



# ANNUAL REPORT 2020

## Office of the Chief Medical Examiner (OCME)

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# INTRODUCTION

## Overview

The North Carolina General Assembly passed the Statewide Medical Examiner Act of 1967 to provide a statewide system for postmortem medicolegal examinations. The Office of the Chief Medical Examiner (OCME) was established in 1968 and the first Chief Medical Examiner was appointed. In addition to the OCME, there are three (3) regional autopsy centers and another four (4) hospital-based pathology practices that are contracted to perform autopsies for the medical examiner (ME) system. The OCME is responsible for overseeing the operations of the entire medical examiner system in North Carolina.

## Jurisdictional Authority

Pursuant to § 130A-383 of the North Carolina General Statutes, the following deaths are investigated by the medical examiner system:

- Any death resulting from violence, poisoning, accident, suicide, or homicide;
- Sudden deaths when the deceased had been in apparent good health or when unattended by a physician;
- Deaths occurring in a jail, prison, correctional institution, or in police custody;
- Deaths occurring in State facilities operated in accordance with Part 5 of Article 4 of Chapter 122C of the General Statutes;
- Deaths occurring pursuant to Article 19 of Chapter 15 of the General Statutes;
- Deaths occurring under suspicious, unusual or unnatural circumstances.

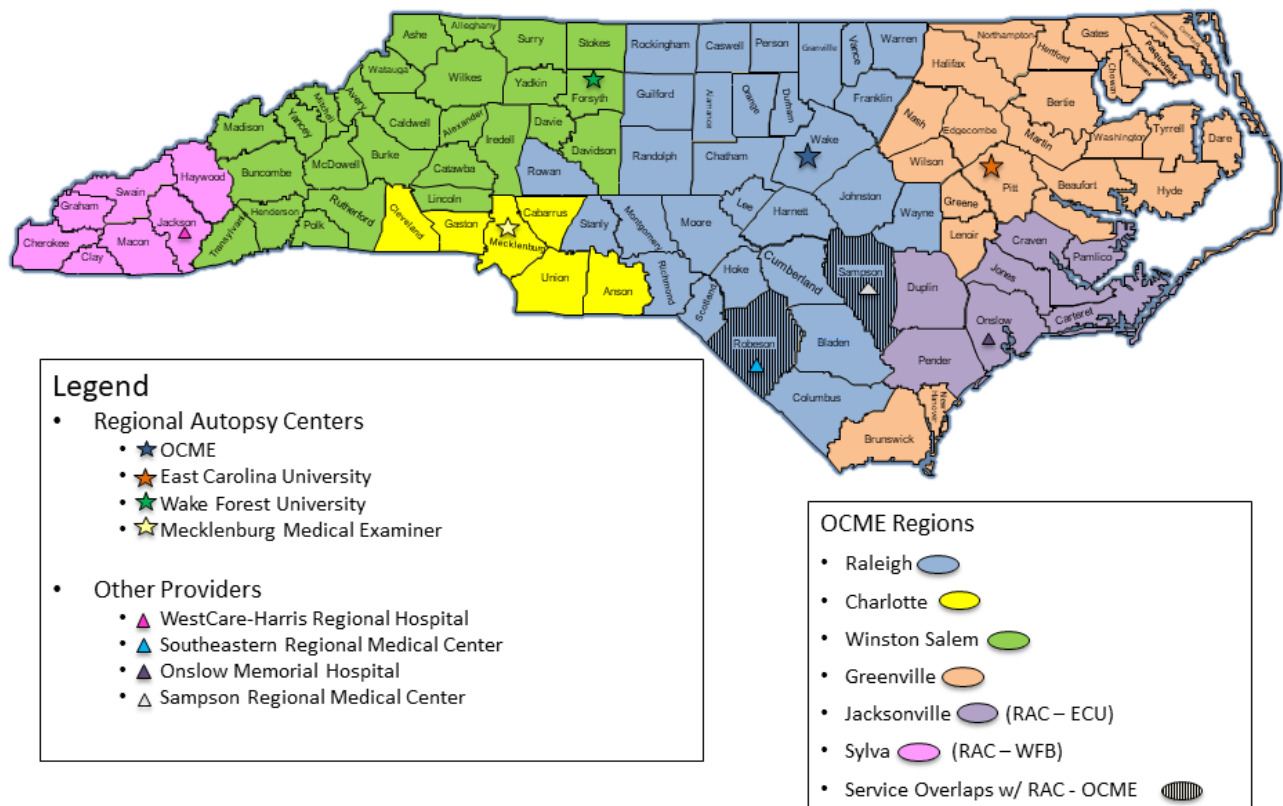
There are approximately 360 county medical examiners, at least two in each county, appointed by the Chief Medical Examiner. All county medical examiners have some type of medical background. The appointment for a medical examiner is 3 years, and orientation training and continuing education are required. Once the medical examiner has determined that a death falls under the jurisdiction of the medical examiner system, the medical examiner may investigate the death scene and must investigate the circumstances surrounding the death, perform an external examination on the body, collect specimens for toxicological testing, and is responsible for providing an investigation report to the OCME and for certifying the cause and manner of death on the death certificate.

The medical examiner determines whether the body requires an autopsy at one of the regional autopsy centers, based on the investigation and OCME Guidelines and statutes. Such cases will receive both an external and internal examination by a forensic pathologist or anatomic pathologist. At the regional autopsy centers, American Board of Pathology-certified forensic pathologists perform autopsy examinations.

OCME as the central administrative office in Raleigh provides oversight for the statewide medical examiner (ME) system, and is the only component of the system operated by the State of North Carolina. It includes a forensic toxicology laboratory accredited by the American Board of Forensic Toxicology (ABFT) that provides all toxicology testing for the entire ME system. It also serves as a regional autopsy center and staff perform one-

third of all the medicolegal autopsies in the system. There are four regional autopsy centers in the state, each of which is staffed by American Board of Pathology-certified forensic pathologists. The other three regional autopsy centers are in Greenville, staffed by the East Carolina University (ECU) Brody School of Medicine; Winston-Salem, staffed by Wake Forest Baptist Medical Center; and Charlotte, staffed by Mecklenburg County. In addition to the four regional autopsy centers, there are four hospitals where medicolegal autopsies are performed by board-certified anatomic pathologists: Coastal Pathology Associates (Jacksonville), Sampson Regional Medical Center (Clinton), Southeastern Pathology Associates (Lumberton), and Mountain Path Services (Sylva). Each are staffed by Board-certified anatomic pathologists.

### Medical Examiner Autopsy Centers in North Carolina



# TECHNICAL NOTES

## Deaths Investigated

“Deaths Investigated” in this report include deaths reported to the medical examiner where the ME accepts jurisdiction. Death totals include North Carolina residents and non-North Carolina residents whose deaths were investigated under the jurisdiction of the medical examiner. Deaths investigated include MEI Scene Investigations as well as reported deaths that, while may not allow for a scene investigation, involved an investigation beyond the initial report of the death, usually in the form of a records review in response to information provided as part of a cremation request.

## County of Death

Deaths in this report are assigned to the county where the decedent was pronounced dead, rather than county of residence or the county where an event leading to death may have occurred. For example, an individual is injured in one county, and is transported and later pronounced dead in a different county. This death is reported to the medical examiner of the second county where the individual was pronounced dead.

## ME Jurisdiction

Refers to any death where the ME assumes jurisdiction in accordance with § 130A-383 of the North Carolina General Statutes. These include autopsies performed at OCME, the 3 regional autopsy centers and 4 hospital-based pathology practices that are contracted to perform autopsies for the ME system.

## OCME Jurisdiction

Deaths that fall under OCME jurisdiction are defined as deaths autopsied at the OCME and deaths investigated in one of the 31 counties OCME serves: Alamance, Bladen, Caswell, Chatham, Columbus, Cumberland, Davidson, Durham, Franklin, Granville, Guilford, Harnett, Hoke, Johnston, Lee, Montgomery, Moore, Orange, Person, Randolph, Richmond, Robeson\*, Rockingham, Rowan, Sampson\*, Scotland, Stanly, Vance, Wake, Warren, and Wayne.

*\*NOTE: County designations may overlap with multiple regional facilities.*

## Death Rates

Annual death rates are computed as resident deaths per 100,000 people in the specific population being described. Deaths in this report are assigned to the county in which the death occurred. Population denominators for death rates were provided by the Population Estimates Program of the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS) ([www.cdc.gov/nchs/nvss/bridged\\_race.htm](http://www.cdc.gov/nchs/nvss/bridged_race.htm)). Out-of-state deaths are reported in death totals but are excluded from death rate calculations.

In this report, rates are given for data with 5 or more deaths; however, these rates should be interpreted with extreme caution and should be considered unreliable. “ND” represents “not available” and is used when there are too few deaths to use for calculating rates.

## Race/Ethnicity Reporting

The Population Estimates Program of the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS) has begun to generate annual county-level resident post-census “bridged population estimates.” NCHS bridged population files take 2000 Census population data which included 31 different race categories (and which allowed individuals to choose more than one race) and bridge it back to four single-race categories (White, Black/African American, American Indian/Alaska Native, and Asian/Pacific Islander). The file also includes population estimates for ethnicity (Hispanic/Latino and non-Hispanic/Latino) by race. The post-census estimates are updated annually as additional data become available.

Race and ethnicity-specific rates are generated from NCHS bridged population data in this report. Hispanic origin is not considered a racial category, but rather an ethnicity. As such, unless noted otherwise, rates presented for specific races include Hispanics/Latinos in one of the racial categories.

Using the NCHS bridged population file, this report presents data which combine race and ethnicity categories: for example, white, non-Hispanic; African-American/Black, non-Hispanic; American Indian/Alaska Native, non-Hispanic; Asian/Pacific Islander, non-Hispanic; and Hispanic/Latino.

Hispanic origin (yes/no) is collected on the detailed “Report of Investigation by Medical Examiner” (RIME).

### Race/Ethnicity Grouping:

- a. Hispanic: Decedents of Hispanic ethnicity are coded as Hispanic, regardless of race.
- b. Reported race, non-Hispanic:
  - a. Decedents with race reported and non-Hispanic are grouped as race category, non-Hispanic.
  - b. Decedents with reported race and unknown or missing ethnicity are also grouped as race category, non-Hispanic.
- c. Other race/ethnicity: responses that do not match any of the above race/ethnicity groupings.
- d. Not Reported or Unknown: Decedents with missing or unknown race AND missing or unknown Hispanic ethnicity or non-Hispanic ethnicity are grouped as Unknown Race/Ethnicity.

