

# **LEXINGTON COUNTY CORONER'S OFFICE**

2020 ANNUAL REPORT



**Coroner Margaret W. Fisher**

Lexington County

South Carolina

**Margaret W. Fisher**

**OFFICE OF THE CORONER**

Coroner

Chandler Clardy, Chief Deputy

Deputy Coroners

Grey Gain	Joseph Knight
Brittany Donnelly	Jason Jensen
Jessica Wade	Shawn McNicoll
Andy Taylor	Spencer Eck
Laura Moore	



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To the Citizens of Lexington County:

As stated in previous years, our primary objectives are to promote community focus on the number of preventable deaths in Lexington County and to educate citizens about the purpose and responsibilities of the Coroner's Office. With your support and assistance in sharing this compilation of demographic and statistical information, we are optimistic that it will lead to some positive change.

As I present to you the Lexington County Coroner's Office 2020 Annual Report, I would like to express my sincere condolences to everyone who lost a loved one in 2020. The members of my staff and I have been impacted by each decedent and the families we've served. Our hope is that everyone will consider what is ultimately represented in the pages; regardless of cause and manner of death, these were people who left behind families and friends. Death is inevitable, but entirely too many lives were abruptly and prematurely ended. Our intention remains to gain and share any information that might lead to the prevention of such tragedies.

The information used to compile this 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, and death certificates. We have put great effort into ensuring that the information is accurate and complete.

It remains an honor and privilege to serve you. 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 2020.



Prior to being elected as Coroner, Margaret Fisher served as Senior Deputy, assigned to the Community Action Team, at the 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 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

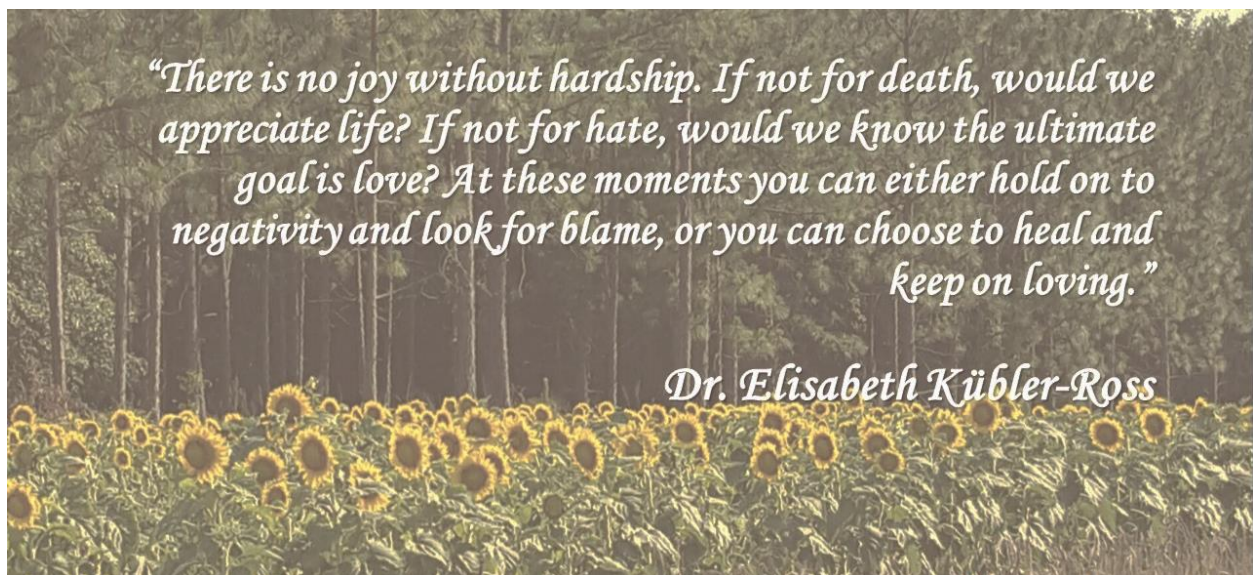
Murray Marine Patrol and the multi-agency Alcohol Enforcement Team. She continues to serve on the boards of the 11<sup>th</sup> Circuit Domestic Violence Fatality Review Committee, the Midlands Recovery Center, and the Lexington One Task Force on Drugs and Alcohol.

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 role, which 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. All current Deputy Coroners, who are eligible based on the hours of investigative experience, have obtained ABMDI certification. Additionally, the office was reaccredited by the International Association of Coroners & Medical Examiners (IAC&ME) in 2018; only six other counties in SC are currently accredited.

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 contribute to the success of the judicial system 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 the 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 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, The Medical University of South Carolina Department of Pathology and Laboratory Medicine, and We Are Sharing Hope SC (organ procurement organization service 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.



*"There is no joy without hardship. If not for death, would we appreciate life? If not for hate, would we know the ultimate goal is love? At these moments you can either hold on to negativity and look for blame, or you can choose to heal and keep on loving."*

*Dr. Elisabeth Kübler-Ross*

**Lexington County Coroner's Office Organizational Chart**

**Coroner**

**Margaret W. Fisher, D-ABMDI**

**Chief Deputy Coroner**



**Chandler J. Clardy, D-ABMDI**, 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; resides in Lexington.

**Senior Deputy Coroner**

**Grey P. Gain, II, D-ABMDI**, 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. From North Carolina; has resided in Batesburg since 2007.





**Administrative Deputy Coroner**

**Laura A. Moore**, LPN, A.S. in Nursing from Midlands Technical College; 4 years of previous experience with Lexington County EMS; 16 years of experience with SC Vocational Rehabilitation, and 6 years at the Lexington County Detention Center. Lifelong resident of Lexington, and graduate of Lexington High School.



**Deputy Coroners**



**Brittany N. Donnelly**, B.A. in Psychology from the University of South Carolina. Native of Chapin and graduate of Chapin High School; currently resides in Lexington.

**Andrew S. Taylor**, over 15 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**, D-ABMDI, A.A.S. in Mortuary Science from Piedmont Technical College (graduated with honors). Originally from Richmond, Kentucky; has resided in Chapin for over 8 years.

**Joseph C. Knight**, over 7 years of experience with Lexington County Fire Service. Was awarded the Life Saving Award during his career. Lexington County native who currently resides in Irmo, SC.



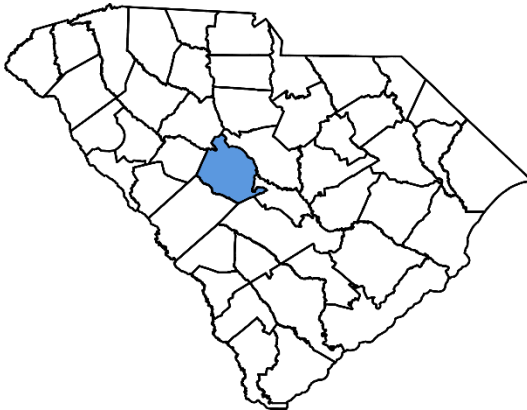
**Jason Jensen**, studied Sociology with minor in criminology from Winthrop University. 4 years of Law Enforcement experience between Richland and Lexington County. Camden, SC native who currently resides in Irmo, SC.

**Shawn McNicoll**, Studied Fire Science Administration at Camden County College. Graduate of the Fire Science Program from Gloucester County Institute of Technology. Previous EMT/Rescue Technician, 911 Dispatcher as well as a Sheriff's Deputy for the Richland County Sheriff's Department. Originally from New Jersey; currently resides in Lexington, SC.



## **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 estimated population of Lexington County, per the U.S. Census Bureau, was 298,750 as of July 1, 2019, making it the 6<sup>th</sup> most populated of South Carolina's 46 counties. The rate of population growth from 2010 to 2019, based on estimates, was 13.8% or more than 36,000 people, which was slightly higher than the 11.3 % increase experienced by the state of South Carolina.

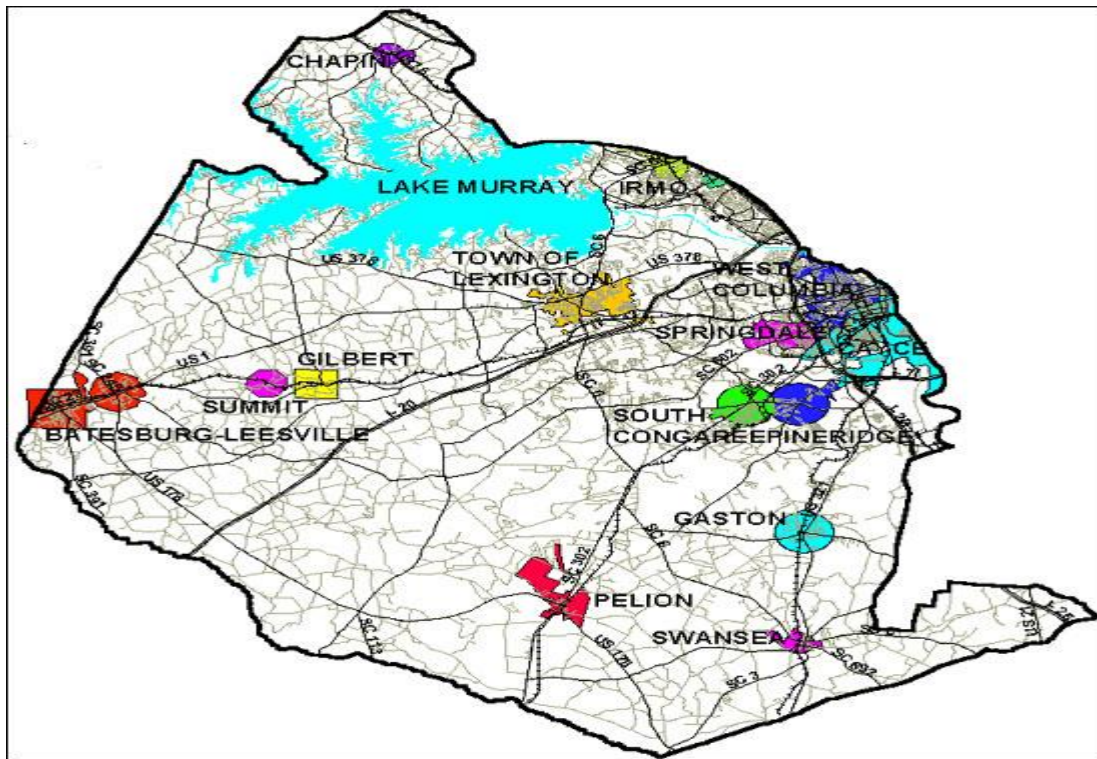


Geographically, Lexington County is 699 square miles, which makes it the 17<sup>th</sup> largest county in the state. The population per square mile of just over 375, however, makes Lexington among the most densely populated counties. Only the counties of Greenville, Richland and Charleston are more densely populated.

