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New Mexico Office of the Medical Investigator

# Annual Report 2014



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*“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*



**2014 Annual Report  
Office of the Medical Investigator  
State of New Mexico**

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# Office of the Medical Investigator (OMI) 2014 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 6,063 deaths in 2014. 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 New Mexico Bureau of Vital Records and Health Statistics (BVRHS) for complete mortality statistics.

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

## **Preparation of the Annual Report**

The OMI data from which this report was compiled are maintained on a web-based database management system located at the New Mexico Scientific Laboratories in Albuquerque. OMI faculty Sarah Lathrop, DVM, Ph.D. and OMI Research Coordinator 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 – 2014**

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<sup>1</sup> 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.

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<sup>1</sup> NMSA Statute 24-11-1, et seq., and 7-NMAC 3.2.8

## **Reportable Deaths**

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

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



## **Statutory Duty**

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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 the Department of Health, 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 preventive measures (such as seat belt laws)
- Expert testimony in court cases
- Proper certification of death
- Services to families of the deceased persons (Grief Services Program)

## **Program Summary and Highlights for 2014**

### **Investigative Activity:**

In 2014, New Mexico had 6,063 deaths that met the criteria to become a reportable death. The OMI provided investigative services for each of these 6,063 deaths. OMI's Deputy Medical Investigators conducted 5,346 scene investigations in 2014. Following these investigations, OMI retained jurisdiction of 3,510 deaths and relinquished jurisdiction of 1,849 deaths to private physicians. OMI transported 3,463 decedents to the central office for examination. An additional 704 deaths were investigated as consultations, resulting in a total caseload of 6,063 medicolegal investigations. A granular examination of the case distribution is presented in the section Total Cases beginning on page 14.

### **Examination Types:**

Of the 6,063 reportable deaths in 2014, OMI performed 2,116 full autopsies, 7 partial autopsies, 920 pathologist externals, 332 field externals, 3 investigator externals, and 2,865 decedents did not receive a physical examination of any type. As a department of the UNM Health Sciences Center, OMI performs autopsies for the hospital as a consultant; however, OMI does occasionally take jurisdiction over some of those cases. In 2014, OMI took jurisdiction over 221 cases. Of those cases, 84 received a full autopsy, 110 received an external examination by a pathologist, and 27 cases only needed their records reviewed in order to have a proper cause and manner of death assigned.

## **Identification:**

Each year OMI receives hundreds of cases where remains are initially unidentified. 99% of these cases are successfully identified through OMI's investigative efforts. Our staff identifies these cases through fingerprint analysis, postmortem forensic dental examinations, DNA analysis, and x-ray and CT comparisons. The investigative staff dedicates many hours to reviewing "cold cases" and are able to identify many cases with the advancement of DNA technology and by resubmitting fingerprints to the FBI that were originally unmatched. In 2014, the investigative staff identified all but four decedents. 111 bodies remained unclaimed by the end of 2014.

## **Training and Education**

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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, thirty individuals successfully completed the training and received certification as new Field Investigators. 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 March and October. Fifty-five 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, Montana, Ohio, Turks and Caicos, 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, APD Citizen's Police Academy, and the Albuquerque Police Academy. In addition, specialized training is provided to individual police departments at their request.

## **Public Education**

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

## **OMI website**

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

## **Grief Services Program**

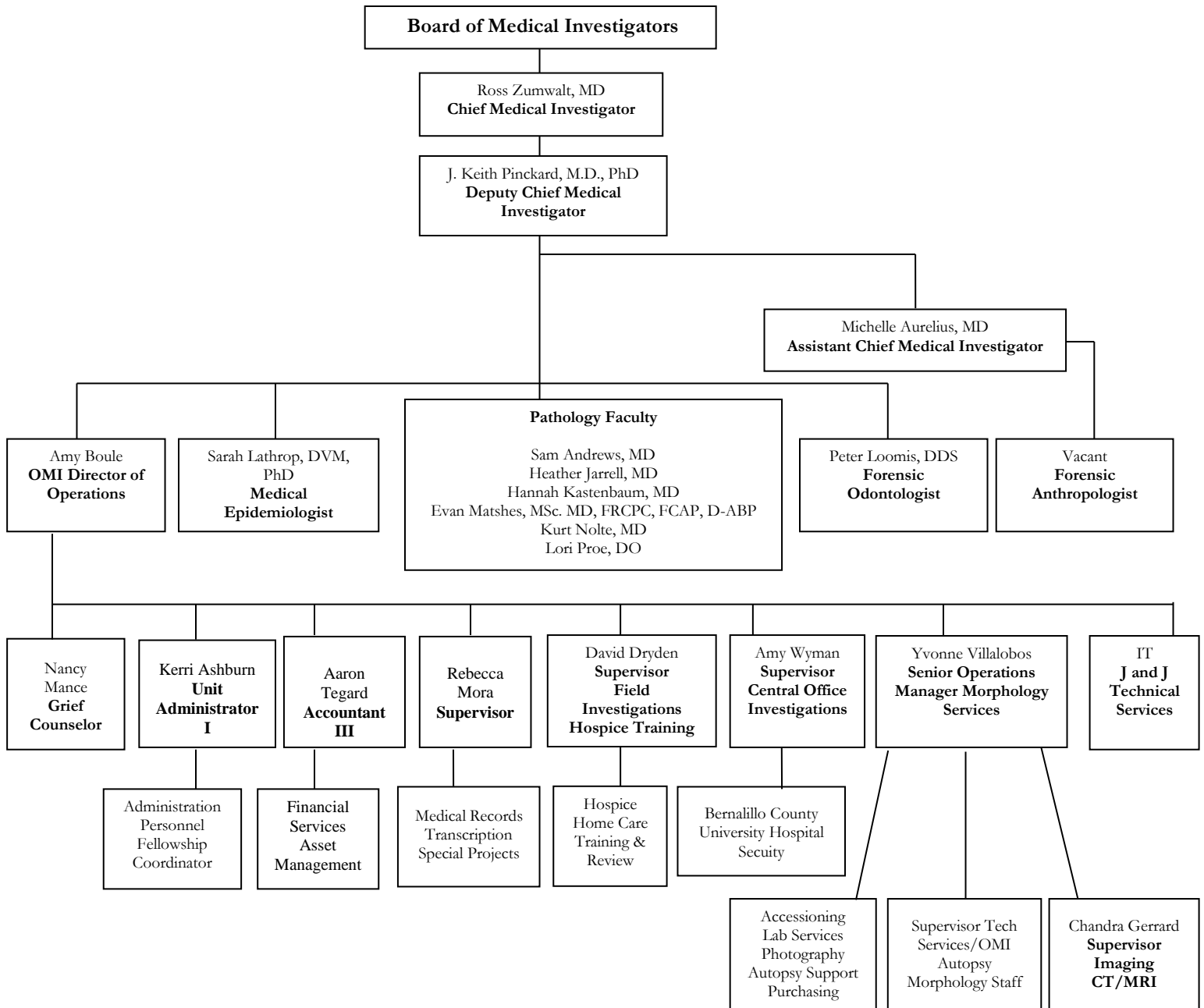
The Grief Services Program (GSP) was established in 1975. Initially, the program provided crisis intervention and education to families whose child died as a result of Sudden Infant Death Syndrome (SIDS). The program has continually expanded its mission and now provides its services to all New Mexico 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 2014, OMI ensured that 100% of potential organ donors and their families were allowed to give the gift of life. OMI works closely with Donor Services and Lion's Eye Bank to provide life-saving organs 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 2014

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 2005 - 2014**

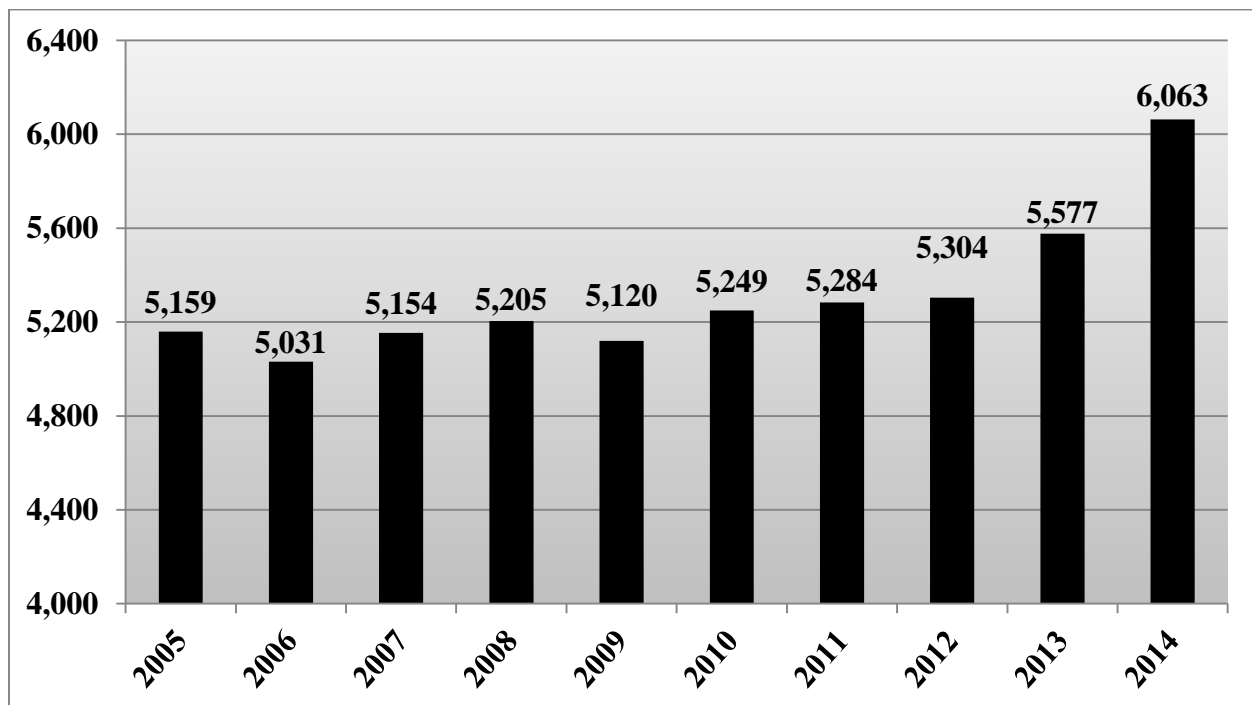


Figure 3 – Total Cases by Month – 2014

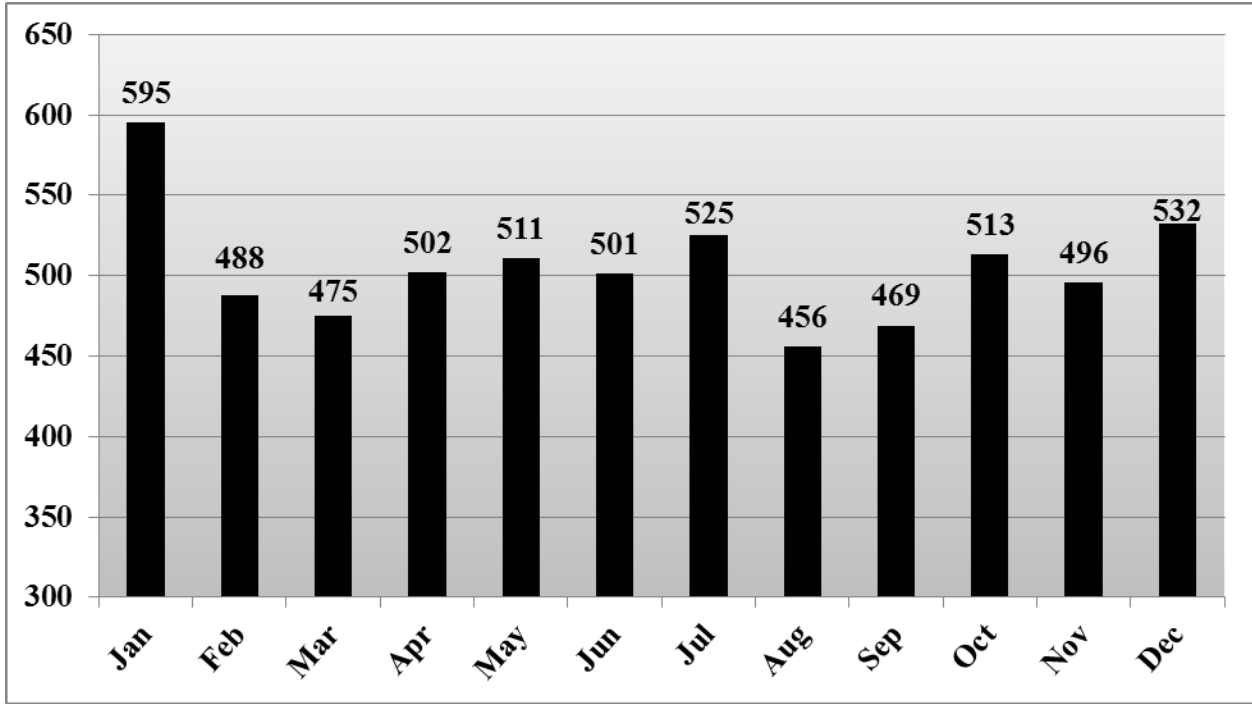
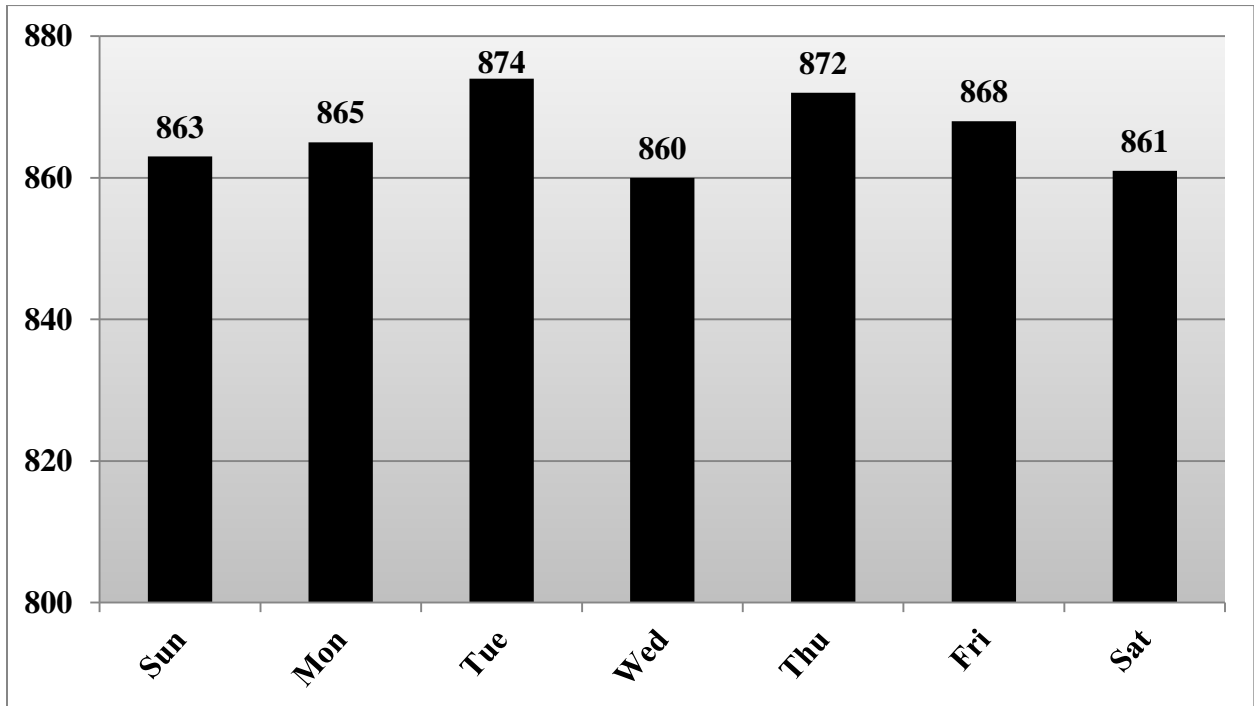
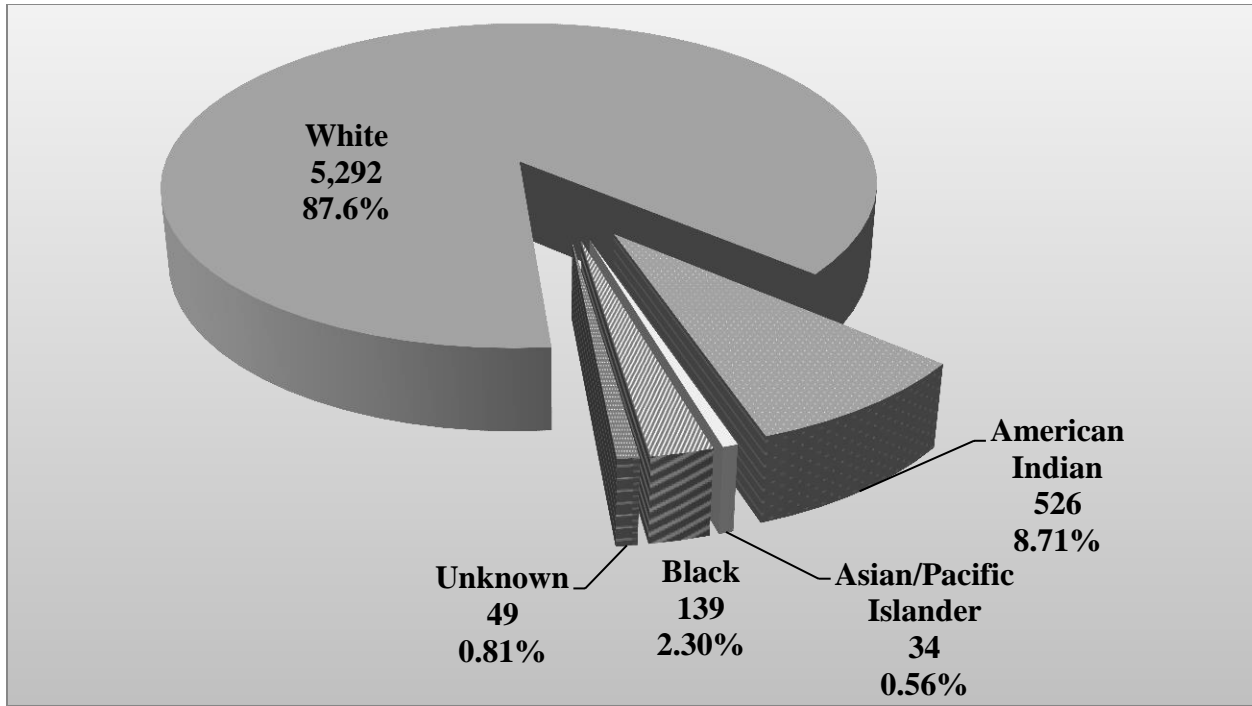


Figure 4 – Total Cases by Day – 2014

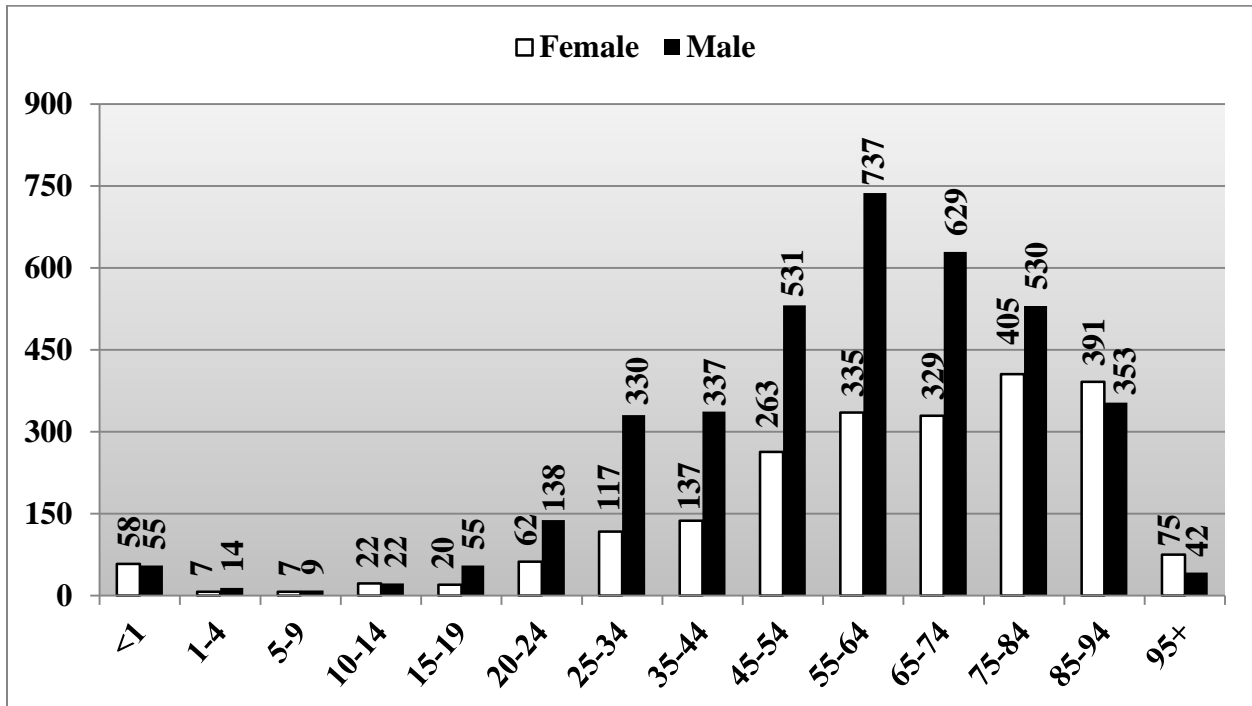


**Figure 5 – Total Cases by Race/Ethnicity\* – 2014**



\*Total (6,040) excludes 23 non-human remains. American Indian includes 6 Hispanic, Asian/Pacific Islander includes 1 Hispanic, Black includes 4 Hispanic, White includes 1,688 Hispanic.