## Additional Technical Notes

1. Toxicology results are based on blood, vitreous fluid, or other specimens used for testing at the discretion of the pathologist and/or toxicologist.
2. Percentages may total above or below 100% due to rounding.

# FREQUENTLY ASKED QUESTIONS

## What does it mean when the Medical Examiner accepts jurisdiction?

“Upon the death of any person resulting from violence, poisoning, accident, suicide, or homicide; occurring suddenly when the deceased had been in apparent good health or when unattended by a physician; occurring in a jail, prison, correctional institute, or in police custody; or occurring under any suspicious, unusual or unnatural circumstance, the medical examiner of the county in which the deceased is found shall be notified...” N.C. General Statutes § 130A-383

This means that a medical examiner has been notified to investigate the circumstances surrounding deaths due to unnatural or unexpected apparently natural means. Even though a medical examiner has been notified of a death, this does not mean it falls under medical examiner jurisdiction. During preliminary investigations, a medical examiner may find sufficient evidence that the death does not fall under medical examiner jurisdiction and it is then the responsibility of the primary care physician to sign the death certificate. If jurisdiction is accepted, the medical examiner will perform an examination of the body and make inquiries about the circumstances of the death. In some circumstances, such as when an autopsy is required as part of the death investigation, the decedent may have to be transported to a designated regional facility for examination.

## Regional and Supporting Facilities and Their Designated Counties

Facility	Counties Served
<b>Office of the Chief Medical Examiner (OCME)</b>	Alamance, Bladen, Caswell, Chatham, Columbus, Cumberland, Davidson, Durham, Franklin, Granville, Guilford, Harnett, Hoke, Johnston, Lee, Montgomery, Moore, Orange, Person, Randolph, Richmond, Robeson*, Rockingham, Rowan, Sampson*, Scotland, Stanly, Vance, Wake, Warren, Wayne *Robeson County: Southeast Regional Medical Center *Sampson County: Sampson Regional Medical Center
<b>ECU Brody School of Medicine</b>	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrell, Washington, Wilson
<b>Onslow Memorial Hospital</b>	Brunswick, New Hanover, Onslow, Pender (services overlap with ECU)
<b>Wake Forest Baptist Medical Center</b>	Alexander, Allegheny, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba*, Davie, Forsyth, Henderson, Iredell, Lincoln, Madison, McDowell, Mitchell, Polk, Rutherford, Stokes, Surry, Transylvania, Watauga, Wilkes, Yadkin, Yancey *Catawba County: Piedmont Pathology Group
<b>Mecklenburg County ME Office</b>	Anson, Cabarrus, Cleveland, Gaston, Mecklenburg, Union
<b>Harris Regional Hospital</b>	Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain

\*NOTE: County designations may overlap with multiple regional facilities.



### **How are cause and manner of death determined?**

A full external and internal examination (autopsy) may be required to determine the cause and manner of death, but in some cases, an external examination may be all that is necessary. The decision to perform an autopsy is determined by the medical examiner and his/her review of medical records, investigative reports, medications, and other information.

### **What is the difference between Cause of Death and Manner of Death?**

The cause of death is (a) the disease or injury that initiated the train of morbid events leading directly to death, or (b) the circumstances of the accident or violence that produced fatal injury.

Manner of death determination is something that originated in the United States. Unlike the cause of death, with thousands of possibilities, in North Carolina, manner of death is limited to: Natural, Suicide, Accident, Homicide and Undetermined. The fundamental purpose for determining the manner of death is for public health surveillance and vital statistics.

### ***How long will an examination take?***

Usually, an examination will be done within 1-2 days after the person's death. However, in some instances of suspicious death or identification issues, a decedent may be held at the Medical Examiner's Office for a longer period of time. A decedent must be positively identified before he/she leaves the facility. Under these circumstances, family and friends can assist in this process by contacting investigating officials or the medical examiner with medical/dental provider names and records, X-rays, photographs with identifying marks or tattoos, and other useful resources.

As part of the autopsy, the pathologist may take biological samples such as blood, other body fluids, and tissues for further study in an effort to determine the cause and manner of death. Toxicology testing on some of these samples may be performed if the pathologist believes that the results may affect the determination of cause or manner. The sample testing will not delay the release of the body to the next of kin. However, the results of such testing may take several months to finalize, causing the manner and cause of death to be certified as "pending." If a death certificate is issued with a "pending" manner and cause of death, a supplemental death certificate will be issued once all testing is completed.

### **How do I obtain NC Medical Examiner documents?**

#### ***Death Certificates***

Death certificates are public records. **Copies of death certificates and/or supplemental death certificates are not issued by the OCME and may be obtained from the Register of Deeds Office in the county where the death occurred or the State Vital Records Office.** Anyone can obtain copies of the death certificate from vital records for a fee. Funeral homes can assist you in the process of obtaining copies of the death certificate.

A death certificate is completed by the assigned county medical examiner. For instance, if a person dies in Wake County and the death falls under medical examiner jurisdiction, the Wake County medical examiner assigned to the case would be responsible for the death certificate.

### ***Autopsy, Investigation, and Toxicology Reports***

Autopsy, Investigation, and Toxicology Reports are also public records and once finalized, may be obtained from the OCME. To request any of these documents, please use the [Document Request](#) web form. If you do not have Internet access, you may request documents by calling the OCME during regular business hours. There is no fee for these documents.

The Toxicology Laboratory located at the Office of the Chief Medical Examiner in Raleigh is nationally accredited by the American Board of Forensic Toxicology, Inc. and serves all 100 counties of the North Carolina Medical Examiner System by providing forensic analytical testing of specimens and evidence from medical examiner cases. The laboratory is responsible for analytical testing, records maintenance and review of analytical testing and interpretation of results for more than 10,000 medical examiner cases annually. The staff which consists of toxicologists, chemists, laboratory technicians and administrative technicians performs more than 36,000 analytical tests each year.

Note: Toxicologists at the North Carolina Office of the Chief Medical Examiner (NC-OCME) are limited to interpreting information for our own cases.

### **Data Requests**

The OCME investigates all deaths in North Carolina due to injury or violence, as well as natural deaths that are suspicious, unusual, or unattended by a medical professional. The OCME collects extensive information on each death that is investigated, much of which is included in the OCME data system. The OCME collects additional information that is not available from the death certificate data system, including alcohol and other toxicology test results and more detailed information on gun type for deaths involving firearms.

If you would like to request data, please complete the data request form located on the [OCME website](#) and email the form to [ocme.data.request@dhhs.nc.gov](mailto:ocme.data.request@dhhs.nc.gov). Please be advised that it may take up to six weeks to complete a data request.

***Note: Autopsy, Toxicology and/or Medical Examiner Investigation Reports should be requested through the Document Request Form available on the OCME website under the [Documents Request section](#).***

# 2020 MEDICAL EXAMINER CASES

In 2020, 110,639 people died in North Carolina and **13,552** of these deaths were accepted as jurisdictional cases and investigated by the medical examiner (ME) system. At the time of this report, **13,077** deaths investigated by the ME system have been certified and 3.4% of cases are pending final determination (n=457).

*Note: Pending investigation refers to deaths when determination of manner depends on further information (Centers for Disease Control). Fetal and non-human deaths are excluded from pending case count.*

**Table 1. Overview of Deaths Reported and Jurisdictional Dispositions, 2020**

	<b>OCME Jurisdiction*</b>	<b>NC Medical Examiner System</b>
<i>Total Deaths</i>	45,502	110,639
<i>Deaths Referred to ME</i>	6,808	15,729
<i>Cases Declined by ME</i>	1,022 (15.0%)	2,177 (13.8%)
<i>Deaths Investigated by ME<sup>1</sup></i>	5,786 (85.0%)	13,552 (86.2%)
<i>Deaths Certified by ME<sup>2</sup></i>	5,513	13,077
<i>Scene Visits<sup>‡</sup></i>	11	-
<i>Autopsies<sup>3</sup></i>	1,592	4,875
<i>Cases with Toxicology Performed<sup>4</sup></i>	5,558 (96.1%)	12,770 (94.2%)
<i>External and Supplemental Examinations<sup>‡</sup></i>	1,429	2,483
<i>Non-Human Deaths Investigated</i>	2	16
<i>Fetal Deaths Investigated</i>	3	6
<i>Unidentified Bodies After Examination</i>	2	3
<i>Bodies Brought to OCME<sup>‡</sup></i>	3,079	-
<i>Bodies Transported BY OCME<sup>‡</sup></i>	3,030	-
<i>Unclaimed Bodies<sup>‡</sup></i>	76	-

\*OCME jurisdiction: deaths investigated by ME system in the 31 counties OCME serves and autopsies performed at OCME (see Technical Notes).