Based on 2019 estimates, the population of Lexington County is 75% White, 16 % Black or African American, 6% Hispanic or Latino, and the remaining 3% is a combination of individuals of multi-racial, American Indian, Asian, Native Hawaiian, and Pacific Islander descent. Slightly more than 28% of county citizens are under 18 years of age, while 16.2% is 65 years of age and older. Of those under age 65, approximately 12 % are without health insurance, which impacts the level of healthcare, particularly of a preventive nature, that they receive.

Estimates of the Residence Population: April 1, 2010 to July 1, 2019; U.S. Census Bureau, Population Division. Retrieved from <https://www.census.gov/quickfacts/fact/table/lexingtoncountysouthcarolina,US/PST045219>

The municipalities within Lexington County include Lexington (county seat), Batesburg-Leesville, Cayce, Chapin, Gaston, Gilbert, Irmo, Pelion, Pine Ridge, South Congaree, Springdale, Summit, 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 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 DISPOSITON**

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 transport service to transport the decedent. All decedents are 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 if at all possible. 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 MUSC Department of Pathology. The circumstances of a death dictate which vendor will be used; for example, MUSC performs autopsies of all potential homicide victims. When MUSC performs an autopsy, related specimens are taken to the SLED crime lab or NMS Labs, a nationally accredited laboratory for toxicology, or other required testing. Toxicology testing of specimens related to autopsies conducted by Pathology Associates of Lexington is performed by NMS Labs.

In cases of violent or suspicious deaths, the law enforcement agency responsible for investigating may choose to attend 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.

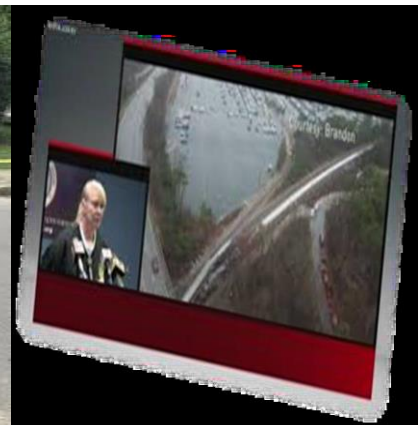
The next of kin is responsible for selecting a funeral home and informing LCCO when a decision has been made. The decedent is then released by LCCO to the appropriate funeral home. In the event that no next of kin can be located or the next of kin is financially incapable of procuring the services of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

Whenever possible, the Lexington County Coroner's Office works with We Are Sharing Hope SC, the not-for-profit, federally designated organ procurement organization, to effectuate the wishes of each decedent and his/her family. In some situations, unfortunately, organs and tissues do not meet the

standards of quality and condition necessary for donation. Several organs, such as the heart, lungs and kidneys, may be transplanted. Tissues, including corneas, tendons, veins and skin, are among those that can be donated.

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.

The Lexington County Coroner's Office is also responsible for keeping the public informed, which we do by 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.

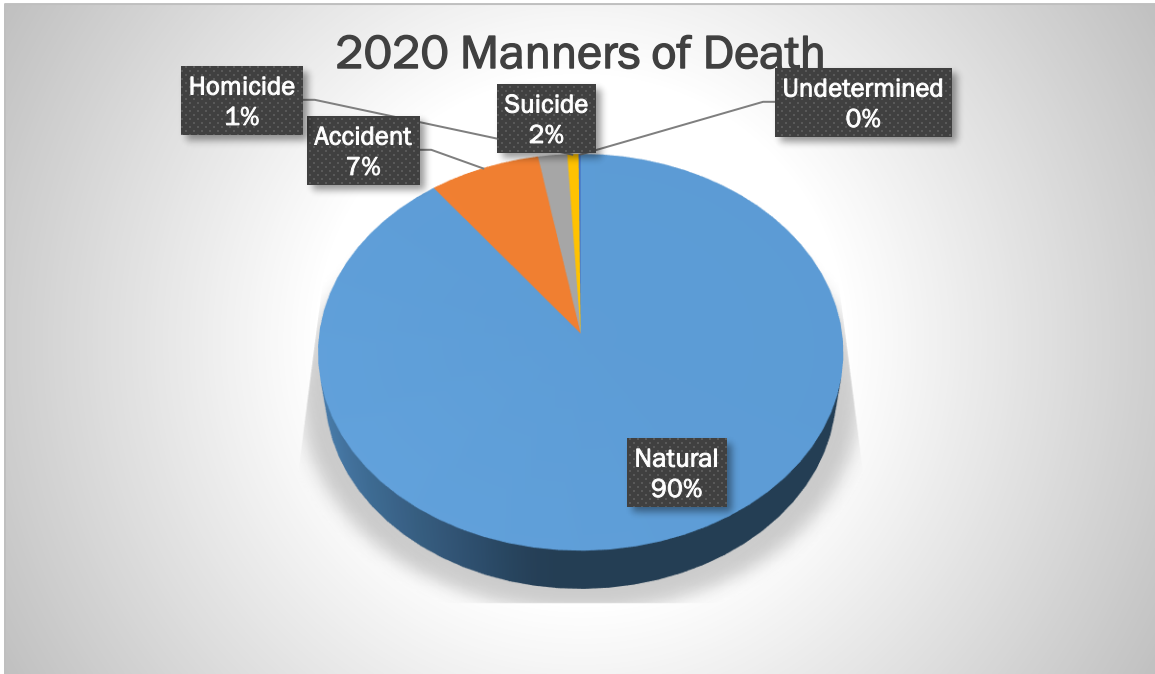
Although the cause of death is typically determined by a decedent's medical history, injuries found during an autopsy and/or toxicology testing, the **manner of death** is determined by the circumstances surrounding the cause. For instance, if a death was caused by a disease, then the manner would be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

- **Homicide:** Deaths that result from injuries, whether intentionally or negligently, inflicted by another person or people.
- **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.
- **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.
- **Natural:** Deaths that occur due to diseases or health conditions rather than from an act of violence or 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.

**2020 Manners of Death**

**Total Deaths: 2,900**

Natural:	2,601
Accidental:	217
Suicide:	57
Homicide:	21
Undetermined:	4



**Additional Services Provided in 2020**

Cremation Permits (LCCO Cases):	1,647
Notifications for other Jurisdictions:	12
Indigent Cremations:	28

**Total Service Request: 1,687**

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 2,601 of the 2,900 total deaths. Deaths that do not require on-scene investigation, such as deaths of individuals under hospice care, do receive limited investigations. Of the 2,601 natural deaths handled by the Lexington County Coroner's Office in 2020, 1,950 required only limited investigations, 478 received full, on-scene investigations and the remaining 173 cases did not require an investigation.

In addition to those 478 natural deaths, the combined 300 deaths classified as accidental, undetermined, homicide, or suicide received full on-scene investigations. Of the 778 fully investigated deaths in Lexington County, 194 required full autopsies, 110 required a partial autopsy, and toxicology testing was performed in all of these cases, as well as 50 that required only toxicology testing, to determine the cause of death.

	Natural	Accidental	Suicide	Homicide	Undetermined
# of Full Autopsies	81	77	13	19	3
# of Partial Autopsies	8	60	40	1	1
Toxicology Testing Only	21	25	4	0	0
Total Cases (Excluding Limited Investigations)	478	217	57	21	4
% of Cases that Received Autopsy and/or Toxicology Testing	23%	75 %	100 %	95.2 %	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 recorded medical history, no physician was familiar with the decedent, the condition of the decedent when found made it difficult to determine whether injuries were present, and there was a possibility that the death was the result of an unnatural event.

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 a full autopsy or analysis by a forensic anthropologist. In 2020, the only homicide that did not receive a full autopsy was a case in which the victim was that of a fetus. Homicides typically require a full autopsy or analysis 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, as well as to enable their adherence to time constraints set forth by cultural/religious burial customs and death rituals.

## 2020 Natural Death Statistics

**Total: 2,601**

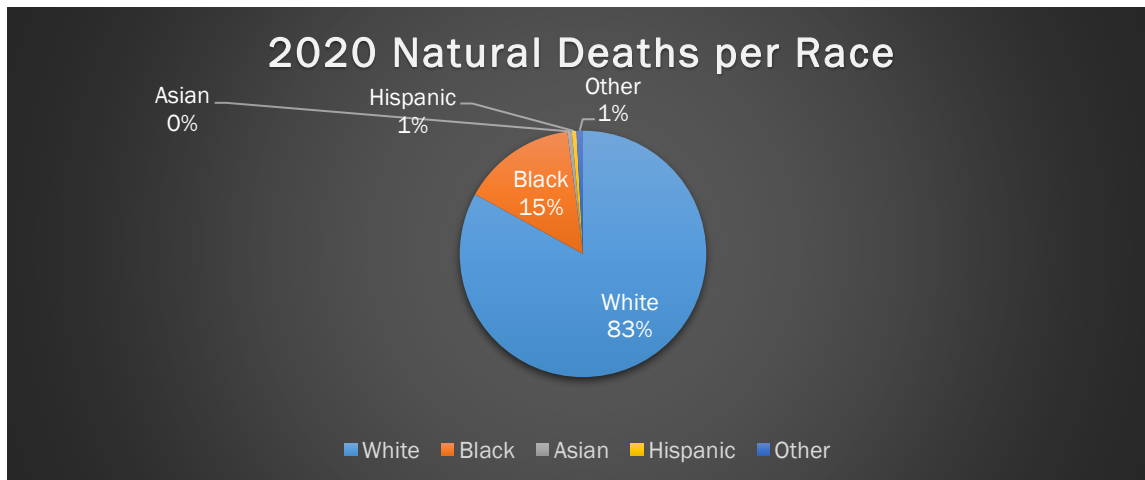
Race	Month	Type of Death
White: 2,160	January: 186	Cardiac: 643
Black: 388	February: 195	Pulmonary: 667
Other: 53	March: 207	Kidney: 124
	April: 207	Liver: 153
	May: 213	Nervous System: 493
	June: 207	Cancer/Neoplasms: 521
	July: 251	
	August: 247	
	September: 205	
	October: 231	
	November: 204	
	December: 248	

