

LEXINGTON COUNTY CORONER'S OFFICE

2017 ANNUAL REPORT



Coroner Margaret W. Fisher

LEXINGTON COUNTY
SOUTH CAROLINA

Margaret W. Fisher
Coroner



OFFICE OF THE CORONER

Candace S. Berry, Chief Deputy

Deputy Coroners

Chandler Clardy	Ronnie Corley
Grey Gain	Keri Lawler
Laura Moore	Mory Rosario
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To the Citizens of Lexington County:

In an effort to maximize the positive impact that this office has on our community, we proudly presented the first formal annual report in 2015. As expressed in that 2015 Annual Report, our primary goals are to educate citizens about the purpose and responsibilities of the Coroner's Office and to promote community focus on the number of preventable deaths in Lexington County. The compilation of demographic and statistical information was well-received, and in many respects exceeded our expectations.

As I present to you the Lexington County Coroner's Office 2017 Annual Report, I would like to express my sincere condolences to everyone who lost a loved one in 2017. Although the statistics are only quantitative values, the members of my staff and I remain cognizant of each decedent's qualitative value and have been impacted by each one. Our intention remains to gain and share any information that might lead to the prevention of tragedies whenever possible.

The information necessary to compile this annual report has been derived from records obtained and held by the Lexington County Coroner's Office, including but not limited to our own investigations, police reports, autopsy reports, motor vehicle collision reports, and death certificates. We have put great effort into ensuring that the information is accurate and complete.

It remains an absolute privilege to serve you all. If we may be of any assistance or you need additional information, please feel free to contact the Lexington County Coroner's Office.

Thank you for your continued support,

Margaret W. Fisher

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OUR MISSION STATEMENT

The mission of the Lexington County Coroner's Office is to determine the cause and manner of death through the completion of thorough, respectful, and professional investigations. As we endeavor to be the ambassadors of all decedents for whom we are responsible, we will extend to their loved ones unparalleled compassion and commitment.

BACKGROUND AND OBJECTIVES OF THE LEXINGTON COUNTY CORONER'S OFFICE

Since 1900, the Lexington County Coroner's Office has functioned under the leadership of twelve different Coroners. The twelfth and current Coroner, Margaret W. Fisher, is the eighth to reach office through the process of election, and the first female to hold the position. Coroner Fisher was initially elected to office on November 13, 2014 and was honored to be re-elected in November of 2016.



Prior to being elected as Coroner, Margaret Fisher served as Senior Deputy, assigned to the Community Action Team, at Richland County Sheriff's Department (RCSD). Although she served Richland County, professionally, Margaret has resided in Lexington County for more than 30 years. She began her law enforcement career with RCSD in 2007, and her service and dedication there resulted in many

certifications and awards. In addition to Associates Degrees in Criminal Justice and Nursing (RN) from Midlands Technical College, Margaret Fisher received the following certifications: Bike Patrol, National Child Safety Seat, Mounted Patrol, Prevention and Deterrence of Terrorist Acts, and Search and Rescue by horseback, all-terrain vehicle, and ground searching.

Margaret Fisher gained leadership experience as a leader of the Community Action Team and Unit Commander of the Richland County Mounted Patrol Unit. She received several awards, including Region 2 Outstanding Service Award (2009), Deputy of the

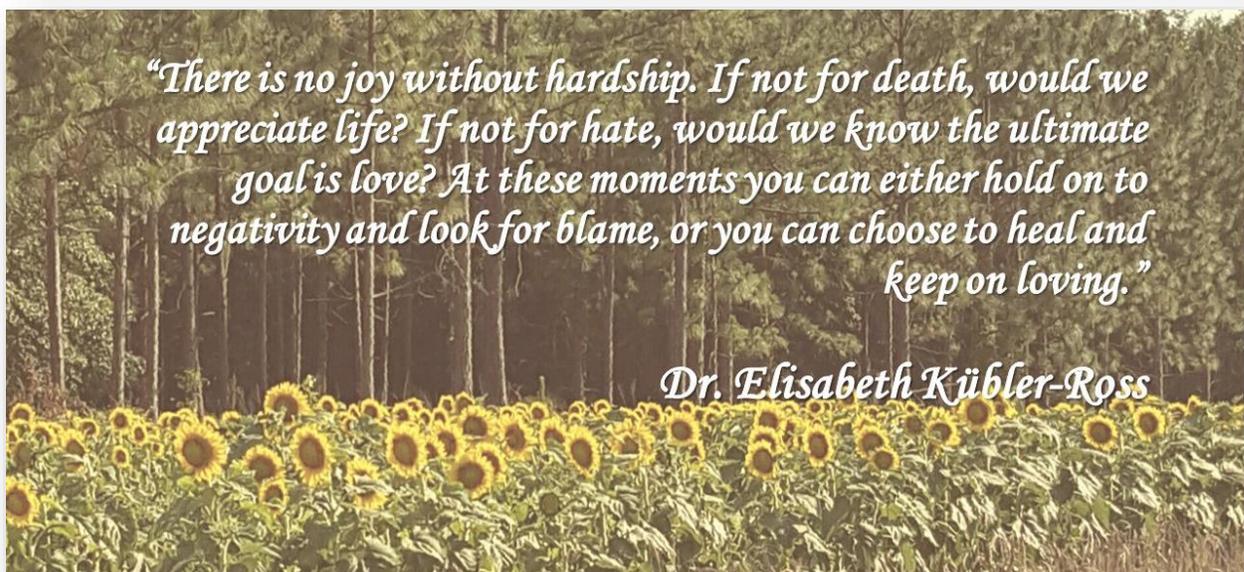
Cycle, Region 2 (2009), Community Services Division Deputy of the Year (2012), and Deputy of the Quarter (3 times since 2008). She also received Sheriff's Department Commendations in 2009 and 2010. Margaret's dedication led her to serve on the Lake Murray Marine Patrol and the multi-agency Alcohol Enforcement Team. She continues to serve on the boards of the 11th Circuit Domestic Violence Fatality Review Committee, the Lake Murray Board of Directors, and the Lexington One Task Force on Drugs and Alcohol.

Since becoming Coroner, Margaret Fisher has been certified by the American Board of Medicolegal Death Investigators (ABMDI) and has implemented various procedural improvements to increase the efficiency of the Lexington County Coroner's Office (LCCO). Her objectives clearly reflect her dedication to the citizens of Lexington County. Coroner Fisher is passionate about her dual role as a public servant and a law enforcement officer, and the position requires her to utilize her investigative and community relations skills. She has high expectations for all Deputy Coroners under her leadership; continual training is mandated, and certain standards of behavior must be adhered to. In addition to maintaining the status of an office accredited by the International Association of Coroners & Medical Examiners (IAC&ME), all Deputy Coroners are expected to become ABMDI certified in the near future.

In order to deserve and establish the trust of our community, it is imperative that we act with professionalism and respect, as well as compassion. Although we represent the deceased, we serve their survivors, and those individuals deserve to be handled with care and understanding as they grieve. In addition to compassion and respect, loved ones also deserve answers and, in some cases, justice. The objective of LCCO's quest for answers and truth is to represent decedents and ensure that the judicial system is successful in holding parties responsible for their deaths accountable, whether civilly or criminally. The process by which the Lexington County Coroner's Office operates and effectively upholds our investigative duties will be outlined in detail later in this report.

The primary focus of the LCCO is to determine the cause and manner of death; however, there are many additional facets that must remain a priority. For example, LCCO

personnel must conduct independent investigations, while cultivating a positive relationship with all law enforcement agencies in the county. LCCO works alongside first responders, including law enforcement officers, EMS personnel, and firefighters. We are also in constant communication with physicians, funeral homes, the media, attorneys, South Carolina Department of Health and Environmental Control (DHEC), South Carolina Law Enforcement Division (SLED), Pathology Associates of Lexington, Newberry Pathology Associates, and Sharing Hope, Inc. Organ and Tissue Donation Services for SC. The role of each of these entities is essential to the Lexington County Coroner's Office, and they will be addressed specifically throughout this report.



Lexington County Coroner's Office Organizational Chart

Coroner

Margaret W. Fisher, D-ABMDI

Chief Deputy Coroner



Candace S. Berry, D-ABMDI, BA in Criminal Justice from Limestone College (graduated Cum Laude). Lifelong resident of Lexington County and graduate of Pelion High School; resides in Pelion.

Deputy Coroners

Chandler J. Clardy, studied Mortuary Science at Piedmont Technical College and Criminology/Forensic Technology at ITT Tech; worked in the funeral industry for four years. Originally from Liberty, SC (Pickens County); resides in Lexington.



Grey P. Gain, II, 10 years as a United States Marine Corps Combat Engineer, honorably discharged as Sergeant, 15 years with the Savannah River Site Law Enforcement Department, and completed University of North Dakota Death Investigations certificate program. Originally from Havelock, North Carolina; has resided in Batesburg since 2007.

Keri A. Lawler, 6 years in public safety, in various capacities. Originally from Massachusetts; has resided in Lexington for ten years.





Moryanne Rosario, *BS in Forensic Chemistry with Minor in Criminal Justice from Winthrop University. Graduated from Dreher High School, and resides in West Columbia.*

Andrew S. Taylor, *12 years of experience with Lexington County Fire Service, and 2 years as a Lexington County Emergency Communications Dispatcher. Resides in Gilbert; graduated from Gilbert High School.*



Jessica C. Wade, *AAS in Mortuary Science from Piedmont Technical College (graduated with honors). Originally from Richmond, Kentucky; has resided in Chapin for 7 years.*

Administrative Deputy Coroner

Laura A. Moore, *LPN, AD in Nursing from Midlands Technical College; 16 years of experience with SC Vocational Rehabilitation, and 2 years at Lexington County Detention Center. Lifelong resident of Lexington County, who resides in Lexington.*



Evidence/Property Custodian

J. Ronald Corley, *25 years in Law Enforcement and 10+ years at LCCO; lifelong resident of Lexington.*



LEXINGTON COUNTY DEMOGRAPHIC AND GEOGRAPHIC INFORMATION

The Lexington County Coroner's Office is responsible for the entire county of Lexington, which is located in the Central Midlands region of South Carolina. The population of Lexington County, per the U.S. Census Bureau estimate, was 281,833 in 2015, making it the 6th most populated of South Carolina's 46 counties. The annual population growth from 2010 to 2016 was just over 1.5%, resulting in a population increase of approximately 9.1%.¹