<sup>1</sup>OCME: includes 3 fetal deaths and 2 non-human deaths investigated; ME total: includes 16 non-human deaths and 6 fetal deaths investigated

<sup>2</sup>OCME: includes 3 fetal deaths and 1 human – historical interest only death certified; ME total: includes 6 fetal deaths and 1 human – historical interest only death certified

<sup>3</sup>OCME autopsies: includes 3 fetal deaths and 1 human – historical interest only death; ME total autopsies: includes 5 fetal deaths and 2 human – historical interest only

<sup>4</sup>Data for certified deaths only

<sup>‡</sup>Data reported for OCME only

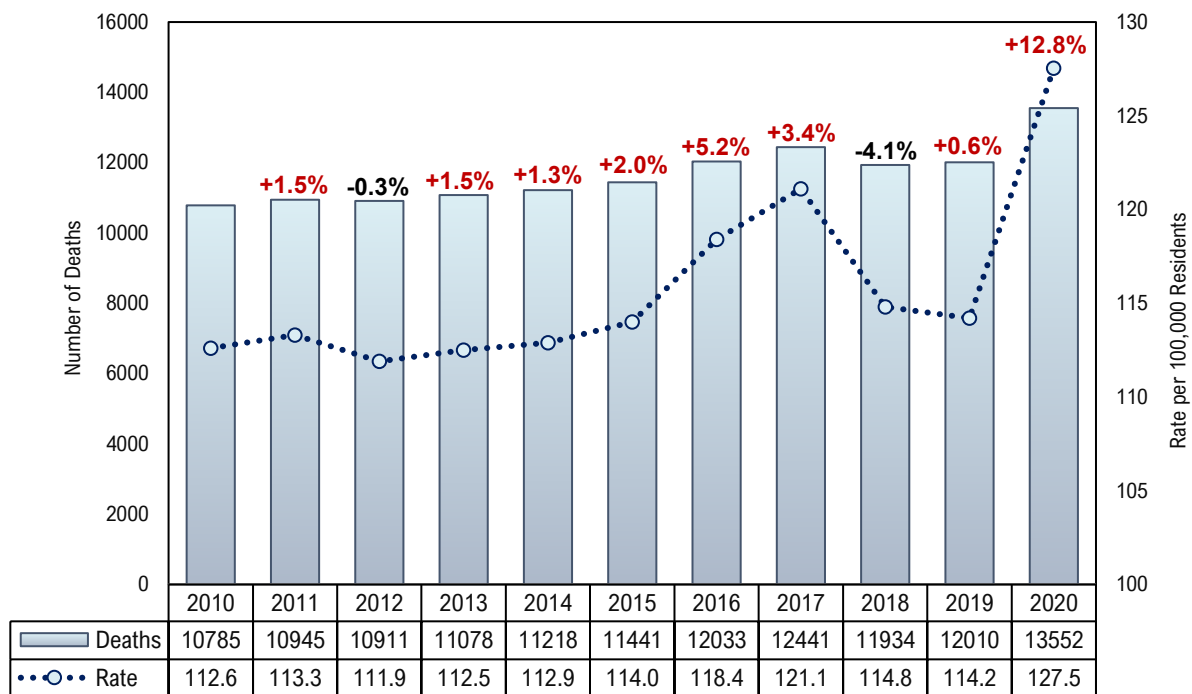
Note: OCME does not perform partial autopsies or hospital autopsies.

# TOTAL DEATHS AND AUTOPSIES

## Deaths Investigated by the Medical Examiner System

A record number of deaths were investigated by the ME system in 2020 (n=13,552), a 12.8% increase from the previous year's caseload (n=12,010) and a 25.7% increase in deaths investigated compared to 2010 (n=10,785). The rate of deaths investigated by the ME system increased from 114.2 deaths per 100,000 residents in 2019 to 127.5 deaths per 100,000 residents in 2020. *Note: Rates include pending cases and excludes fetal deaths, non-human deaths, and deaths occurring outside North Carolina.*

**Figure 1. Deaths Investigated by the NC Medical Examiner System and Rate, 2010 – 2020<sup>†</sup>**



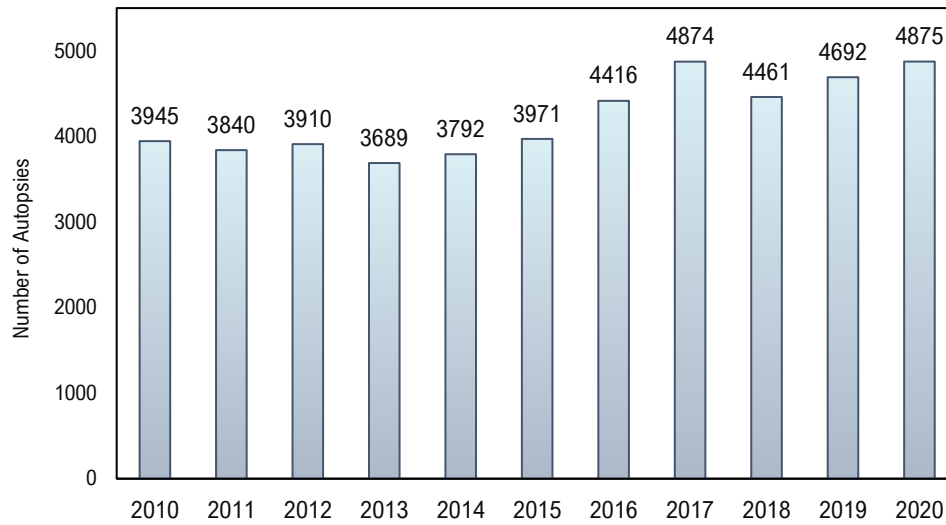
<sup>†</sup>Percent Change (%): change in total ME cases compared to total ME cases of previous year

Note: Rates per 100,000 NC residents.

## Autopsies Performed by the Medical Examiner System

A total of 4,875 autopsies were performed by the ME system in 2020, the most autopsies performed annually by the ME system closely followed by autopsies in 2017 (n=4,874). Of the 13,552 deaths investigated by the ME system, 36.0% of cases were autopsied. Over 4,000 autopsies have been performed annually since 2016.

**Figure 2. Autopsies Performed by the NC Medical Examiner System, 2010 – 2020†**

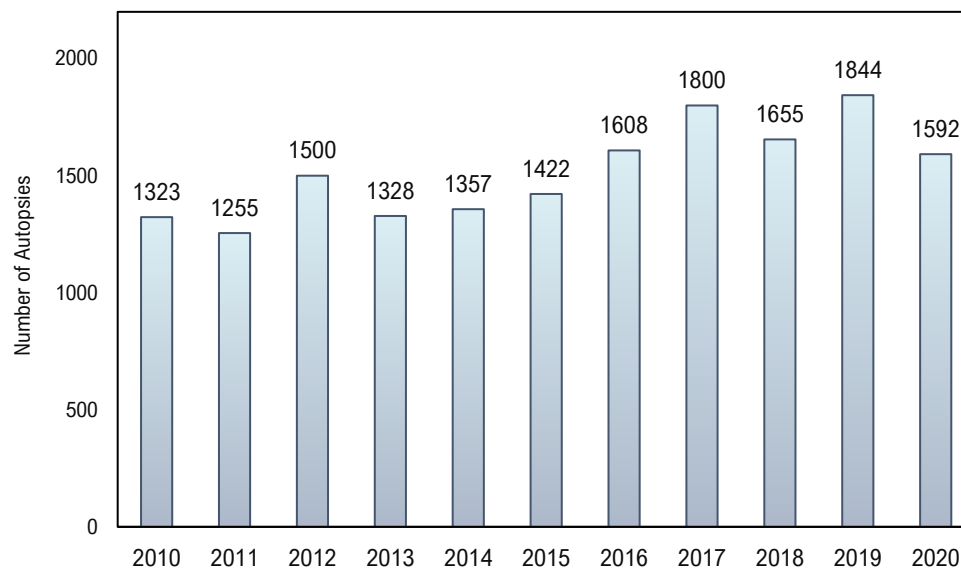


†Autopsy totals include non-human deaths, fetal deaths, human – historical interest only deaths, and exhumations where autopsy was performed. Autopsy totals for 2020 include 5 fetal deaths and 2 human – historical interest only deaths.

## Autopsies Performed at OCME

A total of 1,592 autopsies were performed at the OCME in 2020, representing a decrease in total autopsies performed at the OCME compared to 2019 (n=1,844). Of the 4,875 autopsies performed by the ME system in 2020, 32.7% were performed at the OCME. Of the 5,786 deaths investigated by the OCME in 2020, 27.5% of cases were autopsied.

**Figure 3. Autopsies Performed at OCME, 2010 – 2020†**

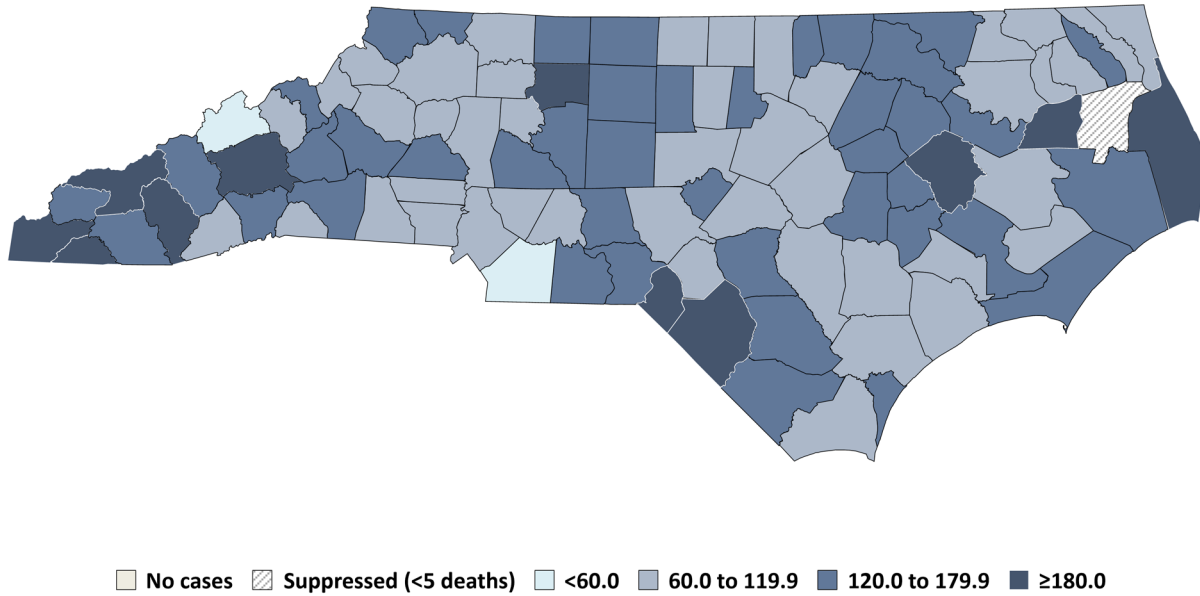


†OCME autopsy totals include non-human deaths, fetal deaths, and exhumations where autopsy was performed. In 2020, an autopsy was performed at OCME for 3 fetal deaths and 1 human – historical interest only death.

## Deaths by County of Death

Death totals and rates for all 100 NC Counties are provided in the Appendix.

**Figure 4. Rate of Deaths per 100,000 Residents by County of Death, 2020**



Note: Rates per 100,000 NC residents. Data shown represents the county of death for deaths certified by the medical examiner system.