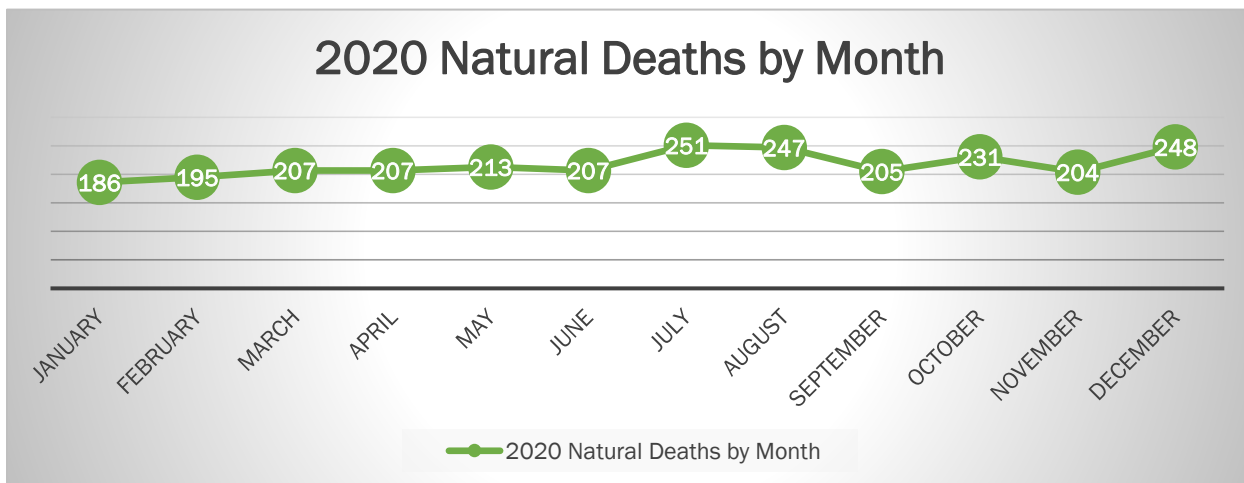
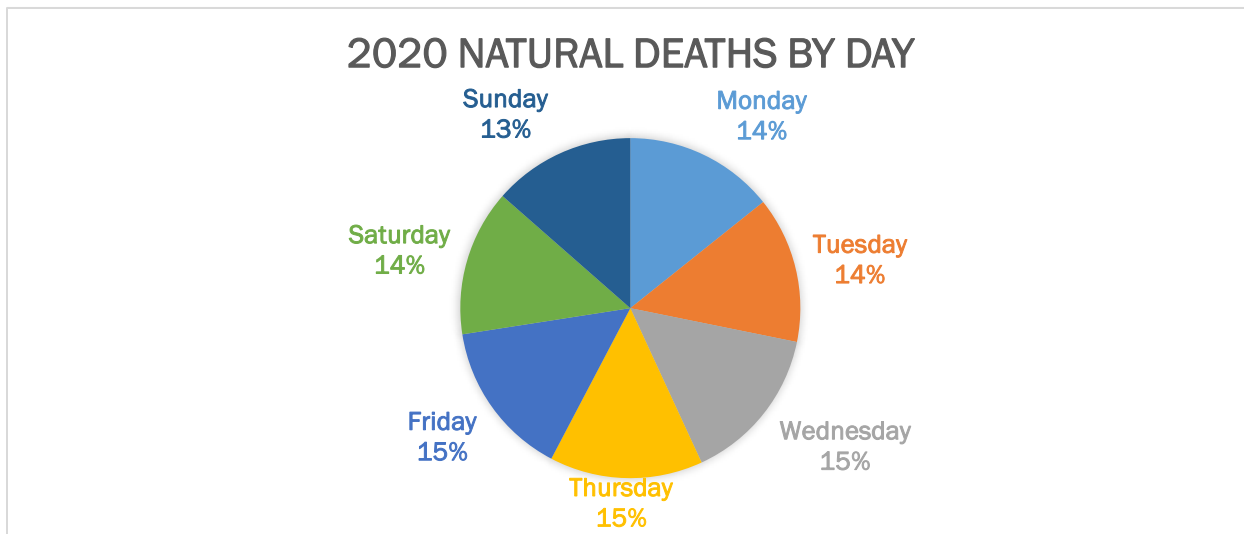
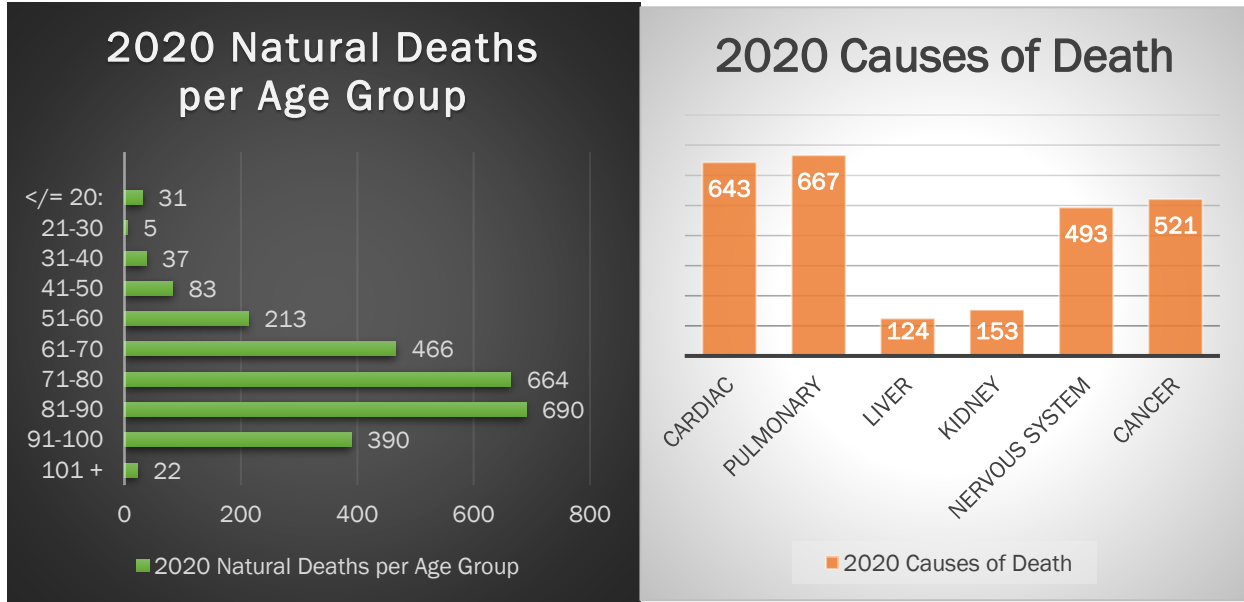
  

Gender	Age	Death per Weekday
Male: 1,288	</= 20: 31	Monday: 371
Female: 1,313	21-30: 5	Tuesday: 362
	31-40: 37	Wednesday: 388
	41-50: 83	Thursday: 379
	51-60: 213	Friday: 386
	61-70: 466	Saturday: 362
	71-80: 664	Sunday: 353
	81-90: 690	
	91-100: 390	
	100+: 22	

<b>Average:</b>	76
<b>Oldest:</b>	109





**2020 CORONAVIRUS**

**Total Deaths: 202**

**Race**

White:	158
Black:	38
Other:	6

Average: 77
Youngest: 38
Oldest: 105

**Gender**

Male:	83
Female:	119

**Cases by Location**

29072:	52
29073:	19
29070:	7
29172:	9
29170:	11
29169:	56
29160:	4
29123:	1
29210:	4
29212:	5
29053:	10
29063:	3
29033:	5
29036:	9
29006:	7

**Death per Weekday**

Monday:	25
Tuesday:	29
Wednesday:	27
Thursday:	34
Friday:	28
Saturday:	31
Sunday:	28