**Figure 6 – Total Cases by Age and Gender\* – 2014**



\*1 female with unknown age, 9 males with unknown age, 16 with unknown gender and unknown age, 4 with unknown gender under one year, 23 non-human remains



**Table 1 – Total Cases – Autopsy Status\* – 2014**

<b>Manner of Death</b>										
<b>Autopsy</b>	<b>Accident</b>	<b>Homicide</b>	<b>JT</b>	<b>Natural</b>	<b>NA</b>	<b>Other</b>	<b>Pending</b>	<b>Suicide</b>	<b>UND</b>	<b>Total</b>
Yes	801	158	0	831	0	24	4	216	89	2,123
No	771	1	1,349	1,060	500	30	6	215	8	3,940
<b>Total</b>	<b>1,572</b>	<b>159</b>	<b>1,349</b>	<b>1,891</b>	<b>500</b>	<b>54</b>	<b>10</b>	<b>431</b>	<b>97</b>	<b>6,063</b>

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

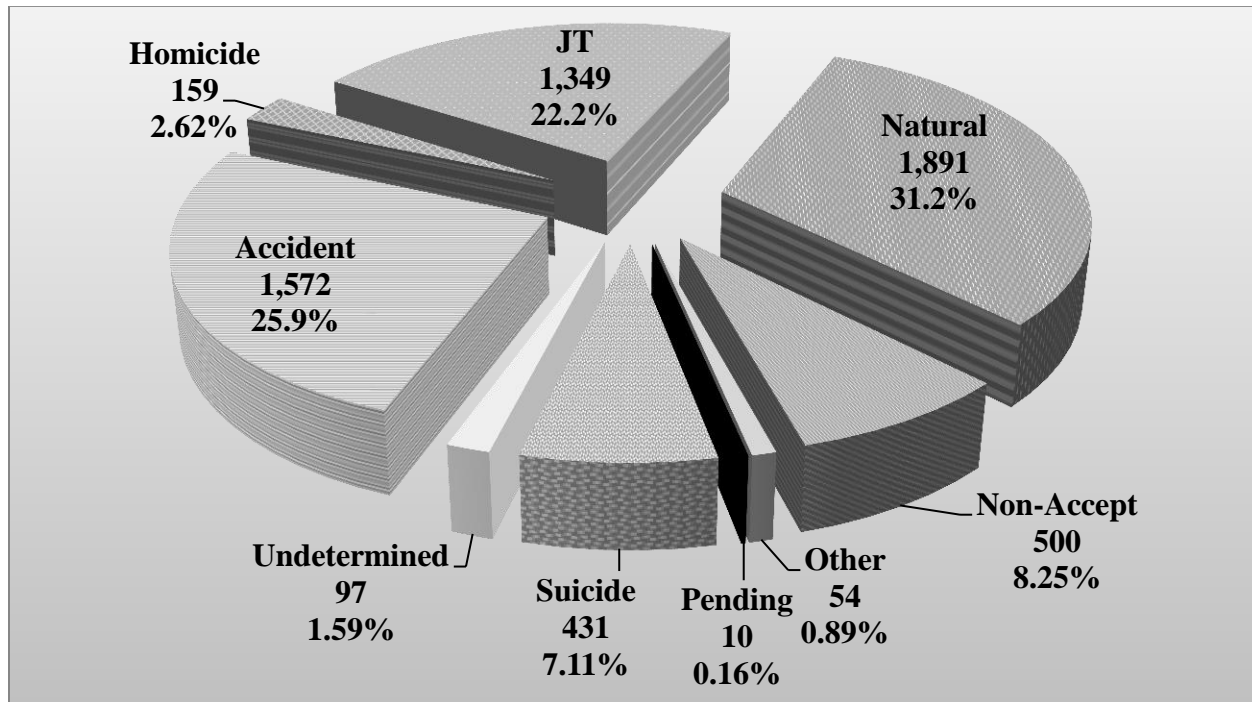
**Table 2 – Total Cases – Case Distribution – 2014**

<b>Jurisdiction</b>	<b>Manner</b>	<b>Autopsy</b>		<b>Percent Autopsied</b>	<b>Total</b>
		<b>Yes</b>	<b>No</b>		
<b>Medical Investigator</b>	Accident	764	765	49.9%	1,529
	Homicide	130	1	99.2%	131
	Natural	733	562	56.6%	1,295
	Other*	15	25	37.5%	40
	Pending	3	2	60.0%	5
	Suicide	211	214	49.6%	425
	Undetermined	79	6	92.9%	85
	<b>Subtotal</b>		<b>1,935</b>	<b>1,575</b>	<b>55.1%</b>
<b>Consultation Cases</b>	Accident	37	6	86.0%	43
	Homicide	28	0	100%	28
	Natural	98	498	16.4%	596
	Other*	9	5	64.3%	14
	Pending	1	4	20.0%	5
	Suicide	5	1	53.3%	6
	Undetermined	10	2	83.3%	12
	<b>Subtotal</b>		<b>188</b>	<b>516</b>	<b>26.7%</b>
<b>Jurisdiction Terminated</b>		0	1,349	0%	1,349
<b>Non-accept</b>		0	500	0%	500
<b>Reported Deaths</b>		2,123	3,940	35.0%	6,063

\*Other includes non-human remains and ancient remains

## Cause and Manner of Death

Figure 7 – Total Cases – Manner\* of Death – 2014



\*JT: Jurisdiction Terminated, Other includes non-human remains and ancient remains

### Cause and Manner of Death - Overview

In 2014, OMI investigated 6,063 deaths, representing approximately 36% of the estimated total deaths in New Mexico in 2014. Of the deaths investigated by OMI in 2014:

The total number of deaths investigated represents a 8.71% increase from the 2013 total, and a 17.5% increase since 2005.

The ratio of male to female deaths, when gender was clearly determined, was 1.70. Decedents classified as non-Hispanic white represented 59.4% of the total, Hispanic 28.0%, American Indian 8.68%, African-American 2.29% and Asian 0.56%. 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 (31.2%), most natural deaths did not fall under the jurisdiction of the OMI. Multiple cases are called into OMI every year in order to verify if OMI has jurisdiction over the case. The physicians then decide if OMI is statutorily obligated to investigate the case and issue the death certificate. If they are not statutorily obligated, the case is considered as jurisdiction terminated (22.2% of 2014 cases) or non-accept (8.25% of 2014 cases). 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 – 2014**

<b>Gender</b>	<b>Accident</b>	<b>Homicide</b>	<b>JT</b>	<b>Natural</b>	<b>NA</b>	<b>Other</b>	<b>Pending</b>	<b>Suicide</b>	<b>UND</b>	<b>Total</b>
<b>Female</b>	605	33	539	658	239	5	3	100	47	2,229
<b>Male</b>	967	126	810	1,230	260	13	4	331	50	3,791
<b>Non-Human</b>	0	0	0	0	0	23	0	0	0	23
<b>Unknown</b>	0	0	0	3	1	13	3	0	0	20
<b>Total</b>	1,572	159	1,349	1,891	500	54	10	431	97	6,063

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

**Table 4 – Total Cases – Manner of Death by Race/Ethnicity\* – 2014**

<b>Race/Ethnicity</b>	<b>ACC</b>	<b>HOM</b>	<b>JT</b>	<b>NAT</b>	<b>NA</b>	<b>Other</b>	<b>PEND</b>	<b>SUI</b>	<b>UND</b>	<b>Total</b>
<b>American Indian</b>	188	42	42	172	30	6	3	23	20	526
<b>Asian/Pacific Islander</b>	6	1	8	13	2	1	0	2	1	34
<b>Black</b>	35	11	25	54	1	2	0	8	3	139
<b>Non-human</b>	0	0	0	0	0	23	0	0	0	23
<b>Unknown</b>	16	2	3	8	3	12	4	0	1	49
<b>White</b>	1,327	103	1,271	1,644	464	10	3	398	72	5,292
<b>Total</b>	1,572	159	1,349	1,891	500	54	10	431	97	6,063

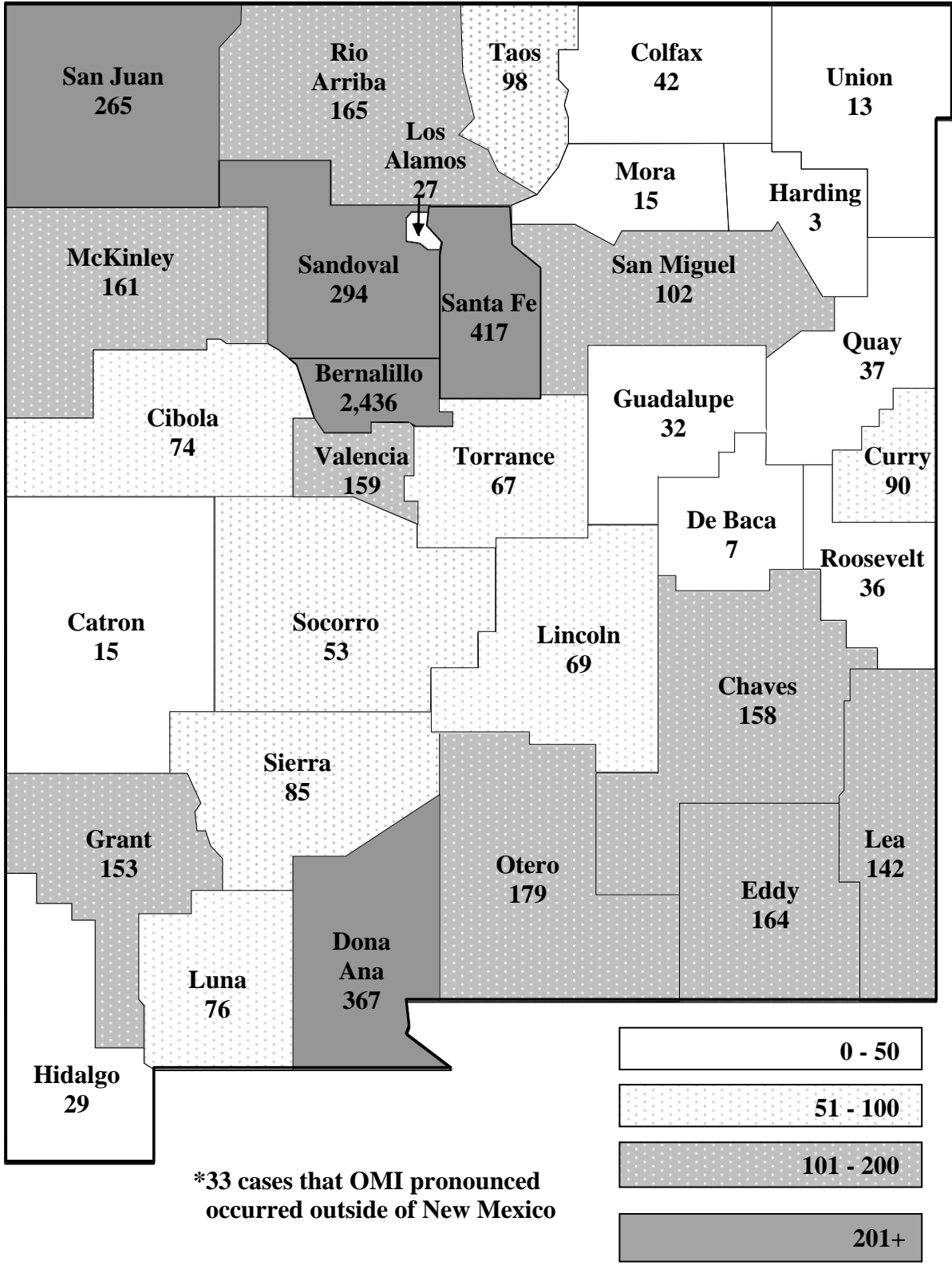
\*ACC: Accident, HOM: Homicide, JT: Jurisdiction terminated, NAT: Natural; NA: Non-accept; Other includes non-human remains and ancient remains, PEND: Pending cases, SUI: Suicide, UND: Undetermined manner

\*American Indian includes 6 Hispanic, Asian/Pacific Islander includes 1 Hispanic, Black includes 4 Hispanic, White includes 1,688 Hispanic

**Table 5 – Total Cases – Manner of Death by Age and Gender – 2014**  
**Age at Death**

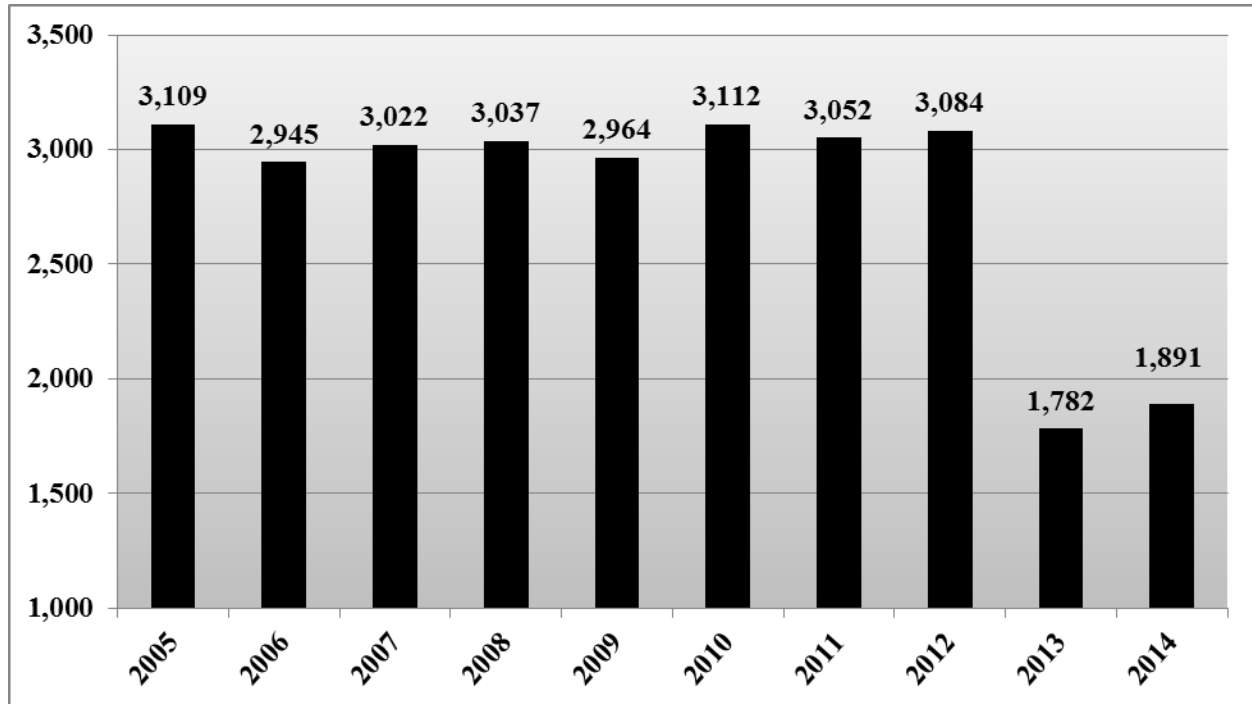
<b>Gender</b>	<b>Age</b>	<b>ACC</b>	<b>HOM</b>	<b>JT</b>	<b>NAT</b>	<b>NA</b>	<b>Other</b>	<b>PEND</b>	<b>SUI</b>	<b>UND</b>	<b>Total</b>
<b>Female</b>	<1	4	3	2	35	7	2	0	0	5	58
	1-4	5	0	0	2	0	0	0	0	0	7
	5-9	4	0	0	3	0	0	0	0	0	7
	10-14	9	2	5	3	2	0	0	1	0	22
	15-19	9	1	0	3	0	0	0	6	1	20
	20-24	34	5	2	11	2	0	0	6	2	62
	25-34	62	6	3	23	5	0	1	15	2	117
	35-44	59	6	3	42	1	1	1	15	9	137
	45-54	90	5	24	94	15	0	0	23	12	263
	55-64	75	2	68	140	20	1	0	20	9	335
	65-74	44	1	96	132	46	1	0	8	1	329
	75-84	74	0	164	97	62	0	1	3	4	405
	85-94	111	2	139	66	68	0	0	3	2	391
	95+	25	0	32	7	11	0	0	0	0	75
	Unknown	0	0	1	0	0	0	0	0	0	1
<b>Subtotals</b>		<b>605</b>	<b>33</b>	<b>539</b>	<b>658</b>	<b>239</b>	<b>5</b>	<b>3</b>	<b>100</b>	<b>47</b>	<b>2,229</b>
<b>Male</b>	<1	4	0	2	34	10	2	0	0	3	55
	1-4	8	1	0	4	0	0	0	0	1	14
	5-9	6	0	1	2	0	0	0	0	0	9
	10-14	4	1	4	4	2	0	0	7	0	22
	15-19	25	7	0	7	1	0	0	12	3	55
	20-24	69	20	3	9	1	0	0	32	4	138
	25-34	167	48	9	39	1	1	0	55	10	330
	35-44	157	23	11	88	8	1	0	43	6	337
	45-54	174	14	35	224	20	2	0	49	13	531
	55-64	149	7	138	346	37	1	1	53	5	737
	65-74	73	2	200	252	53	3	3	40	3	629
	75-84	51	2	225	155	67	2	0	28	0	530
	85-94	73	0	155	60	56	0	0	9	0	353
	95+	7	0	25	4	4	0	0	2	0	42
	Unknown	0	1	2	2	0	1	0	1	2	9
<b>Subtotals</b>		<b>967</b>	<b>126</b>	<b>810</b>	<b>1,230</b>	<b>260</b>	<b>13</b>	<b>4</b>	<b>331</b>	<b>50</b>	<b>3,791</b>
<b>Unknown</b>	<1	0	0	0	3	1	0	0	0	0	4
	Unknown	0	0	0	0	0	13	3	0	0	16
	Non-human	0	0	0	0	0	23	0	0	0	23
	<b>Subtotals</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>36</b>	<b>3</b>	<b>0</b>	<b>43</b>
<b>Total</b>		<b>1,572</b>	<b>159</b>	<b>1,349</b>	<b>1,891</b>	<b>500</b>	<b>54</b>	<b>10</b>	<b>431</b>	<b>97</b>	<b>6,063</b>

**Figure 8 – Deaths by County of Pronouncement - 2014**  
**All Manners of Death**



## Overview – Manner of Death – Natural Deaths

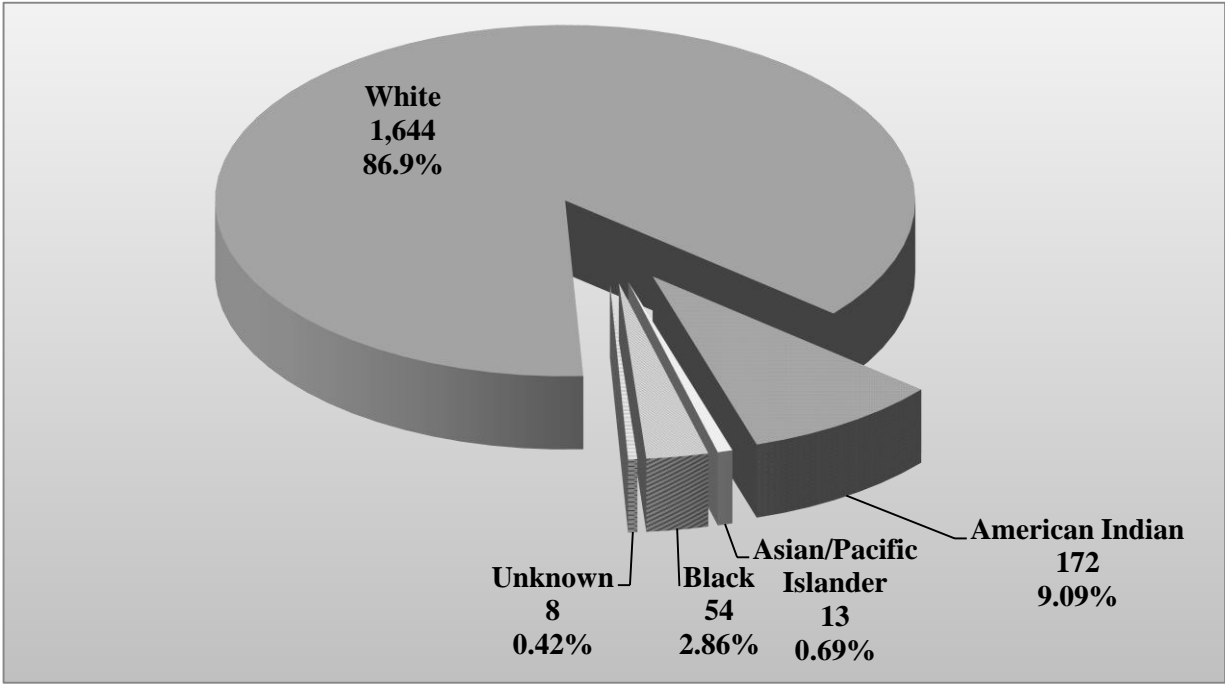
Figure 9 – Natural Deaths – 2005 – 2014



### Natural Deaths – Overview

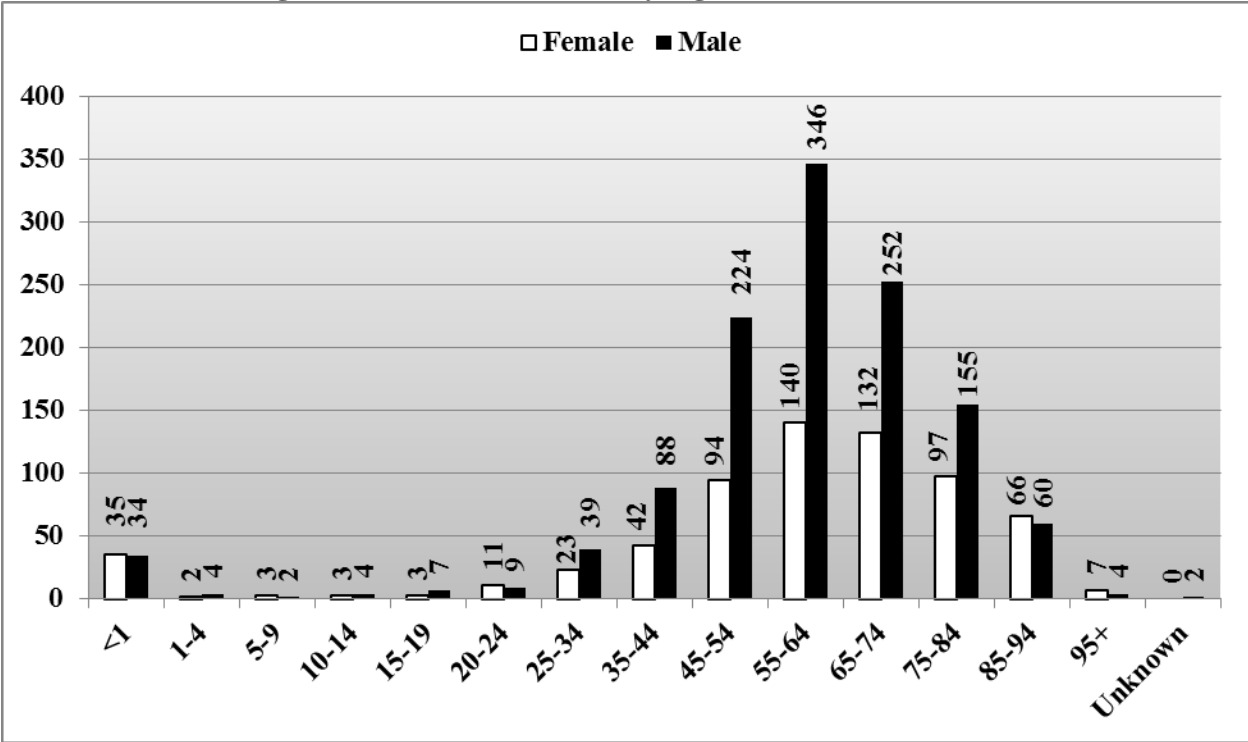
Deaths classified as a “natural” manner of death, as compared to suicides, homicides, accidents and undetermined manners of death, represent the largest number of deaths investigated by OMI (31.2% in 2014). Starting in 2013, cases reported to but not accepted by OMI were no longer assigned a manner of death, resulting in the lower numbers of natural deaths seen in 2013 and 2014. Most natural deaths that occur in New Mexico do not fall under the jurisdiction of OMI and are therefore not represented in this report. An excellent resource for all mortality statistics in the state is the publication “New Mexico Selected Health Statistics Annual Report,” published by the State Center for Health Statistics at the Office of New Mexico Vital Records & Health Statistics, Public Health Division, Department of Health, 1105 St. Francis Dr., PO Box 26110, Santa Fe, NM 87502-6110. The 2013 Annual Report is available online at: <http://nmhealth.org/data/view/vital/1132/>

**Figure 10 – Natural Deaths by Race/Ethnicity\* – 2014**



\*American Indian includes 2 Hispanic, Black includes 1 Hispanic, White includes 467 Hispanic

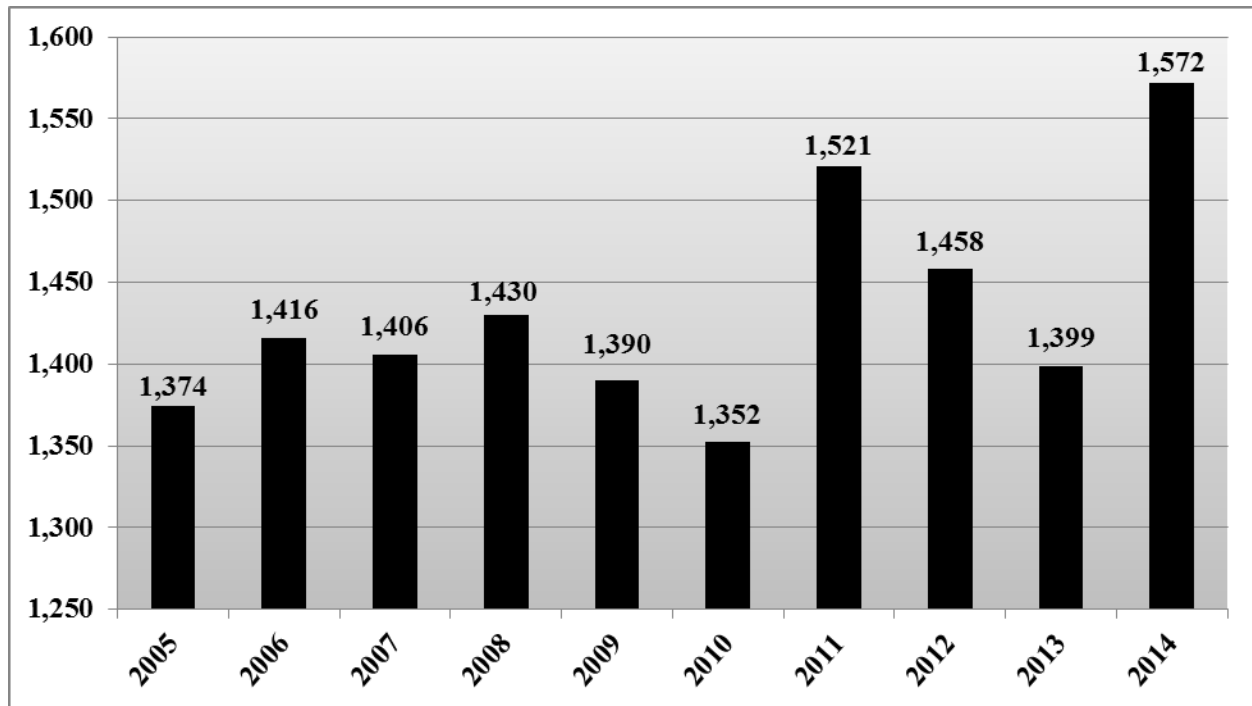
**Figure 11 – Natural Deaths by Age and Gender\* – 2014**