Four counties had an overall death rate greater than 200 deaths per 100,000 residents: Swain County (239.8 deaths per 100,000), Pitt County (239.4 deaths per 100,000), Dare County (210.4 deaths per 100,000), and Cherokee County (202.9 deaths per 100,000). The overall death rate for Swain County was nearly double the statewide death rate (123.2 deaths per 100,000).

**Table 2. Top 10 Overall Death Rates by County of Death**

County of Death	Total Deaths	
	Deaths	Rate
Swain	34	239.8
Pitt	438	239.4
Dare	79	210.4
Cherokee	59	202.9
Buncombe	519	197.0
Washington	22	191.6
Scotland	66	190.5
Forsyth	728	189.7
Clay	21	182.5
Jackson	80	181.7
<b>NC Total*</b>	<b>13061</b>	<b>123.2</b>

Note: Rates per 100,000 NC residents.

\*Excludes 9 out-of-state deaths. Rates per 100,000 residents.

# MANNER OF DEATH

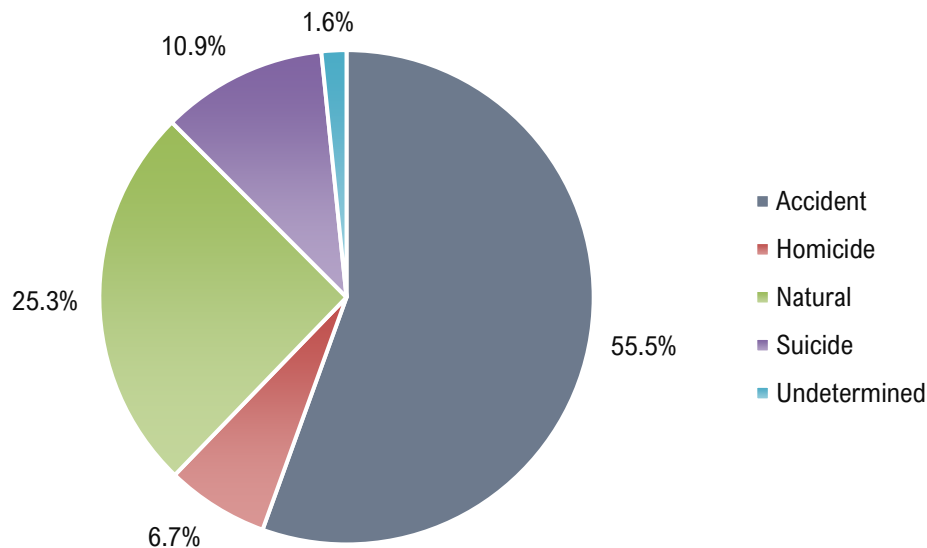
The manner of death is a classification of death based on the circumstances surrounding a particular cause of death and how that cause came into play. Manner of death is classified as Accident, Homicide, Natural, Suicide, and Undetermined.

More than half of cases certified by the ME system in 2020 were classified as Accident (n=7,256). Of the remaining cases, 25.3% were certified as Natural (n=3,305), 10.9% were certified as Suicide (n=1,419), 6.7% were certified as Homicide (n=877) and 1.6% were certified as Undetermined (n=213).

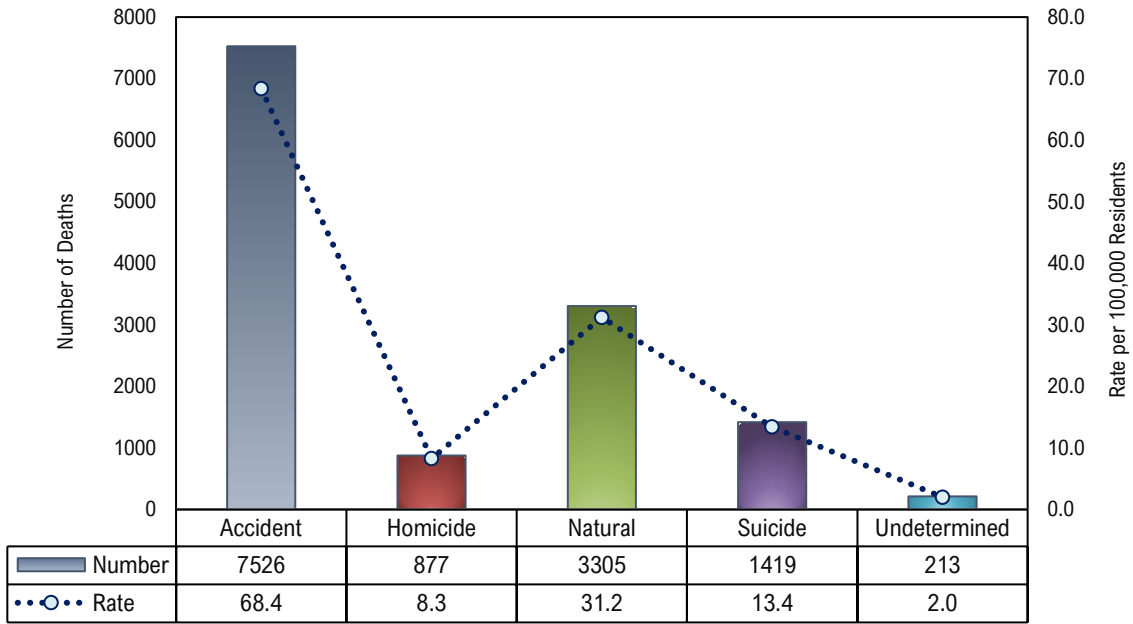
## Trends:

- Compared to 2019, accidental deaths increased 16.0% and homicide deaths increased 14.2%. There was a slight increase in deaths certified as Natural and Suicide.
- Accidental deaths continued to increase. Although there was a slight increase in the number of natural deaths in 2020, the proportion of ME cases certified as Natural continued to decline from 37.1% in 2015 to 25.3% in 2020.
- Of all deaths investigated by the ME system, non-Hispanic American Indian/Alaskan Native individuals had the highest overall death rate in 2020 (164.1 deaths per 100,000).
- The overall death rate among males (175.5 deaths per 100,000) was more than double the rate among females (73.7 deaths per 100,000 residents).
- Overall death rates were highest among the 65 years and older age group (185.2 deaths per 100,000) and lowest among the 5- to 14-year-old age group (8.6 deaths per 100,000).

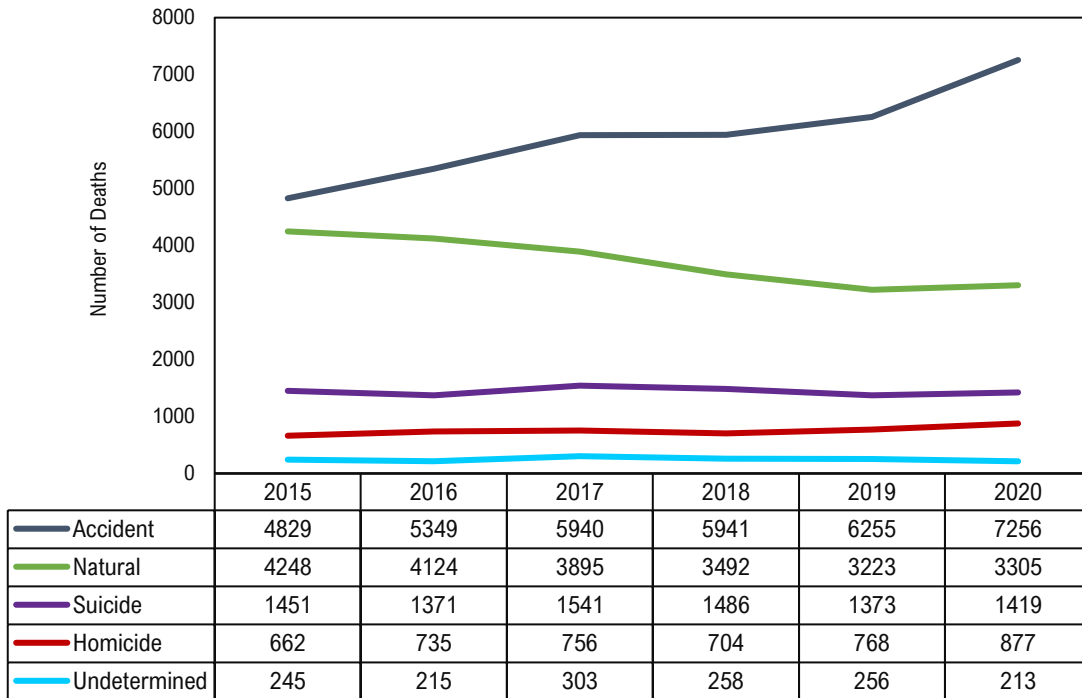
**Figure 5. Percentage of Deaths Certified by Manner of Death, 2020**