**Month**

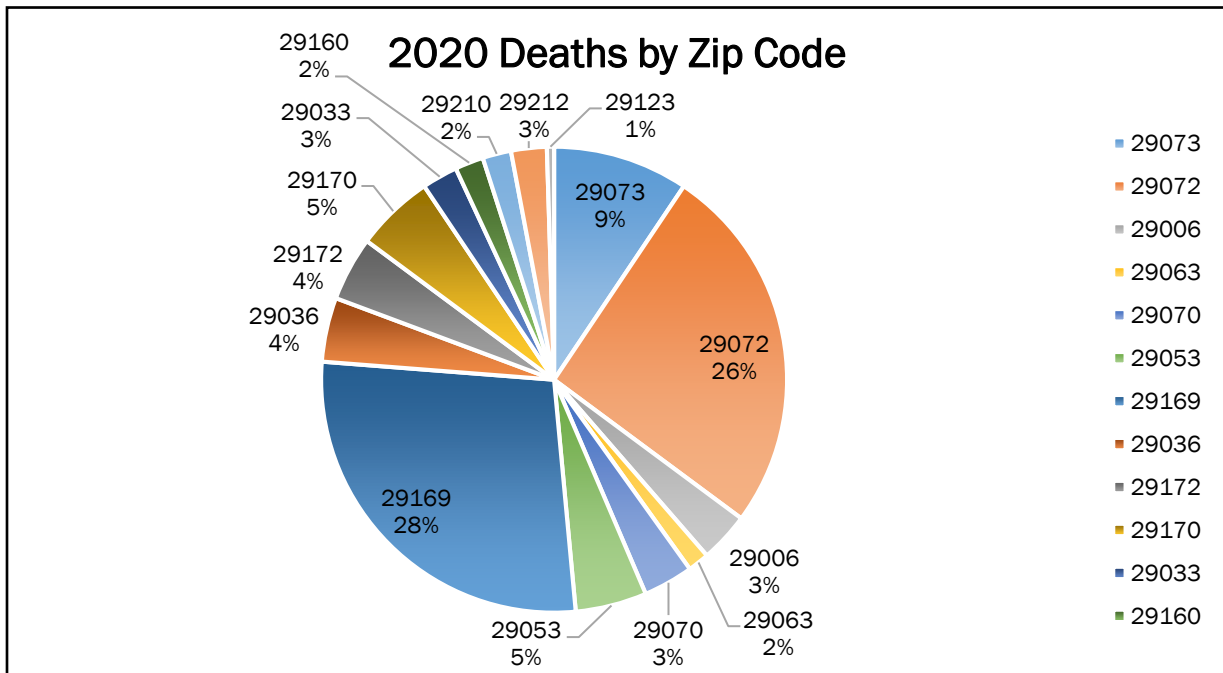
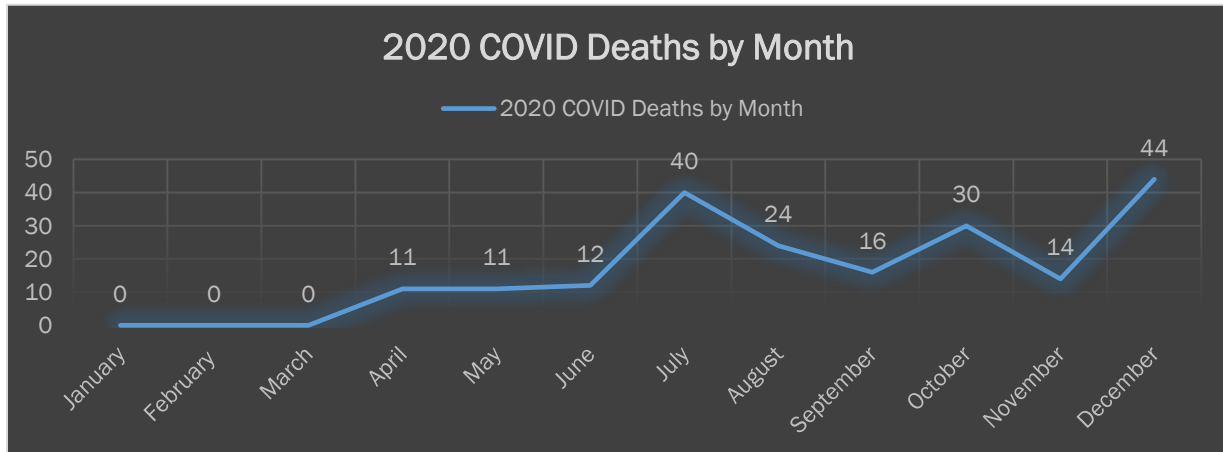
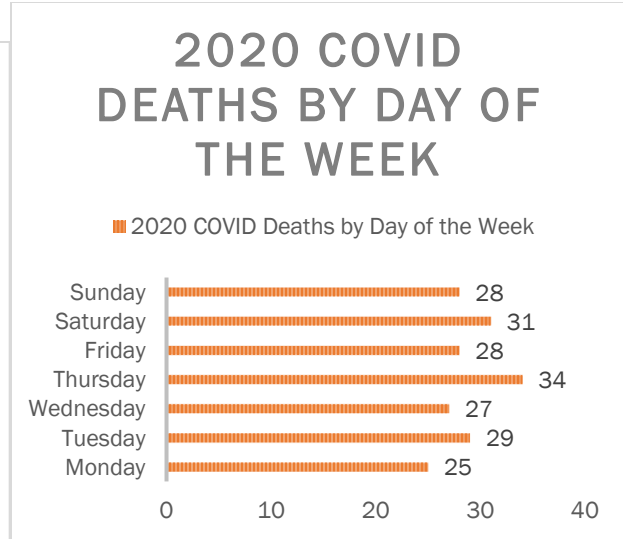
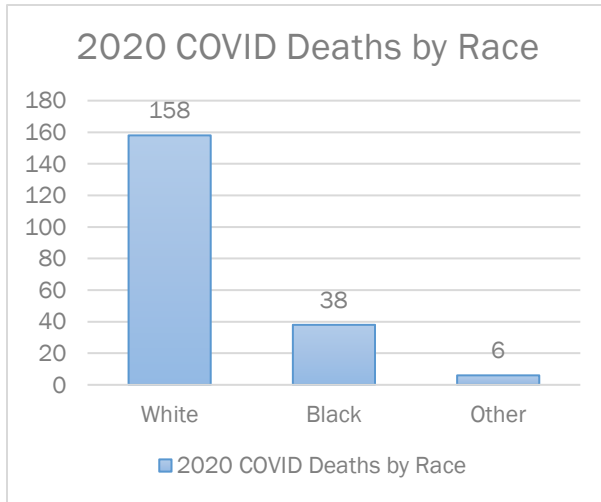
January:	0
February:	0
March:	0
April:	11
May:	11
June:	12
July:	40
August:	24
September:	16
October:	30
November:	14
December:	44

**Cases**

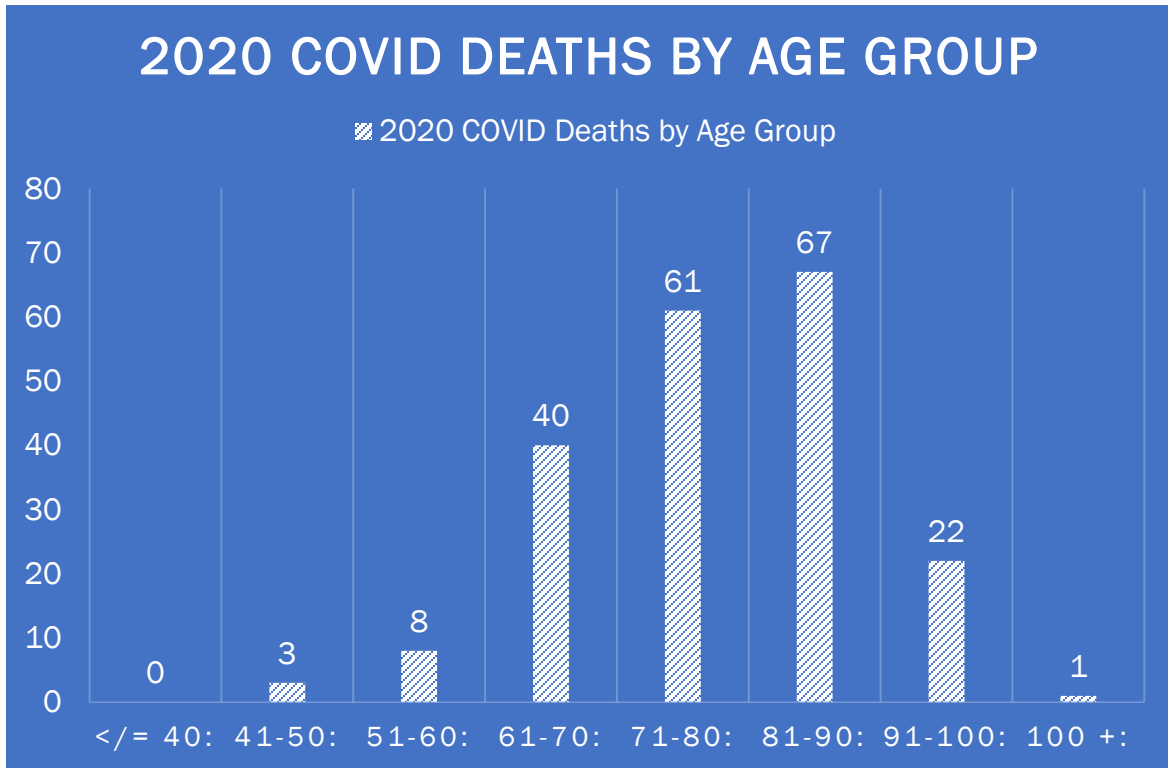
Response:	9
Hospice:	40
Hospital:	153

**Other Counties**

Total: 50 Cases





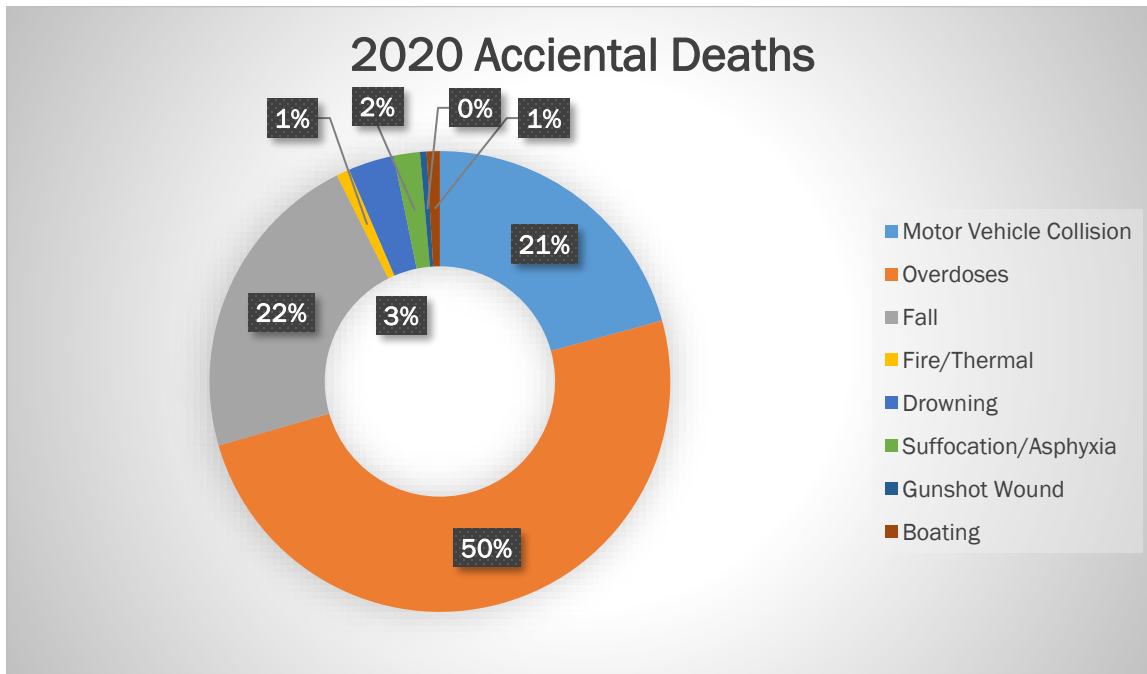


As the data shows above, Coronavirus deaths accounted for approximately 30.2 % of all pulmonary deaths. Although most Coronavirus deaths had co-morbidities associated with the death itself, the virus was either the main cause or a significant contributor to the death. 78.2 % of Coronavirus deaths occurred in Caucasians while 21.8 % of deaths were of African American and/or Other races.