\*3 decedents with unknown gender under the age of 1 died

## Overview – Manner of Death – Accidental Deaths

Figure 12 – Accidental Deaths – 2005 – 2014

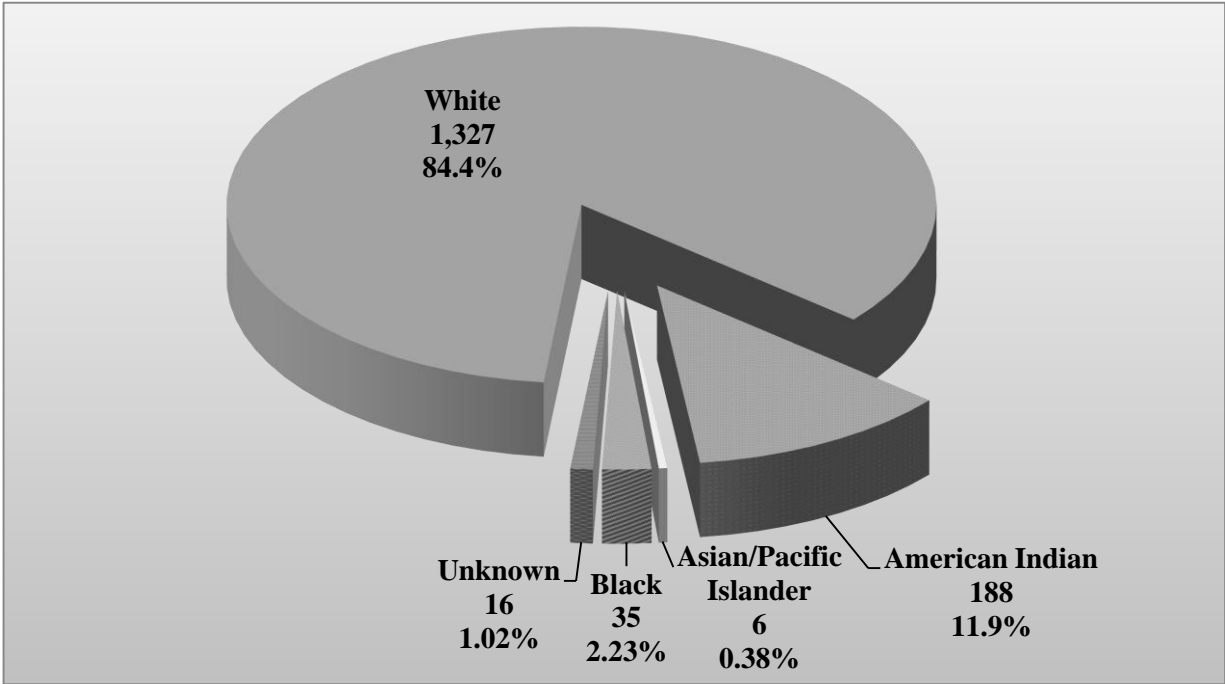


### Accidental Deaths – Overview

Accidental deaths accounted for 25.9% of the deaths investigated by OMI in 2014, second only to natural deaths as a manner of death. The highest number of accidental deaths was in males 45-54 years of age.

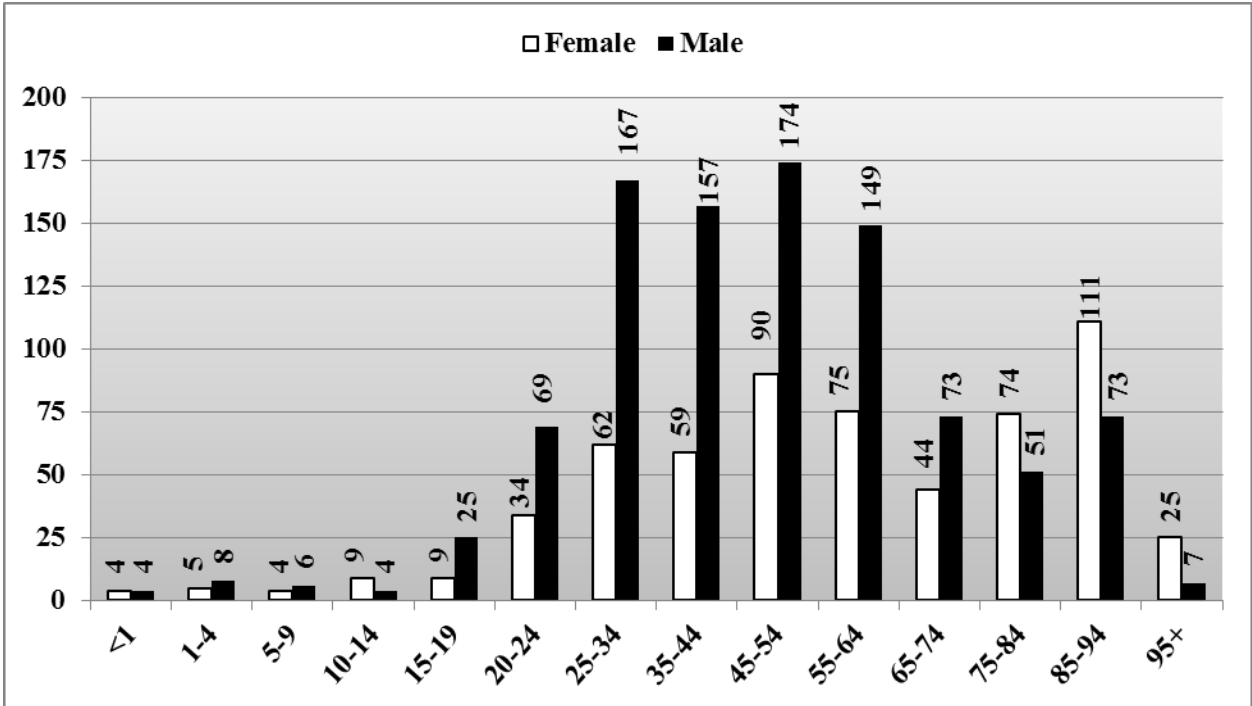


**Figure 13 – Accidental Deaths by Race/Ethnicity\* – 2014**



\*American Indian includes 2 Hispanic, Asian/Pacific Islander includes 1 Hispanic, Black includes 3 Hispanic, White includes 529 Hispanic

**Figure 14 – Accidental Deaths by Age and Gender – 2014**



**Table 6 – Accidental Deaths – Cause – 2014**

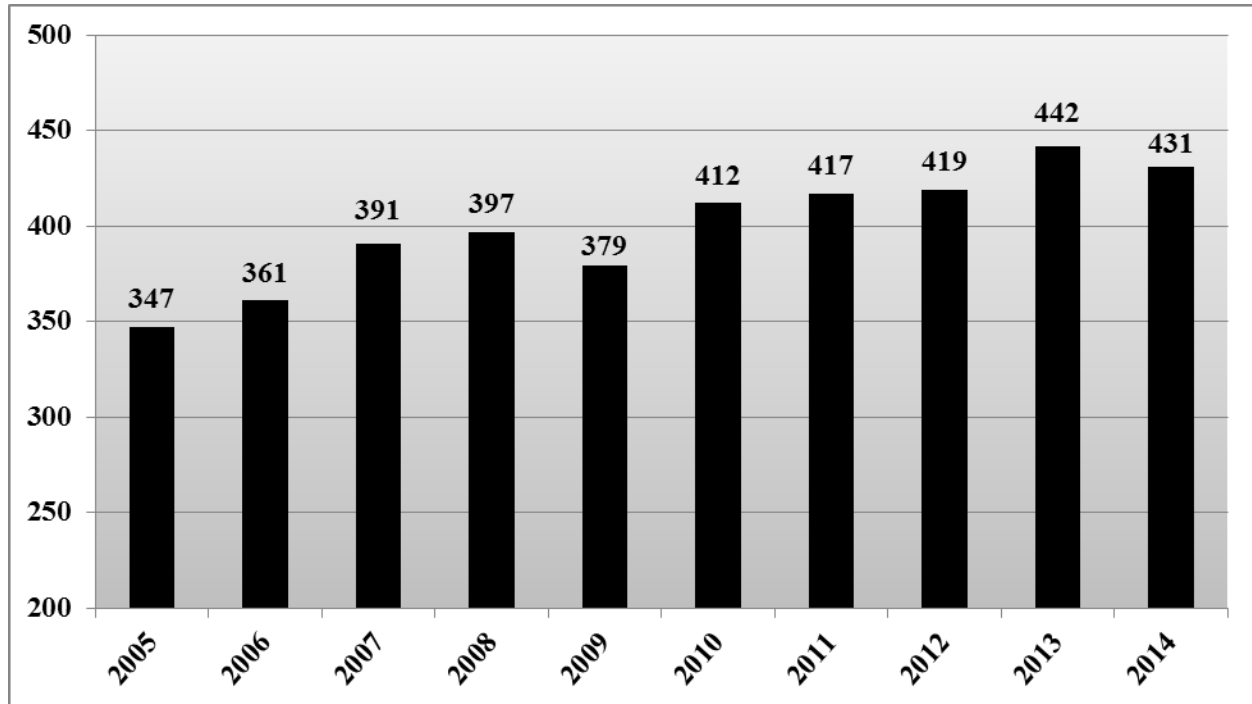
<b>Cause of Death</b>	<b>Total Cases</b>
Multiple injuries	599
Substance intoxication	449
Head and neck injuries	142
Cardiac arrhythmia	58
Asphyxia	36
Exposure	33
Drowning	28
Ethanol (alcohol) intoxication	28
Thermal injuries (burns)	28
Pneumonia	27
Sepsis	20
Narcotic abuse	18
History of illness or injury	15
Hypertension	10
Cerebrovascular	8
Choked on foreign object	7
Unnatural	7
Chronic obstructive pulmonary disease	6
Emboli	6
Natural disease	6
Carbon monoxide intoxication	5
Aspiration	4
Electrocution	4
Alzheimers	3
Aneurysm	3
Epilepsy	3
Obesity	3
Subdural hematoma	3
Diabetes	2
Ethanolism	2
Gunshot wound	2
Renal failure	2
Adverse reaction (allergy)	1
Blood disorder	1
Carcinoma	1
Hepatic failure	1

**Table 7 – Accidental Deaths – County of Pronouncement – 2005 – 2014**

<b>County of Pronouncement</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Bernalillo</b>	476	552	512	572	549	532	573	523	514	557
<b>Catron</b>	7	1	3	3	0	1	5	5	8	4
<b>Chaves</b>	34	47	31	48	36	49	56	35	35	37
<b>Cibola</b>	34	12	24	20	18	19	20	12	29	16
<b>Colfax</b>	19	9	12	14	8	9	10	5	17	16
<b>Curry</b>	22	20	27	17	21	24	30	23	22	24
<b>De Baca</b>	2	1	3	2	2	0	3	2	2	2
<b>Dona Ana</b>	61	83	95	75	112	90	96	106	80	110
<b>Eddy</b>	39	39	37	40	34	43	38	41	38	51
<b>Grant</b>	19	18	19	29	19	12	18	21	20	29
<b>Guadalupe</b>	8	14	14	17	8	9	8	6	10	14
<b>Harding</b>	0	0	1	0	1	0	2	1	1	1
<b>Hidalgo</b>	10	7	11	5	4	6	8	5	3	13
<b>Lea</b>	31	40	37	35	18	32	33	34	31	56
<b>Lincoln</b>	13	16	21	5	18	11	15	14	10	18
<b>Los Alamos</b>	5	5	6	5	10	9	8	5	5	7
<b>Luna</b>	37	27	23	14	15	13	12	10	15	11
<b>McKinley</b>	69	67	60	51	58	41	43	53	51	73
<b>Mora</b>	4	3	5	4	1	4	6	8	4	4
<b>Otero</b>	30	33	20	25	33	37	33	41	32	42
<b>Quay</b>	10	16	11	15	4	18	7	11	8	16
<b>Rio Arriba</b>	39	42	52	41	43	35	55	55	52	57
<b>Roosevelt</b>	14	8	11	9	5	9	10	9	5	9
<b>San Juan</b>	79	82	99	79	67	68	92	88	86	96
<b>San Miguel</b>	22	22	24	31	23	25	30	30	23	15
<b>Sandoval</b>	40	33	30	47	58	48	59	62	64	68
<b>Santa Fe</b>	100	97	92	108	94	89	122	127	109	119
<b>Sierra</b>	11	6	11	13	20	19	22	17	19	11
<b>Socorro</b>	22	12	17	17	22	7	13	9	11	18
<b>Taos</b>	25	22	33	26	29	29	22	28	24	23
<b>Torrance</b>	14	17	15	14	14	8	16	13	20	13
<b>Union</b>	6	7	4	3	5	4	4	4	4	3
<b>Valencia</b>	32	37	34	27	24	29	15	29	25	33
<b>Out of State</b>	40	21	12	19	17	23	37	26	22	6
<b>Totals</b>	1,374	1,416	1,406	1,430	1,390	1,352	1,521	1,458	1,399	1,572

## Overview – Manner of Death – Suicide Deaths

Figure 15 – Suicide Deaths – 2005 – 2014

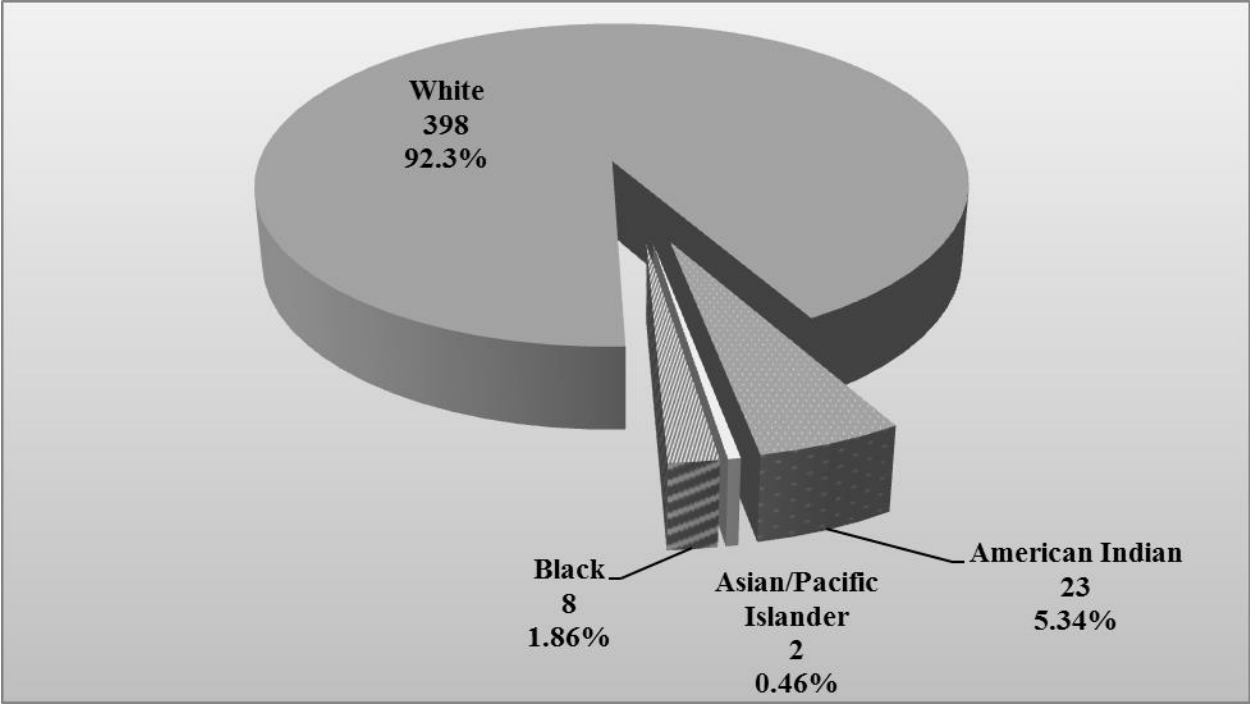


### **Suicide Deaths – Overview**

New Mexico's suicide rate is consistently higher than the national average, comprising 2.6% of all deaths in New Mexico, compared to 1.6% of all deaths in the U.S. The rate in 2013 (most recent data available) was 20.0 per 100,000 people, compared to a rate of 12.4 per 100,000 people in the rest of the U.S. (2013 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health).

Deaths from suicide in 2014 occurred most frequently among non-Hispanic whites (66.6%) and males (76.8%). More men between the ages of 25 and 34 years (12.8% of all suicides) committed suicide than other age group by gender. More people committed suicide on Wednesday (17.2%) than any other day of the week. More suicides occurred in October than any other month (11.6%). The fewest occurred in February (5.1%). The total number of suicides decreased from 442 in 2013 to 431 in 2014 (2.49% decrease).

**Figure 16 – Suicide Deaths by Race/Ethnicity\* – 2014**



\*American Indian includes 1 Hispanic, Black includes 1 Hispanic, White includes 111 Hispanic

**Figure 17 – Suicide Deaths by Age and Gender – 2014**

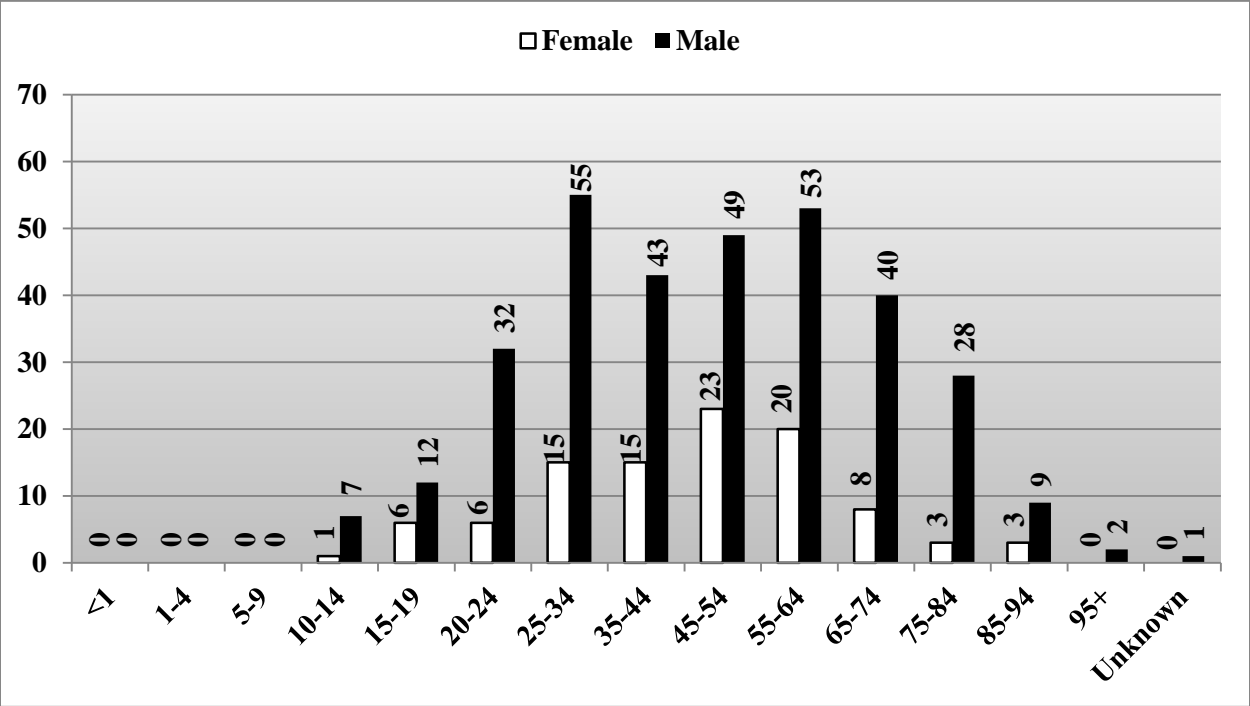


Figure 18 – Suicide Deaths by Month – 2014

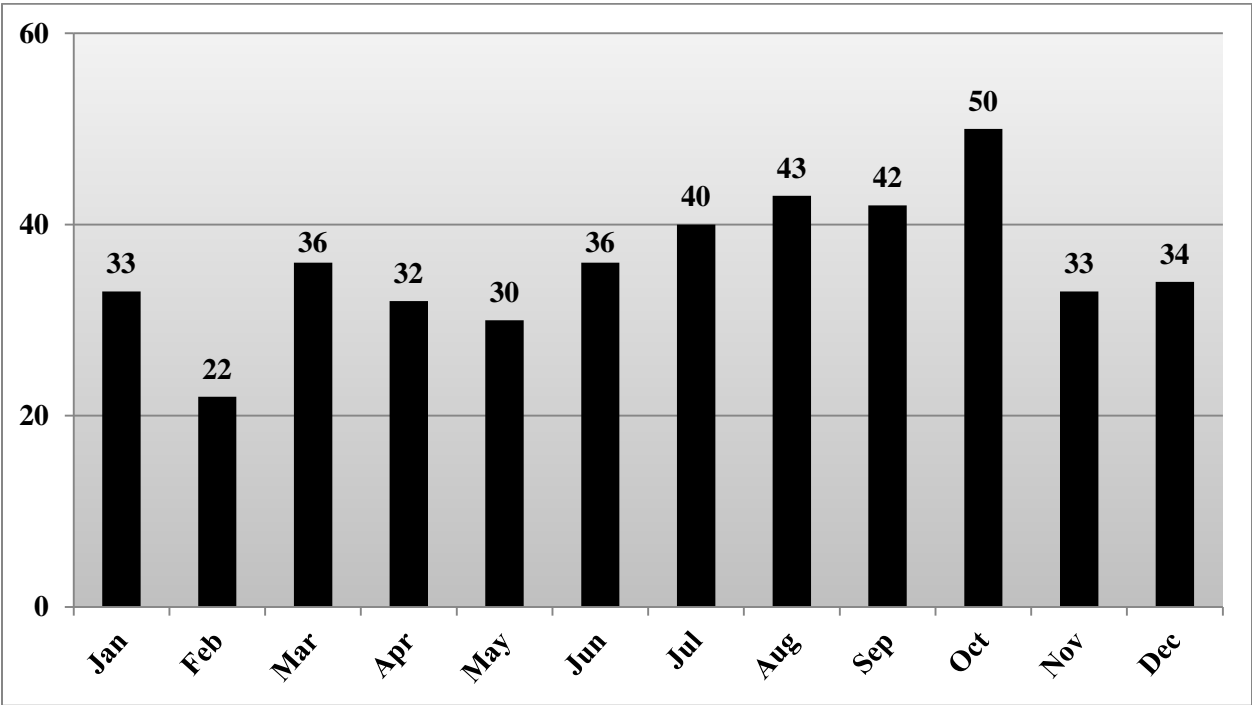
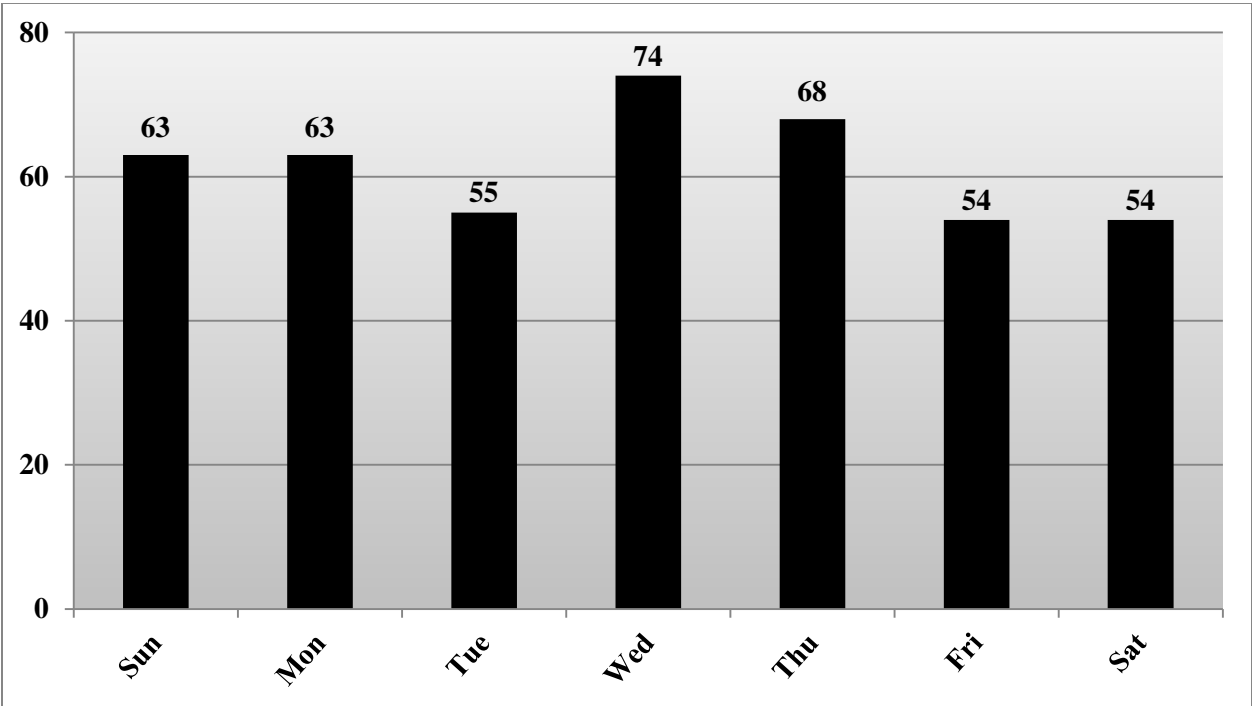


