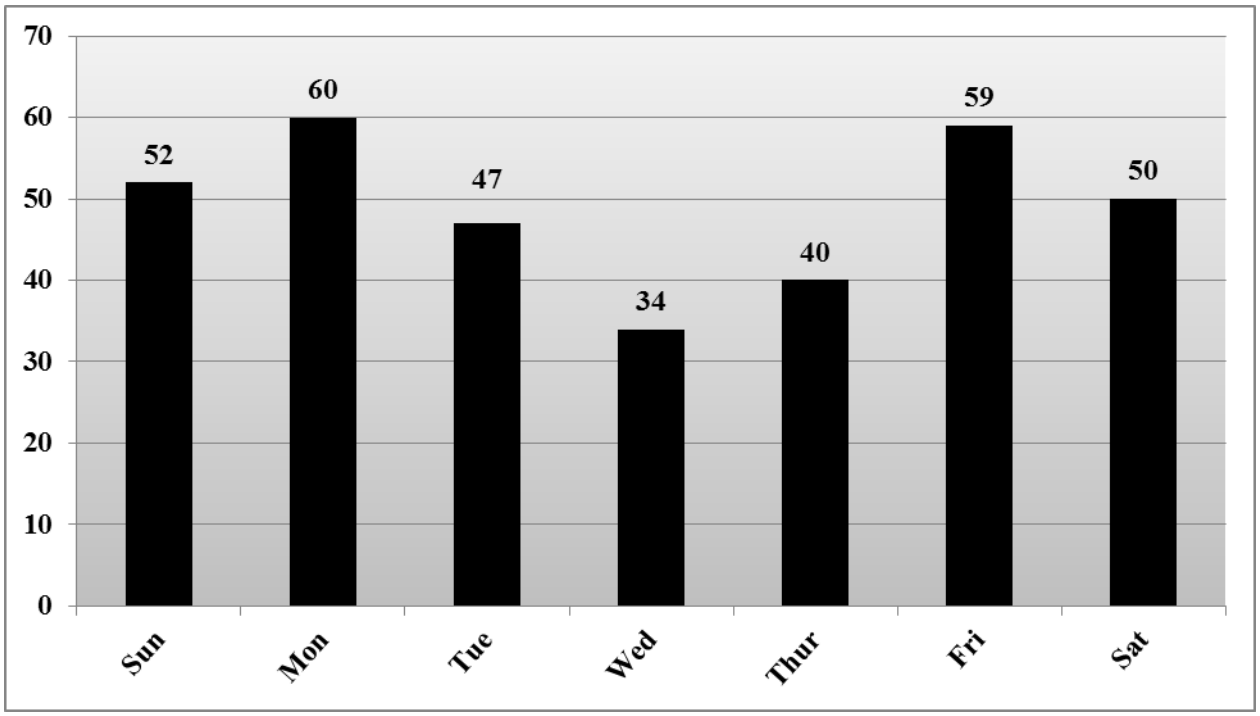


Table 17 – Motor Vehicle-Associated Deaths by County of Pronouncement – 2013

County of Pronouncement	Total
Bernalillo	88
Catron	4
Chaves	7
Cibola	16
Colfax	4
Curry	7
De Baca	2
Dona Ana	13
Eddy	14
Grant	6
Guadalupe	6
Harding	0
Hidalgo	1
Lea	8
Lincoln	4
Los Alamos	0
Luna	3
McKinley	25
Mora	2
Otero	8
Quay	6
Rio Arriba	13
Roosevelt	4
San Juan	26
San Miguel	8
Sandoval	16
Santa Fe	8
Sierra	3
Socorro	8
Taos	8
Torrance	12
Union	1
Valencia	2
Out of State	9
Totals	342

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.

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.

External Examination– A detailed postmortem external examination of a body, conducted when a full 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 percent (0.08g%) 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.