## 2020 Accidental Deaths Statistics

**Total Deaths: 217**

<u>Causes of Death</u>	<u>Deaths per Cause</u>	<u>Average Age per Cause</u>
Motor Vehicle Collision	45	48
Overdose	108	40
Fall	48	80
Fire/Thermal	2	62
Drowning	7	37
Suffocation/Asphyxia	4	36
Gunshot Wound	1	40
Boating	1	29
Other	1	9

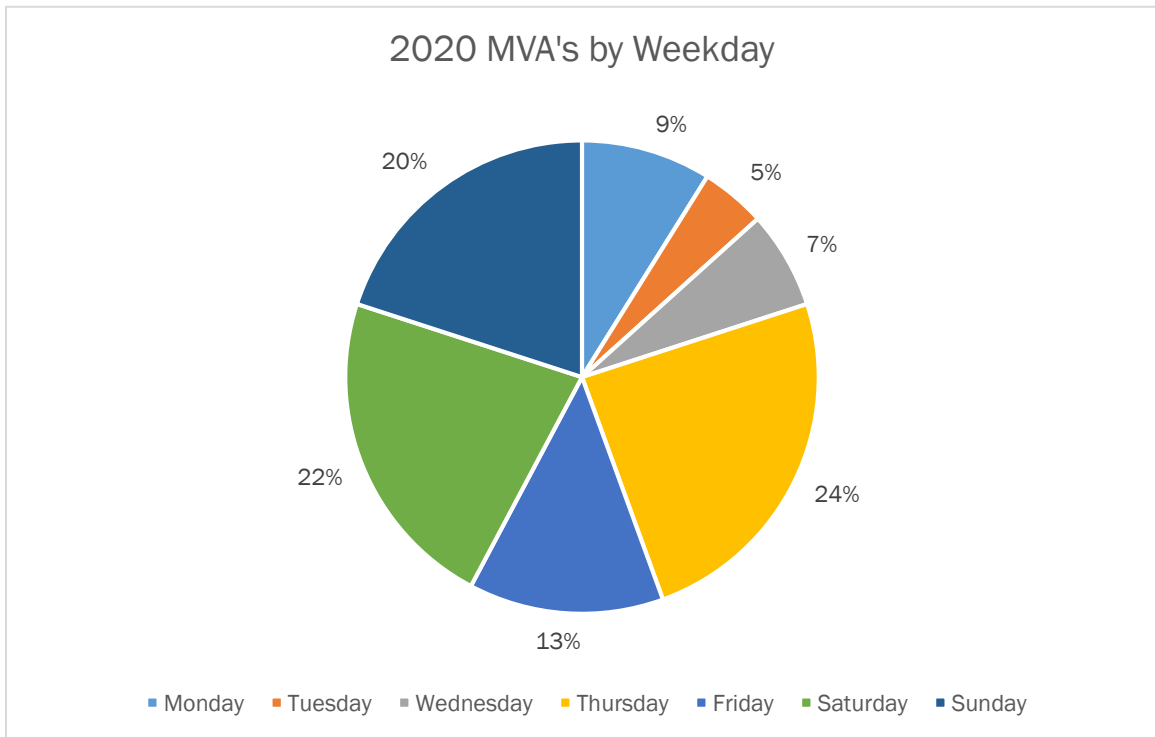
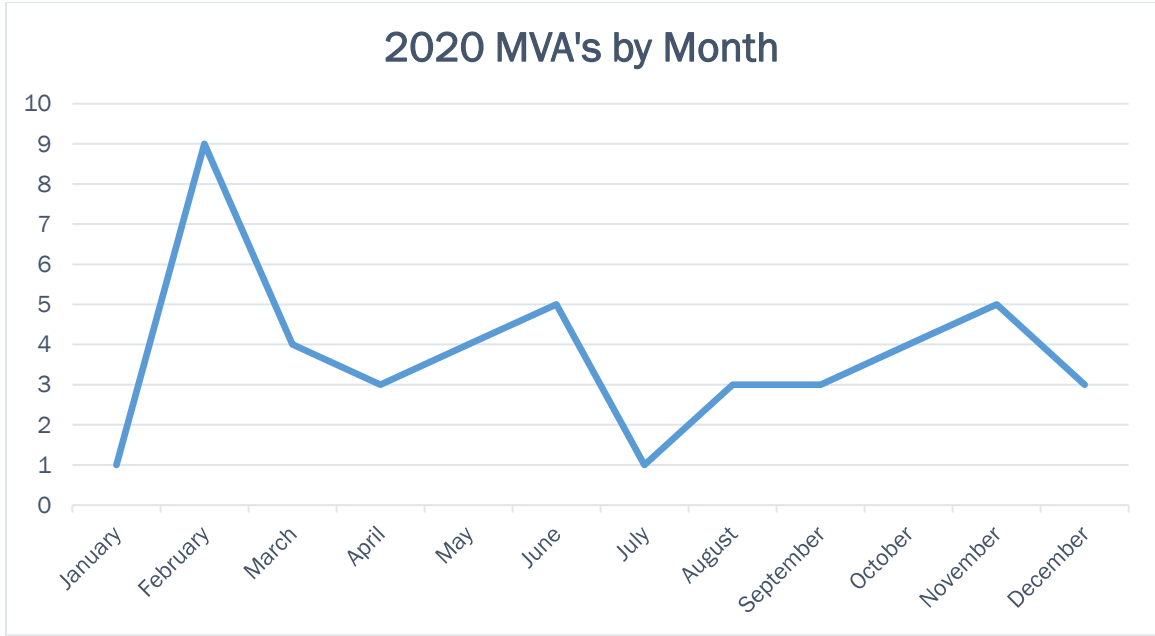


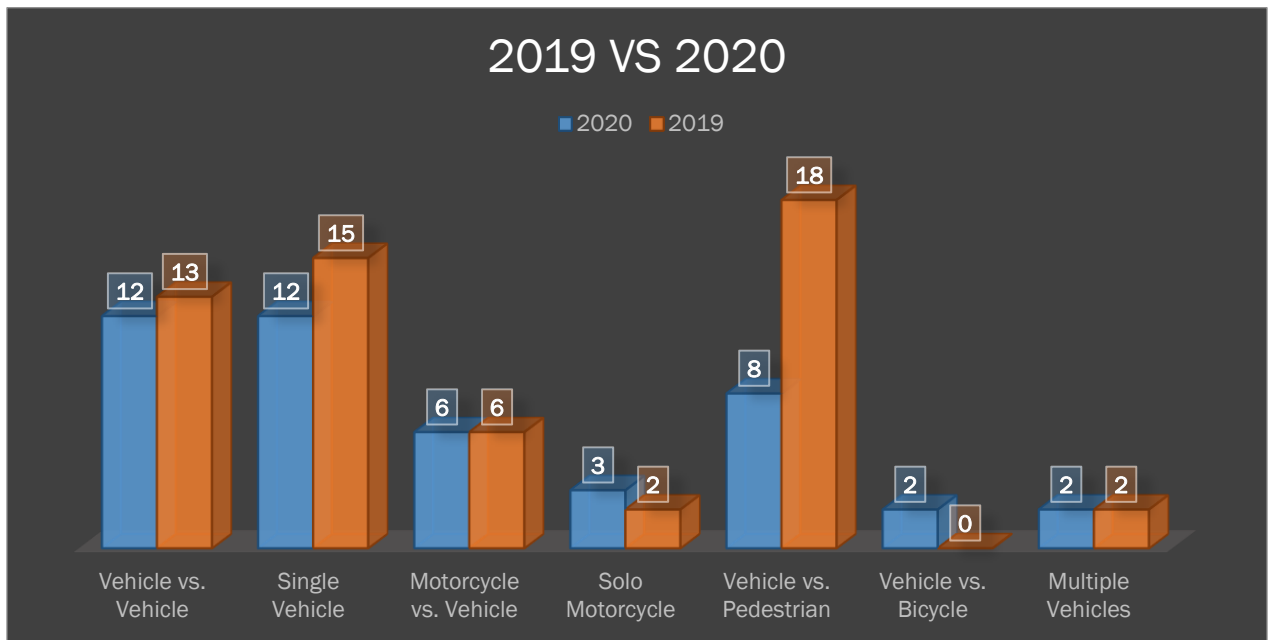
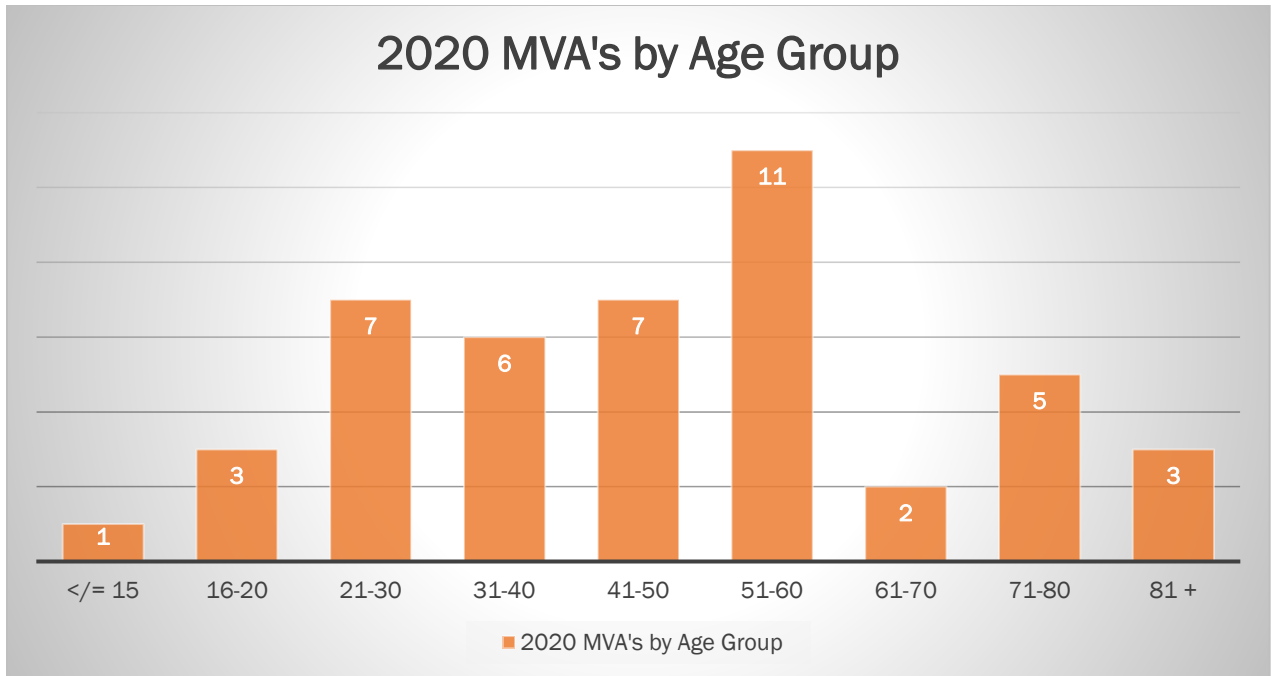
**2020 Motor Vehicle Fatality Statistics**