Figure 19 – Suicide Deaths by Day of the Week – 2014



**Table 8 – Suicide Deaths – Cause – 2014**

<b>Cause of Death</b>	<b>Total Cases</b>
Gunshot wound	236
Hanging	104
Substance intoxication	52
Multiple injuries	11
Carbon monoxide intoxication	8
Asphyxia	8
Stab wound	6
Head and neck injuries	3
Natural disease	2
Exposure	1

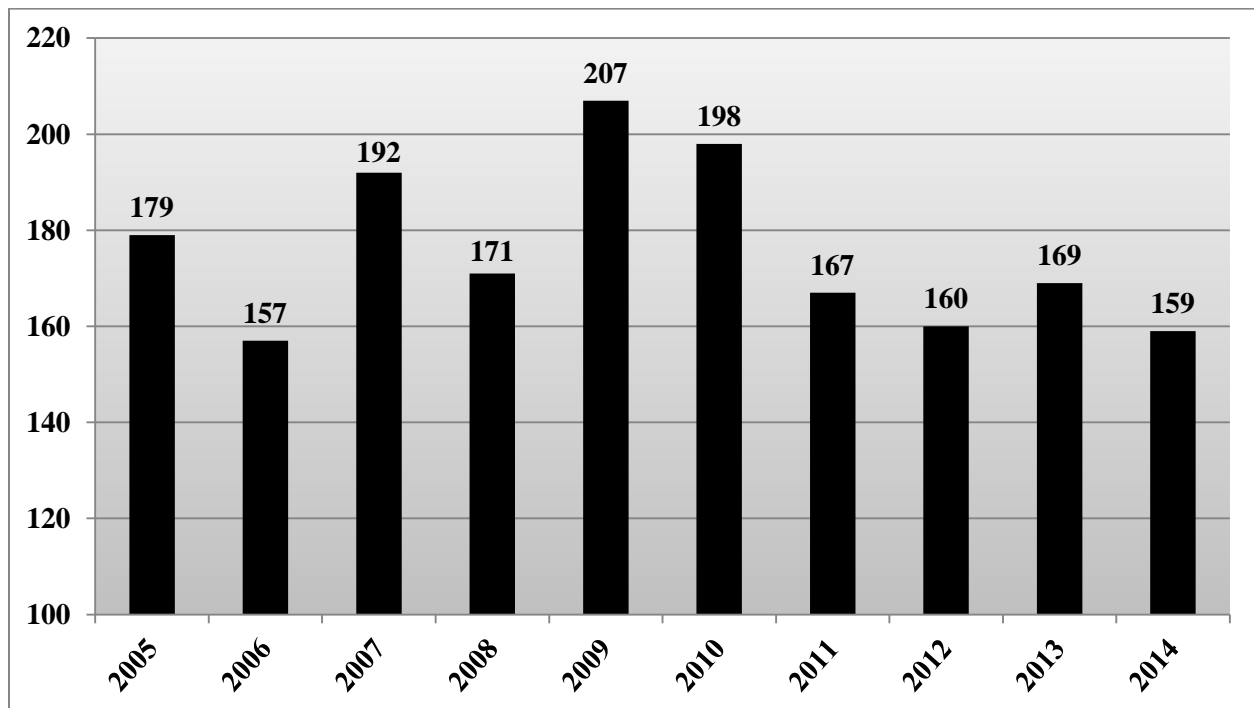
**Table 9 – Suicide Deaths by County of Pronouncement – 2005 – 2014**

<b>County of Pronouncement</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Bernalillo</b>	104	118	131	134	142	127	137	146	147	147
<b>Catron</b>	0	1	3	2	2	2	1	8	2	1
<b>Chaves</b>	8	10	11	10	11	9	12	17	18	14
<b>Cibola</b>	3	4	7	6	9	4	5	6	9	5
<b>Colfax</b>	1	4	5	2	3	3	2	5	0	5
<b>Curry</b>	1	6	3	3	4	6	4	6	6	5
<b>De Baca</b>	1	1	1	0	0	2	0	1	2	0
<b>Dona Ana</b>	36	23	27	34	30	38	35	34	24	30
<b>Eddy</b>	13	10	10	9	11	12	9	14	7	13
<b>Grant</b>	8	9	5	12	9	14	7	9	9	11
<b>Guadalupe</b>	0	2	1	4	0	2	1	3	1	2
<b>Harding</b>	0	0	0	0	1	0	0	0	0	0
<b>Hidalgo</b>	1	0	3	3	2	0	2	0	1	0
<b>Lea</b>	8	12	8	7	5	14	8	9	10	11
<b>Lincoln</b>	7	2	7	5	3	2	3	6	3	11
<b>Los Alamos</b>	3	4	4	2	1	1	3	0	2	1
<b>Luna</b>	3	6	4	5	2	6	3	4	6	3
<b>McKinley</b>	12	16	9	7	12	5	16	10	9	7
<b>Mora</b>	0	2	1	1	2	3	2	1	2	1
<b>Otero</b>	12	13	16	16	15	20	20	11	21	10
<b>Quay</b>	3	2	2	2	1	5	0	2	3	1
<b>Rio Arriba</b>	10	4	15	9	9	6	10	12	13	7
<b>Roosevelt</b>	1	4	1	4	0	1	3	1	2	2
<b>San Juan</b>	20	25	19	24	23	36	21	22	18	27
<b>San Miguel</b>	6	8	6	7	3	7	6	5	7	8
<b>Sandoval</b>	11	16	20	20	18	25	30	21	26	26
<b>Santa Fe</b>	22	23	25	38	24	23	31	31	38	34
<b>Sierra</b>	7	5	2	2	4	2	7	2	6	6
<b>Socorro</b>	3	2	7	1	5	6	2	4	4	6
<b>Taos</b>	20	12	12	6	8	6	13	13	13	15
<b>Torrance</b>	2	6	6	4	6	9	3	3	6	4
<b>Union</b>	2	1	1	0	2	2	2	0	0	2
<b>Valencia</b>	9	7	16	15	9	8	14	8	20	15
<b>Out of State</b>	10	3	2	3	3	6	5	5	7	1
<b>Total</b>	347	361	390	397	379	412	417	419	442	431



## Overview – Manner of Death – Homicide Deaths

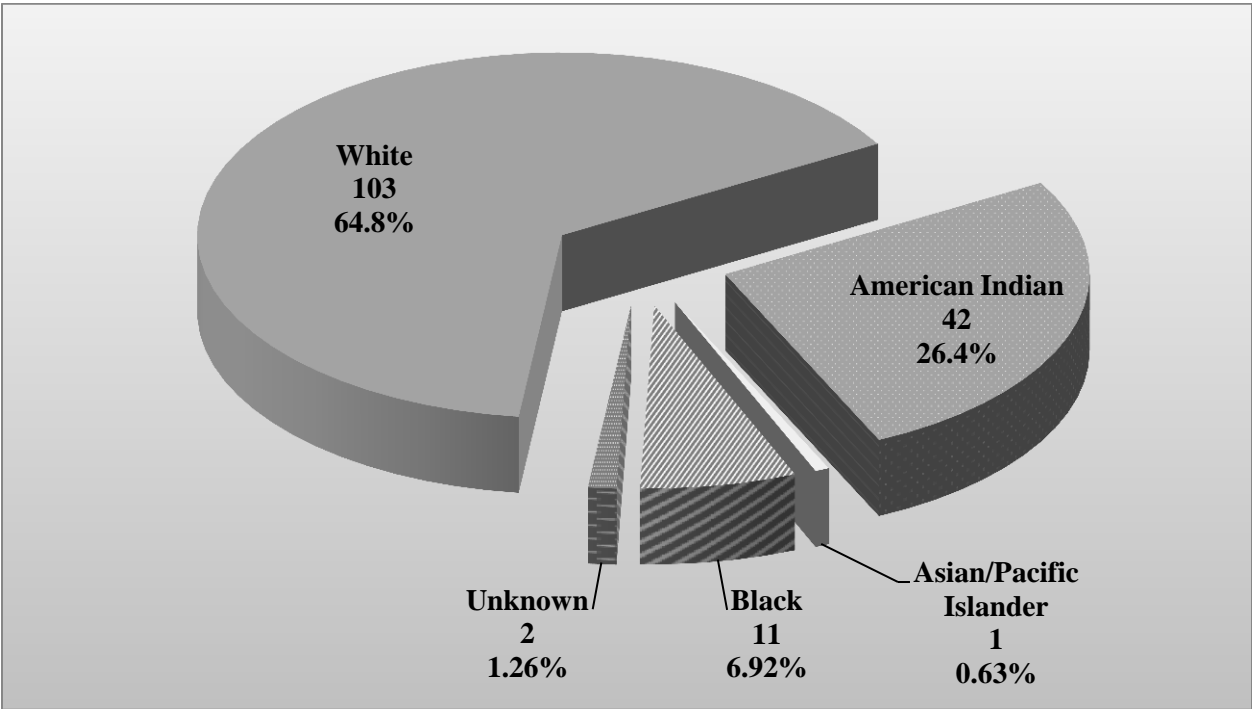
Figure 20 – Homicide Deaths – 2005 – 2014



### **Homicide Deaths – Overview**

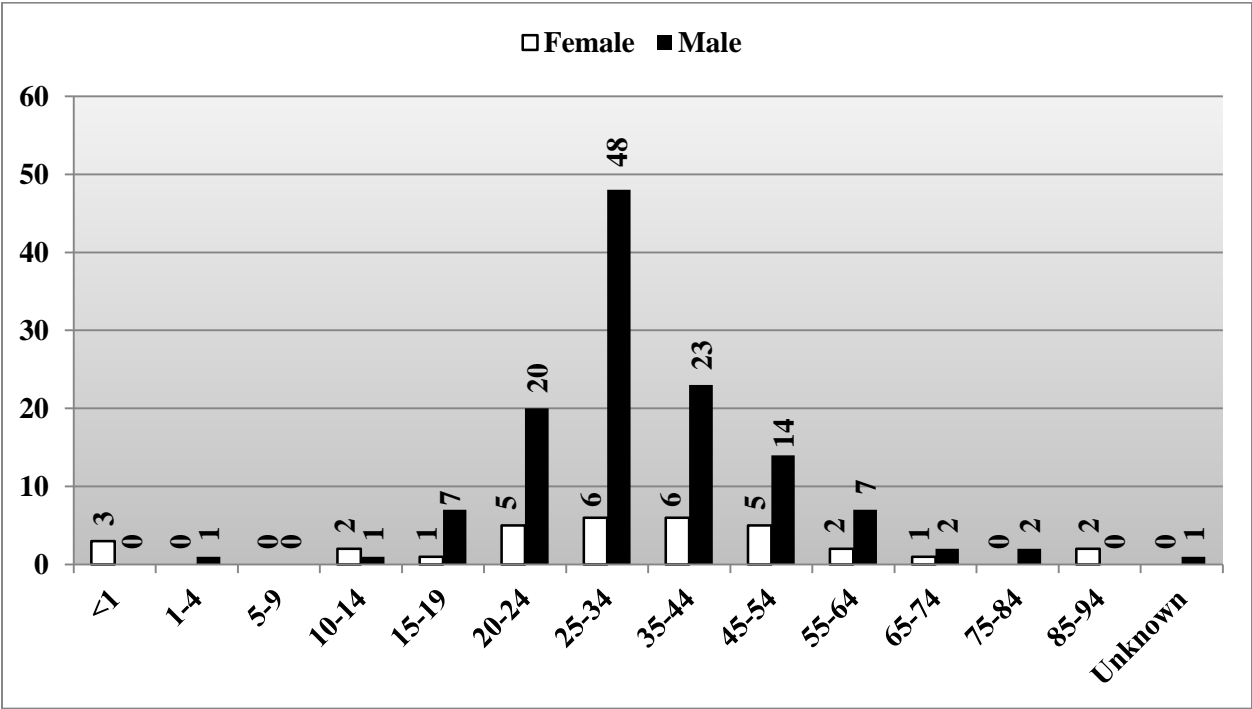
Homicides decreased by 5.92% from 2013 to 2014. Homicide victims were most frequently male (79.2%) and non-Hispanic White (28.3%). As with suicide rates, homicide rates in New Mexico tend to be higher than the national rate, 6.7 per 100,000 in 2013 compared to a national rate of 5.3 per 100,000 (2013 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health).

Figure 21 – Homicide Deaths by Race/Ethnicity\* – 2014



\*White includes 58 Hispanic

Figure 22 – Homicide Deaths by Age and Gender – 2014



**Table 10 – Homicide Deaths – Cause – 2014**

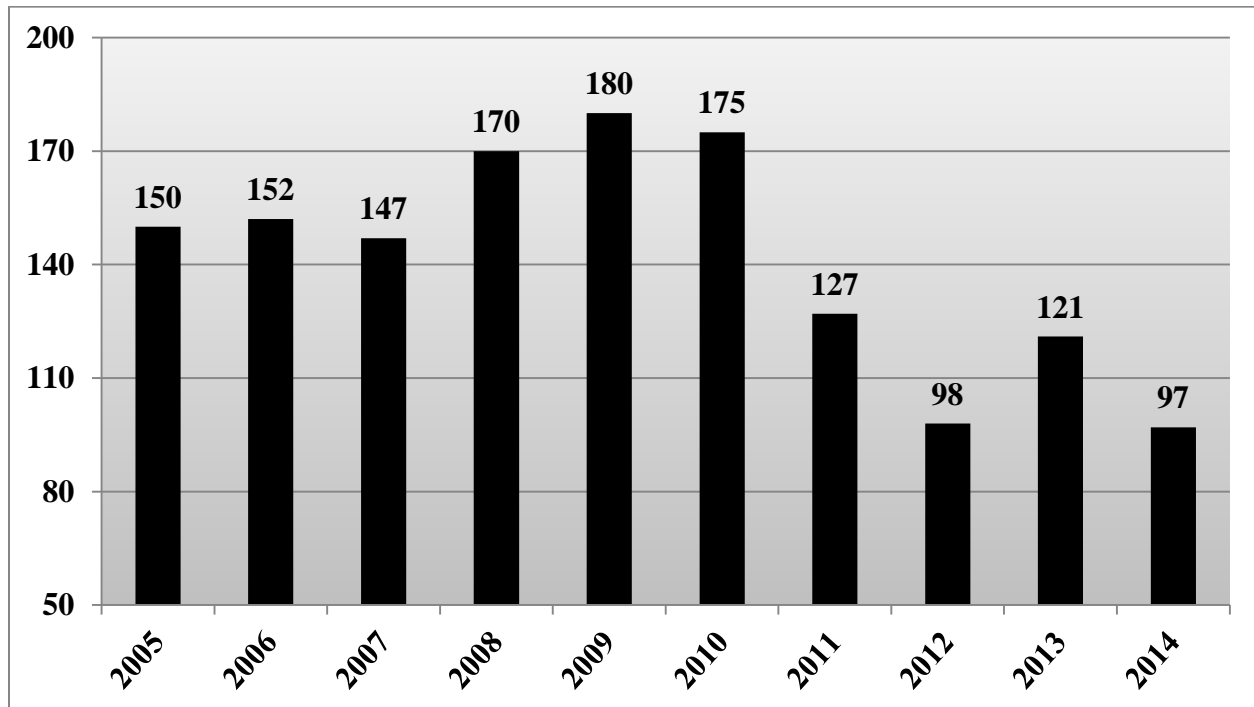
<b>Cause of Death</b>	<b>Total Cases</b>
Gunshot wound	91
Stab wound	33
Multiple injuries	16
Head and neck injuries	9
Sepsis	4
Asphyxia	2
Subdural hematoma	1
Exposure	1
Unspecified means	1
Pneumonia	1

**Table 11 – Homicide Deaths – County of Pronouncement – 2005 – 2014**

<b>County of Pronouncement</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Bernalillo</b>	73	62	70	61	81	74	50	56	55	55
<b>Catron</b>	0	0	0	0	0	0	0	0	0	0
<b>Chaves</b>	14	5	9	8	10	6	6	10	13	10
<b>Cibola</b>	1	2	1	0	3	5	3	4	1	4
<b>Colfax</b>	0	2	2	0	1	1	0	1	3	1
<b>Curry</b>	3	3	2	3	4	2	3	3	3	2
<b>De Baca</b>	1	0	0	0	0	0	0	0	1	0
<b>Dona Ana</b>	7	6	10	9	9	13	6	7	7	10
<b>Eddy</b>	3	0	3	2	6	3	3	7	4	3
<b>Grant</b>	1	2	3	2	1	1	4	1	3	1
<b>Guadalupe</b>	0	0	2	0	0	2	0	0	0	0
<b>Harding</b>	0	0	0	0	0	0	0	0	0	0
<b>Hidalgo</b>	0	0	0	0	0	0	1	0	0	1
<b>Lea</b>	6	6	6	4	8	10	10	4	7	5
<b>Lincoln</b>	1	1	1	1	1	0	3	1	1	0
<b>Los Alamos</b>	0	0	0	1	0	0	0	0	0	0
<b>Luna</b>	1	2	4	4	2	1	1	0	2	0
<b>McKinley</b>	5	6	8	7	10	8	9	11	10	11
<b>Mora</b>	0	0	0	0	2	0	0	0	0	0
<b>Otero</b>	0	3	3	4	5	4	3	0	5	2
<b>Quay</b>	0	0	4	1	0	1	4	3	0	0
<b>Rio Arriba</b>	8	2	5	0	4	8	8	9	5	1
<b>Roosevelt</b>	3	0	1	5	1	1	1	0	0	1
<b>San Juan</b>	13	15	20	0	10	11	11	11	14	13
<b>San Miguel</b>	3	1	6	11	5	2	4	0	3	2
<b>Sandoval</b>	4	4	3	2	11	3	5	3	1	7
<b>Santa Fe</b>	4	9	5	7	8	12	12	11	4	6
<b>Sierra</b>	2	1	1	10	0	1	0	1	0	1
<b>Socorro</b>	1	1	1	0	2	0	0	1	1	0
<b>Taos</b>	2	3	2	2	1	6	2	2	3	2
<b>Torrance</b>	2	1	2	1	0	2	0	0	1	4
<b>Union</b>	0	0	0	2	0	0	0	0	0	1
<b>Valencia</b>	6	4	4	0	4	1	6	4	4	5
<b>Out of State</b>	15	15	13	9	18	20	12	10	18	11
<b>Totals</b>	<b>179</b>	<b>156</b>	<b>191</b>	<b>156</b>	<b>207</b>	<b>198</b>	<b>167</b>	<b>160</b>	<b>169</b>	<b>159</b>

## **Overview – Manner of Death – Undetermined Deaths**

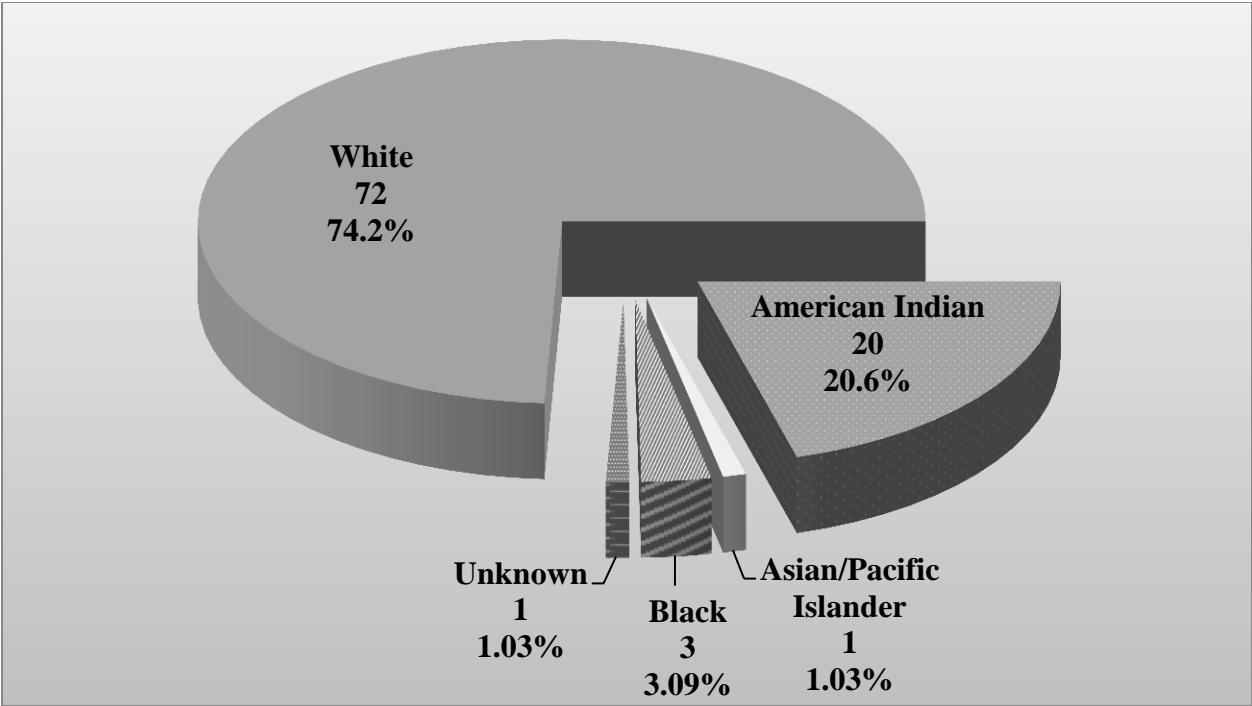
Figure 23 – Undetermined Deaths – 2005 – 2014