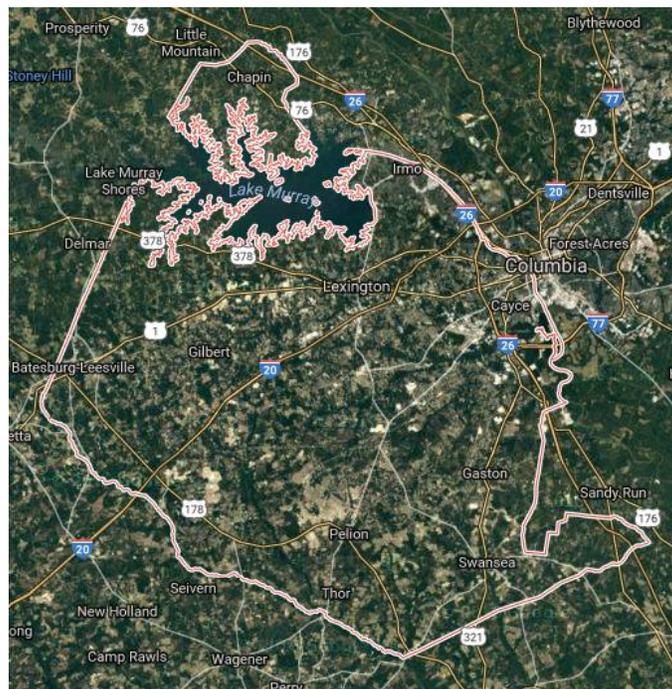
Geographically, Lexington County is 699 square miles, which makes it the 17th largest county in the state. The estimated persons per square mile of just over 400, however, makes Lexington among the most densely populated counties. From 2010 to 2015, Lexington County experienced the 7th highest population increase of SC counties with the addition of 19,442 citizens.²

¹ QuickFacts of Lexington County, South Carolina: April 1, 2010 to July 1, 2016; U.S. Census Bureau. <https://www.census.gov/quickfacts/>

² Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2015; U.S. Census Bureau, Population Division. Retrieved from <http://www.sccounties.org/>

The population of Lexington County is 76% White, 15% Black/African American, 6% Hispanic/Latino, and the remaining 3% is a combination of individuals of multi-racial, American Indian, Asian, Native Hawaiian, and Pacific Islander descent. Nearly 24% of county citizens are under 18 years of age, while 15% is 65 years of age and older. Of those under age 65, approximately 11% are without health insurance, which impacts the level of healthcare, particularly of a preventive nature, that they receive.¹

The cities and towns within Lexington County include Lexington (county seat), Batesburg-Leesville, Cayce, Chapin, Gaston, Gilbert, Irmo, Pelion, South Congaree, Swansea, West Columbia, and a portion of Columbia (state capital). Although the county has experienced significant growth and development in the past several years, a large area of the county remains quite rural, with many farms and forests. There are several rivers, as well as Lake Murray, where residents and tourists take advantage of the natural beauty and recreational opportunities that Lexington County offers.



RESPONSIBILITIES, CASE INVESTIGATION AND DISPOSITION

Per the South Carolina Code of Laws, certain deaths must be reported to the appropriate Coroner's Office so that an inquiry into the cause and manner of death may be initiated immediately. The specific types of deaths that are required to be reported include any that occur:

- As a result of violence.
- As a result of apparent suicide.
- When in apparent good health.
- When unattended by a physician.
- In any suspicious or unusual manner.
- While an inmate of a penal or correctional institution.
- As a result of stillbirth when unattended by a physician.

Upon notification that a death of any of the above circumstances has occurred in Lexington County, the Lexington County Coroner's Office promptly responds to the location of the decedent. When the Coroner and/or Deputy Coroner arrive on scene to conduct the investigation, they follow the same general procedural guidelines, making necessary modifications as the circumstances require. They will first identify and document all first responders present (fire, EMS, law enforcement, etc.), and interview them to obtain any relevant information, including alterations made to the scene, resuscitative efforts, any possible safety concerns, etc.

If first responders did not find any obvious indications that the death was violent or suspicious, the Coroner or Deputy Coroner will perform an initial walk-through of the scene to make general observations, while taking notes and photographs. If for any reason the death appears suspicious, the Coroner or Deputy Coroner will immediately discontinue their observation and contact the appropriate law enforcement agency. No

further entry or observations will be conducted until the required investigators and personnel are present.

Law enforcement will almost always be on scene; the responding agency will be determined by the location and jurisdictional guidelines. LCCO, although conducting a separate and independent investigation, must coordinate with all law enforcement agencies. Depending on the circumstances surrounding a death, SLED and/or specific units, such as Crime Scene Investigation (CSI), from the responding law enforcement agency may be requested. The CSI unit of the appropriate agency will conduct an investigation in cases of violent or suspicious deaths, including homicides, suicides, and some deaths that are later determined to have been accidental or natural in manner. Some circumstances that prompt a scene investigation by SLED include: if a decedent was an inmate at a penal or correctional institution, if the decedent was in custody of law enforcement, or if a law enforcement officer was involved in the death.

When the investigation resumes, with all investigators present, the Coroner or Deputy Coroner will document and photograph anything that may be helpful in determining cause and manner of death, as well as date and time of death. Environmental details, such as living conditions and climate, may be pertinent to how and when the death occurred. An assessment of the decedent's body is necessary to determine if the death may have been the result of injury, when the death occurred, and the identity of the decedent. In many cases, decedents are identified using government-issued photo ID's or physical characteristics specific to them, such as tattoos, scars, or other physical markings.

Another responsibility of the Coroner/Deputy Coroner is to collect any property on or near the decedent's body, and secure and document the property until it can be returned to the decedent's legal next of kin. Prescription medications belonging to decedents are also collected, documented, and secured by LCCO until they can be properly destroyed. Any evidence, or potential evidence, is documented by all agencies and collected by the appropriate agency for processing.

After the scene has been processed and physical information has been gathered by all agencies, the Coroner/Deputy Coroner requests the assistance of a contracted removal service to transport the decedent. All decedents are removed and transported respectfully, and according to DHEC policies. Decedents remain in one of two secure morgue locations until all necessary identification confirmation and/or an autopsy is completed. In order to obtain positive identification of a decedent, LCCO may utilize one or more of the following methods: forensic anthropology analysis (skeleton/bones); DNA analysis; forensic odontology (dental X-rays); fingerprint analysis; the presence of prosthetics and/or birth defects.

If there are family members, witnesses, and/or potential suspects on scene, they will be interviewed in order to obtain as many details as possible. The questions asked by LCCO may vary, based on the specific situation, but the information that is typically requested includes: the decedent's identity; when and by whom the decedent was discovered; next of kin and primary physician of the decedent; account of what happened, including decedent's actions; date and time decedent was last seen or spoken to; decedent's past medical, social, and family history.

In the event that no family members or persons familiar with the decedent are present at the scene, every effort is made by the Coroner or Deputy Coroner to locate and notify the legal next of kin as soon as possible. Any notifications within Lexington County, whether related to a death being investigated by LCCO or another jurisdiction, are made by the Coroner or Deputy Coroner in person. When necessary, LCCO contacts the appropriate agencies in other jurisdictions to make notifications.

When an autopsy is necessary, LCCO notifies one of two contracted vendors, Pathology Associates of Lexington or Newberry Pathology Associates. The circumstances of a death dictate which vendor will be used; for example, Newberry Pathology Associates performs autopsies of all potential homicide victims. When Newberry Pathology Associates performs an autopsy, all related specimens are taken to the SLED crime lab for toxicology, or other required, testing. Toxicology testing of specimens related to autopsies conducted by Pathology Associates of Lexington is performed by NMS Labs, a

nationally accredited laboratory. In cases of violent or suspicious deaths, the law enforcement agency responsible for investigating may also be present at the autopsies. Upon completion of an autopsy, the decedent's legal next of kin is contacted and made aware of any available findings.

When a decedent was known to suffer from significant health conditions, and the scene investigation produced no reason to suspect the death was not natural, the decedent's physician may be willing to certify his or her death. If for any reason the decedent's physician is unavailable or unwilling to do so, medical records may be obtained by LCCO. After a thorough review of those records, the Coroner may certify the death as natural without requiring an autopsy.

The next of kin is responsible for selecting a funeral home and informing LCCO when a decision has been made. The decedent is then released by LCCO to the appropriate funeral home. In the event that no next of kin can be located or the next of kin is financially incapable of procuring the services of a funeral home, county resources are appropriated to provide cremation services.

Whenever possible, the Lexington County Coroner's Office works with Sharing Hope, Inc., an organ and tissue donation service, to effectuate the wishes of decedent and his/her family. In some situations, unfortunately, organs and tissues do not meet the standards of quality and condition necessary for donation.

The Solicitor's Office, Public Defender's Office, and law enforcement agencies may, in some cases, request a copy of the investigative report compiled by the Coroner's Office. In order to ensure that these requests may be fulfilled and the reports are helpful, the Coroner and Deputy Coroners promptly complete thorough reports.

In order to keep the public informed, the Lexington County Coroner's Office is also responsible for communicating with the media. Various local news outlets, including newspapers and television stations, are often aware of certain types of deaths early in an investigation. The law enforcement agency involved may make an initial statement to the media regarding the situation, but LCCO must provide some additional information as it becomes available.



MANNERS AND CAUSES OF DEATH

The specific injury or condition that led or directly contributed to an individual's death is known as the **cause of death**. The different specific causes are innumerable, and they vary enormously. For example, a cause of death may be Lung Cancer, Asphyxiation, Exsanguination, Myocardial Infarction, or any conceivable disease or injury.