Total: 45

<u>Race</u>		<u>Month</u>		<u>Type of Collision</u>	
Black:	11	January:	1	Vehicle vs. Vehicle:	12
White:	32	February:	9	Single Vehicle:	13
Other:	2	March:	4	Motorcycle Vs. Vehicle:	4
		April:	3	Solo Motorcycle:	3
		May:	4	Vehicle vs. Pedestrian:	8
		June:	5	Vehicle vs. Bicycle:	2
		July:	1	Multiple Vehicles:	2
		August:	3	Moped vs. Vehicle:	1
		September:	3		
		October:	4		
		November:	5		
		December:	3		
<u>Gender</u>				<u>Fatality per Weekday</u>	
Male:	34			Monday:	4
Female:	11			Tuesday:	2
				Wednesday:	3
				Thursday:	11
				Friday:	6
				Saturday:	10
				Sunday:	9
<u>Age</u>					
</= 15:	1				
16-20	3				
21-30	7				
31-40	6				
41-50	7				
51-60	11				
61-70	2				
71-80	5				
81 +	3				

<b>Average:</b>	48
<b>Youngest:</b>	12
<b>Oldest:</b>	87





## 2020 Overdose Fatality Statistics

**Total: 108**

<b>Race</b>	<b>Gender</b>	<b>Age Group</b>
Black:            7	Male:            74	</15=:            0
White:            96	Female:          34	16-20:            3
Other:            5		21-30:            26

<b>Death by Weekday</b>	<b>Month</b>	<b>Age Group</b>
Monday:          14	January:          6	31-40:            31
Tuesday:        18	February:        6	41-50:            23
Wednesday:    14	March:            9	51-60:            15
Thursday:       13	April:            9	61-70:            10
Friday:          15	May:              11	71-80:            0
Saturday:       12	June:             4	81+:                0
Sunday:         22	July:              10	

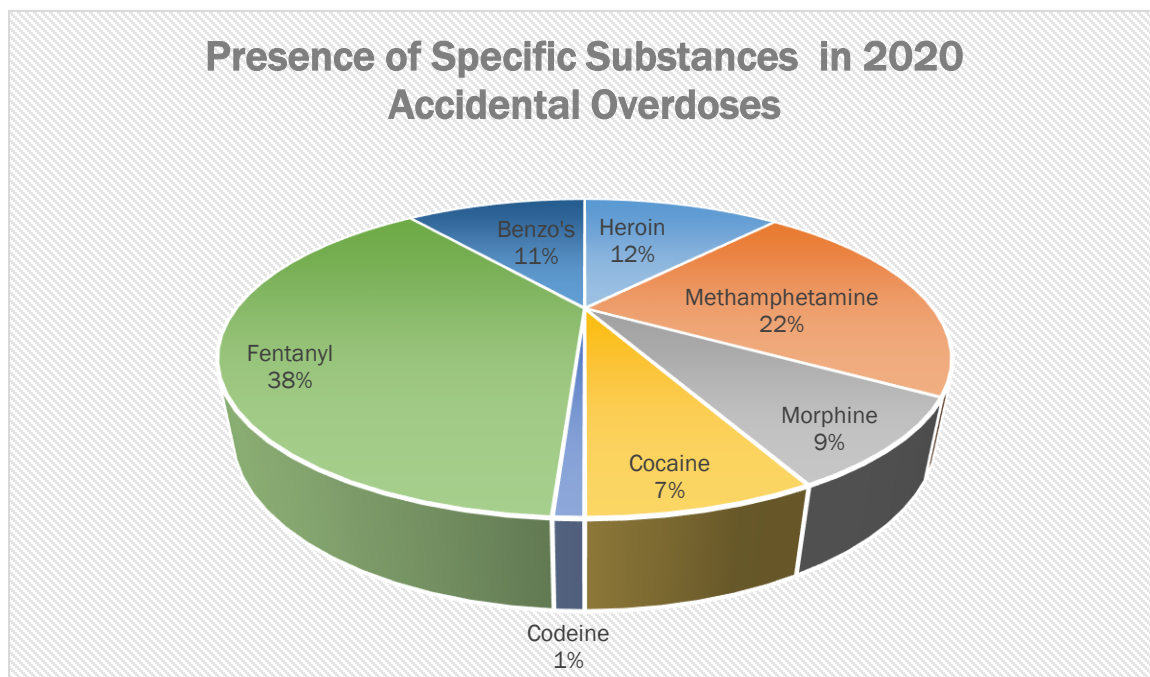
<b>Average Age:</b>	40
<b>Youngest:</b>	18
<b>Oldest:</b>	67

August:            14
September:       13
October:           7
November:        11
December:        8

Cases per Substance (some numbers overlap)	
Alcohol	7
Amphetamine/ Methamphetamine	43
Cocaine	15
Acetaminophen	1
<b>Fentanyl</b>	<b>75</b>
<b>Heroin</b>	<b>23</b>
Methadone	5
<b>Morphine</b>	<b>17</b>
<b>Codeine</b>	<b>2</b>
Benzodiazepines	21

\*\*Substances in **bold** are opiates/opioids.

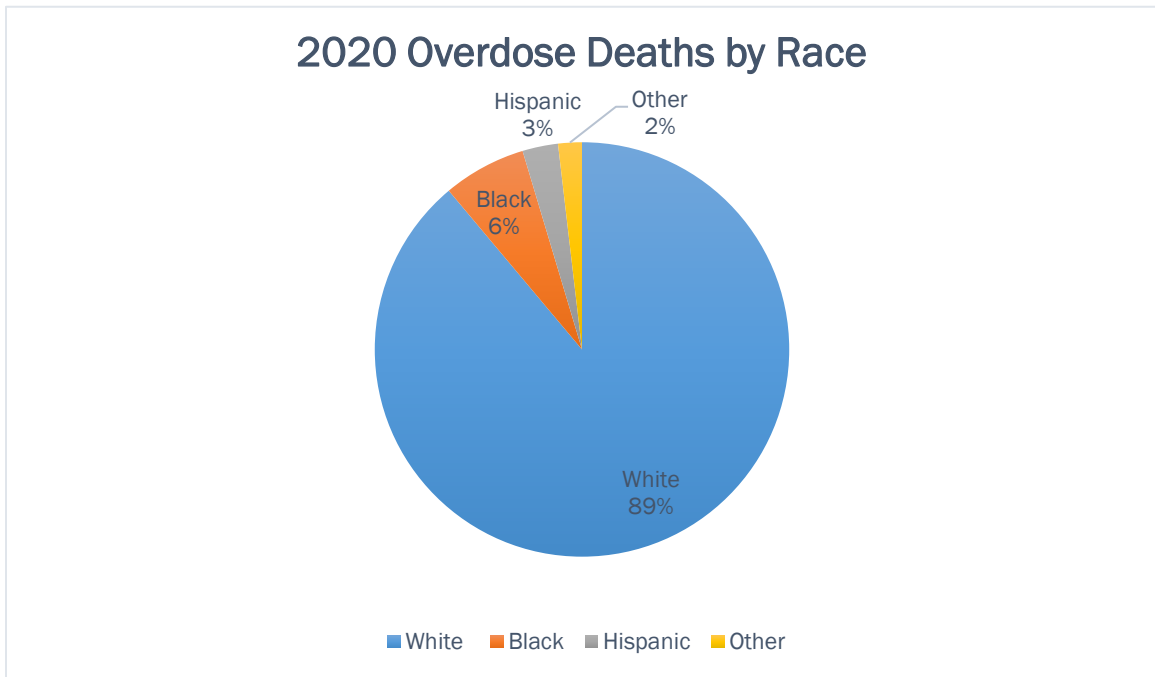
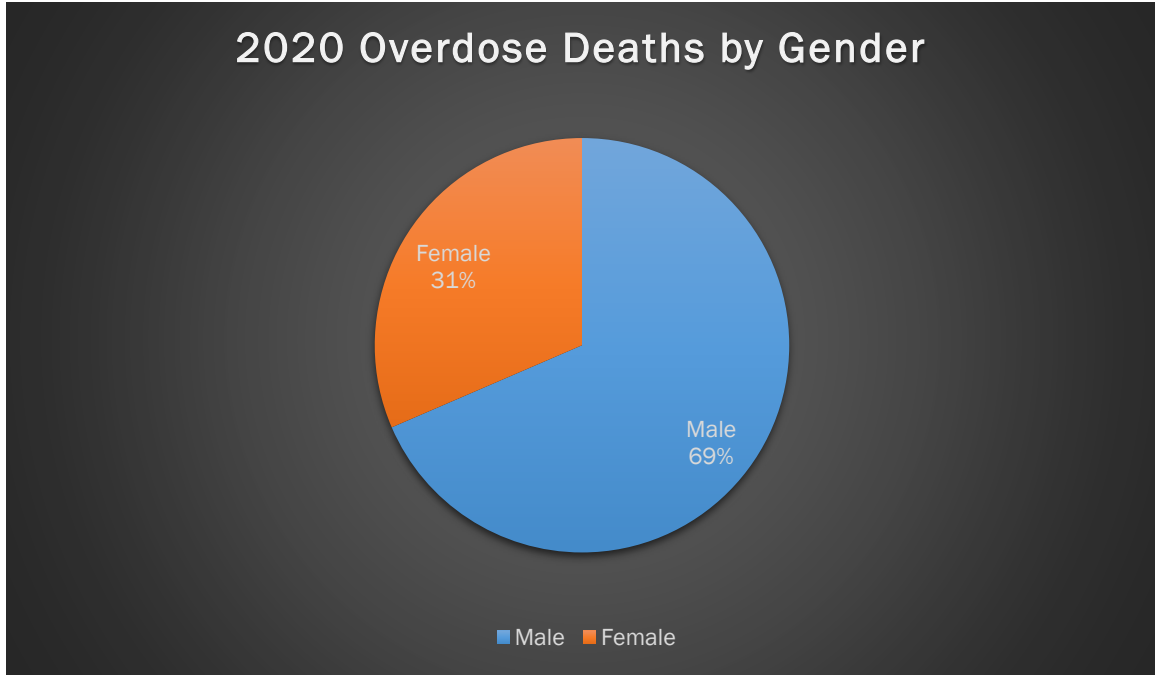
In consideration of the ongoing media coverage surrounding the heroin/opioid epidemic, the number of cases in which heroin appeared on the toxicology report may seem relatively low. There are many factors to consider. First and foremost, those twenty-three deaths, along with the other 85, were enormous 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, and codeine. 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. Morphine, specifically, may be an indication of heroin use because heroin is a derivative of a potent form of morphine.