### **Undetermined Deaths – Overview**

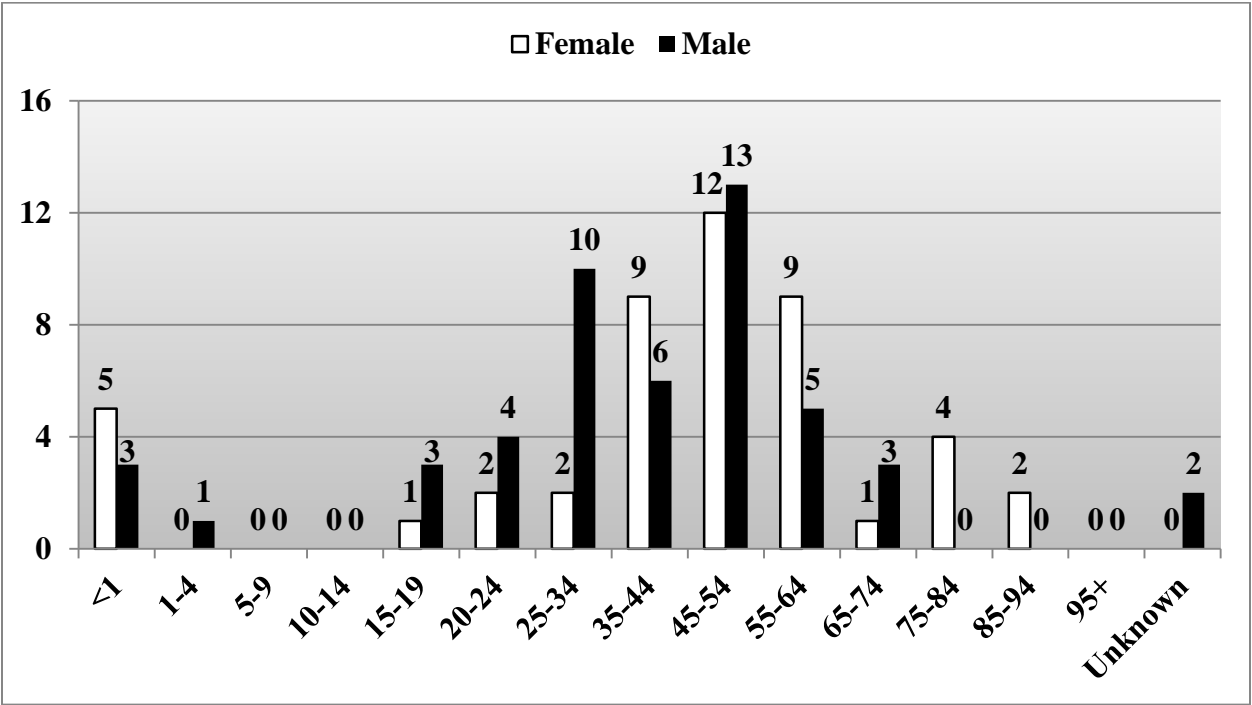
All possible efforts are made to determine both a manner (accident, suicide, homicide, natural) and a cause of death for all deaths investigated by OMI. In a very small percentage of cases (less than 1% most years) neither the manner nor cause of death can be determined, even with a complete autopsy, 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\* – 2014**



\*American Indian includes 1 Hispanic, White includes 28 Hispanic

**Figure 25 – Undetermined Deaths by Age and Gender – 2014**



**Deaths of Children (19 years of age and younger)**

Figure 26 – Children – Deaths – 2005 - 2014

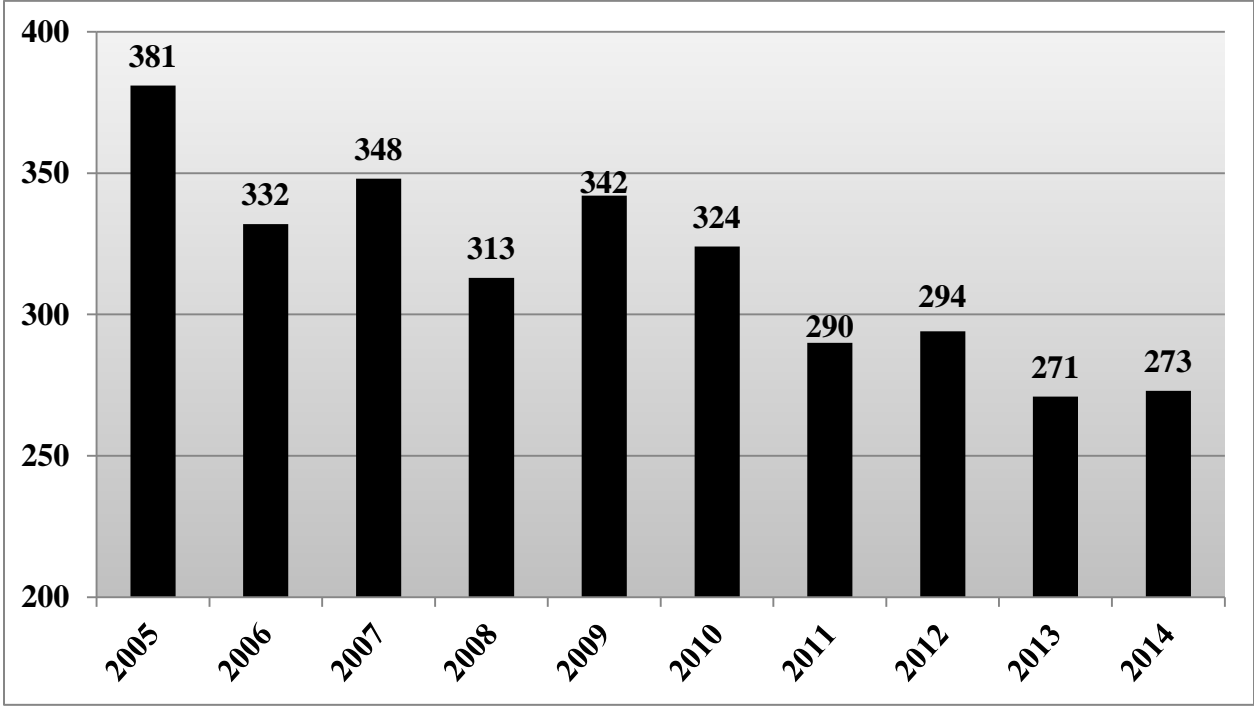
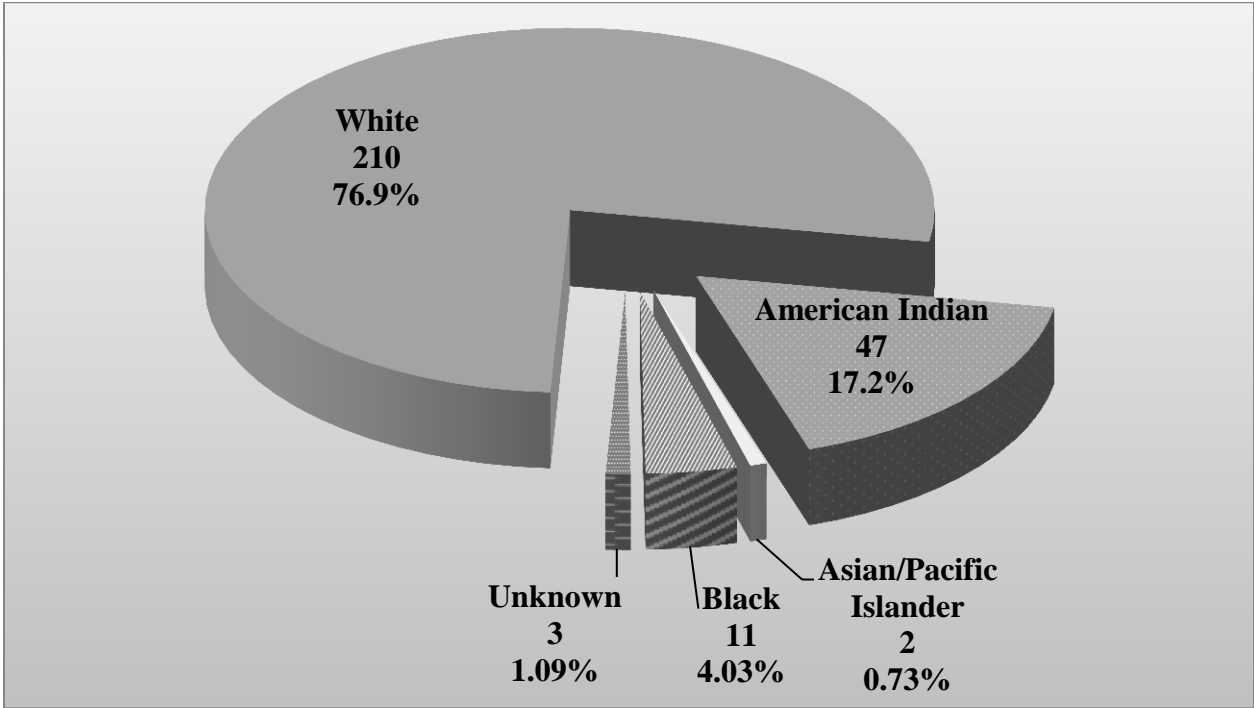


Figure 27 – Children – Deaths by Race/Ethnicity\* – 2014



\*American Indian includes 1 Hispanic, Black includes 1 Hispanic, White includes 97 Hispanic

Figure 28 – Children – Deaths by Age and Gender – 2014

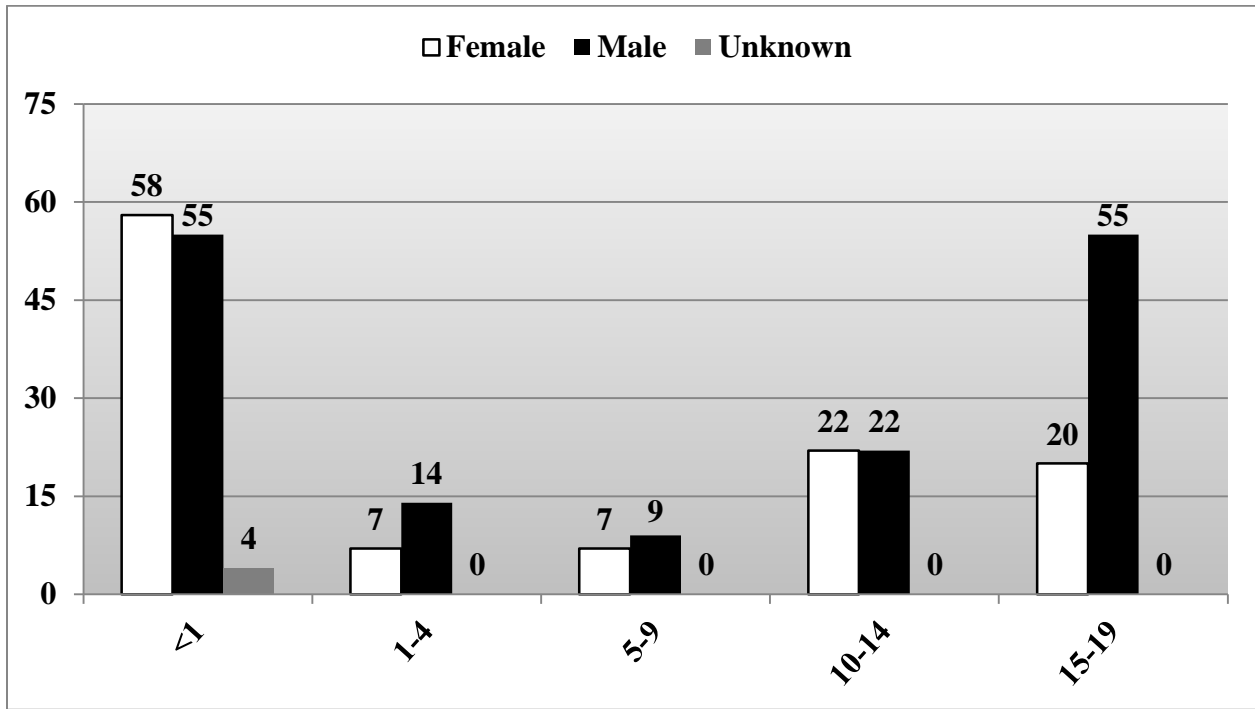
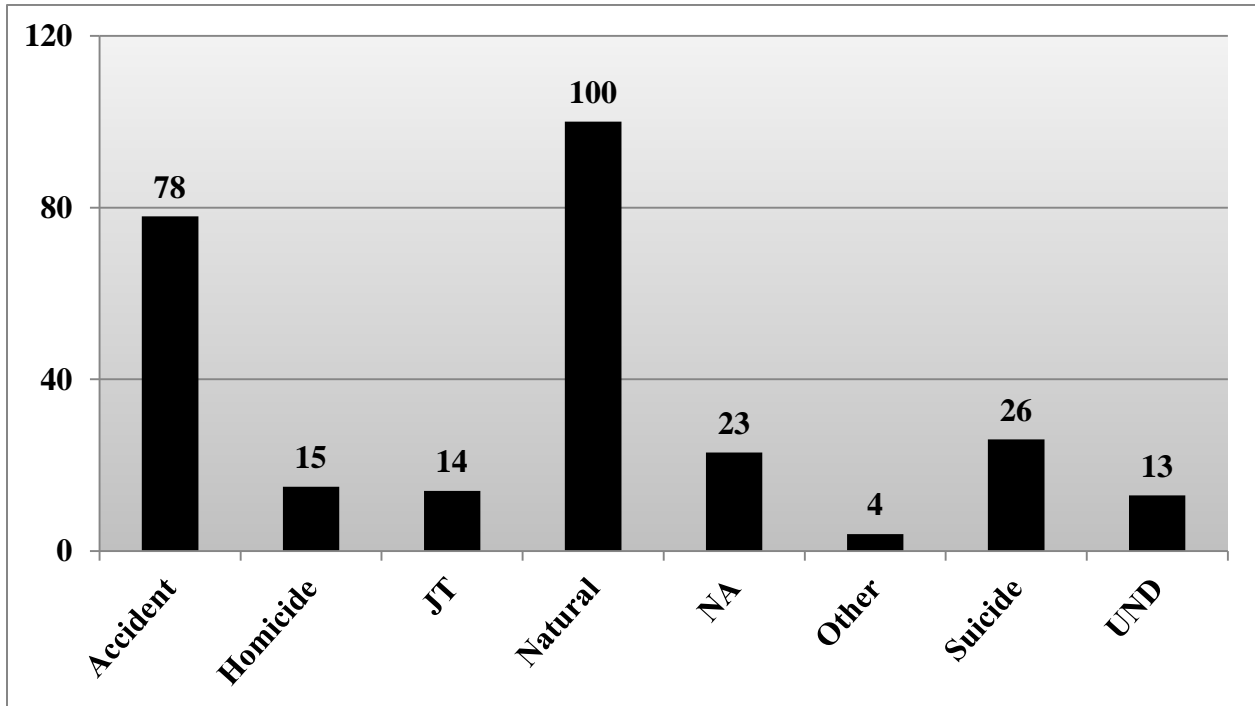


Figure 29 – Children – Total Cases – Manner\* of Death – 2014

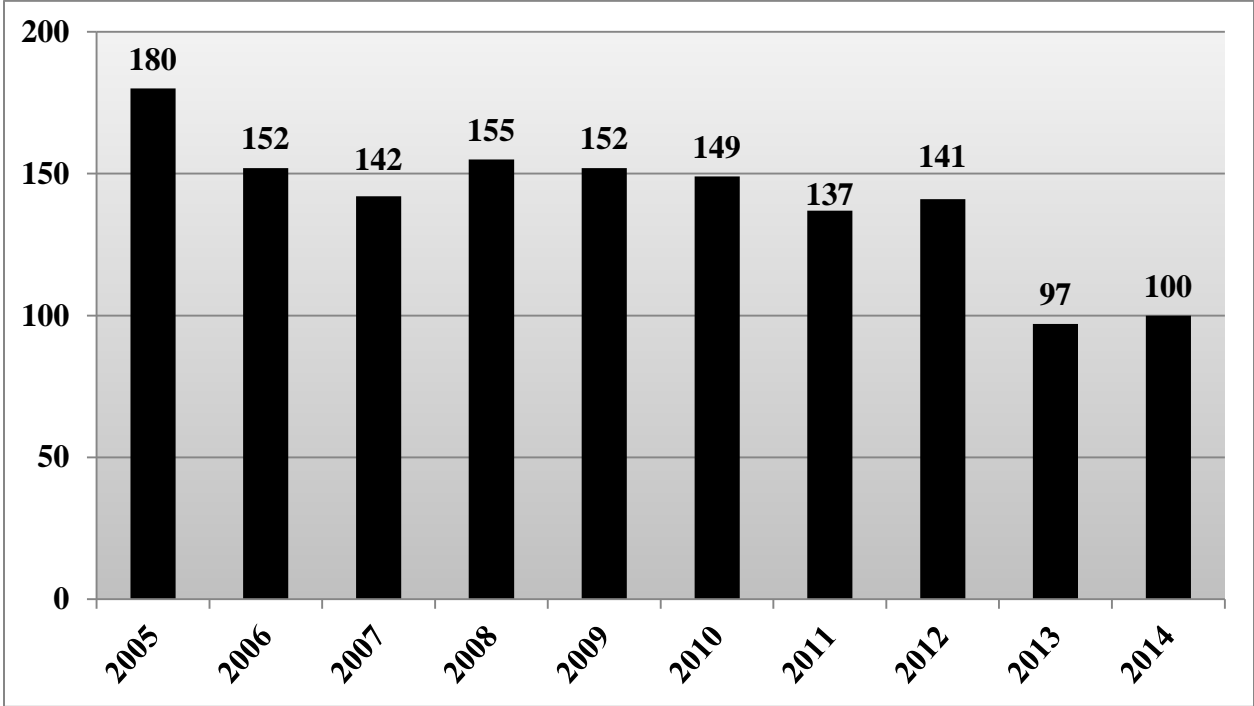


\*JT: Jurisdiction terminated, NA: Non-accept, Other refers to specialized consultations, UND: Undetermined manner

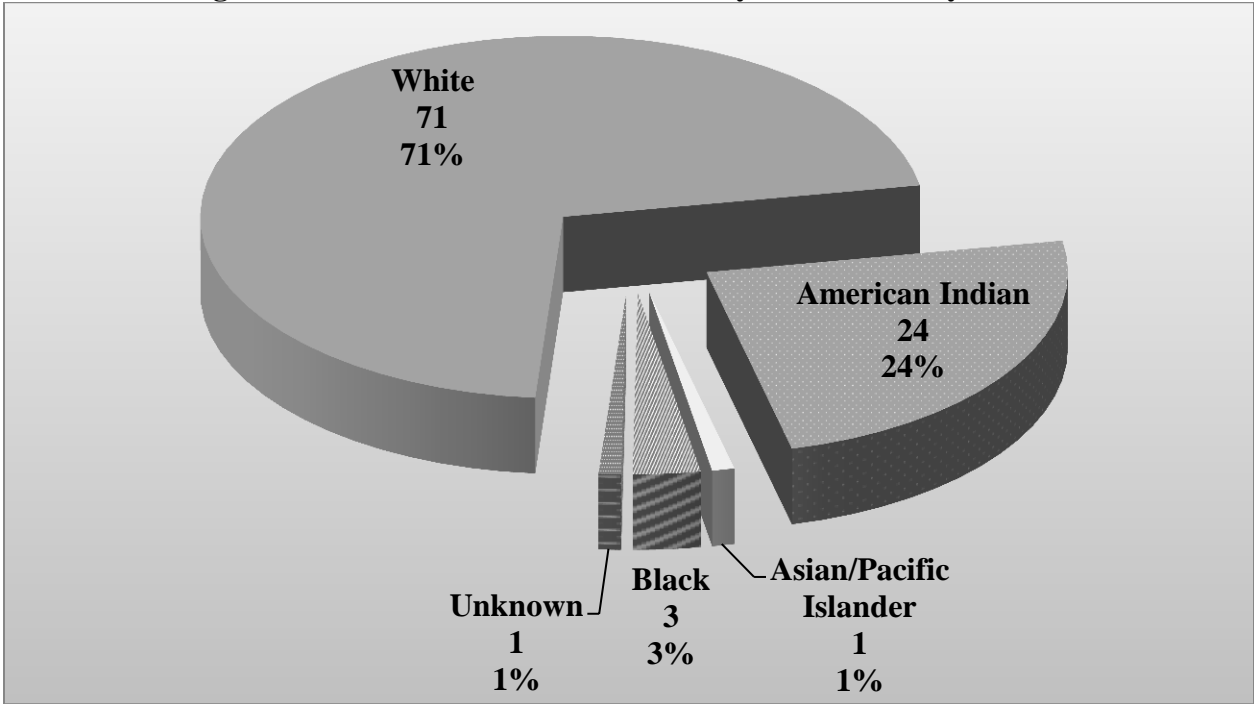


**Overview – Children – Manner of Death – Natural Deaths**

**Figure 30 – Children – Natural Deaths – 2005 – 2014**

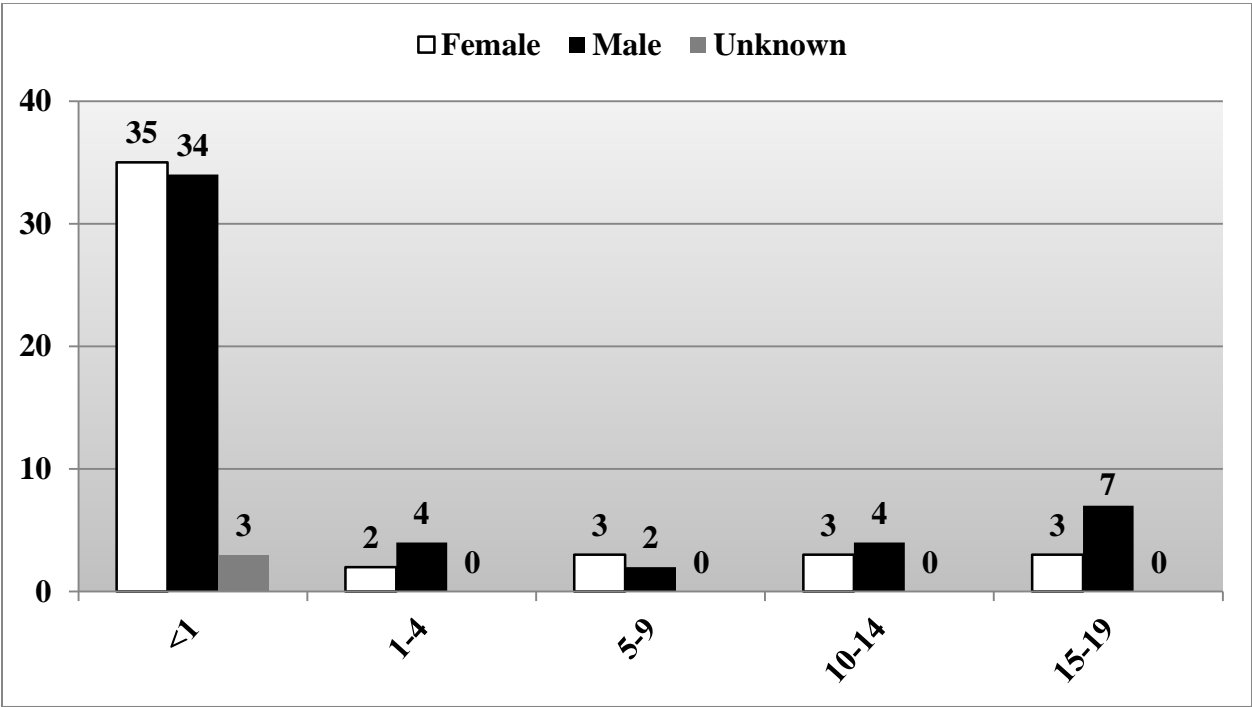


**Figure 31 – Children – Natural Deaths by Race/Ethnicity\* – 2014**



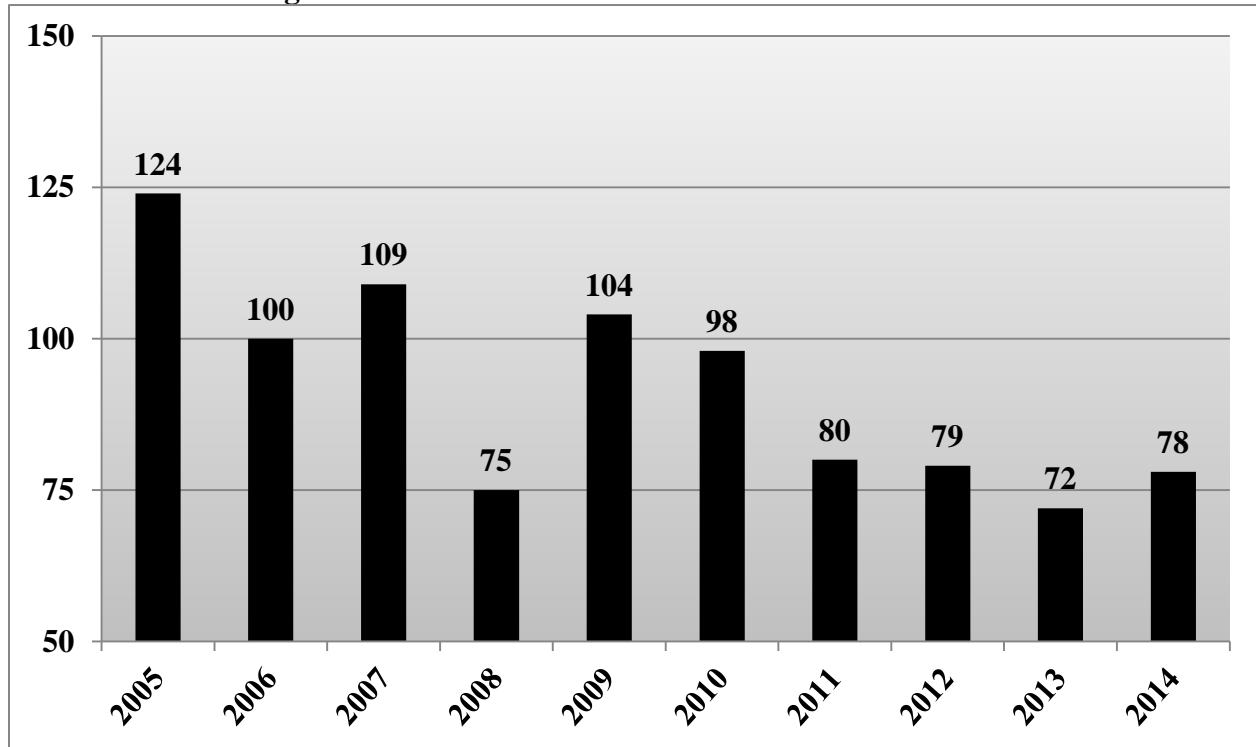
\*American Indian includes 1 Hispanic, White includes 30 Hispanic