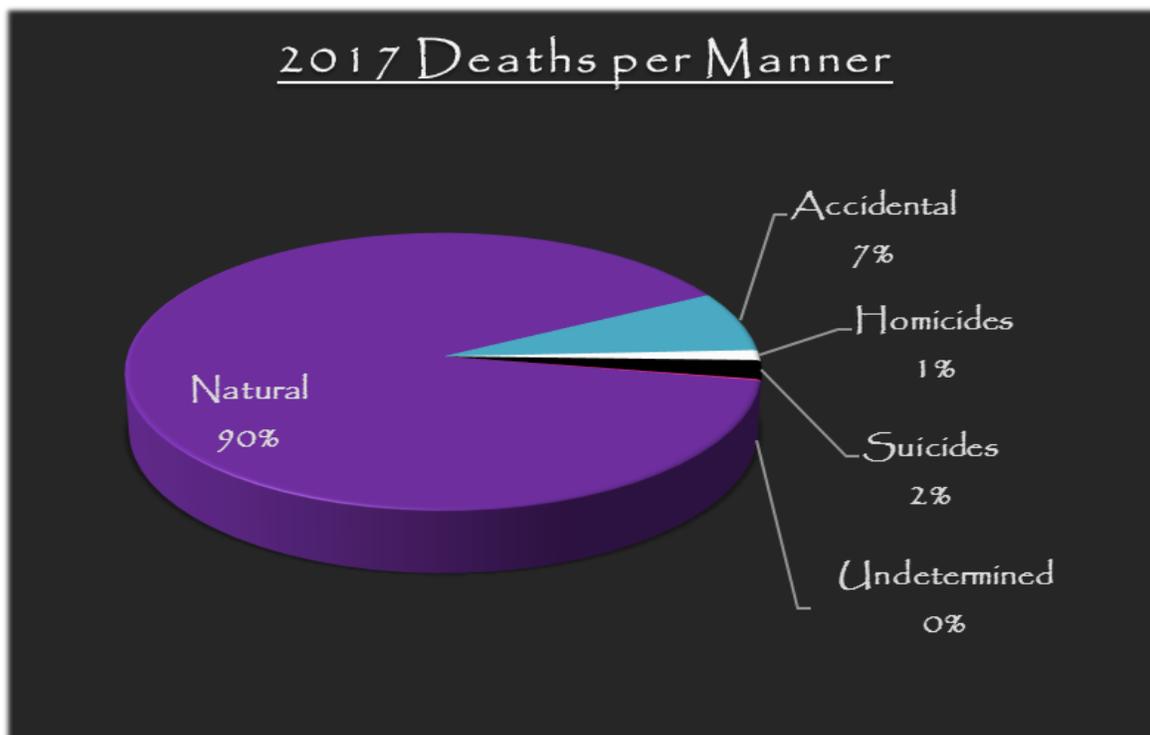
Although the cause of death is typically determined by a decedent's medical history, injuries found during an autopsy and/or toxicology testing, the **manner of death** is determined by the circumstances surrounding the cause. For instance, if a death was caused by a disease, then the manner would be natural. The manner of death is limited to one of the following five classifications:

- **Accident:** Deaths that are not natural but lack any evidence of intent on the part of the decedent or others; motor vehicle collisions, falls, unintentional drug overdoses, etc.
- **Homicide:** Deaths that result from injuries, whether intentionally or negligently, inflicted by another person or people.
- **Natural:** Deaths that occur due to diseases or health conditions that were not the result of some unnatural event.
- **Suicide:** Death resulting from the intentional and purposeful action of a decedent to end his/her life. In some cases, such as drug overdoses, if there are no letters left to establish intent and the individual had not threatened or attempted suicide previously, the death would be classified as an accident.
- **Undetermined:** Deaths are assigned this manner when the evidence and information obtained is insufficient or contradictory, particularly regarding intent, making it impossible to determine a specific manner.

2017 MANNERS OF DEATH

Total Deaths: 2,134

Natural	1,908
Accidental	151
Undetermined	3
Homicides	25
Suicides	47



Additional Services Provided in 2017

Cremation Permits (for non-LCCO cases):	127
Cremation Permits (for LCCO cases):	943
Notifications for other Jurisdictions:	21
Indigent Cremations / Burials:	27
Total Service Requests:	1,118

Consistent with statewide and national mortality statistics, the majority (90%) of deaths in Lexington County were determined to be natural in manner. Natural deaths in Lexington County accounted for 1,908 of the 2,134 total deaths. Deaths that do not require on-scene investigation, such as deaths of individuals under hospice care, do receive limited investigations. Of the 1,908 natural deaths reported to the Lexington County Coroner's Office in 2017, 1,436 required only limited investigations. The remaining 472 received full, on-scene investigations.

In addition to those 472 natural deaths, the combined 226 deaths classified as accidental, undetermined, homicide, or suicide received full on-scene investigations. Of the 698 fully investigated deaths in Lexington County, 264 required full autopsies, 65 received external examinations, 1 required a partial autopsy, and toxicology testing was performed in all of these cases, as well as 15 that required only toxicology testing, to determine the cause of death. Following the necessary postmortem examinations and/or testing, it was concluded that 151 deaths (7%) were accidental, 47 deaths (2%) were suicides, 25 deaths (1%) were homicides, and only 3 (<1%) were of an undetermined or pending manner.

	<i>Natural</i>	<i>Accidental</i>	<i>Undetermined</i>	<i>Homicides</i>	<i>Suicides</i>
# of Full Autopsies	142	75	3	24	17
# of Partial Autopsies	0	1	0	0	0
# of External Examinations	0	37	0	0	28
Toxicology Testing (Only)	5	8	0	0	2
Total Cases (excluding limited investigations)	472	151	3	25	47
% of Cases that Received Autopsy and/or Toxicology Testing	31.1%	80.1%	100%	96%	100%

As shown in the table, natural deaths are the only manner of which a majority did not receive autopsies and/or toxicological testing. The primary reasons for conducting autopsies in cases determined to have been natural deaths were: lack of significant recorded medical history, no physician was familiar with the decedent, the condition of the decedent when found made it difficult to determine if injuries were present, and there was a possibility that the death was the result of an unnatural event (e.g. fall, unintentional injury).

In certain accidental death cases, autopsies were not required because the decedents had survived for long enough periods in the hospital that records from diagnostic procedures, such as radiology reports, were available and provided the information necessary to establish cause of death. Additional investigative procedures were completed in order to determine the manner of death in these cases. In other accidental deaths that did not receive autopsies, the cause of death was apparent and the manner was investigated.

Nearly all suspicious deaths and obvious homicides required some type of postmortem examination; typically all require a full autopsy. In 2017, the only homicide that did not receive a full autopsy was a case in which the victim survived for several weeks in the hospital. Homicides typically require a full autopsy for the purpose of obtaining items and information of evidentiary value because they will hopefully result in criminal proceedings.

Some families may object to the performance of an autopsy for cultural or religious reasons. While we respect all beliefs, autopsies may be unavoidable in certain cases. For instance, it is important for the grieving process, as well as insurance purposes, to distinguish an accident from a suicide. Providing all possible evidence in a homicide case is also important to ensure that justice is carried out. The law provides LCCO with the authority to perform autopsies, regardless of objections, in order to fulfill our legal responsibility to determine manner and cause of death. However, every effort will be made to help families understand or make accommodations to their schedules.

2017 NATURAL DEATH STATISTICS

Total Deaths: 1,908

On-Scene Investigations: 472

Limited Investigations: 1,436

Race		Month		Race and Gender	
White:	1,659	January:	185	White Males:	775
Black:	220	February:	151	White Females:	884
Hispanic:	14	March:	178	Black Males:	109
Other:	15	April:	159	Black Females:	111
		May:	140	Hispanic Males:	10
		June:	131	Hispanic Females:	4
		July:	147	Other Males:	9
		August:	156	Other Females:	6
		September:	161		
		October:	145	Average age:	73.9
		November:	170	Oldest:	105
		December:	185		
Gender					
Male:	902				
Female:	1,006				
Age					
Fetus:	24				
Birth - 10 years:	7				
11 - 20 years:	6				
21 - 30 years:	6				
31 - 40 years:	24				
41 - 50 years:	73				
51 - 60 years:	196				
61 - 70 years:	358				
71 - 80 years:	446				
81 - 90 years:	505				
91 - 100 years:	248				
101+ years:	15				
Deaths per Day					
Monday:	276				
Tuesday:	254				
Wednesday:	277				
Thursday:	295				
Friday:	282				
Saturday:	252				
Sunday:	272				

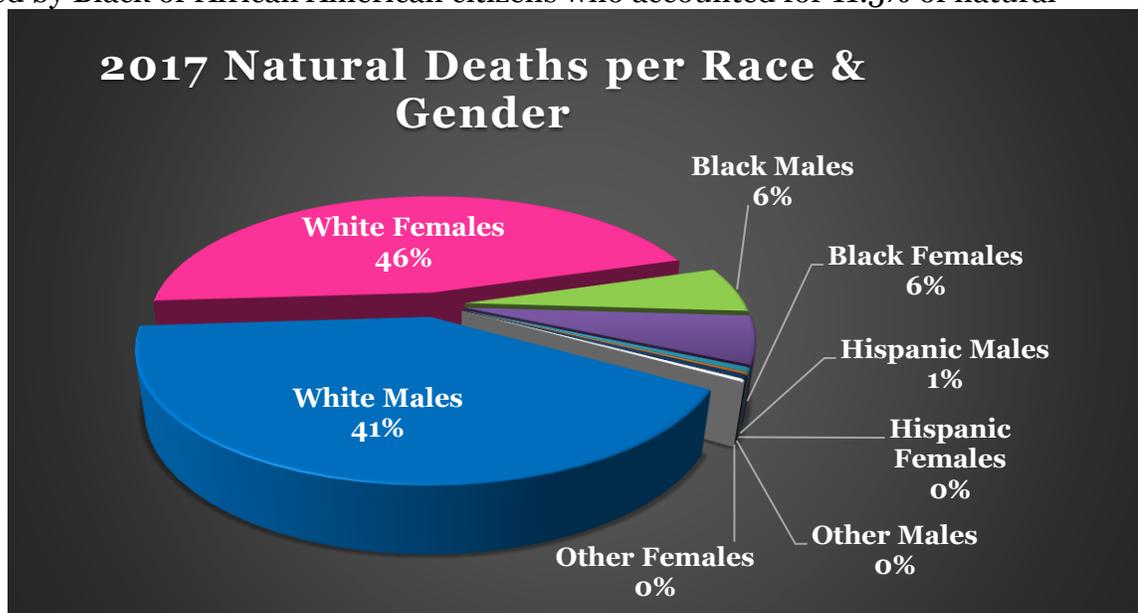
Number of Natural Deaths per Specific Cause	
Heart-Related:	552
Cancer / Malignant Neoplasms:	427
Alzheimer's / Dementia:	321
Chronic Lower Respiratory Diseases:	181
Cerebrovascular Diseases / Strokes:	114
Kidney-Related:	56
Liver-Related:	49
Influenza / Pneumonia:	46
Pulmonary / Circulatory:	39
Gastrointestinal:	30
Diabetes Mellitus:	30
Short Gestation / Congenital Anomalies:	24
Septicemia:	17
Adult Failure to Thrive:	14
HIV:	2
Other:	6

In regard to the deaths reported to and investigated by the Lexington County Coroner's Office in 2017, 91.1% (1,944) were attributed to ten leading causes of death. Those ten causes, which include accidents and suicides along with eight natural causes, were very similar to the most recently reported leading causes nationally and statewide. Eight of the leading causes of death in 2017 in Lexington County were also present among the top ten causes based on 2015 data for the nation and South Carolina. The ninth leading cause of 2017 deaths in the county, intentional self-harm (suicide), was ranked tenth nationally in 2015, but was not ranked statewide. Chronic liver disease and cirrhosis was ranked eighth among deaths in the county, despite not being among the top ten nationally or in the state.