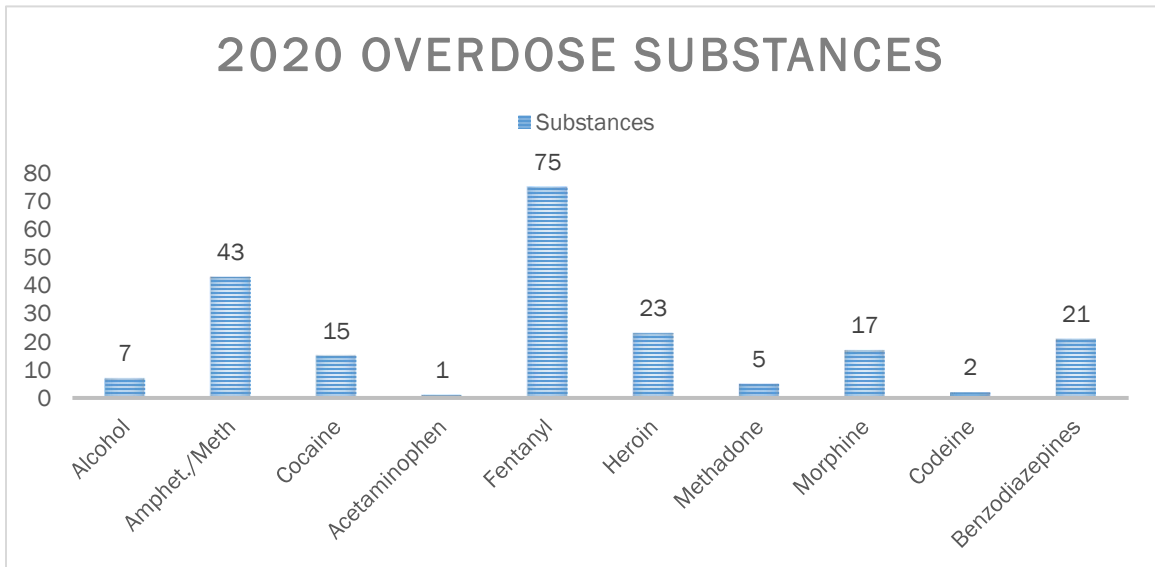
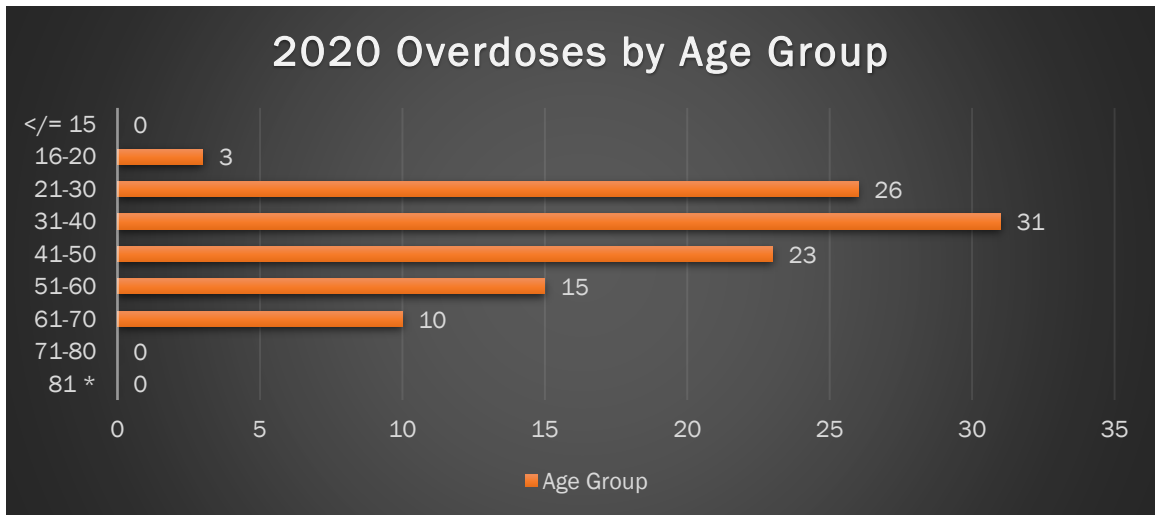
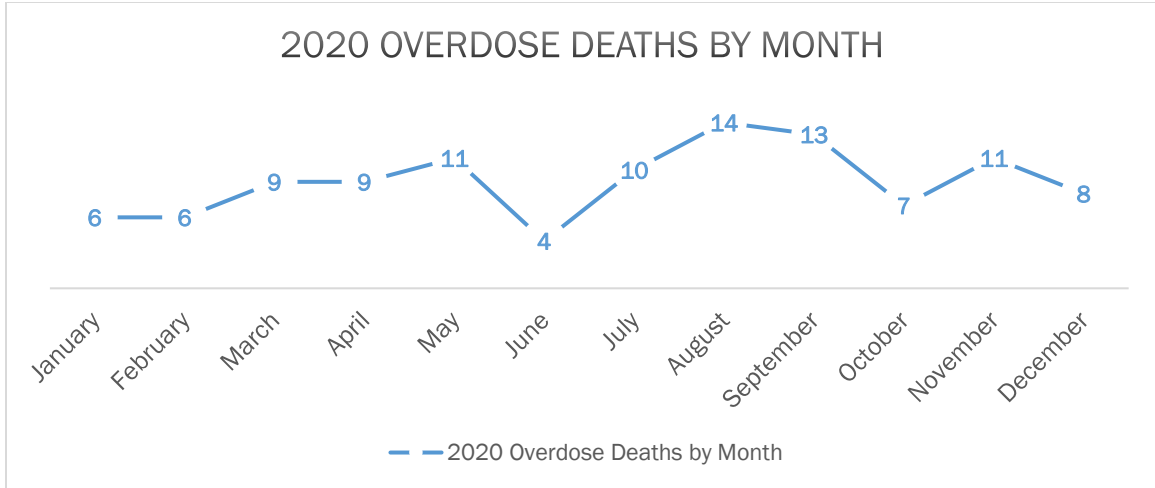
Fentanyl, an analgesic more potent than morphine, is sometimes used as an additive or cutting agent, creating a highly lethal combination. Users are typically unaware of the precise composition of the heroin, meth or cocaine that they purchase and risk encountering an especially lethal combination, such as heroin and fentanyl or methamphetamine and fentanyl, which can elicit immediate respiratory failure.

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.

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. Five of the accidental overdose deaths in Lexington County was the result of methadone; this is 29% higher than that in 2019 (1 death).







**2015-2020 Comparison**

	<b>2020- 108 Deaths</b>	<b>2019- 60 Deaths</b>	<b>2018- 53 Deaths</b>	<b>2017- 50 Deaths</b>	<b>2016- 44 Deaths</b>	<b>2015- 46 Deaths</b>
Alcohol	7	3	2	3	3	9
Amphetamine Methamphetamine	43	21	18	9	8	7
Cocaine	15	8	8	5	4	6
Acetaminophen	1	3	3	0	0	7
Fentanyl	75	26	22	18	20	13
Heroin	23	16	6	2	4	14
Methadone	5	1	6	3	3	5
Morphine	17	19	13	20	5	20
Codeine	2	12	8	9	10	16
Benzodiazepine	21	16	19	20	6	0

As data shows, 50% of substances have seen an increase since 2015; however, Alcohol, Acetaminophen, Morphine and Codeine have decreased. Amphetamine/Methamphetamine, Cocaine, Fentanyl, Heroin and Benzodiazepine's have been the biggest increase in drug related deaths since 2015. Fentanyl attributed to 69.4% of drug related deaths in 2020 while it only contributed to 28.3% of drug related deaths in 2015.

Amphetamine/Methamphetamine has increased 24.6% since 2015 while Cocaine has only increased <1% since 2015. Overall, drug related deaths have increased by 42.6% since 2015.

2020 Fatal Accidental Fall Statistics

Total Deaths: 48

Race

White: 45  
 Black: 0  
 Other: 3

Average:	80
Youngest:	41
Oldest:	96

Month

January: 6  
 February: 2  
 March: 4  
 April: 5  
 May: 6  
 June: 6  
 July: 2  
 August: 4  
 September: 4  
 October: 2  
 November: 2  
 December: 5

Gender

Male: 25  
 Female: 23

Age

</= 30: 0  
 31-40: 0  
 41-50: 2  
 51-60: 2  
 61-70: 2  
 71-80: 20  
 81-90: 15  
 91-100: 7  
 100 +: 0

**2020 OTHER ACCIDENTAL DEATH STATISTICS****Total Deaths: 16*****Accidental Drowning Deaths: 7***

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

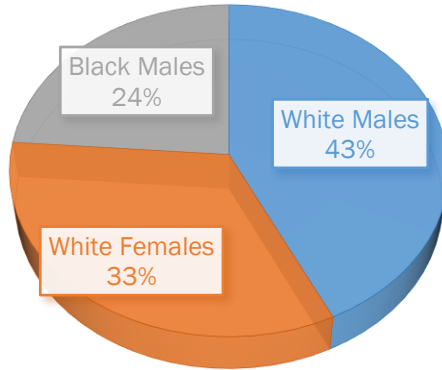
<b>Average Age:</b>	37 years
<b>Youngest:</b>	5 years
<b>Oldest:</b>	62 years