**Figure 6. Number and Rate of Deaths Certified by Manner of Death, 2020**

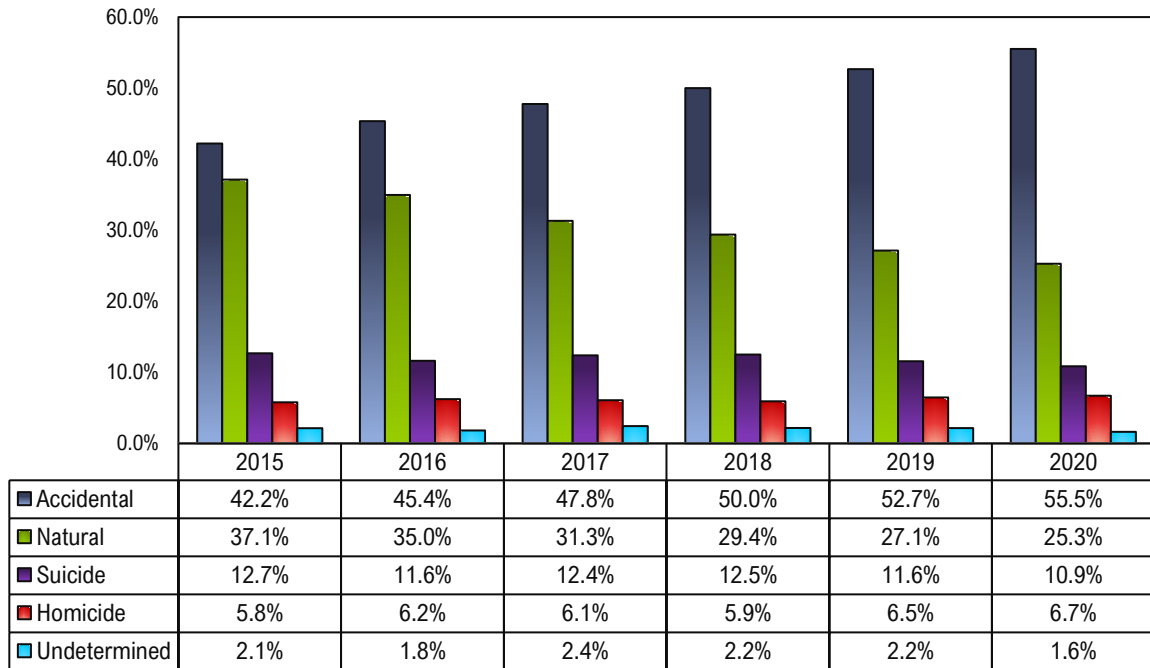


**Figure 7. Deaths Certified by the ME System by Manner of Death, 2015 – 2020**



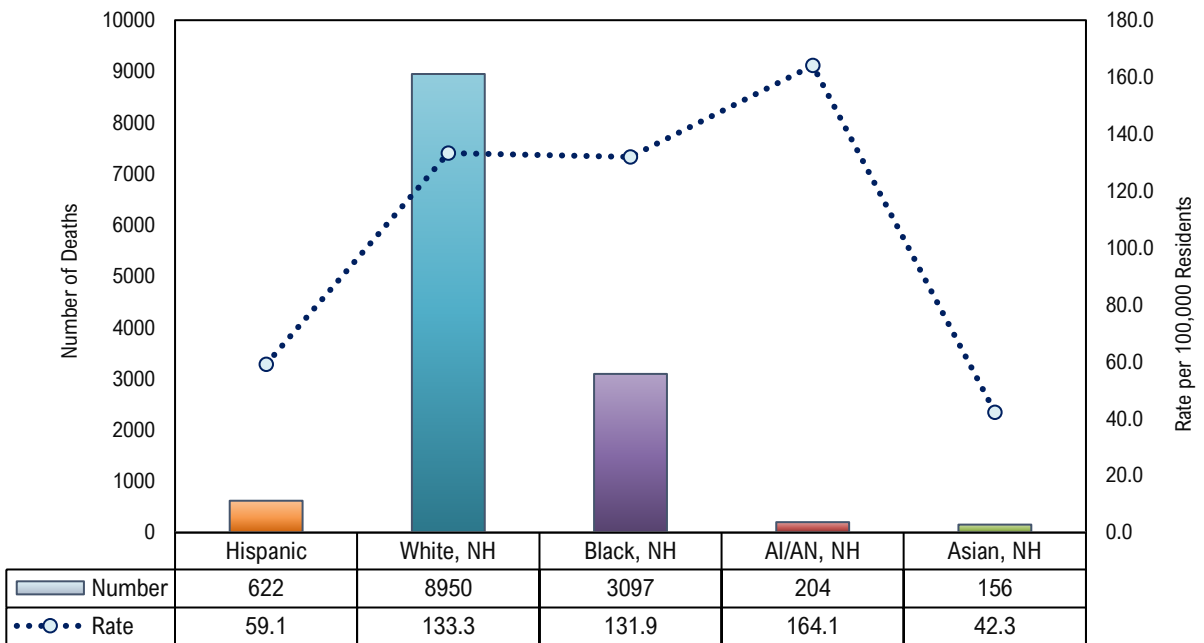


**Figure 8. Percentage of Deaths Certified by the ME System by Manner of Death, 2015 – 2020**



## Deaths by Race/Ethnicity

**Figure 9. Number and Rate of Deaths Certified by Race/Ethnicity, 2020**



AI/AN, NH: non-Hispanic American Indian or Alaskan Native  
 Note: Rates per 100,000 NC residents.

**Table 3. Number and Rate of Deaths Certified by Race/Ethnicity and Manner, 2020**

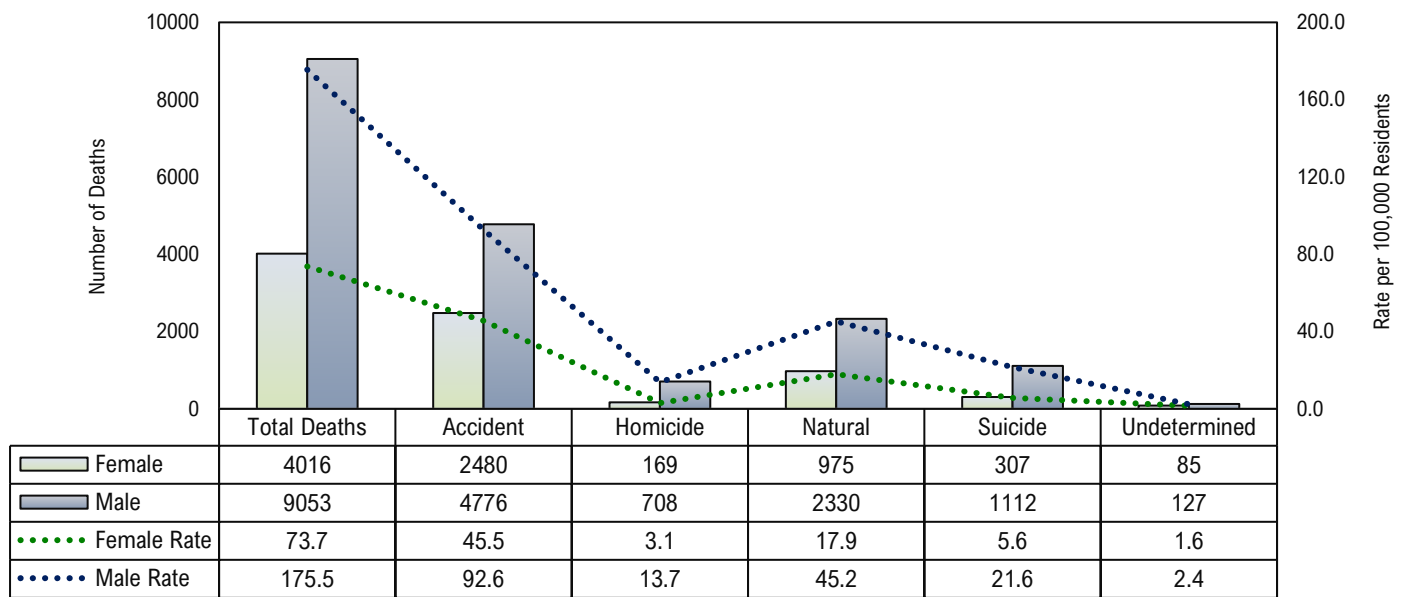
Race/ Ethnicity	All Deaths		Accident			Homicide			Natural			Suicide			Undetermined		
	Deaths	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate
Hispanic	622	59.1	358	58%	34.0	43	7%	4.1	161	26%	15.3	46	7%	4.4	14	2%	1.3
White, NH	8950	133.3	5241	59%	78.0	252	3%	3.8	2141	24%	31.9	1185	13%	17.6	131	1%	1.9
Black, NH	3097	131.9	1432	46%	61.0	544	18%	23.1	917	30%	39.1	146	5%	6.2	58	2%	2.4
AI/AN, NH	204	164.1	147	72%	118.2	24	12%	19.3	21	10%	16.9	10	5%	8.0	2	1%	ND
Asian, NH	156	42.3	57	37%	15.5	10	6%	2.7	57	37%	15.5	30	19%	8.1	2	1%	ND
Other	20	ND	10	50%	ND	2	10%	ND	3	15%	ND	2	10%	ND	3	15%	ND
<b>Total†</b>	<b>13070</b>	<b>123.2</b>	<b>7256</b>	<b>56%</b>	<b>68.4</b>	<b>877</b>	<b>7%</b>	<b>8.3</b>	<b>3305</b>	<b>25%</b>	<b>31.2</b>	<b>1419</b>	<b>11%</b>	<b>13.4</b>	<b>213</b>	<b>2%</b>	<b>2.0</b>

AI/AN, NH: non-Hispanic American Indian or Alaskan Native

\*Rates per 100,000 NC residents, excludes out-of-state deaths.

†Missing race/ethnicity n=21

## Deaths by Gender

**Figure 10. Number and Rate of Deaths Certified by Gender and Manner, 2020****Table 4. Number and Rate of Deaths Certified by Gender and Manner, 2020**

Gender	All Deaths		Accident			Homicide			Natural			Suicide			Undetermined		
	Deaths	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate
Female	4016	73.7	2480	62%	45.5	169	4%	3.1	975	24%	17.9	307	8%	5.6	85	2%	1.6
Male	9053	175.5	4776	53%	92.6	708	8%	13.7	2330	26%	45.2	1112	12%	21.6	127	1%	2.4
<b>Total†</b>	<b>13070</b>	<b>123.2</b>	<b>7256</b>	<b>56%</b>	<b>68.4</b>	<b>877</b>	<b>7%</b>	<b>8.3</b>	<b>3305</b>	<b>25%</b>	<b>31.2</b>	<b>1419</b>	<b>11%</b>	<b>13.4</b>	<b>213</b>	<b>2%</b>	<b>2.0</b>

Note: Rates per 100,000 NC residents, excludes out-of-state deaths.