Figure 32 – Children – Natural Deaths by Age and Gender – 2014

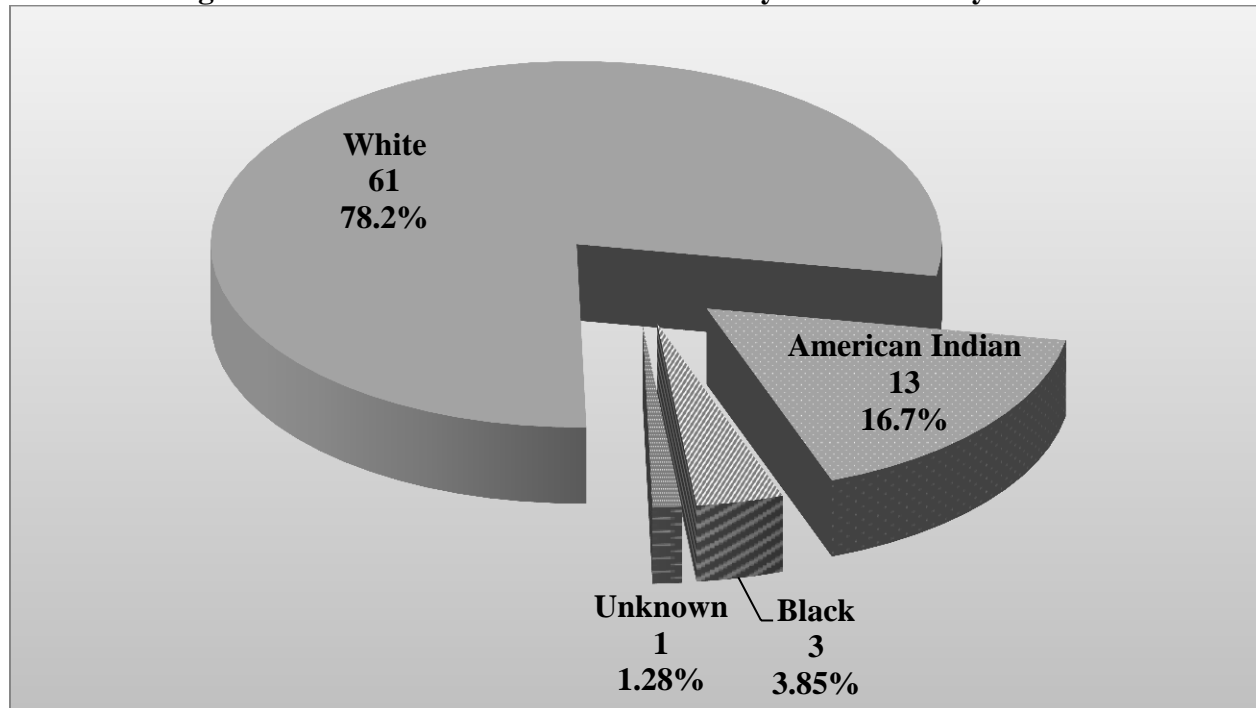


**Overview – Children – Manner of Death – Accidental Deaths**

**Figure 33 – Children – Accidental Deaths – 2005 – 2014**

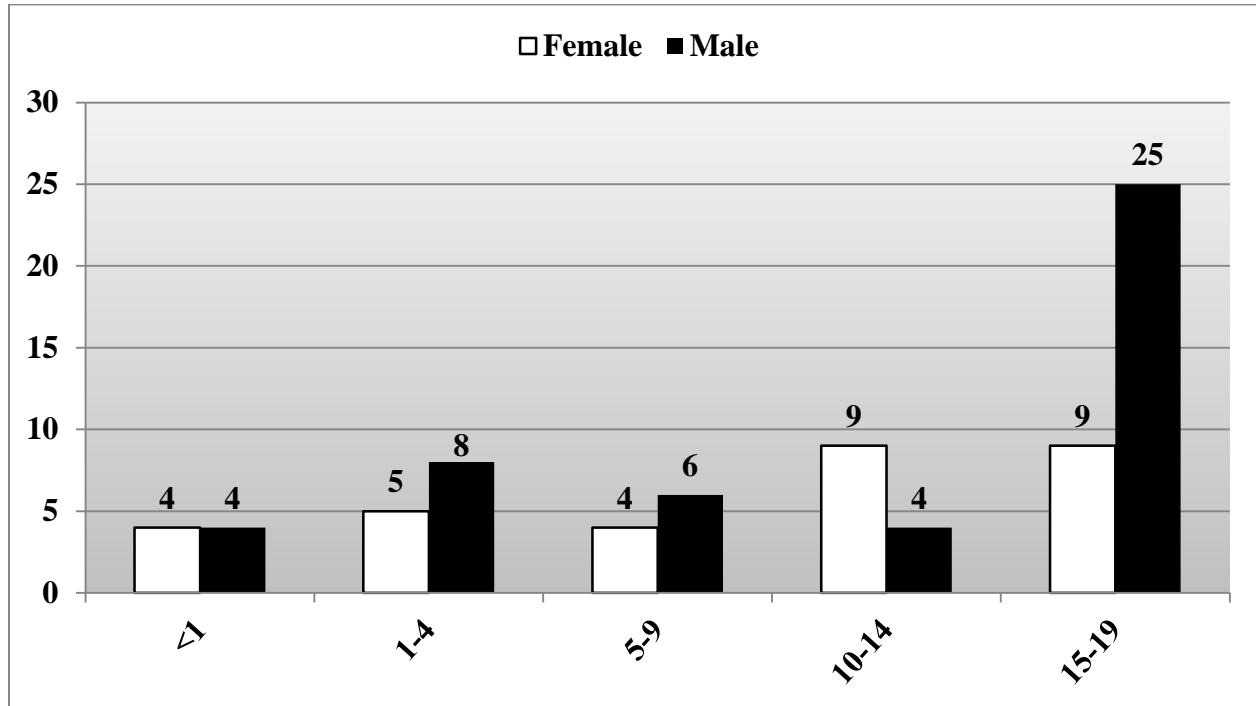


**Figure 34 – Children – Accidental Deaths by Race/Ethnicity\* – 2014**



\*Black includes 1 Hispanic, White includes 31 Hispanic

**Figure 35 – Children – Accidental Deaths by Age and Gender – 2014**

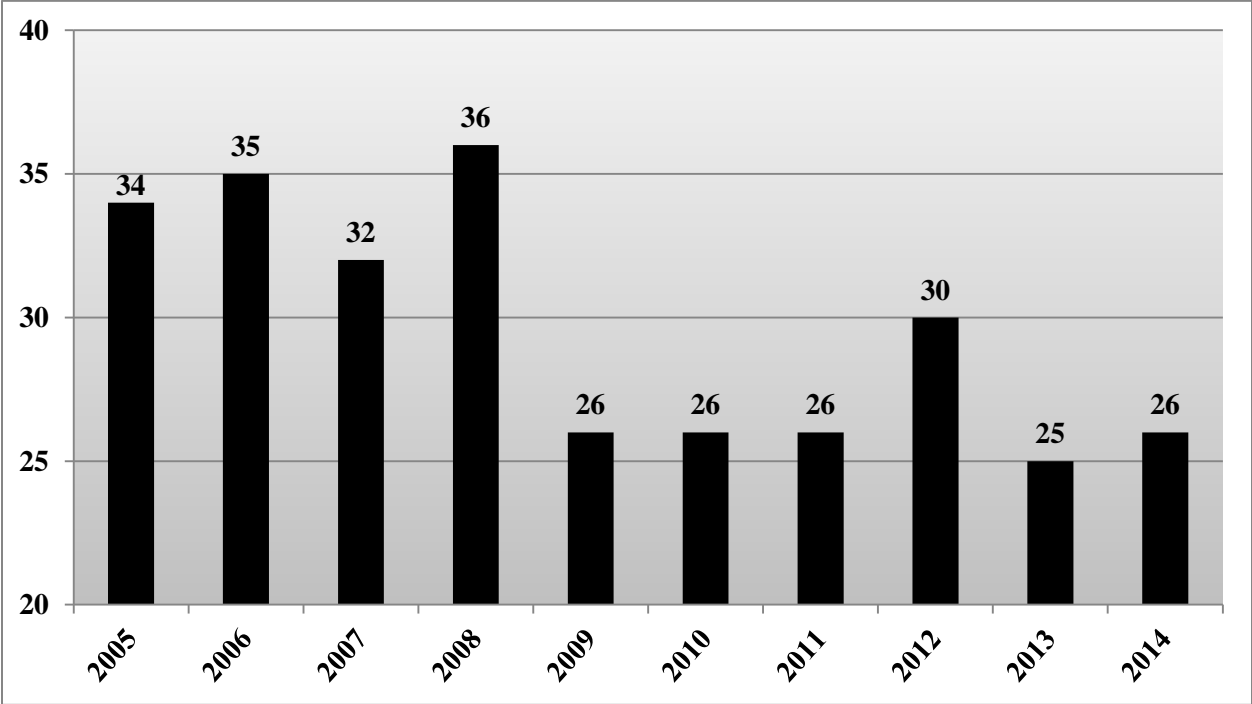


**Table 12 – Children – Accidental Deaths – Cause – 2014**

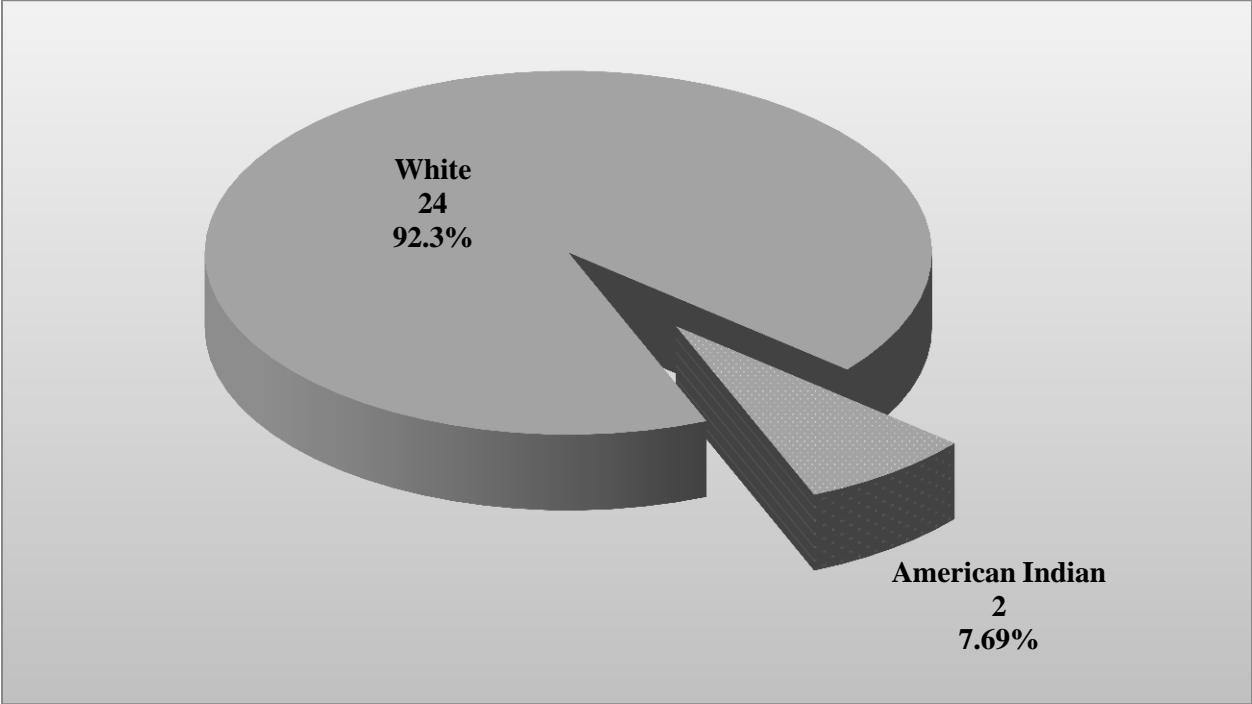
Cause of Death	Total Cases
Multiple injuries	40
Head and neck injuries	12
Asphyxia	9
Substance intoxication	4
Drowning	4
Cardiac arrhythmia	3
Natural disease	2
Choking	1
Thermal injuries (burns)	1
Subdural hematoma	1
Exposure	1

**Overview – Children – Manner of Death – Suicide Deaths**

**Figure 36 – Children – Suicide Deaths – 2005 – 2014**



**Figure 37 – Children – Suicide Deaths by Race/Ethnicity\* – 2014**



\*White includes 9 Hispanic

Figure 38 – Children – Suicide Deaths by Age and Gender – 2014

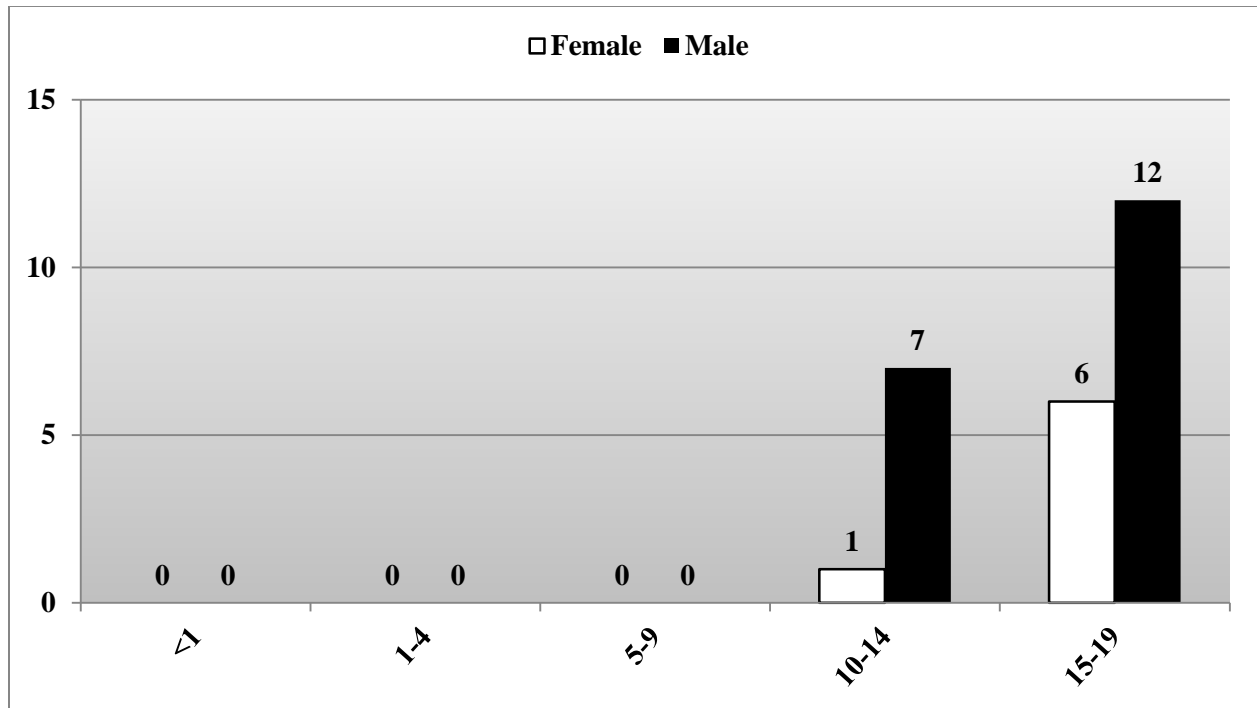
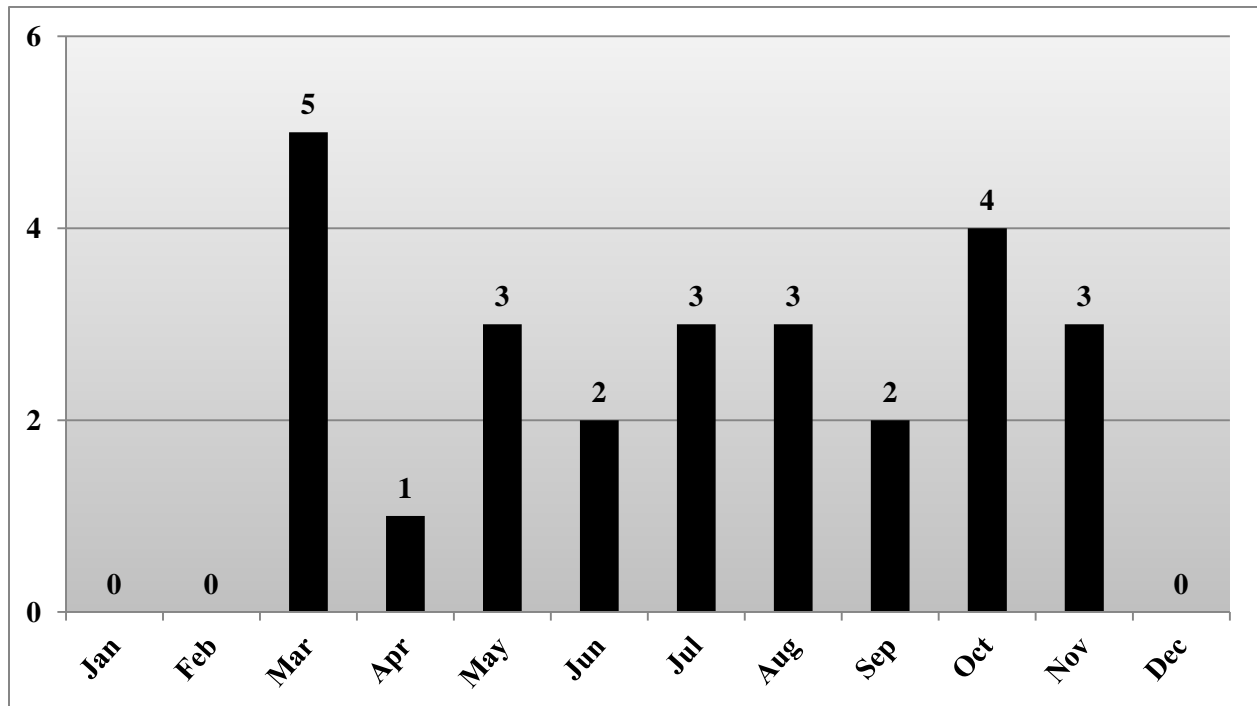
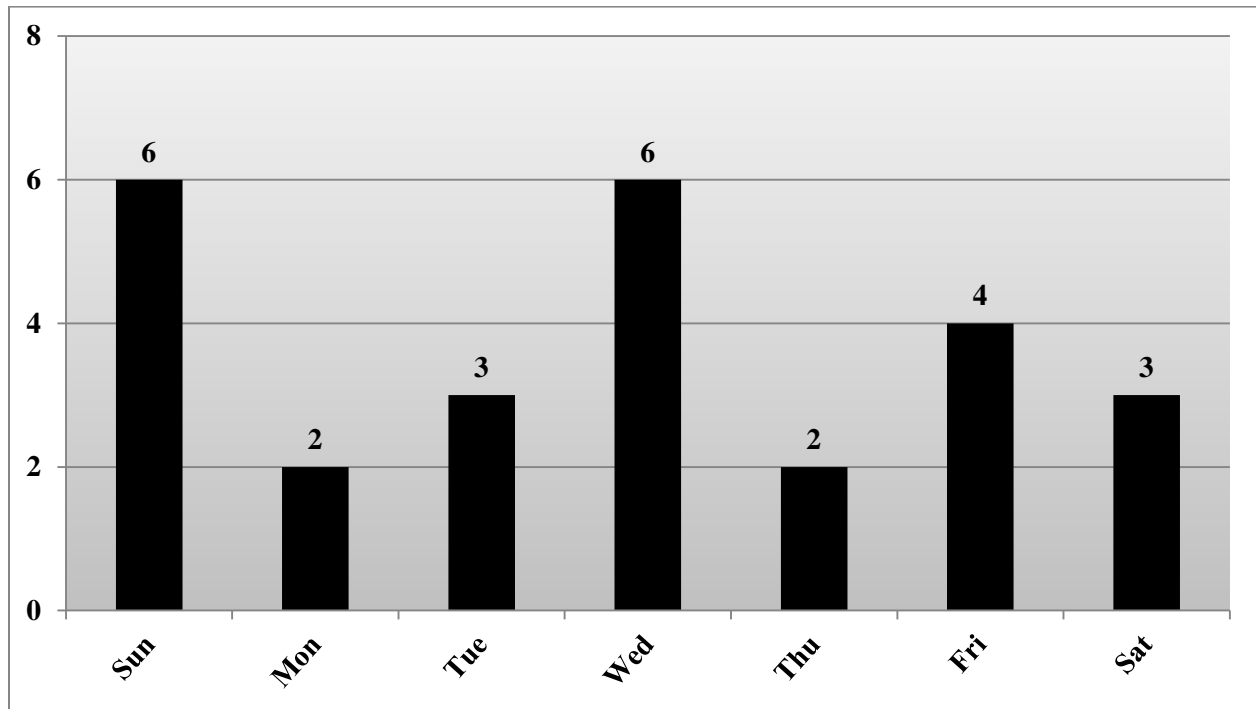