Cause of Death	Rank			Deaths per Cause		
	U.S. (2015)	S.C. (2015)	Lex. County (2017)	U.S. (2015)	S.C. (2015)	Lex. County (2017)
Leading Causes, All Ages						
Diseases of heart	1	1	1	633,842	10,034	552
Malignant neoplasms (cancer)	2	2	2	595,930	9,940	427
Chronic lower respiratory diseases	3	3	4	155,041	2,907	181
Accidents (unintentional injuries)	4	4	5	146,571	2,793	151
Cerebrovascular diseases	5	5	6	140,323	2,600	114
Alzheimer's disease	6	6	3	110,561	2,453	321
Diabetes mellitus	7	7	-	79,535	1,346	30
Influenza and pneumonia	8	10	10	57,062	846	46
Nephritis and nephrosis (kidney disease)	9	8	7	49,959	887	56
Intentional self-harm (suicide)	10	-	9	44,193	741	47
Septicemia	-	9	-	Unknown	852	17
Chronic liver disease and cirrhosis	-	-	8	38,170	718	49

Of the 2,712,630 deaths recorded in 2015 in the U.S., 74.2% were attributed to the ten leading causes. In 2015 in South Carolina, there were 47,182 deaths and 73.5% of those were due to the top ten causes of death.^{3 4}

As would be anticipated, considering the demographic information of the county detailed earlier in this report, a large majority of the natural deaths in 2017 were of White citizens. Also consistent with the county population, just under 53% of the decedents were female. White individuals, not of Hispanic or Latino descent, represented 76% of the county population and 87% of the natural deaths, and were followed by Black or African American citizens who accounted for 11.5% of natural



deaths (15% of population). While Hispanic or Latino individuals form 6% of the county population, they represented less than 1% of the natural deaths, and males and females of other origins, primarily Asian, accounted for slightly less than 1% of deaths.

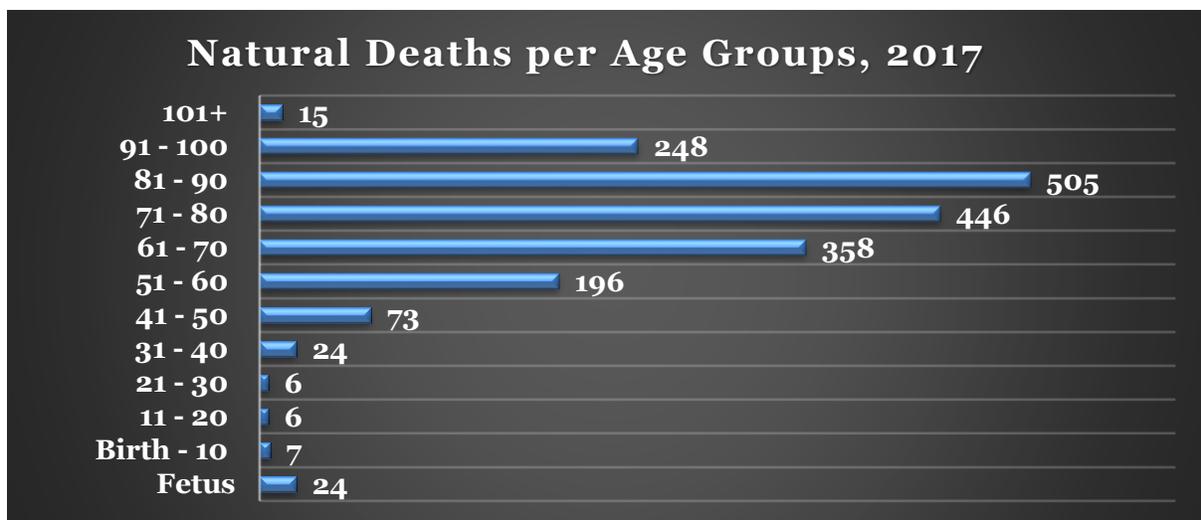
Just over 82% (1,572) of natural deaths in 2017 were of individuals 61 years of age and over, with the oldest being 105 years. The most recent U.S. Census Bureau estimate (July, 2015) found that 14.6% of the population of Lexington County was of age 65 years and over. Slightly more than 16% of the state population was estimated at that time to

³ Mortality in the United States. NCHS, National Vital Statistics System, Mortality. (2015).

⁴ Mortality from Ten Leading Causes of Death. South Carolina Department of Health and Environmental Control, Division of Biostatistics. (2015).

be 65 years of age and older, and 33,089 (70.1%) of the 47,182 deaths in S.C. in 2015 were of residents of that age group. Statewide, the leading cause of death among residents between 65 and 74 years of age in 2015 was malignant neoplasms (cancer), and diseases of heart were the primary cause for those 75 years and over.

According to the National Center for Health Statistics (NCHS), the life expectancy for the U.S. population in 2015 was 78.8 years.⁵ In cases of natural deaths only, which constituted 1,908 of deaths handled by LCCO in 2017, a total of 867 decedents were of age 79 years and older. There were 313 natural deaths of individuals 90 years of age and over. The leading causes of death among decedents of age 79 years and above were Alzheimer's and other degenerative diseases and diseases of the heart; 240 deaths were attributed to each of these causes. Cancer was the third leading cause among this age group with 125 deaths.



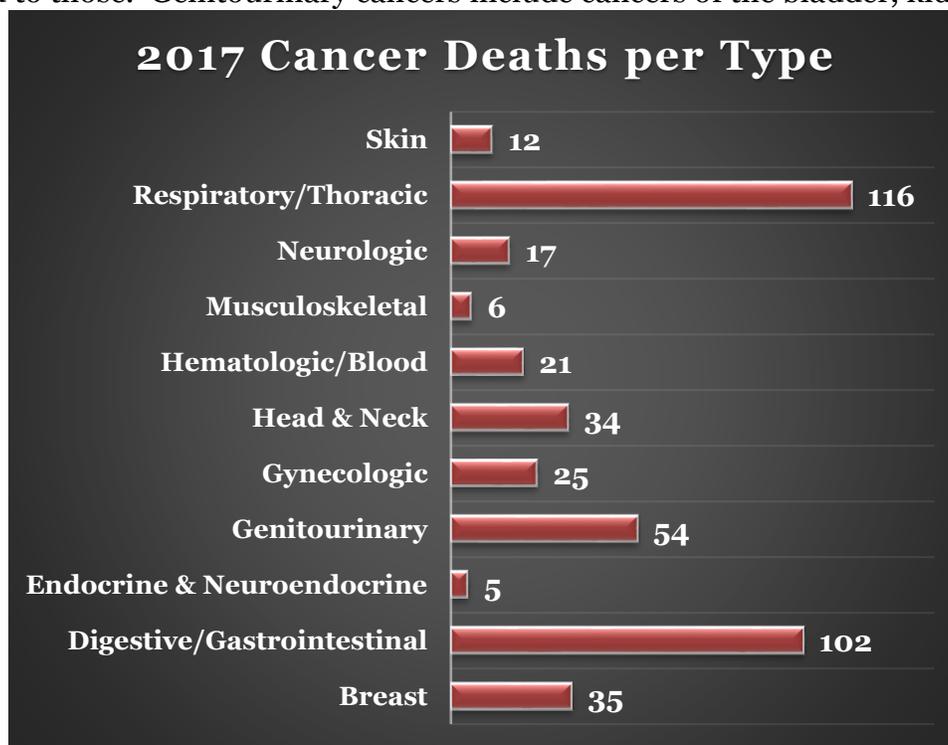
Of the 472 natural deaths in Lexington County that required full investigations in 2017, 264 of them involved decedents of the age 65 years and over. The largest percentage of those deaths were of White males (111) and White females (111), and the leading cause of death among that age group were diseases of the heart, which accounted for 146 of the investigated deaths. Cancer was determined to have been the cause of death in only 16 of the fully investigated deaths of individuals age 65 years and older; however, in the

⁵ Xu, J.Q., S.L. Murphy, K.D. Kochanek, and E. Arias. (2016). *Mortality in the United States, 2015*. NCHS data brief, no. 267. Hyattsville, MD: National Center for Health Statistics. <https://www.cdc.gov/nchs/products/databriefs/db267.htm>

same age group, 258 of the deaths that required only limited investigations were due to cancer. The difference, primarily, was due to the utilization of hospice care.

Malignant neoplasms, or cancer, caused 427 of the 2017 deaths in Lexington County, and 27.2% of those deaths were attributed to respiratory/thoracic types of cancer.

Respiratory/thoracic cancers include lung cancer, mesothelioma and carcinoma, and lung cancer was the leading cause of cancer deaths in this county last year. Pancreatic, liver, colon, esophageal, gallbladder, stomach and rectal cancers are among those classified as digestive/gastrointestinal cancers, and 23.9% of cancer deaths were attributed to those. Genitourinary cancers include cancers of the bladder, kidneys,