†Missing gender n=1

## Deaths by Age Group

Figure 11. Number and Rate of Deaths Certified by Age Group, 2020

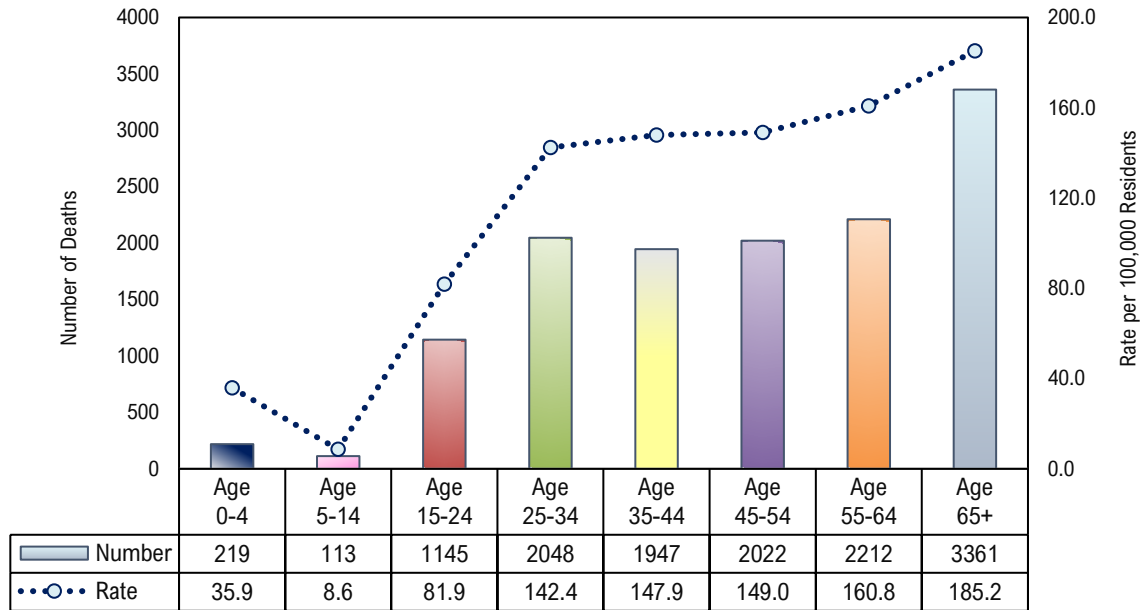


Table 5. Number and Rate of Deaths Certified by Age Group and Manner, 2020

Age Group	All Deaths		Accident			Homicide			Natural			Suicide			Undetermined		
	Deaths	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate	Deaths	%	Rate
0-4	219	35.9	74	34%	12.2	32	15%	5.3	33	15%	5.4	0	0%	0.0	80	37%	13.0
5-14	113	8.6	61	54%	4.7	13	12%	0.9	15	13%	1.2	20	18%	1.5	4	4%	ND
15-24	1145	81.9	655	57%	46.8	238	21%	17.0	54	5%	3.9	189	17%	13.5	9	1%	0.6
25-34	2048	142.4	1334	65%	92.8	251	12%	17.4	170	8%	11.8	261	13%	18.1	32	2%	2.2
35-44	1947	147.9	1225	63%	93.0	137	7%	10.4	351	18%	26.7	212	11%	16.1	22	1%	1.7
45-54	2022	149.0	1015	50%	74.8	90	4%	6.6	636	31%	46.9	261	13%	19.2	20	1%	1.5
55-64	2212	160.8	909	41%	66.1	66	3%	4.8	998	45%	72.6	215	10%	15.6	24	1%	1.7
65+	3361	185.2	1983	59%	109.2	50	1%	2.8	1047	31%	57.7	261	8%	14.4	20	1%	1.1
<b>Total†</b>	<b>13070</b>	<b>123.2</b>	<b>7256</b>	<b>56%</b>	<b>68.4</b>	<b>877</b>	<b>7%</b>	<b>8.3</b>	<b>3305</b>	<b>25%</b>	<b>31.2</b>	<b>1419</b>	<b>11%</b>	<b>13.4</b>	<b>213</b>	<b>2%</b>	<b>2.0</b>

Note: Rates per 100,000 NC residents, excludes out-of-state deaths.

†Missing age n=3

# Deaths by Gender and Age Group

Figure 11. Number and Rate of Deaths Certified by Gender and Age Group, 2020

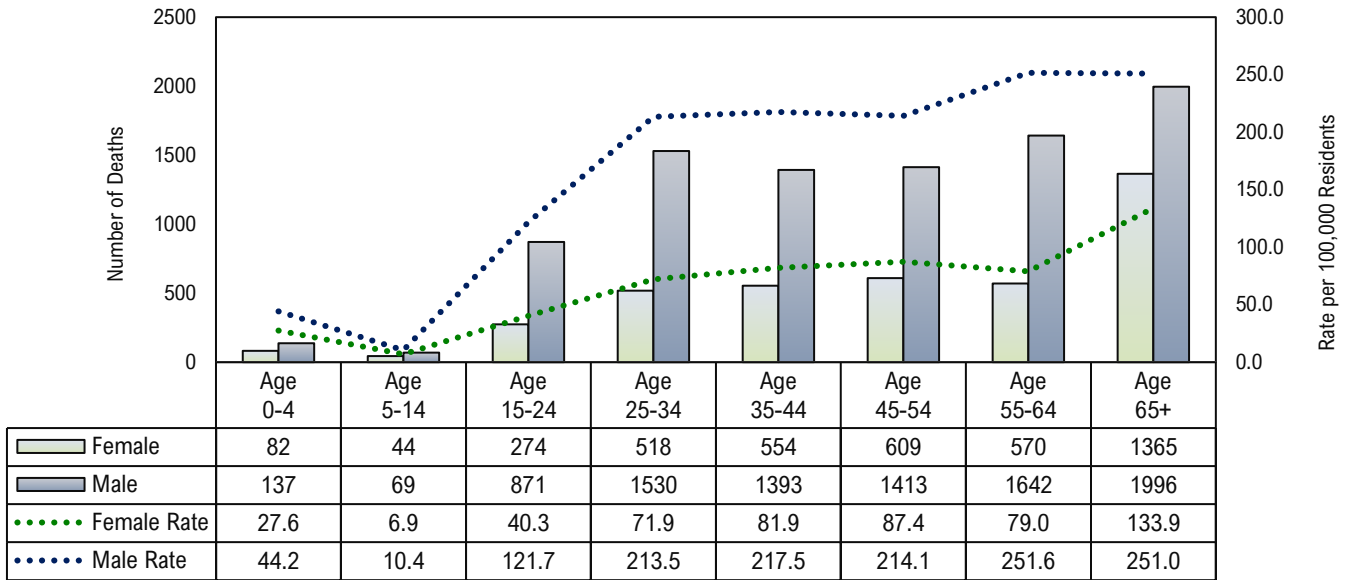


Table 6. Number and Rate of Deaths Certified by Gender, Age Group and Manner, 2020

Age Group	All Deaths		Accident		Homicide		Natural		Suicide		Undetermined	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
0-4	82	27.6	27	9.1	10	3.4	13	4.4	0	0.0	32	10.8
5-14	44	6.9	26	4.1	4	ND	7	1.1	6	0.9	1	ND
15-24	274	40.3	180	26.5	30	4.4	25	3.7	37	5.4	2	ND
25-34	518	71.9	353	49.0	42	5.8	59	8.2	51	7.1	13	1.8
35-44	554	81.9	350	51.8	27	4.0	114	16.9	51	7.5	12	1.8
45-54	609	87.4	323	46.3	27	3.9	186	26.7	64	9.2	9	1.3
55-64	570	79.0	269	37.3	11	1.5	236	32.7	48	6.7	6	0.8
65+	1365	133.9	952	93.4	18	1.8	335	32.9	50	4.9	10	1.0
Female Total	4016	73.7	2480	45.5	169	3.1	975	17.9	307	5.6	85	1.6
0-4	137	44.2	47	15.2	22	7.1	20	6.5	0	0.0	48	15.2
5-14	69	10.4	35	5.3	9	1.4	8	1.2	14	2.1	3	ND
15-24	871	121.7	475	66.1	208	29.1	29	4.1	152	21.2	19	2.7
25-34	1530	213.5	981	136.9	209	29.0	111	15.5	210	29.2	19	2.7
35-44	1393	217.5	875	136.6	110	17.2	237	37.0	161	25.1	10	1.6
45-54	1413	214.1	692	104.9	63	9.5	450	68.2	197	29.9	11	1.7
55-64	1642	251.6	640	97.9	55	8.4	762	116.7	167	25.6	18	2.6
65+	1996	251.0	1031	129.5	32	4.0	712	89.5	211	26.5	10	1.3
Male Total†	9053	175.5	4776	92.6	708	13.7	2330	45.2	1112	21.6	127	2.4
<b>Total†</b>	<b>13070</b>	<b>123.2</b>	<b>7256</b>	<b>68.4</b>	<b>877</b>	<b>8.3</b>	<b>3305</b>	<b>31.2</b>	<b>1419</b>	<b>13.4</b>	<b>213</b>	<b>2.0</b>

Note: Rates per 100,000 NC residents, excludes out-of-state deaths.

†Male missing age n=2; unknown gender n=1

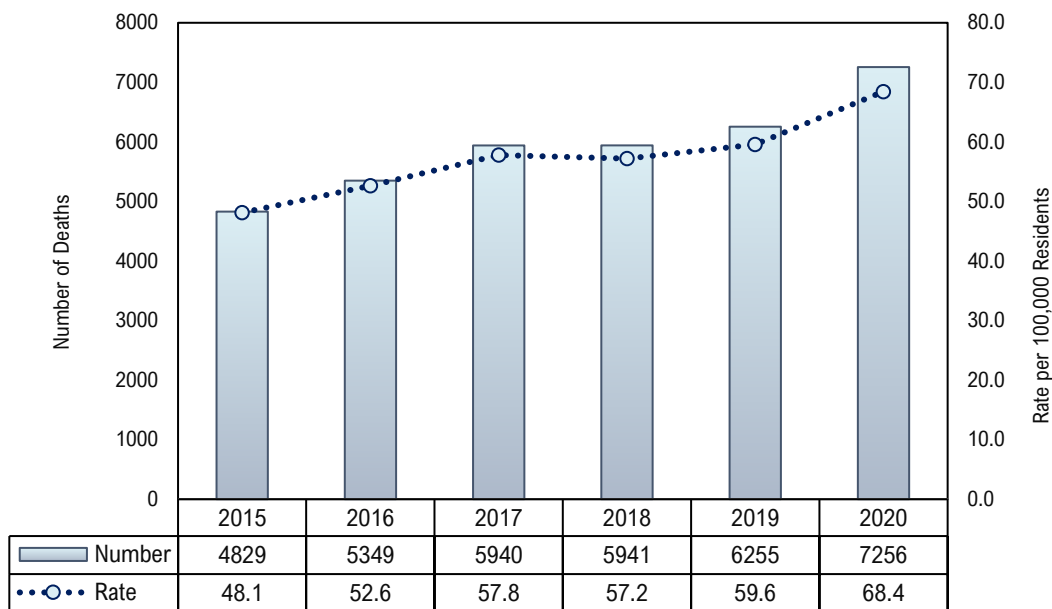
# ACCIDENTAL DEATHS

Accidental deaths accounted for more than half of deaths investigated and certified by the ME system in 2020 (55.5%). The number of deaths certified as Accident in 2020 (n=7,256) increased 16.0% from 2019 (n=6,255).