Figure 39 – Children – Suicide Deaths by Month – 2014



**Figure 40 – Children – Suicide Deaths by Day of the Week – 2014**

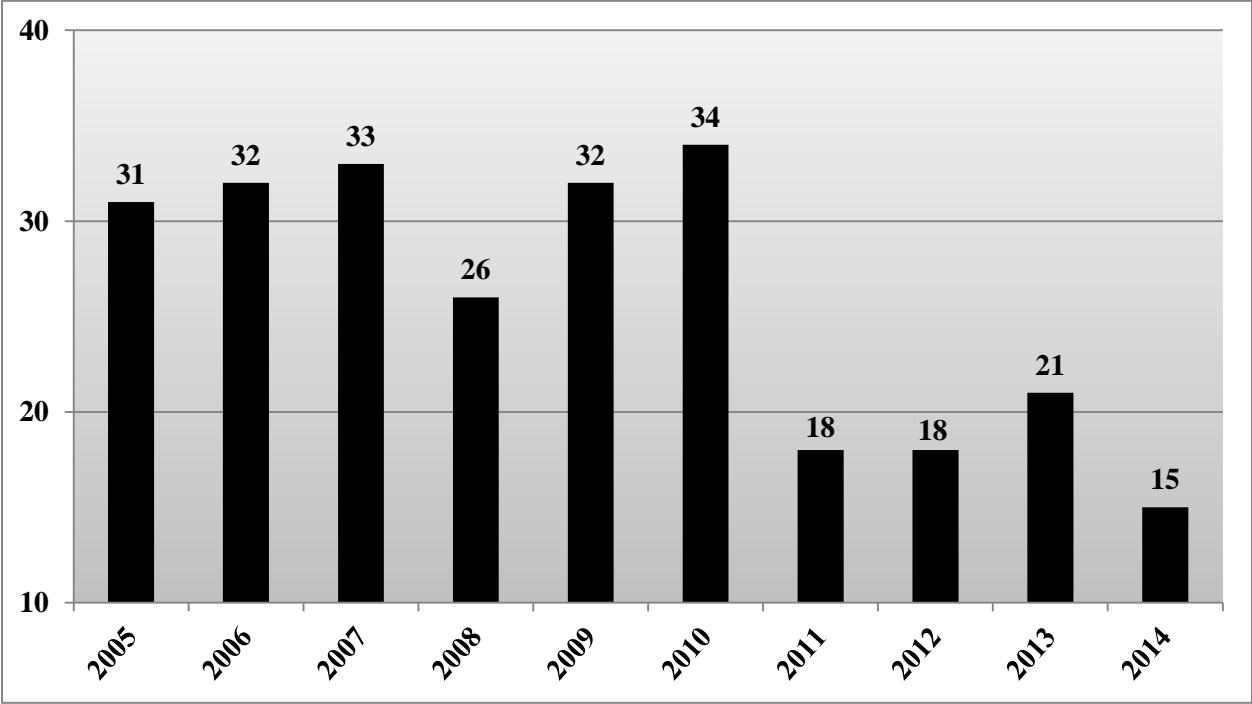


**Table 13 – Children - Suicide Deaths – Cause – 2014**

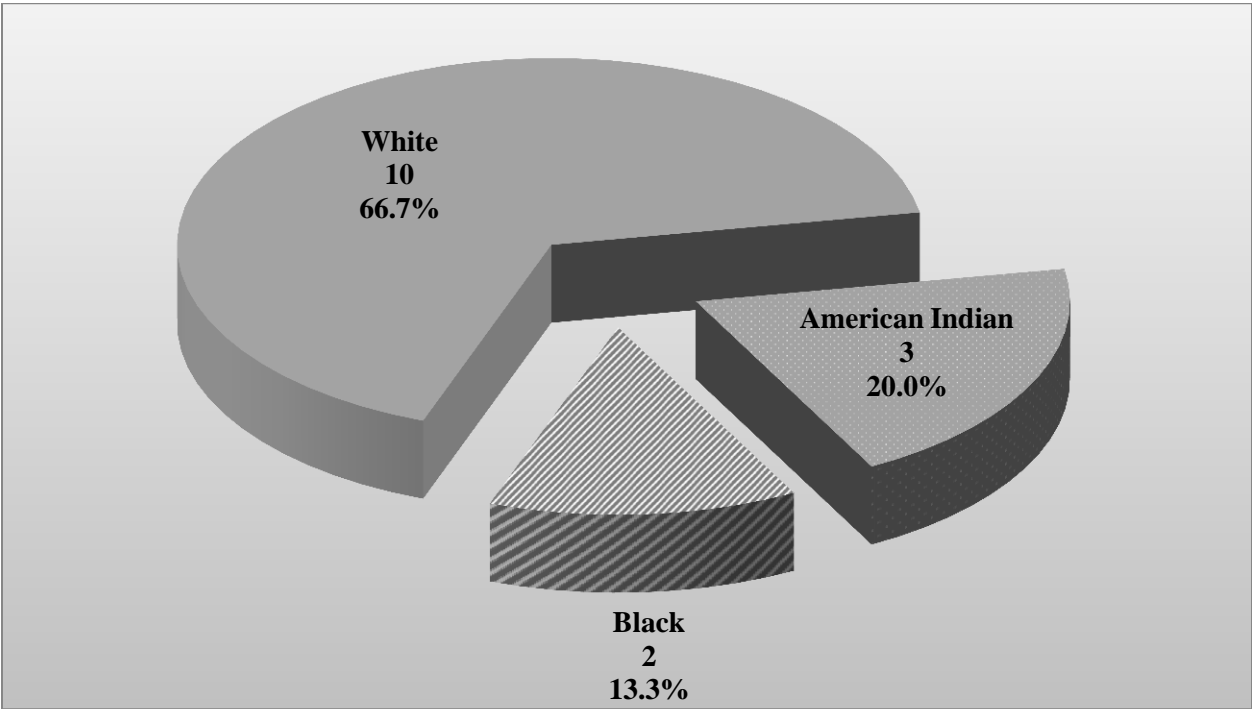
Cause of Death	Total Cases
Hanging	15
Gunshot wound	9
Carbon monoxide toxicity	1
Substance intoxication	1

**Overview – Children – Manner of Death – Homicide Deaths**

**Figure 41 – Children – Homicide Deaths – 2005 – 2014**



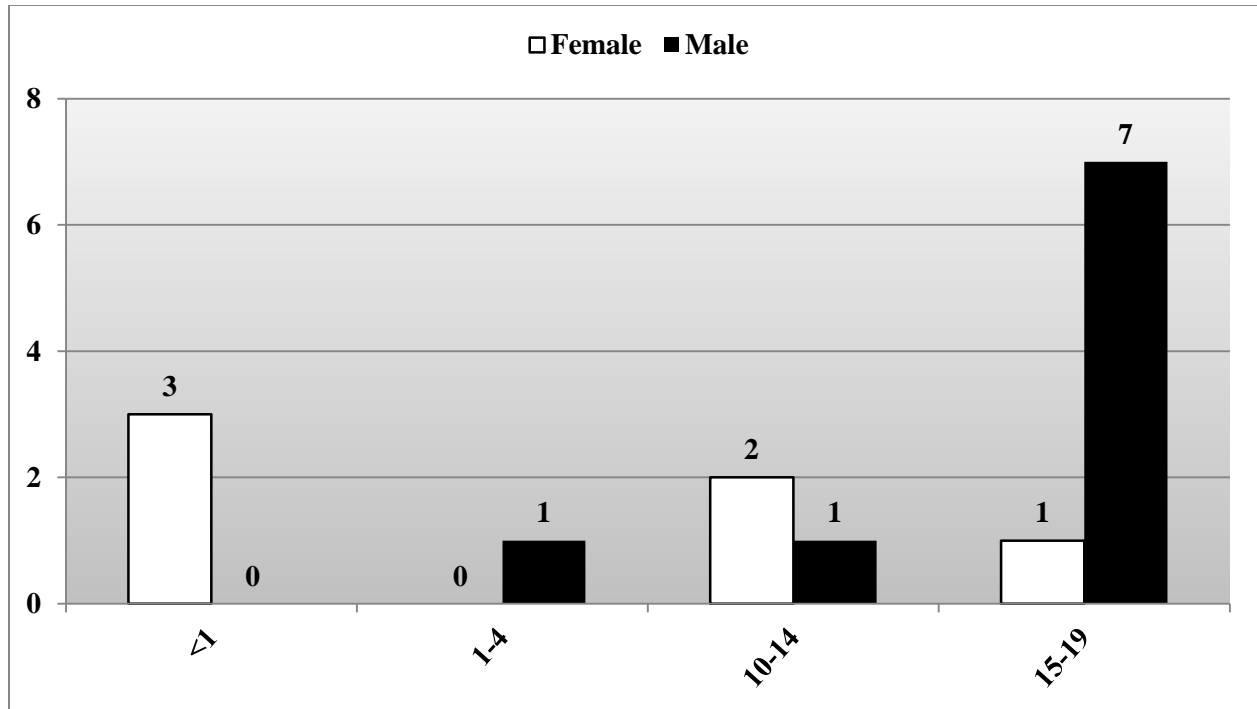
**Figure 42 – Children – Homicide Deaths by Race/Ethnicity\* – 2014**



\*White includes 9 Hispanic



**Figure 43 – Children – Homicide Deaths by Age and Gender – 2014**



**Table 14 – Children – Homicide Deaths – Cause – 2014**

Cause of Death	Total Cases
Gunshot wound	8
Multiple injuries	4
Stab wound	2
Exposure	1

## Overview – Children – Manner of Death – Undetermined Deaths

Figure 44 – Children – Undetermined Deaths – 2005 – 2014

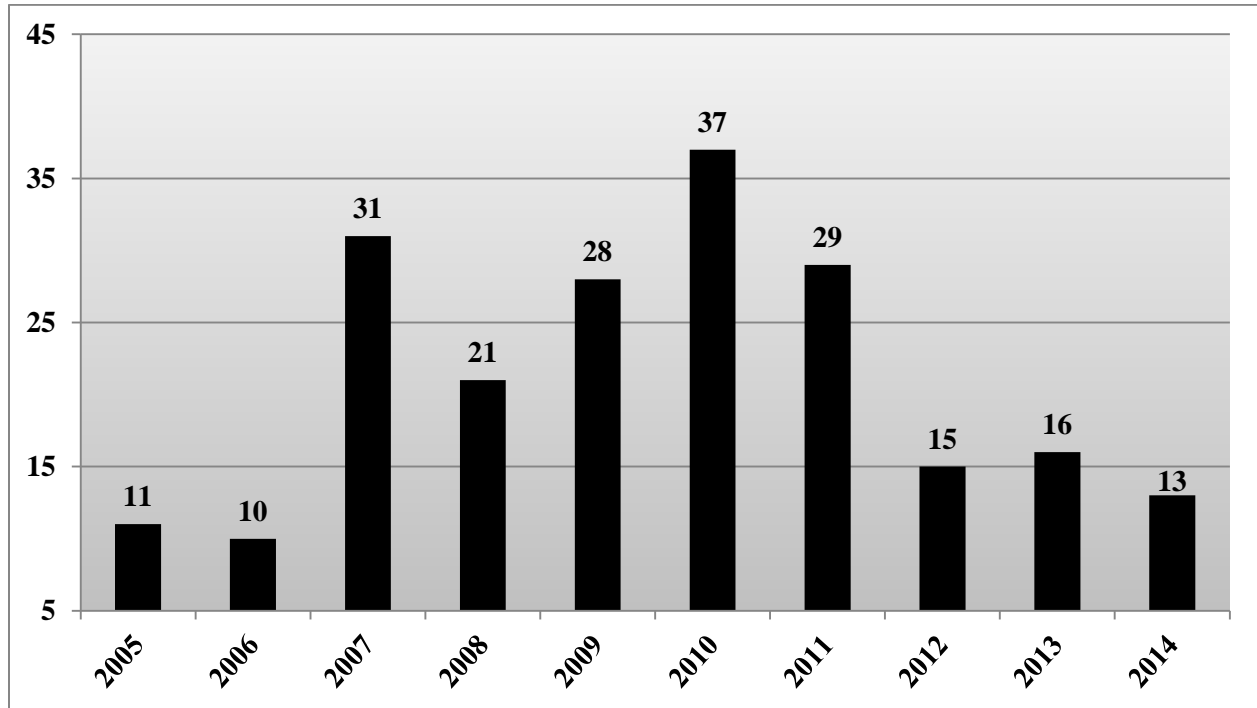
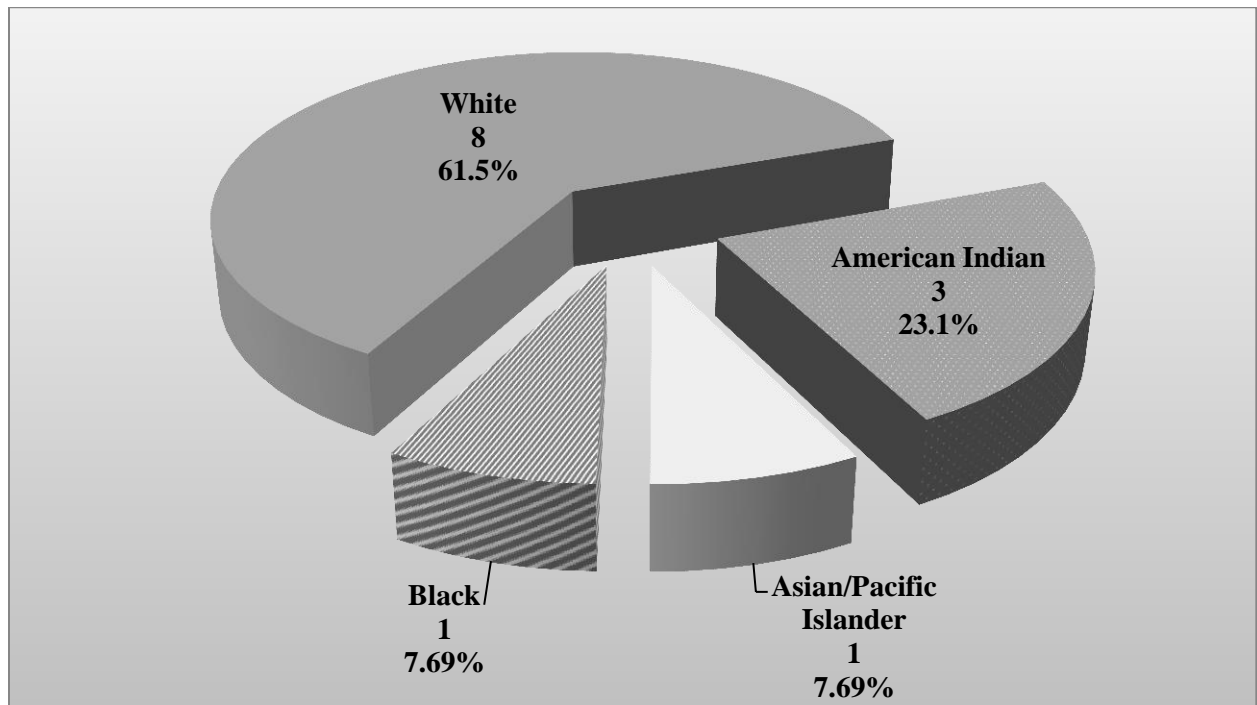
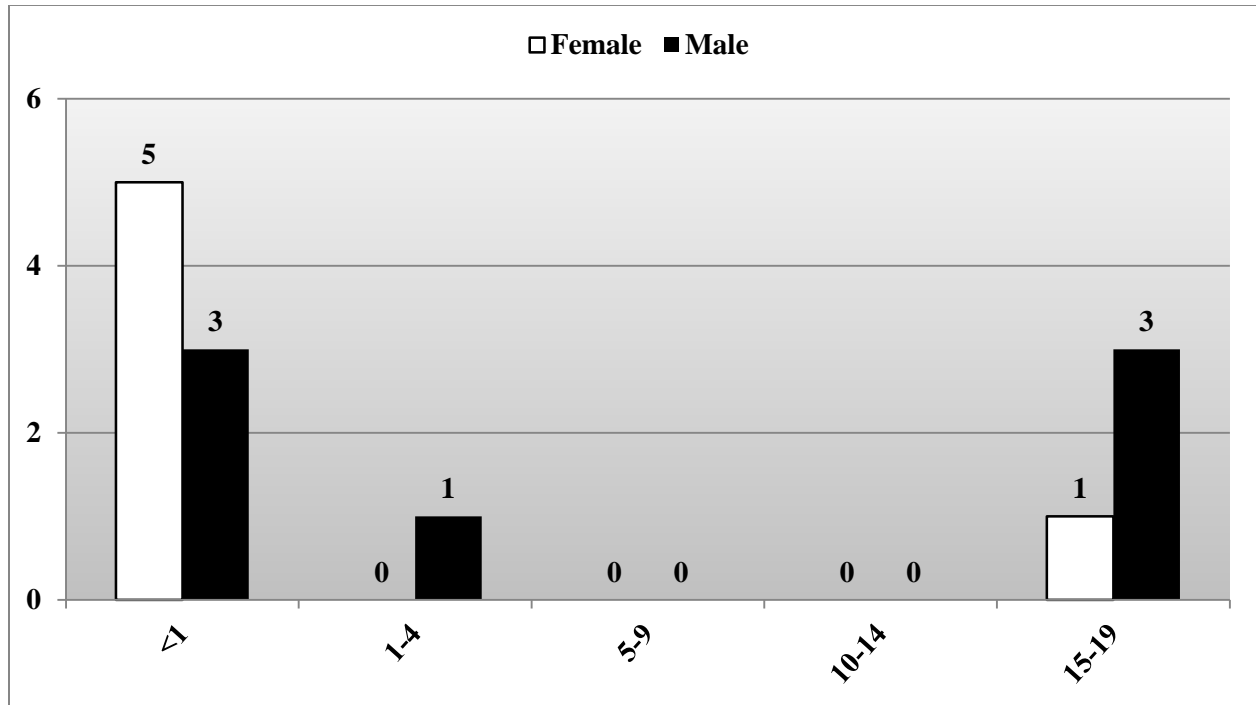


Figure 45 – Children – Undetermined Deaths by Race/Ethnicity\* – 2014



\*White includes 2 Hispanic

**Figure 46 – Children – Undetermined Deaths by Age and Gender – 2014**



**Table 15 – Children - Undetermined Deaths – Cause – 2014**

Cause of Death	Total Cases
Undetermined	10
Thermal injuries (burns)	1
Multiple injuries	1
Hanging	1

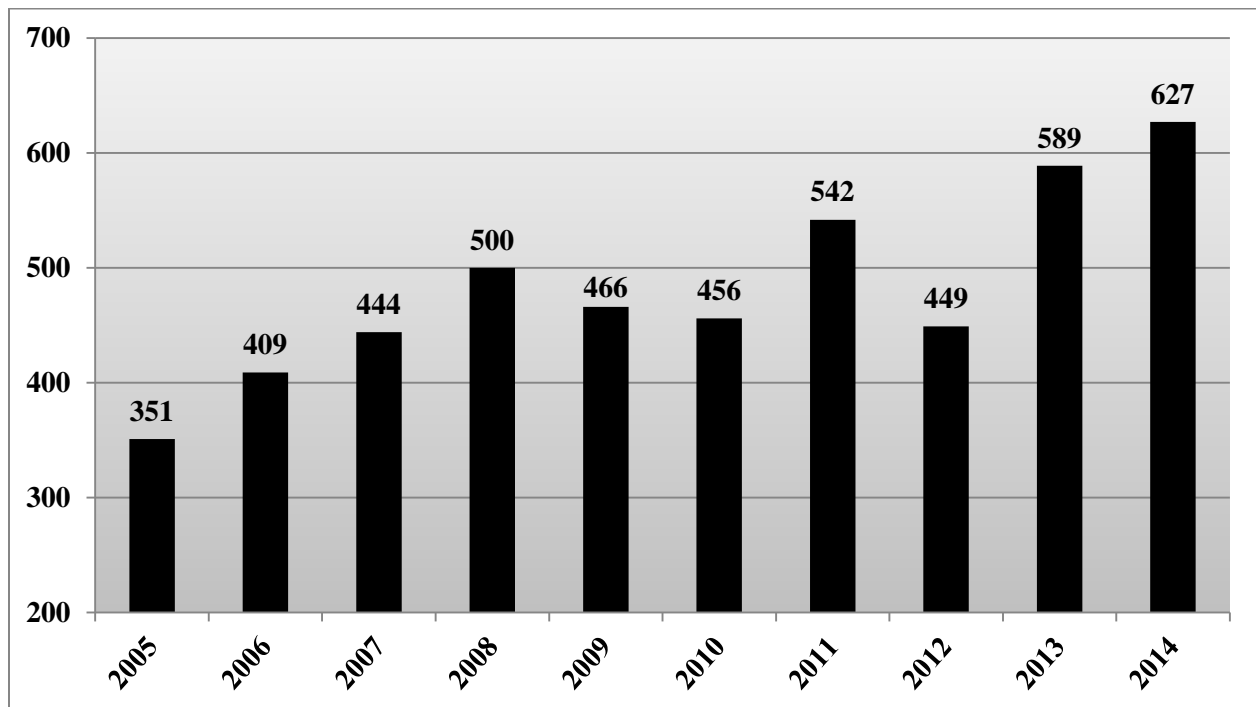
## **Deaths of Children in New Mexico – Summary**

The 10-year summaries presented in this report for childhood deaths all include ages 19 and younger. The 273 deaths of people aged 19 and younger represented 4.50% of all deaths investigated by the OMI in 2014. Male decedents comprised 56.8% of the total deaths in children. The most common manner of death among children was natural, contributing 36.6% of the total. There were 26 suicides among children in 2014. Suicide deaths were more common among young males (73.1 %) than females (26.9%), and hanging was the most common method of suicide in children. The total number of childhood homicides decreased from 21 homicides in 2013 to 15 homicides in 2014 (28.6% decrease). Homicide deaths among children tended to be male (60.0%), Hispanic white (66.7 %) and killed by a firearm (53.3%). The majority of childhood homicide victims (53.3%) were between the ages of 15 and 19. Firearms played a role in 9 suicides (34.6% of total child suicides) and 8 homicides (53.3% 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 four panels: Suicide, Sudden Unexplained Infant Death (SUID), Unintentional Injury, and Child Abuse and Neglect. The experts on these panels review the circumstances of childhood deaths in order to identify risk factors and develop prevention strategies, and their findings are presented in their annual report.

## Drug Caused Deaths

Figure 47 – Drug Caused Deaths – 2005 – 2014

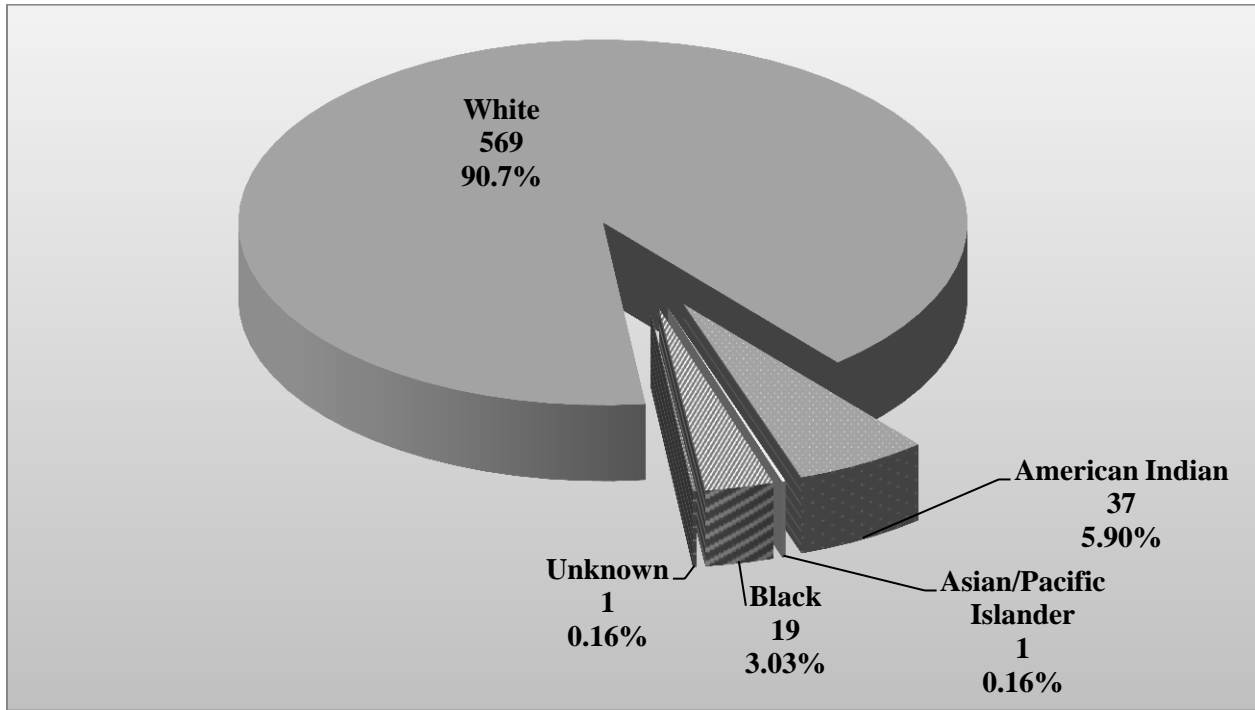


### Drug Caused Deaths – Overview

Drug overdose deaths continue to be a problem in New Mexico. A wide variety of drugs, both illegal and prescription, contributed to the 627 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 35-44 years. The OMI designation of ‘drug-caused deaths’ includes both intentional (suicide, homicide) and unintentional (accidental) drug overdoses.