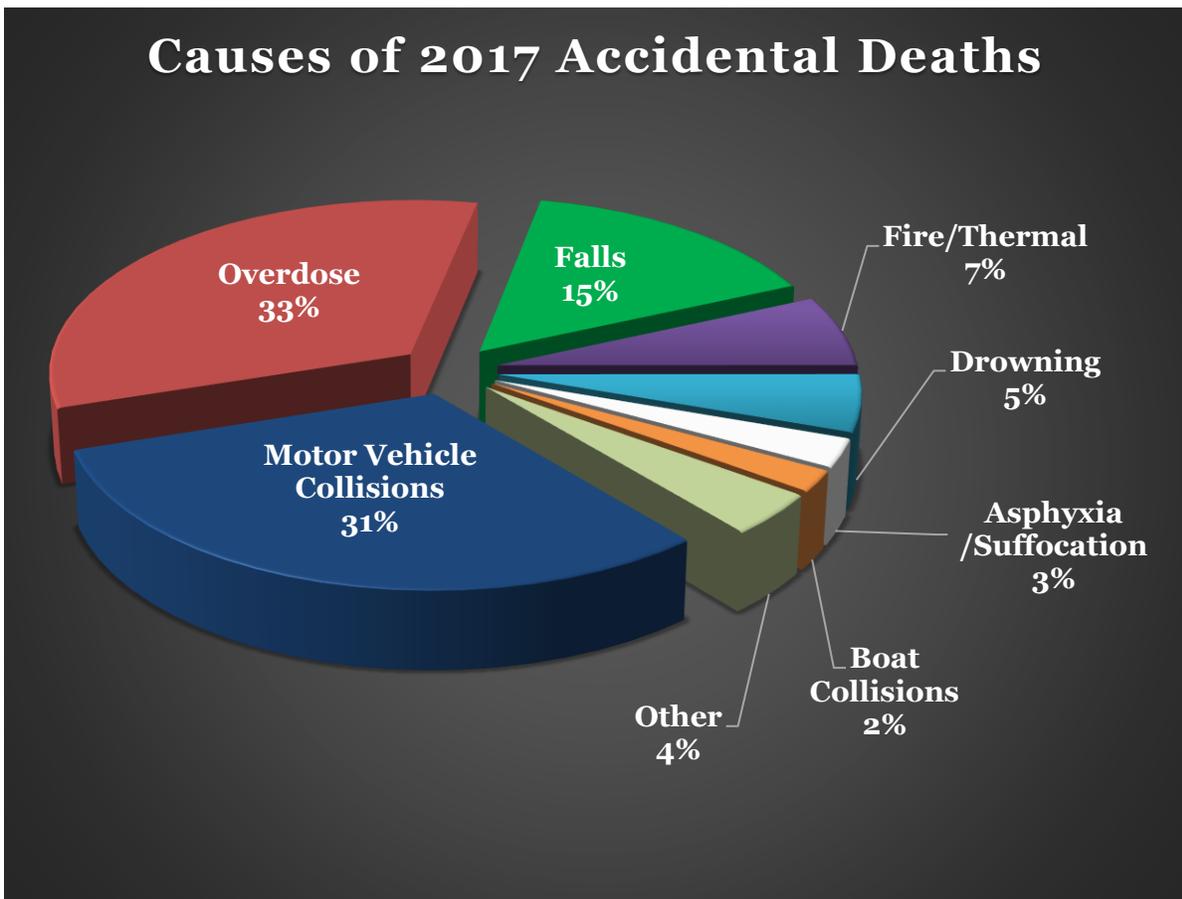


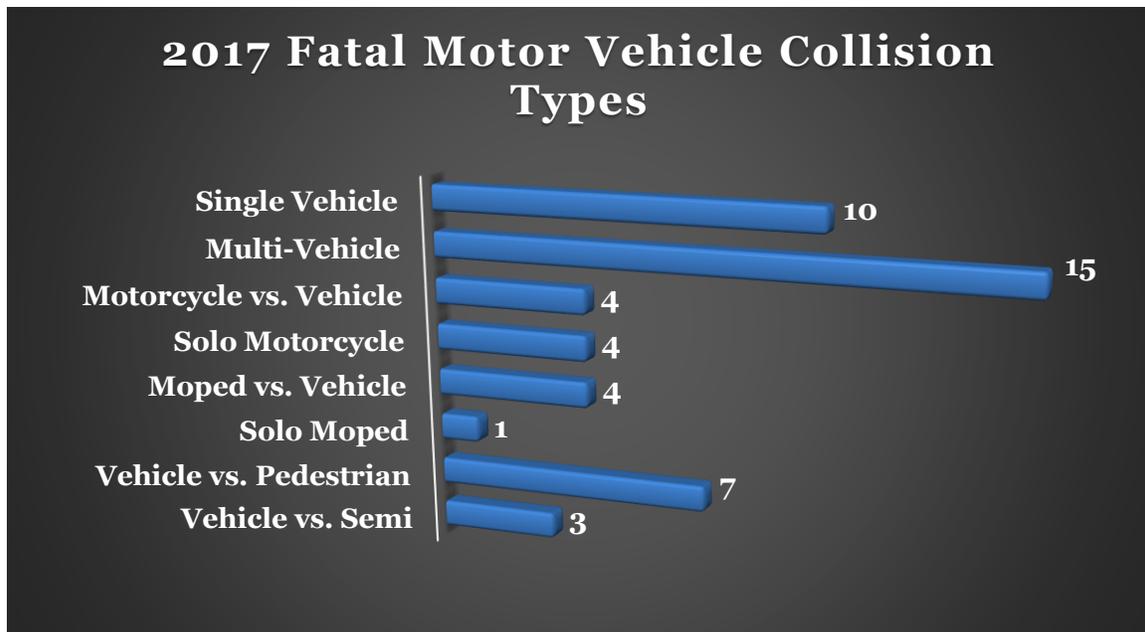
prostate, penis, ureters, testicles, and urethra. Leukemia and lymphoma are classified as hematologic/blood cancers, and melanoma and sarcoma are skin cancers. Brain, spinal cord and pituitary tumors are neurologic cancers, while head and neck cancers include laryngeal, neck, mouth, nasopharyngeal, sinus, salivary gland, throat, and thyroid cancers. Cervical, endometrial, ovarian, peritoneal, vaginal, and vulvar cancers are among those classified as gynecologic cancers.

2017 ACCIDENTAL DEATH STATISTICS

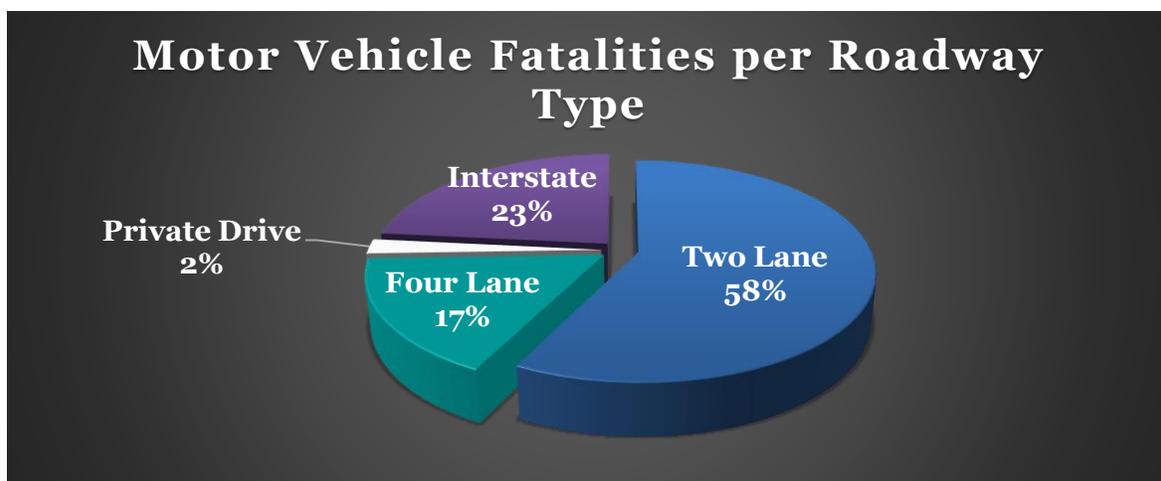
Total Deaths: 151

<i>Causes of Death</i>	<i>Deaths per Cause</i>	<i>Average Age per Cause</i>
Motor Vehicle Collisions	47	45 years
Overdose	50	42.7 years
Falls	23	82.3 years
Fire/Thermal	10	36.8 years
Drowning	8	46 years
Suffocation	3	3 months
Boat Collisions	3	40.7 years
Other	7	43 years

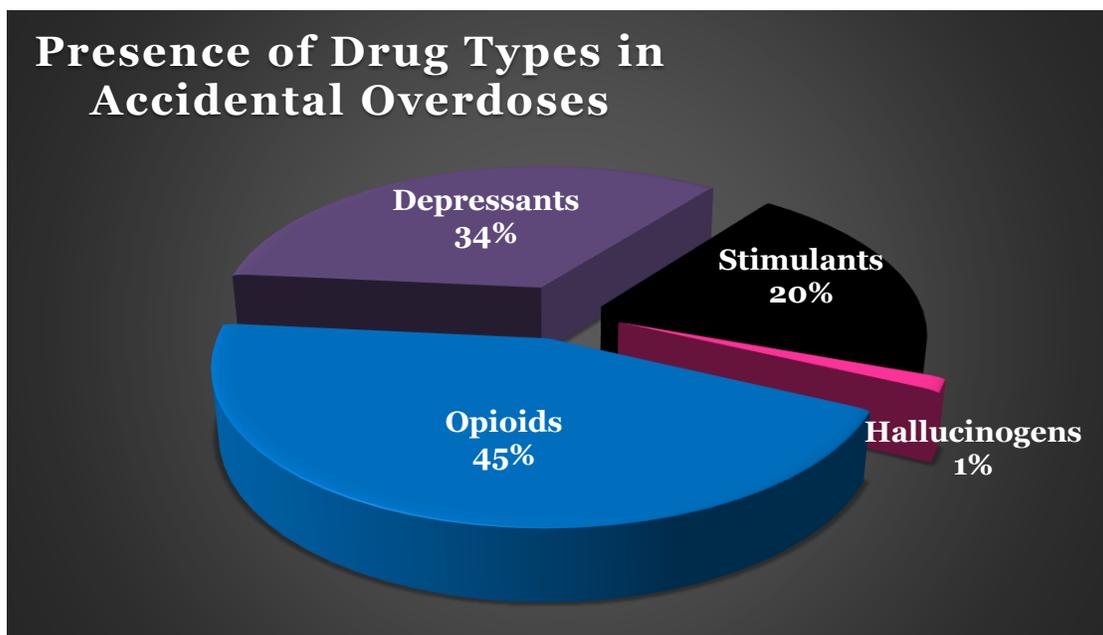




In Lexington County there were two more motor vehicle fatalities in 2017 than 2016. There was one more pedestrian fatality, one more fatality of motorcycle/moped operators/passengers, and one more fatality on the interstates in 2017. Of the 26 cases in which the decedent's toxicology report contained alcohol and/or drugs that may have contributed to the collision, seven were single-vehicle incidents, eight involved two or more vehicles, five were pedestrians, and six were operators/passengers of mopeds or motorcycles. The majority of decedents involved in single-vehicle incidents, as well as all involved in solo-motorcycle incidents, were positive for alcohol and/or drugs.