## Trends:

- Non-Hispanic American Indian/Alaskan Native individuals had the highest accidental death rate (118.2 deaths per 100,000); non-Hispanic White individuals had the greatest number of accidental deaths (n=5,241).
- The 65 years and older age group had the highest accidental death rate (109.2 deaths per 100,000), with more than half of accidental deaths in this age group attributed to falls/jumps (n=1,175).
- Males had more than double the rate of accidental deaths compared to females (92.6 deaths and 45.5 deaths per 100,000, respectively). Males had a higher accidental death rate across all age groups compared to females of the same age.
- Poisoning was the leading means of accidental deaths (n=3,258) followed by falls/jumps (n=1,331).
- Deaths attributed to motor vehicle accidents continue to decline. Compared to 2015 (n=1,453), accidental motor vehicle deaths decreased 40.2% in 2020 (n=869).
- Poisoning deaths increased 32.4% in 2020 (n=3,258) compared to 2019 (n=2,461). The rate of accidental poisoning deaths in 2020 was more than double 2015 (30.7 deaths and 14.8 deaths per 100,000, respectively).
- Poisoning accounted for more than half of accidental deaths among the 25- to 34-year-old (n=910), 35- to 44-year-old (n=867), and 45- to 54-year-old (n=1,015) age groups.

**Figure 12. Number and Rate of Accidental Deaths, 2015 – 2020**

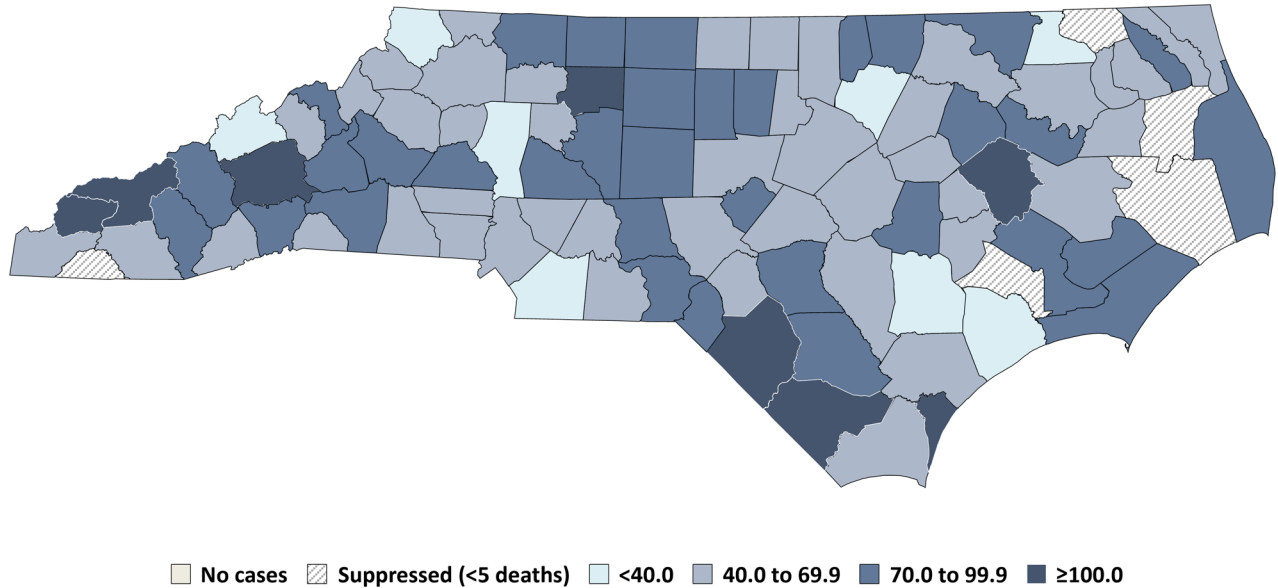


Note: Rates per 100,000 NC residents.

## Accidental Deaths by County of Death

Death totals and rates for all 100 NC Counties are provided in the Appendix.

**Figure 13. Rate of Accidental Deaths per 100,000 Residents by County of Death, 2020**



Note: Rates per 100,000 NC residents. Data shown represents the county of death for deaths certified by the medical examiner system.

Pitt County had the highest accidental death rate (150.3 deaths per 100,000), followed by Swain County (134.0 deaths per 100,000) and Graham County (129.8 deaths per 100,000). The accidental death rate for Pitt County was more than double the statewide rate (68.4 deaths per 100,000).

**Table 7. Top 10 Accidental Death Rates by County of Death, 2020**

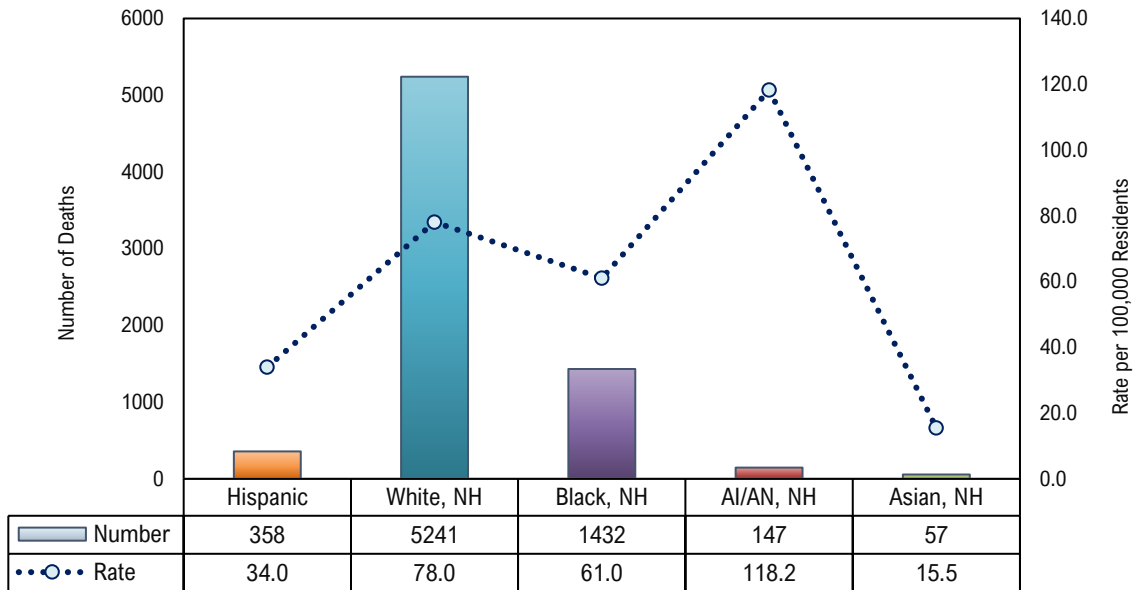
County of Death	Accidental Deaths	
	Deaths	Rate
Pitt	275	150.3
Swain	19	134.0
Graham	11	129.8
Forsyth	487	126.9
Buncombe	329	124.9
New Hanover	269	113.7
Robeson	147	113.1
Columbus	55	100.4
Dare	37	98.5
Warren	19	97.3
<b>NC Total*</b>	<b>7252</b>	<b>68.4</b>

Note: Rates per 100,000 NC residents.

\*Excludes 4 out-of-state deaths.

## Accidental Deaths by Race/Ethnicity

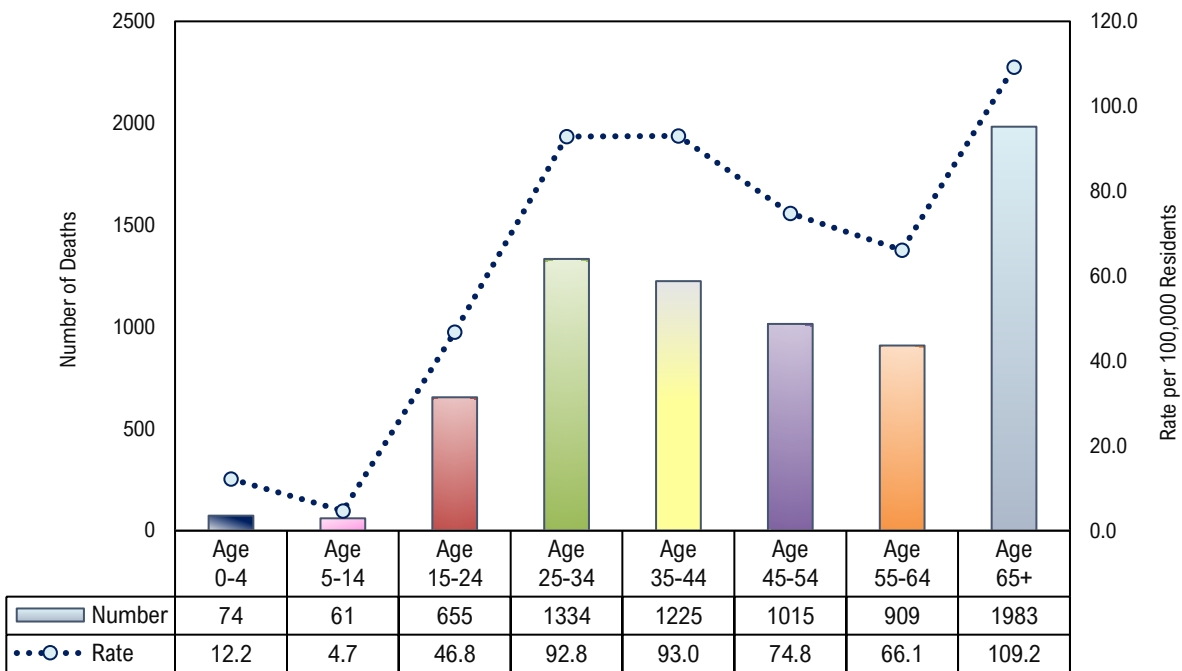
Figure 14. Number and Rate of Accidental Deaths by Race/Ethnicity, 2020



AI/AN, NH: non-Hispanic American Indian or Alaskan Native  
 Note: Rates per 100,000 NC residents.