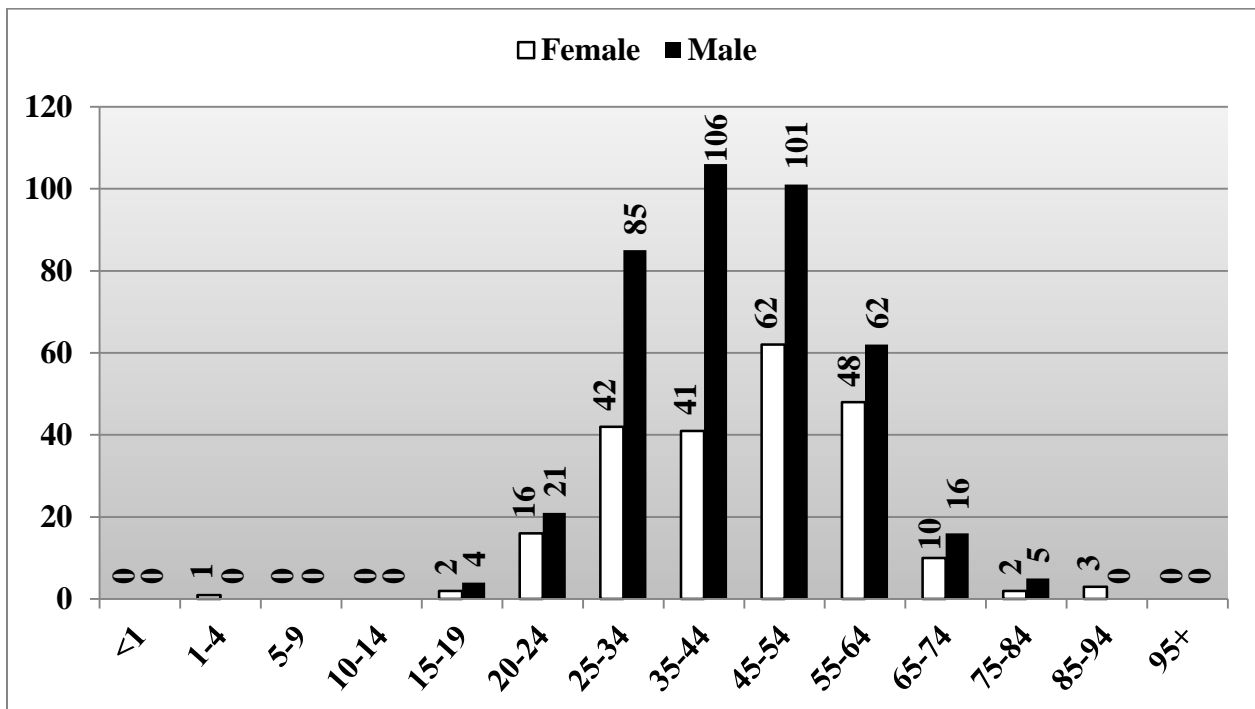
Additional information regarding unintentional drug overdose deaths in New Mexico is available annually in the newsletter *New Mexico Epidemiology*, published by the New Mexico Department of Health.

Figure 48 – Drug Caused Deaths by Race/Ethnicity\* – 2014



\*Black includes 2 Hispanic, White includes 256 Hispanic

Figure 49 – Drug Caused Deaths by Age and Gender – 2014

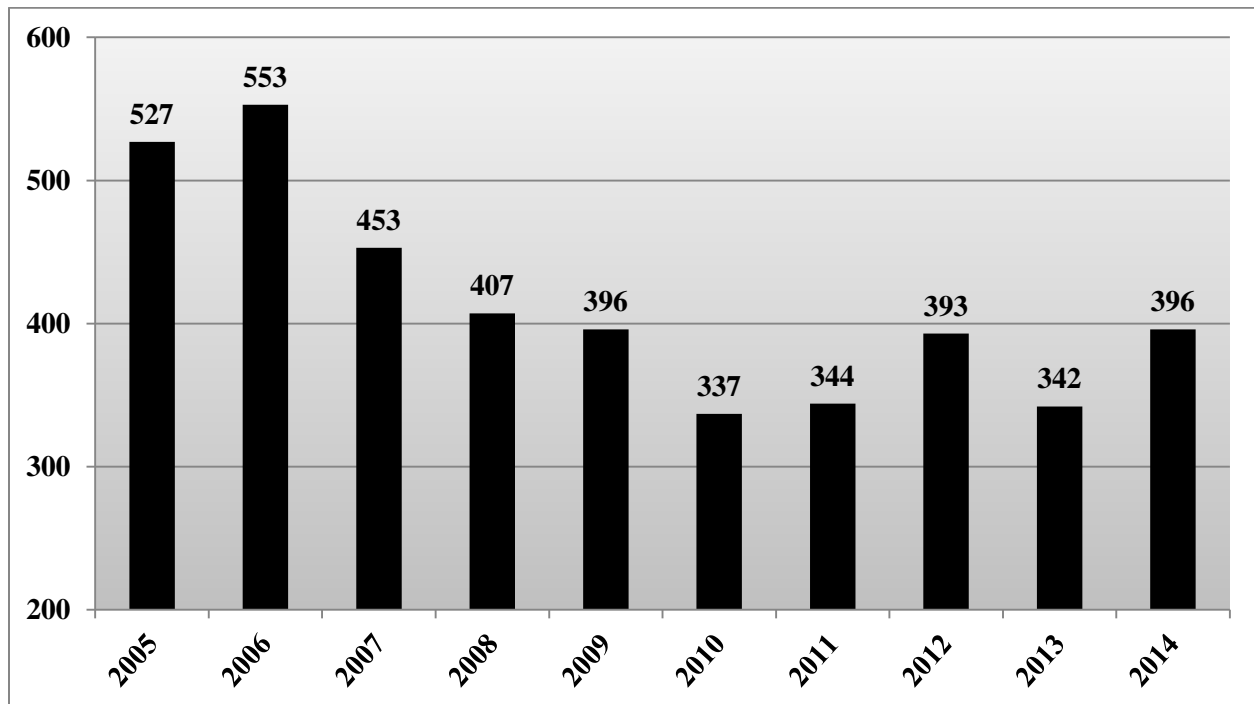


**Table 16 – Drug Caused Deaths – County of Pronouncement – 2014**

<b>County of Pronouncement</b>	<b>Total Cases</b>
Bernalillo	243
Catron	1
Chaves	14
Cibola	5
Colfax	5
Curry	6
De Baca	1
Dona Ana	42
Eddy	19
Grant	11
Guadalupe	3
Harding	0
Hidalgo	2
Lea	15
Lincoln	8
Los Alamos	2
Luna	2
McKinley	15
Mora	0
Otero	18
Quay	2
Rio Arriba	40
Roosevelt	2
San Juan	27
San Miguel	13
Sandoval	36
Santa Fe	50
Sierra	5
Socorro	6
Taos	9
Torrance	7
Union	1
Valencia	16
Out of State	1
<b>Totals</b>	<b>627</b>

## **Motor Vehicle-Associated Deaths**

**Figure 50 – Motor Vehicle-Associated Deaths – 2005 - 2014**

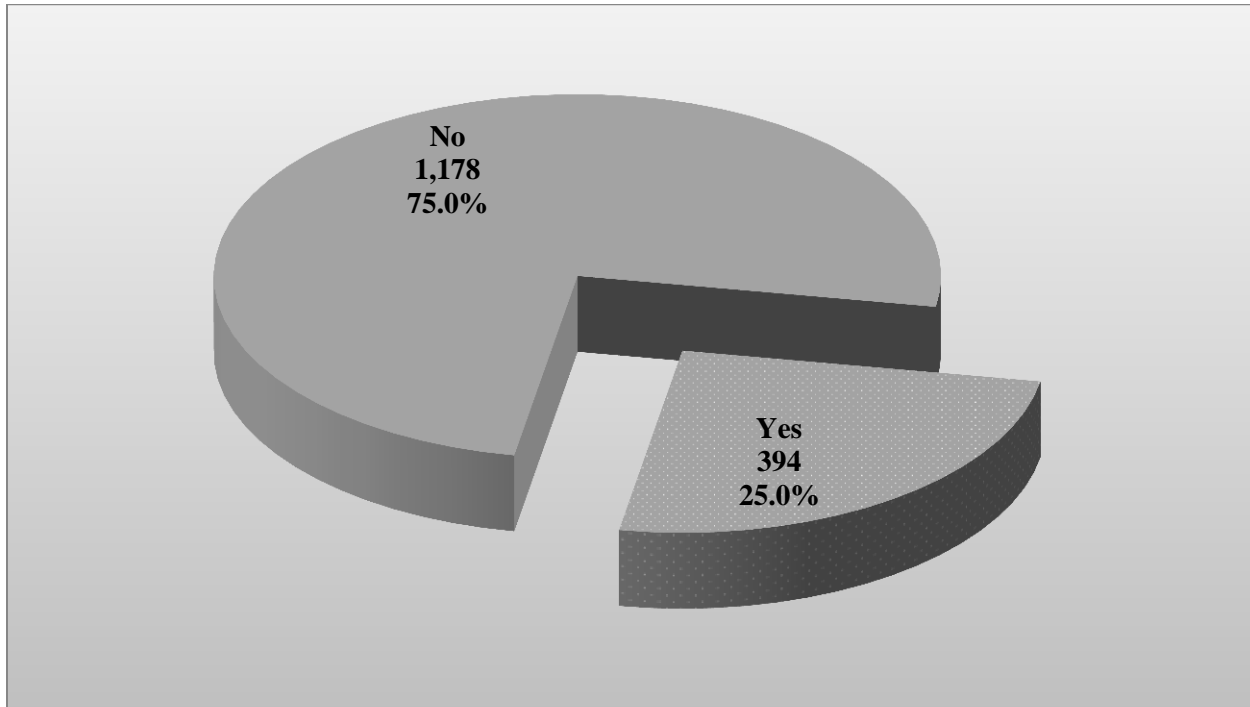


### **Motor Vehicle-Associated Deaths – Overview**

In 2014, OMI investigated 396 motor-vehicle associated deaths, a 15.8% increase from 2013, and 25.1% of all accidental deaths investigated by OMI in 2014. 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 20.5% of motor-vehicle accidental deaths. Males ages 25-34 years had the highest number (14.9%) of motor vehicle-associated accidental deaths. May saw the highest number of motor vehicle deaths (11.1%), while March had the lowest number (6.57%). More motor vehicle deaths occurred on a Saturday (18.9%) than any other day of the week.

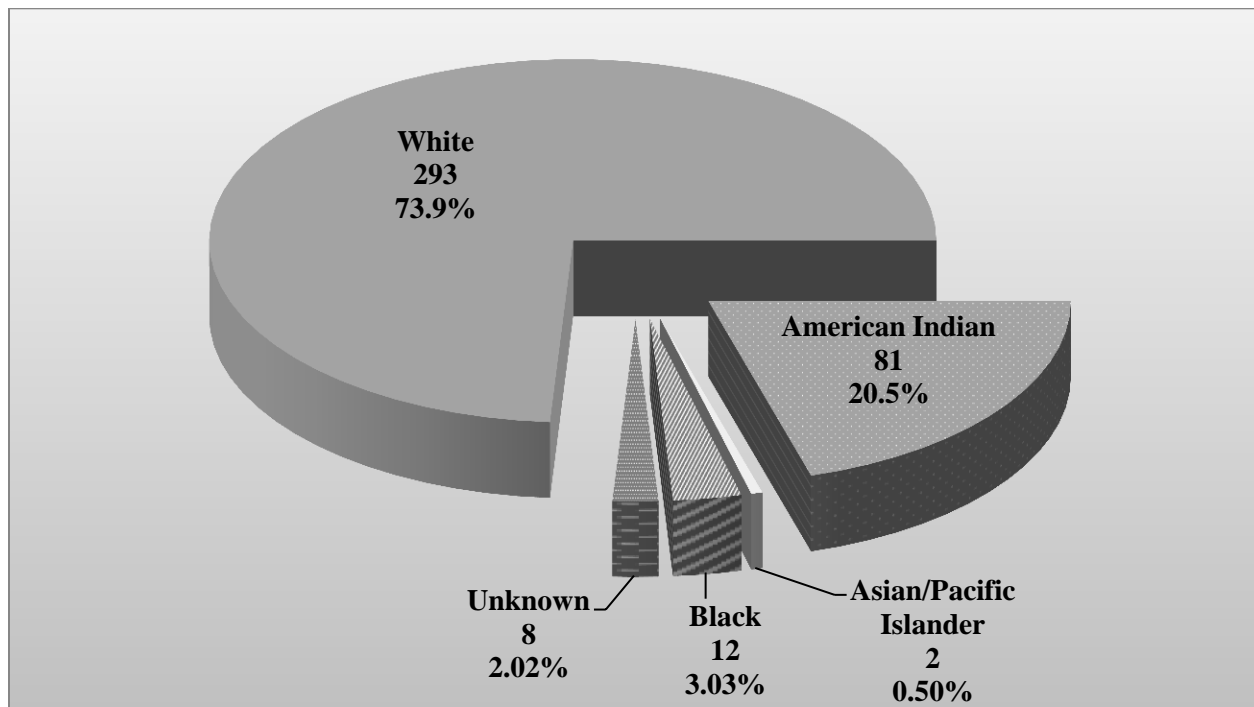


**Figure 51 – Motor Vehicle Accidents vs. Non-Motor Vehicle Accidents - 2014**



\*Motor vehicle-associated deaths included 1 homicide and 1 suicide

**Figure 52 – Motor Vehicle-Associated Deaths by Race/Ethnicity\* – 2014**



\*White includes 146 Hispanic

Figure 53 – Motor Vehicle-Associated Deaths by Age and Gender – 2014

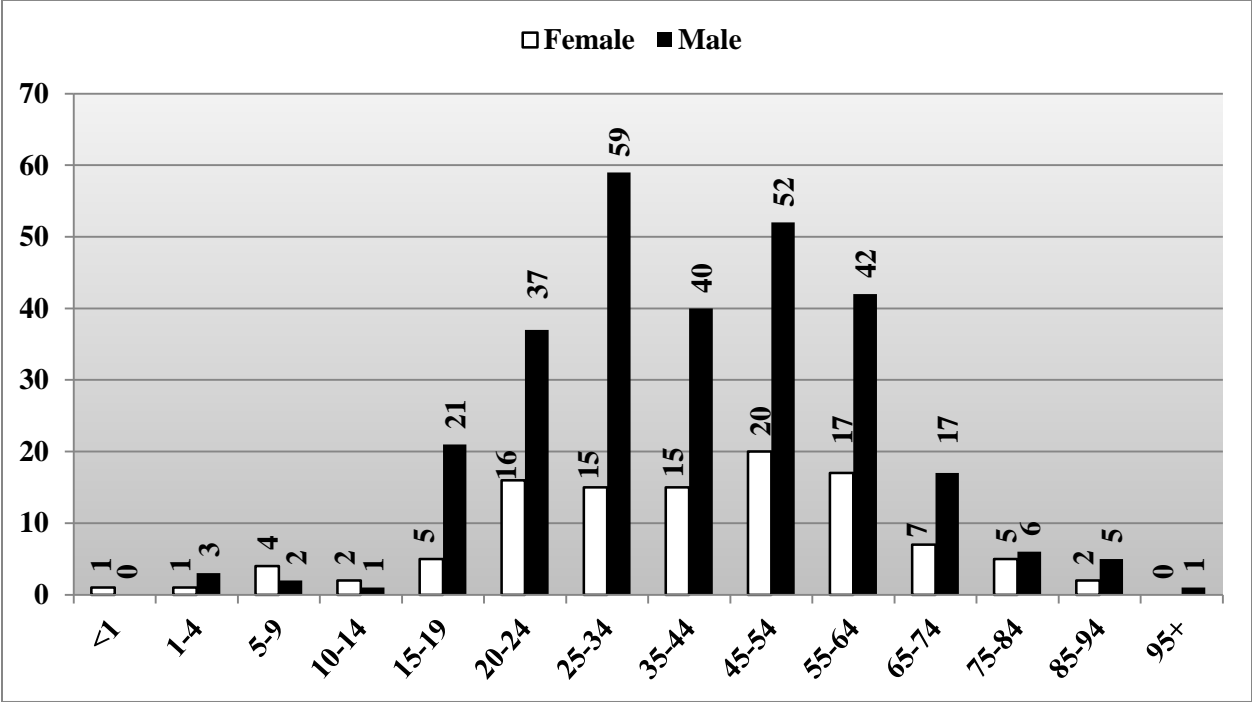


Figure 54 – Motor Vehicle-Associated Deaths by Month – 2014

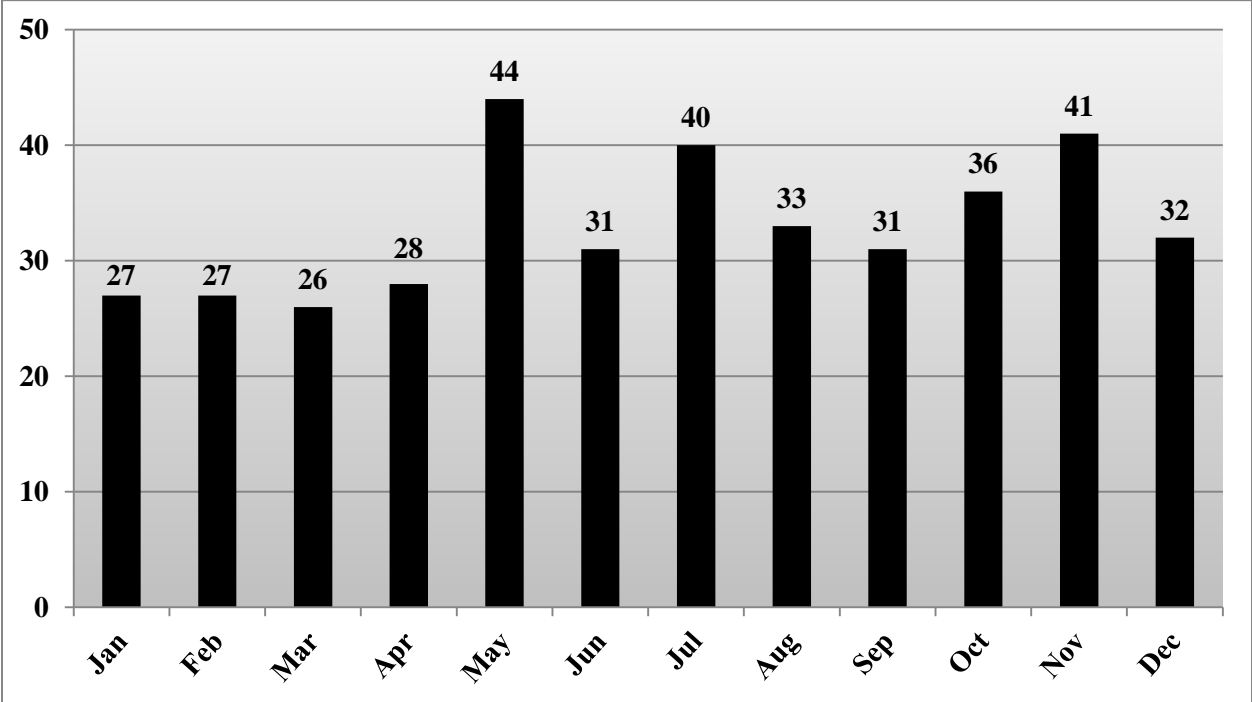
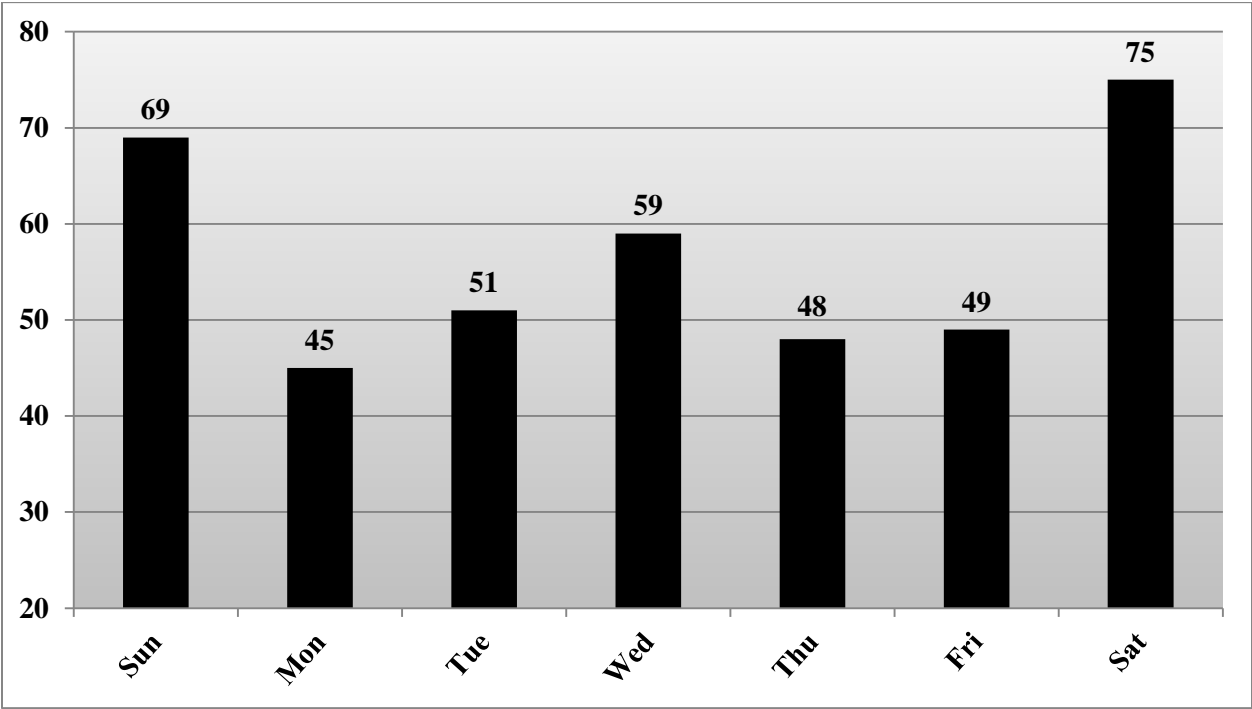


Figure 55 – Motor Vehicle-Associated Deaths by Day of the Week – 2014



**Table 17 – Motor Vehicle-Associated Deaths by County of Pronouncement – 2014**

<b>County of Pronouncement</b>	<b>Total Cases</b>
Bernalillo	108
Catron	1
Chaves	8
Cibola	7
Colfax	7
Curry	5
De Baca	0
Dona Ana	17
Eddy	13
Grant	2
Guadalupe	8
Harding	1
Hidalgo	9
Lea	27
Lincoln	5
Los Alamos	2
Luna	2
McKinley	35
Mora	4
Otero	16
Quay	8
Rio Arriba	8
Roosevelt	3
San Juan	37
San Miguel	2
Sandoval	6
Santa Fe	23
Sierra	2
Socorro	7
Taos	8
Torrance	2
Union	1
Valencia	9
Out of State	3
<b>Totals</b>	<b>396</b>

## Glossary

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**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/100 milliliters (0.08 g/100mL) is legally intoxicated in New Mexico.

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

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

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

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

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

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

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

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

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

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

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

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