In consideration of the ongoing media coverage surrounding the heroin/opioid epidemic, the number of cases in which heroin appeared on the toxicology report seems low. There are many factors to consider, however, prior to making this judgment. First and foremost, those two deaths, along with the other 48, were enormous losses, particularly to the loved ones of those individuals, and those deaths were entirely preventable. Additionally, heroin is only one of many opioids and opiates, including prescription medications such as morphine, fentanyl, codeine, and methadone. Another important factor is that heroin metabolizes very rapidly in the body, which prevents its detection in many cases. There are certain metabolites, such as 6-MAM, that can only result from heroin use. The presence of fentanyl, morphine, and other substances may also be indicative of heroin use.⁶



Morphine, specifically, may be an indication of heroin use because heroin is a derivative of a potent form of morphine. At the turn of the 20th century, heroin was heralded as the alternative to the addictive morphine. However, in 1924 heroin was prohibited in the U.S. due to the discovery that it essentially was a more potent, highly addictive form

⁶ Bedford, K. *Opiate Chemistry and Metabolism*. XII-Biotech-C-Opiate Chemistry. <http://www.nzic.org.nz/ChemProcesses/biotech/12C.pdf>

of morphine.⁷ The illicit form of heroin that we know today exists in a variety of forms and purity levels. Pure heroin is typically cut with additive substances prior to distribution; these additives vary from powdered milk to poisonous substances, such as strychnine or quinine.⁸

Fentanyl, an analgesic more potent than morphine, may indicate heroin use because it is sometimes used as an additive or cutting agent, creating a highly lethal combination. Fentanyl-laced heroin is so dangerous that it created an epidemic of its own across the U.S. in 2006. Users are typically unaware of the precise composition of the heroin that they purchase and risk encountering an especially lethal combination, such as heroin and fentanyl, which can elicit immediate respiratory failure.⁸

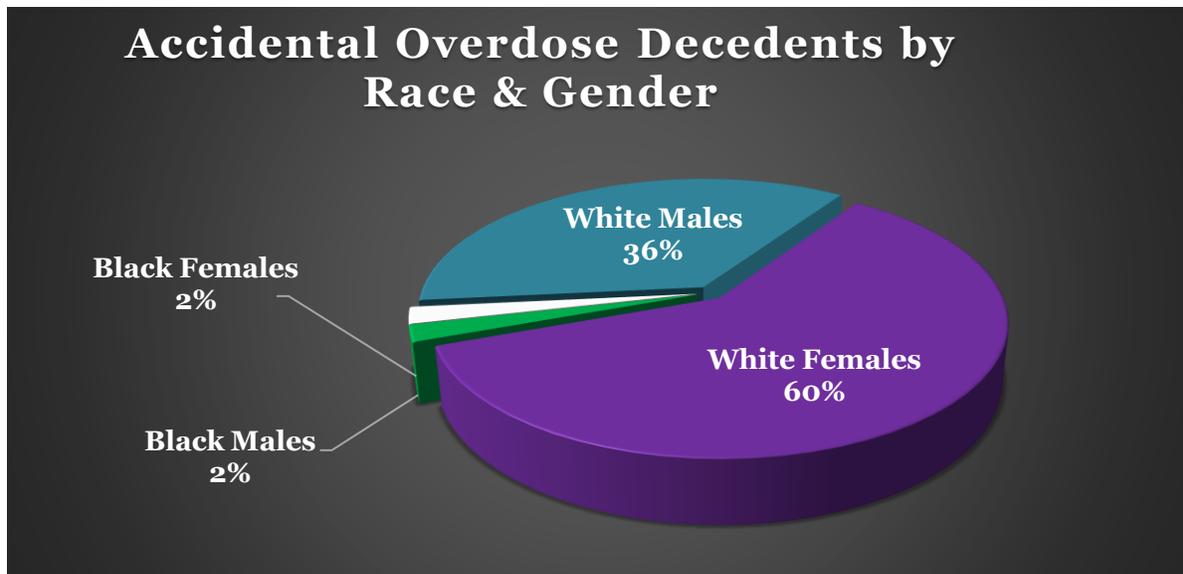
Opioids have historically been prescribed and used for pain management; however, the potential for misuse of legally available opioids is great. Repeated improper use of prescription painkillers may create an increased tolerance that leads to heroin use when the legal opioids are no longer available or strong enough. Abuse of prescription opioids also presents serious health risks that could be fatal.⁹ According to the CDC, opioids were involved in 33,091 deaths in the U.S. in 2015.¹⁰ Of the 50 overdose fatalities in Lexington County in 2017, 33 were opioid-related, and several of those decedents were known to have undergone surgical procedures, and/or had suffered from chronic pain or serious illness for which opioid painkillers were prescribed. Thirteen of the 33 individuals whose deaths were opioid-related were known to have been prescribed at least one of the substances that caused the fatal overdose.

⁷ *Substances – Heroin*. New York University Center for Health, Identity, Behavior and Prevention Studies. (2017). <http://steinhardt.nyu.edu/appsych/chibps/heroin>

⁸ "The Purity of Heroin". Retrieved from <http://heroin.net/types-of-heroin/heroin-purity/>

⁹ <http://www.samhsa.gov/atod/opioids>

¹⁰ Centers for Disease Control and Prevention. "Increases in Drug and Opioid Overdose Deaths – United States, 2010 to 2015." Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

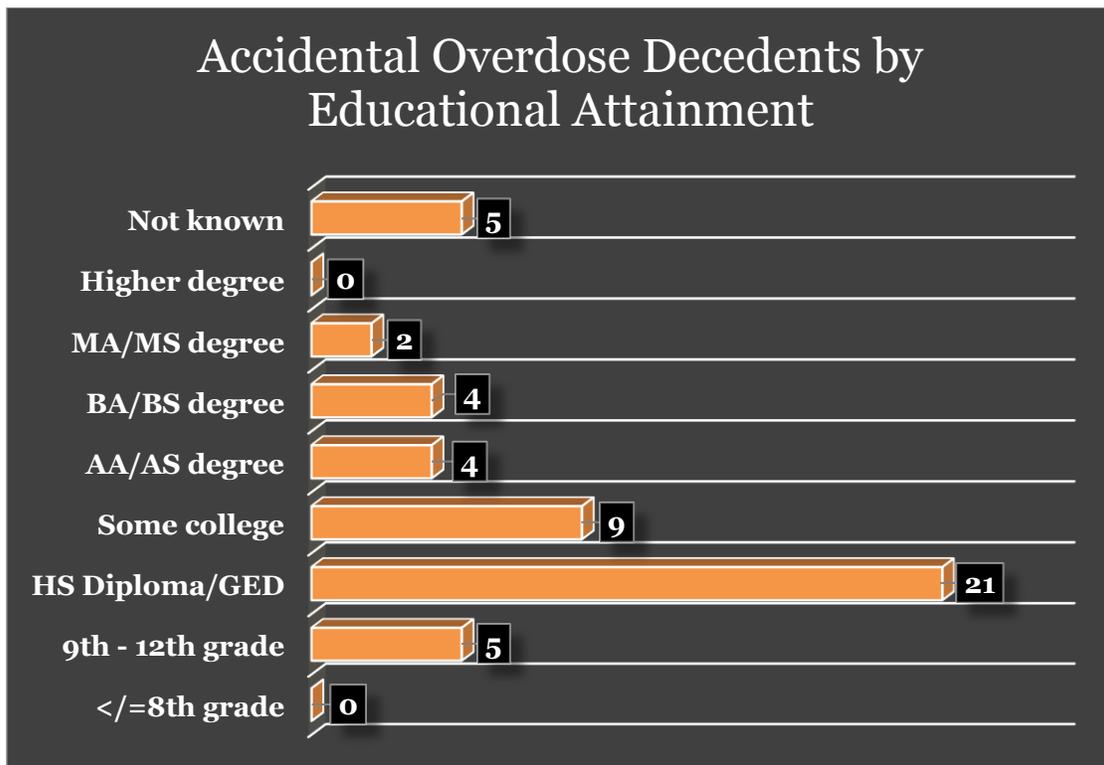


The National Survey on Drug Use and Health (NSDUH) revealed that 4.3 million Americans admitted to the non-medical use of prescription painkillers in the month prior to the 2014 survey, and 4.8 million people surveyed had used heroin at some point in their lives.⁹ According to the National Advisory Committee on Rural Health and Human Services, rural areas have an increased risk of opioid addiction and opioid overdose fatalities. Residents of rural areas, like Lexington County, are more likely to have physically demanding occupations that make them prone to injuries for which opioids may be prescribed for pain management. Socioeconomic factors that increase vulnerability to opioid addiction and overdose include educational attainment, lack of health insurance, low income, and poor health.¹¹

According to the National Advisory Committee on Rural Health and Human Services, another of the factors that has contributed to the increase in opioid-related deaths in rural areas is the limited access to adequate treatment. There are fewer evidence based treatment programs, such as medication-assisted treatment, counseling, and social support programs, available in rural areas. In order to be most effective medications,

¹¹ National Advisory Committee on Rural Health and Human Services. "Families in Crisis: The Human Service Implications of Rural Opioid Misuse." (2016).

like methadone, that are used to help people addicted to heroin and other opiates must be part of a comprehensive program. Without the necessary counseling and support, patients can become addicted to methadone and take too much due to lack of supervision. Methadone, although effective in lessening the painful symptoms of withdrawal from opioids, is dangerous and may lead to negative health effects and death due to overdose.¹² Three of the accidental overdose deaths in Lexington County were the result of methadone.



¹² Substance Abuse and Mental Health Services Administration. "Methadone."
<https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone>

2017 OTHER ACCIDENTAL DEATH STATISTICS

Total Deaths: 31

Fire-Related Deaths (Carbon Monoxide Poisoning, Thermal Injury): 10

<u>Age</u>	<u>Gender</u>	<u>Month</u>
</= 10 years: 4	Males: 6	January: 0
11 - 20 years: 0	Females: 4	February: 0
21 - 30 years: 0		March: 6
31 - 40 years: 1	<u>Race and Gender</u>	April: 0
41 - 50 years: 1	Black Males: 1	May: 1
51 - 60 years: 1	Black Females: 1	June: 1
61 - 70 years: 2	White Males: 4	July: 2
71 - 80 years: 0	White Females: 3	August: 0
81 - 90 years: 1	Other Males: 1	September: 0
	Other Females: 0	October: 0
		November: 0
		December: 0

Average Age:	36.8 years
Youngest:	10 months
Oldest:	84 years

Drowning Deaths: 8

<u>Age</u>	<u>Month</u>	<u>Race and Gender</u>
</= 20 years: 1	January: 0	Black Males: 0
21 - 30 years: 1	February: 0	Black Females: 0
31 - 40 years: 2	March: 0	White Males: 4
41 - 50 years: 0	April: 0	White Females: 3
51 - 60 years: 2	May: 0	Other Males: 1
61 - 70 years: 0	June: 2	Other Females: 0
71 - 80 years: 1	July: 2	
81 - 90 years: 1	August: 3	<u>Incident Location Type</u>
	September: 1	Lake: 4
	October: 0	Pool: 3
	November: 0	Other: 1
	December: 0	

Average Age:	46 years
Youngest:	2 years
Oldest:	87 years

Deaths due to Boating Collisions: 3

- Two decedents were on a boat that collided with another boat.
- The third decedent's boat collided with a stationary dock.
- All three were white males, and their average age was 40.7 years.
- Two of these deaths occurred in April, and the other in August.
- All incidents occurred at Lake Murray.