**Fire-Related, Firearm, and Adult Asphyxia Deaths:****Deaths per Specific Cause:**

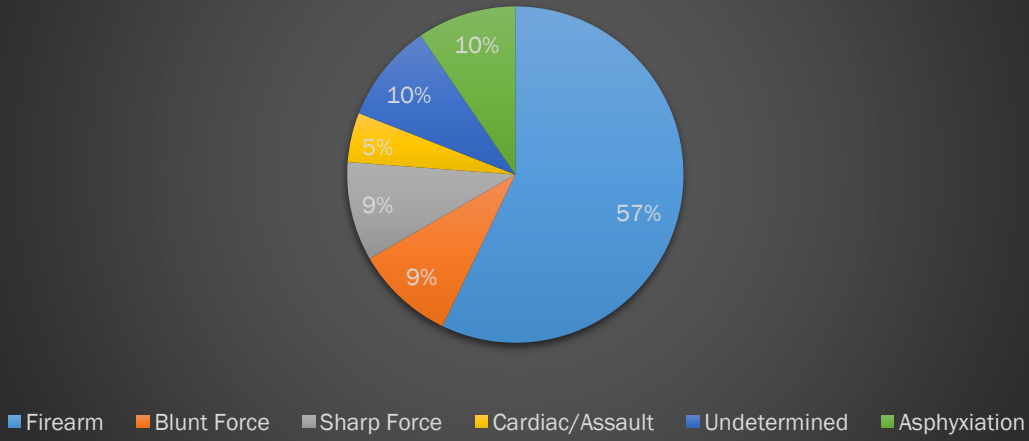
- 2 deaths due to asphyxia/aspiration of food/vomit (59 year old white female & 54 year old white male) while 1 asphyxia death is due to co-sleeping (2 month old white male) and the other from mechanical compression (49 year old white male).
- 1 death is due to an accidental discharge of a firearm (40 year old white male).
- 1 death due to a boating accident involving a tree limb (20 year old white female).
- 2 deaths due to smoke inhalation/thermal injuries from a house fire (33 year old other race & 91 year old white female).
- 1 death due to accidental healthcare acquired MRSA (9 year old black male).



### 2020 HOMICIDE VICTIMS BY RACE AND GENDER



### 2020 Homicide Methods



## 2020 Suicide Statistics

**Total Deaths: 57**

<u>Race</u>	
Black:	7
White:	49
Other:	1

<u>Gender</u>	
Male:	48
Female:	9

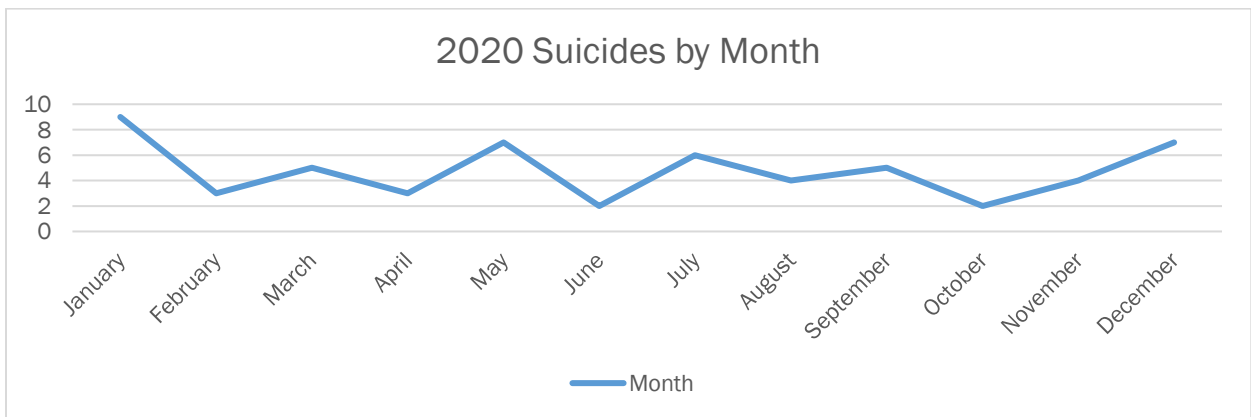
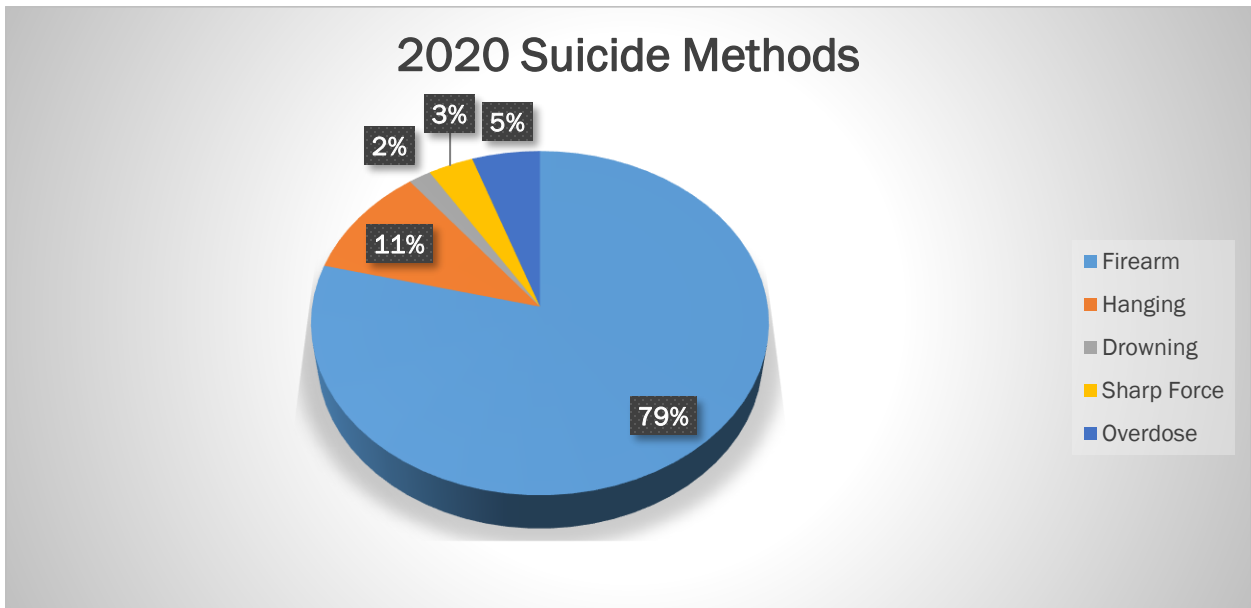
<u>Age</u>	
<= 15 years:	4
16-20 years:	6
21-30 years:	7
31-40 years:	6
41-50 years:	10
51-60 years:	9
61-70 years:	9
71-80 years:	6
81 + years:	0

<u>Month</u>	
January:	9
February:	3
March:	5
April:	3
May:	7
June:	2
July:	6
August:	4
September:	5
October:	2
November:	4
December:	7

<u>Race and Gender</u>	
Black Males:	6
Black Females:	0
White Males:	41
White Females:	9
Other Males:	1

<u>Methods</u>	
Firearm:	45
Hanging:	6
Drowning:	1
Sharp Force:	2
Overdose:	3

**Average Age:** 44 years  
**Youngest:** 12 years  
**Oldest:** 77 years





Unlike natural deaths, homicides, or some accidental deaths, every death due to suicide is 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 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.

### **Risk Factors for Suicide Include:**

#### **Individual:**

- Previous Suicide Attempt
- Mental illness, such as depression
- Social isolation
- Criminal problems
- Financial problems
- Impulsive or aggressive tendencies
- Job problems or loss
- Legal problems
- Serious illness
- Substance use disorder

#### **Relationship:**

- Adverse childhood experiences such as child abuse and neglect
- Bullying
- Family history of suicide
- Relationship problems such as a break-up, violence, or loss
- Sexual violence

#### **Community:**

- Barriers to health care
- Cultural and religious beliefs such as a belief that suicide is a noble resolution of a personal problem
- Suicide cluster in community

**Societal:**

- Stigma associated with mental illness or help-seeking
- Easy access to lethal means among people at risk (e.g. firearms, medications)
- Unsafe media portrayals of suicide

**Need help? Know someone who does?**

Contact the National Suicide Prevention Lifeline

- Call 1-800-273-TALK (1-800-273-8255)
- Use the online Lifeline Crisis Chat;  
<https://suicidepreventionlifeline.org/chat/>

Both are free and confidential. You'll be connected to a skilled, trained counselor in your area.

For more information, visit the National Suicide Prevention Lifeline;  
<https://suicidepreventionlifeline.org/>

You can also connect 24/7 to a crisis counselor by texting the Crisis Text Line;  
<https://www.crisistextline.org/> Text HOME to 741741.

## 2020 UNDETERMINED DEATH STATISTICS

### Total Deaths: 4

<u>Cause of Death</u>	<u>Deaths per Cause</u>	<u>Average Age</u>
Undetermined	2	32 Years
Firearm	2	9 Years
<u>Race</u>	<u>Gender</u>	<u>Race and Gender</u>
White:           3	Male:           5	White Male:    3
Black:           2		Black Male:     2

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 these deaths.

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.

## 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.



## County of Lexington Cemetery

- In 2020, twenty-eight indigent decedents were cremated and buried in the Lexington County Cemetery. Established in 2019, forty-nine indigents have currently been interred within the cemetery. The cemetery will accommodate the steadily increasing number of indigent individuals for many years. We have been, and remain, dedicated to ensuring that those who die under indigent circumstances in our county receive a more dignified final resting place than a potter's field.



**Deaths Handled by LCCO**

	2012	2013	2014	2015	2016	2017	2018	2019	2020
<b>Natural</b>									
<b>(Total)</b>	1,420	1,521	1,507	1,492	1,631	1,908	2,098	2,246	2,428
Natural (Response)	281	268	290	381	459	472	365	399	478
Natural (Limited Investigation)	1,139	1,253	1,217	1,111	1,172	1,436	1,733	1,847	1,950
<b>Homicide</b>	14	16	21	21	16	25	21	20	21
<b>Suicide</b>	43	37	39	44	57	47	50	51	57
<b>Undetermined</b>	5	4	2	8	7	3	5	14	4
<b>Accidental</b>									
<b>(Total)</b>	101	130	122	126	128	151	173	183	217
Accidental (Motor Vehicle)	42	42	42	49	45	47	70	57	45
Accidental (Overdose)	29	52	47	46	44	50	53	60	108
<b>Total</b>	<b>1,583</b>	<b>1,708</b>	<b>1,691</b>	<b>1,691</b>	<b>1,839</b>	<b>2,134</b>	<b>2,347</b>	<b>2,514</b>	<b>2,727</b>