Miscellaneous Accidental Deaths: 7

Average Age:	43 years
Youngest:	1 year
Oldest:	77 years

Deaths per Specific Cause

Disconnected from Home Vent - Respiratory Failure:	1
Industrial Accident - Skull Fracture:	1
Electrocution:	1
Incised Neck Wound caused by Broken Window:	1
Positional Asphyxia - Fell into Small Table:	1
Crush Injury to Chest - Utility Trailer Fell:	1
Stomach Perforation - Ingestion of Foreign Object:	1

Race and Gender

Black Males:	1
White Males:	6

Infant Deaths due to Co-Sleeping: 3

<u>Ages</u>	<u>Race and Gender</u>	<u>Months and Days</u>
2 weeks	White Males: 1	-One death in August, October, and November.
3 months	White Females: 2	-Two deaths on Saturdays and one on a Friday.
6 months		

Safe Sleep For Your Baby



- Always place your baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.
- Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death.
- Room sharing—keeping baby's sleep area in the same room where you sleep—reduces the risk of SIDS and other sleep-related causes of infant death.
- Keep soft objects, toys, crib bumpers, and loose bedding out of your baby's sleep area to reduce the risk of SIDS and other sleep-related causes of infant death.
- To reduce the risk of SIDS, women should:
 - Get regular health care during pregnancy, and
 - Not smoke, drink alcohol, or use illegal drugs during pregnancy or after the baby is born.
- To reduce the risk of SIDS, do not smoke during pregnancy, and do not smoke or allow smoking around your baby.
- Breastfeed your baby to reduce the risk of SIDS.
- Give your baby a dry pacifier that is not attached to a string for naps and at night to reduce the risk of SIDS.
- Do not let your baby get too hot during sleep.

- Follow health care provider guidance on your baby's vaccines and regular health checkups.
- Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.
- Do not use home heart or breathing monitors to reduce the risk of SIDS.
- Give your baby plenty of Tummy Time when he or she is awake and when someone is watching.



Remember Tummy Time!
Place babies on their stomachs when they are awake and when someone is watching. Tummy Time helps your baby's head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head.

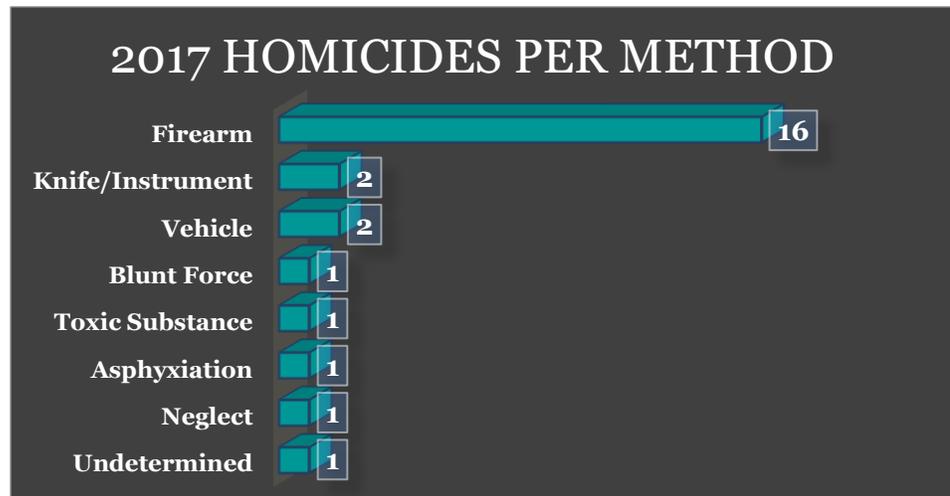
* For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.

For more information about SIDS and the Safe to Sleep® campaign:
 Mail: 31 Center Drive, 31/2A32, Bethesda, MD 20892-2425
 Phone: 1-800-505-CRIB (2742)
 Fax: 1-866-760-5947
 Website: <http://safetosleep.nichd.nih.gov>
 NIH Pub. No. 12-5759
 August 2014

Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.



As was the case nationally in 2015, a large majority (64%) of homicides in Lexington County in 2017 were committed by use of a firearm.



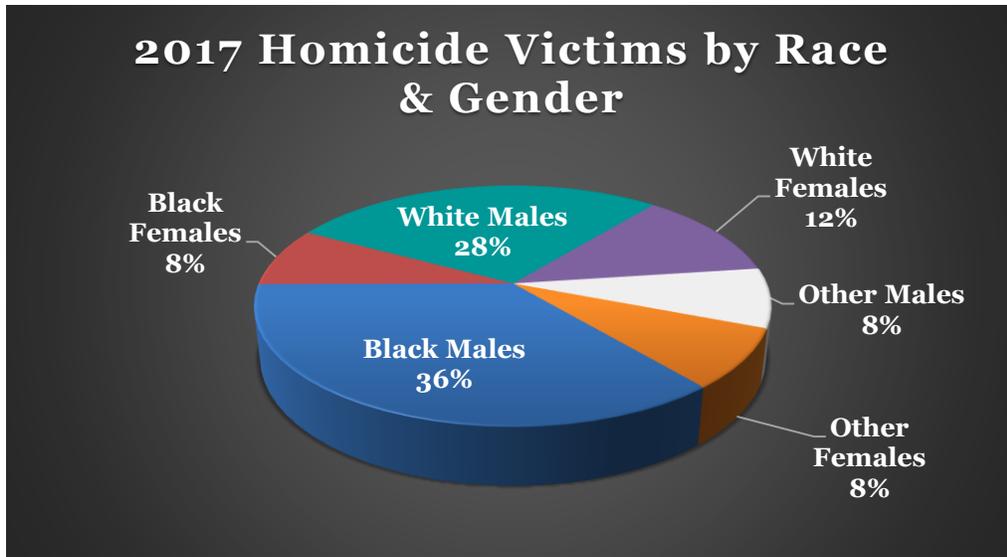
According to the

FBI's Uniform Crime Reporting (UCR) Program, there were 13,455 homicides in the United States in 2015, and 71.5% (9,616) of those involved firearms. Less than 1% of homicide victims nationally were asphyxiated, 4.6% were killed using blunt force of a nature similar to that used in Lexington County, and 11.5% (1,544) were fatally injured by use of knives or cutting instruments.

According to the FBI's UCR, the relationship between homicide victims and offenders was known by authorities in slightly more than 50% of the 2015 cases. Among those cases, the largest percentage (29.2%) of homicide victims was killed by someone they knew other than family members (neighbor, boyfriend, friend, acquaintance, etc.), 12.8 percent were killed by family members, and 10.2 percent of offenders were strangers to their victims. Although not all of the offenders of the homicides in this county in 2017 are known, and some are only suspected, most were likely known by their victims. It is known or suspected that at least nine of the twenty-five victims were killed by significant others or family members, and more than half were at least acquaintances with the offenders.

Over half, 55.1%, of homicide victims in the U.S. in 2015 were between the ages of 20 and 40 years, 53.1% were Black or African American, and over 78 percent were male.¹³

¹³ Federal Bureau of Investigation. *Uniform Crime Reporting; Homicide Data Tables*. (2015). Retrieved from <https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/tables>



Over half of the 2017 victims in this county were between the ages of 20 and 40, and 72% were male. Unlike in 2016, when over half of

the Lexington County homicide victims were White, only 40% of the 2017 victims were White.



2017 SUICIDE STATISTICS

Total Deaths: 47

<u>Race</u>	<u>Month</u>	<u>Race and Gender</u>
Black: 1	January: 6	Black Males: 1
White: 41	February: 1	Black Females: 0
Other: 5	March: 4	White Males: 37
	April: 4	White Females: 17
	May: 4	Other Males: 2
	June: 5	Other Females: 0
	July: 4	
	August: 1	
	September: 2	
	October: 7	
	November: 6	
	December: 3	
<u>Gender</u>	<u>Methods</u>	
Male: 34	Firearm: 32	
Female: 13	Hanging: 11	
	Overdose: 2	
	Other: 2	
<u>Age</u>	<u>Letters at Scene</u>	
</=15 years: 1	Total: 15	Average age: 44 years Youngest: 12 years Oldest: 85 years
16 - 20 years: 4	Male: 11	
21 - 30 years: 8	Female: 4	
31 - 40 years: 11		
41 - 50 years: 5		
51 - 60 years: 8		
61 - 70 years: 5		
71 - 80 years: 2		
81+ years: 3		

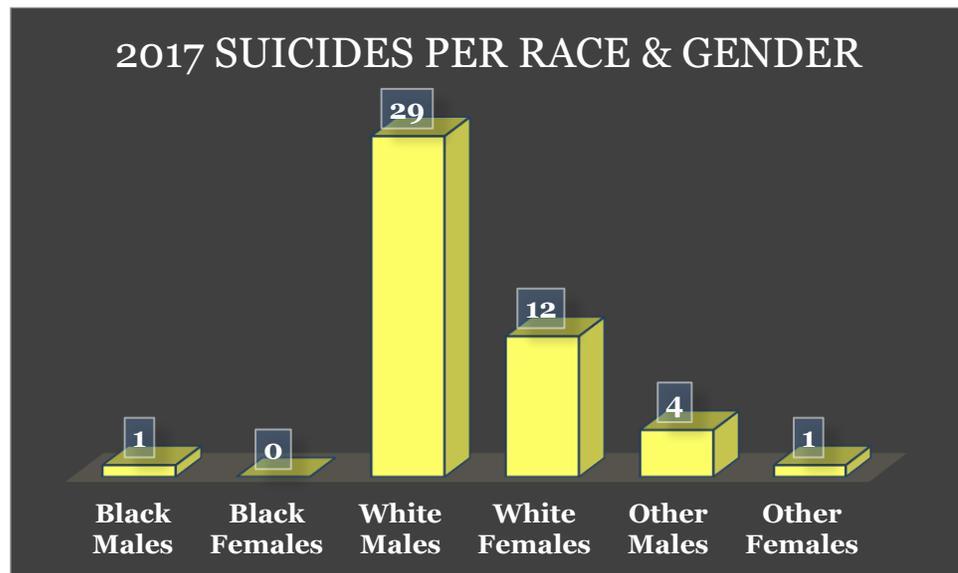
Additional Information of Decedents 18 years of age and older:

<u>Education</u>	<u>Marital Status</u>
</=8th grade: 0	Married: 18
9th - 12th grade: 6	Divorced: 3
HS Diploma/GED: 16	Widowed: 2
Some college: 8	Separated: 4
Associate degree: 0	Single*: 19
Bachelor's degree: 7	*Never Married.
Master's degree: 3	
Higher degree: 1	
Unknown: 5	

**Decedents who ever served in United States
Armed Forces: 9**

Nationally, based on 2015 data from the CDC, 121 people, on average commit suicide per day; that is the equivalent of one death every 11.9 minutes. There was one death every 12 hours in South Carolina due to suicide in 2015. In Lexington County in 2017 there were 47 suicide deaths, which equates to one death every 7.8 days. Statistically, in the U.S., males are approximately four times more likely to die by suicide than females; however, females attempt suicide three times more often.¹⁴ The primary reason for this disparity is that males are statistically more likely to use methods, such as firearms, that are more lethal. Females attempt suicide through less deadly methods, such as overdose, more frequently.¹⁵

Suicide is a major and continuing public health concern in the U.S. and globally. Approximately



600,000 Americans died due to suicide between 1999 and 2015, with the highest annual rate occurring in 2015.¹⁶ Although suicide is present in all demographic groups and regions, White males accounted for 69.4% of the 44,193 suicides in the United States in 2015 and 62% (29 deaths) of the suicides in this county in 2017. Among White males in Lexington County, the age group of 21 to 40 years accounted for 15 of 29 suicides. There could be many possible explanations for the high rate, such as the self-reported declines

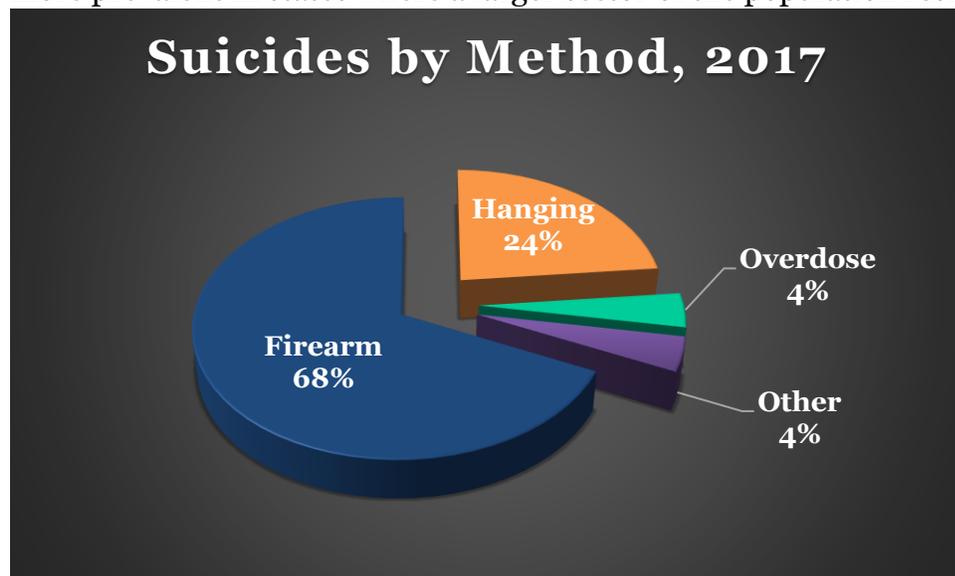
¹⁴ American Foundation for Suicide Prevention. "Suicide Statistics". (2017). Retrieved from <https://afsp.org/about-suicide/suicide-statistics/>

¹⁵ National Institute of Mental Health. *Suicide in America: Frequently Asked Questions*. Bethesda, Maryland: U.S. Department of Health and Human Services, National Institutes of Health; 2015. <https://www.nimh.nih.gov/health/publications/suicide-faq/index.shtml>

¹⁶ Centers for Disease Control and Prevention (CDC). (2017, March 17). Trends in Suicide by Level of Urbanization – United States, 1999-2015. *MMWR. Morbidity and Mortality Weekly Reports*. Retrieved from <http://go.libproxy.wakehealth.edu/login?>

in mental health, physical health, inability to work and perform daily tasks, and increases in chronic pain among White adults.¹⁷

All people, regardless of age, gender, or ethnicity, can be at risk for suicide; however, many of those at risk have certain similarities or share characteristics. For example, the suicide rate in more rural areas is higher than in urbanized areas.¹⁶ Firearm ownership or accessibility also increases the risk of suicide, and household firearm ownership is more prevalent in states where a larger sector of the population resides in rural areas.¹⁸



In 2015, firearms were the chosen method in just less than half (49.8%) of the suicides in the U.S. Of the 47 Lexington County suicides in 2017, 32 were completed by use

of a firearm, which was the most common method among males and females.

Unlike natural deaths, homicides, or many accidental deaths, all deaths due to suicides are preventable. According to the National Institute of Mental Health, professionals in the field rely on sound research in order to most effectively prevent suicide. For those of us who are incapable of employing cognitive behavioral therapy, it is still crucial that we

¹⁷ Case, A., & Deaton, A. (2015). Rising morbidity and mortality in midlife among white non-hispanic Americans in the 21st century. *Proceedings of the National Academy of Sciences of the United States of America*, 112(49), 15078. Retrieved from <http://go.libproxy.wakehealth.edu/login?>

¹⁸ Miller, M., Warren, M., Hemenway, D., & Azrael, D. (2015). Firearms and suicide in US cities. *Injury Prevention*, 21, e116-e119.
doi:<http://dx.doi.org/10.1136/injuryprev-2013-040969>

understand the risk factors and warning signs of suicide so that we may contribute to the solution. Suicidal behavior is complex, with various risk factors, ranging from a specific life event to experiences beginning in childhood, making it difficult to determine the likelihood that someone will act on their suicidal thoughts. Many of the most common risk factors may be evident in some people who never attempt suicide. Regardless, warning signs should be taken seriously because suicidal ideation is not a harmless attempt to gain attention.

Main Risk Factors for Suicide Include:¹⁵

- A prior suicide attempt
- Depression, other mental disorders, or substance abuse
- Family violence, including physical or sexual abuse
- Exposure to suicidal behavior of others (peers, family members, media figures, etc.)
- Access to drugs, firearms, or other lethal means
- Stressful life events (a death, divorce, or job loss)
- Serious or chronic pain or health condition
- Family history of suicide attempts

Warning Signs:¹⁹

- Expresses feelings about:
 - Being a burden to others
 - Experiencing unbearable pain
 - Having no reason to live
- Increased use of drugs and/or alcohol
- Acting recklessly
- Withdrawing from normal activities

¹⁹ American Foundation for Suicide Prevention. "Risk Factors and Warning Signs". (2017). Retrieved from <https://afsp.org/about-suicide/risk-factors-and-warning-signs/>

- Change of sleeping habits
- Isolation from friends and family
- Giving away possessions of actual or sentimental value
- Aggression
- Looks for information or materials to kill themselves

Contrary to the myth that suicide is an act of revenge, anger, or aggression, most people kill themselves because of their belief that they are a burden to others or do not belong. They view their death as a means to release their loved ones of this perceived burden.²⁰ In addition to feelings of burdensomeness on others, suicidal thoughts or attempts may also be the result of a belief that life is not worth living, psychosocial stressors, psychiatric illnesses, or life circumstances, such as financial instability, posttraumatic stress disorder, isolation, substance abuse, or homelessness.²¹

If you, or anyone you know, may be considering suicide, please seek help. Below are some of the available resources:

National Suicide Prevention Lifeline, available 24/7, at 1-800-273-TALK (8255)

www.suicidepreventionlifeline.org

www.ruralhealthinfo.org/topics/mental-health/websites-tools

²⁰ American Association of Suicidology. "Suicide Myths". <http://www.suicidology.org/resources/myth-fact>

²¹ Tucker, R. P., Crowley, K. J., Davidson, C. L., & Gutierrez, P. M. (2015). Risk factors, warning signs, and drivers of suicide: What are they, how do they differ, and why does it matter? *Suicide and Life-Threatening Behavior*, 45(6), 679-689. doi:10.1111/sltb.12161

2017 UNDETERMINED DEATH STATISTICS

Total Deaths: 3

<i>Cause of Death</i>	<i>Deaths per Cause</i>	<i>Average Age</i>
Undetermined	2	58.5 years
Gunshot Wound*	1	25 years

<i>Gender</i>		<i>Race</i>		<i>Race and Gender</i>	
Male:	2	White:	3	White Males:	2
Female:	1	Black:	0	White Females:	1
		Other:	0	Other Males:	0
				Other Females:	0

Despite LCCO's commitment to the completion of thorough investigations in all cases, determining, without question, the manner and/or cause of death is not always possible. The results of our best efforts, combined with the independent investigations by other agencies such as the Lexington County Sheriff's Department and the SC Department of Social Services (DSS), provided inconclusive results as to the manner of each of two of these deaths. The manner of the third death, the result of a gunshot wound, has not yet been determined; however, the manner will be decided upon at the conclusion of the investigation.

In some cases, there is a lack of definitive evidence as to whether a death was the result of an intentional act by the decedent or another, or completely accidental or natural. For instance, a fatal fall down stairs could have been the result of an accident, intentional self-harm, or having been pushed by another individual. These are unfortunate situations that we work hard to avoid, but our goal and obligation is to uphold the truth. Therefore, if we are unable to make a determination, with absolute certainty, we must classify the manner as undetermined. The forensic pathologist in most cases can determine what the cause, specific fatal injury or condition, was, but an autopsy does not always provide information regarding the circumstances of that injury or condition.

UNIDENTIFIED / UNCLAIMED DECEDENTS

- Indigent decedents are typically cremated, per policy, and their cremated remains are buried. However, in cases of unidentified decedents, cremation is prohibited because it would prevent any later effort to make positive identification. In 2016, there was one unidentified decedent in Lexington County. This Hispanic male remains unclaimed and is believed to have been approximately 30 years of age. His death occurred near Gilbert in February of 2016. If you may have any information regarding his identity, please contact the Lexington County Coroner's Office.

COMMUNITY OUTREACH

In consideration of the importance of maintaining a positive relationship with our community, the Lexington County Coroner's Office welcomes opportunities to educate and assist whenever possible. We have already visited some local schools, upon request, to speak to students involved in classes pertaining to criminal justice and/or forensics. We have also had some school groups visit our office, which we welcome and encourage. These opportunities allow us to educate students about what the general functions of the Coroner's Office are and about our specific responsibilities, which we are hopeful may lead them to consider career paths that they were unaware of. We are happy to coordinate with teachers and/or administrators to schedule visits and presentations.