## Accidental Deaths by Age Group

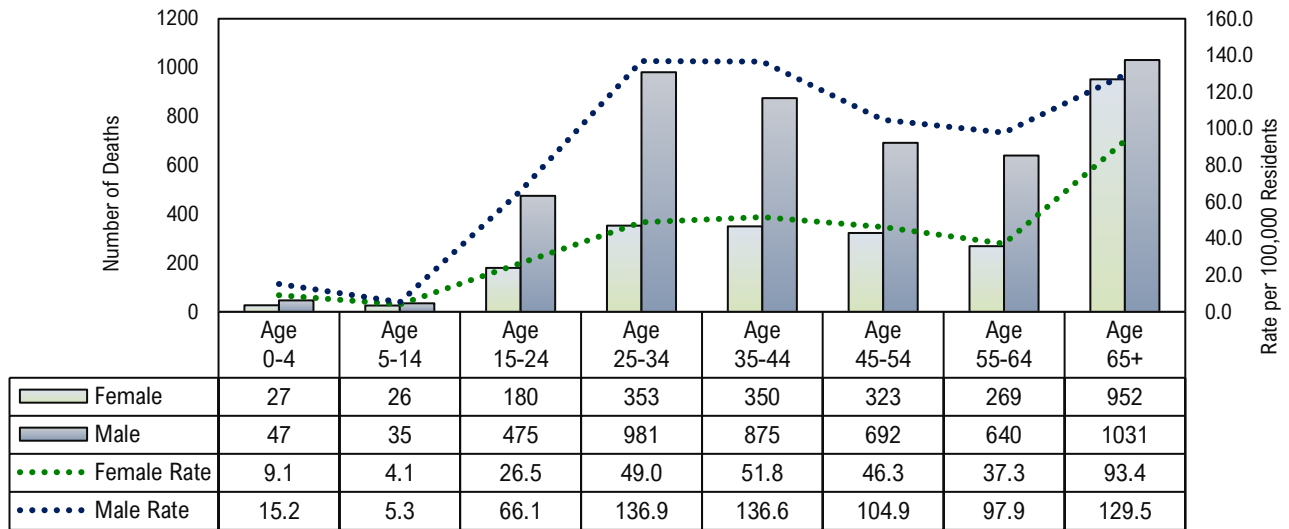
Figure 15. Number and Rate of Accidental Deaths by Age Group, 2020



Note: Rates per 100,000 NC residents.

## Accidental Deaths by Gender and Age Group

Figure 16. Number and Rate of Accidental Deaths by Gender and Age Group, 2020



Note: Rates per 100,000 NC residents.

## Accidental Deaths by Means of Death

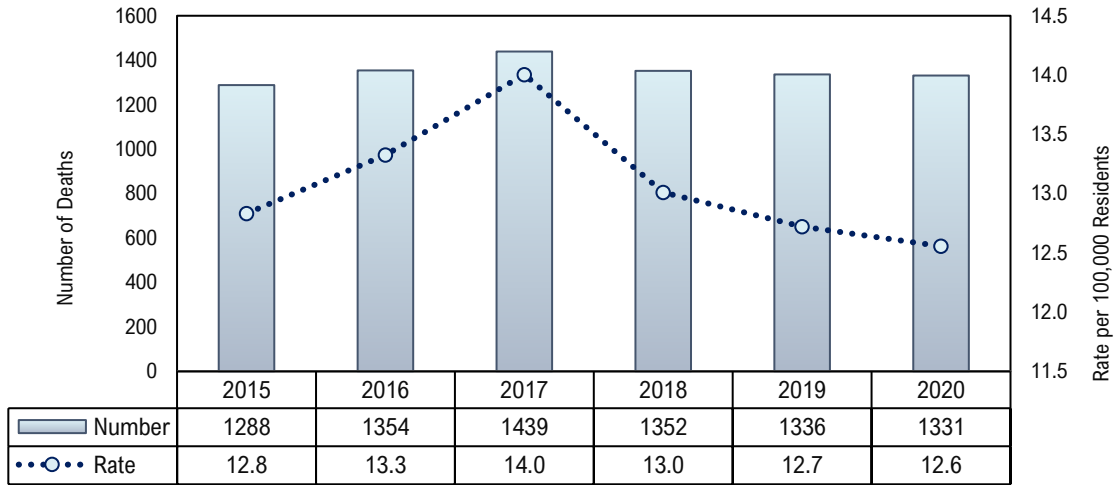
Table 8. Number of Accidental Deaths by Means of Death, 2020

Means of Death	Accidental Deaths	
	Deaths	%
Poisoning	3258	44.9%
Fall/Jump	1331	18.3%
Blunt	1172	16.2%
Motor Vehicle	869	12.0%
Drowning	155	2.1%
Asphyxia	134	1.9%
Fire/Burns	120	1.7%
Natural	65	0.9%
Environmental	36	0.5%
Other	35	0.5%
Gun	25	0.3%
Transportation, not MV	16	0.2%
Electrocution	11	0.2%
Machinery	9	0.1%
Medical Treatment	9	0.1%
Sharp	4	0.1%
Animals	2	<0.1%
Unknown	2	<0.1%
Abuse or Neglect	1	<0.1%
Explosion	1	<0.1%
Hanging	1	<0.1%



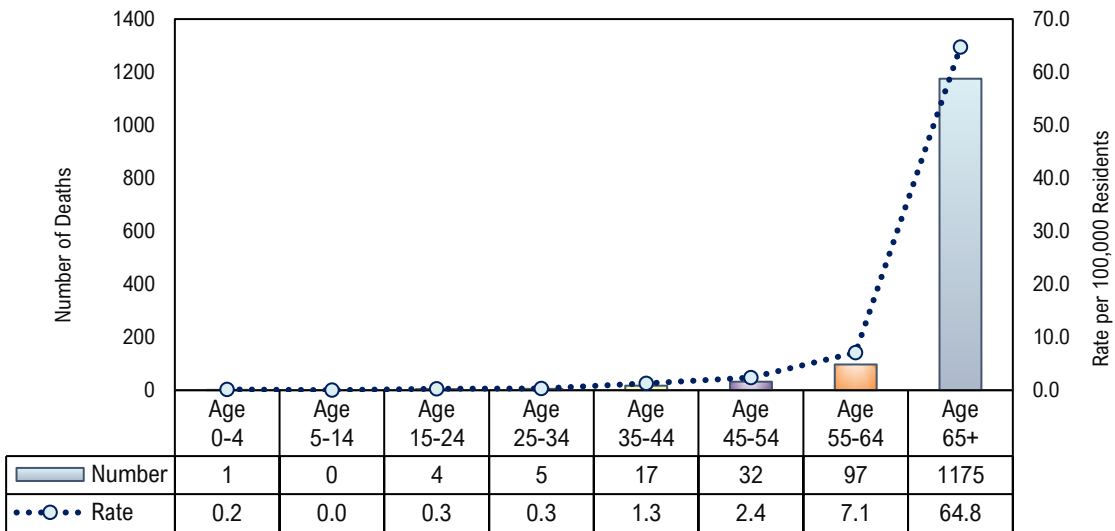
## Accidental Deaths Attributed to Falls/Jumps

Figure 17. Number and Rate of Accidental Deaths Attributed to Falls/Jumps, 2015 – 2020



Note: Rates per 100,000 NC residents.

Figure 18. Number and Rate of Accidental Deaths Attributed to Falls/Jumps by Age Group, 2020



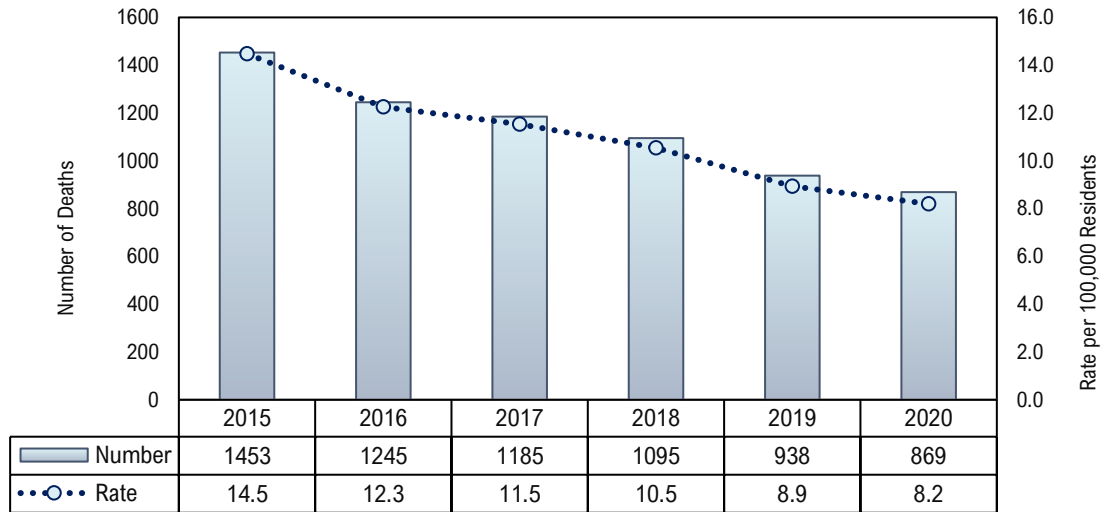
Note: Rates per 100,000 NC residents.

Table 9. Accidental Deaths Attributed to Falls/Jumps by Age Group, 2020

Age Group	Accidental Deaths	Falls / Jumps Deaths	Falls / Jumps Death Rate	% of Accidental Deaths
Age 0-4	74	1	0.2	1.4%
Age 5-14	61	0	0.0	0.0%
Age 15-24	655	4	0.3	0.6%
Age 25-34	1334	5	0.3	0.4%
Age 35-44	1225	17	1.3	1.4%
Age 45-54	1015	32	2.4	3.2%
Age 55-64	909	97	7.1	10.7%
Age 65+	1983	1175	64.8	59.3%

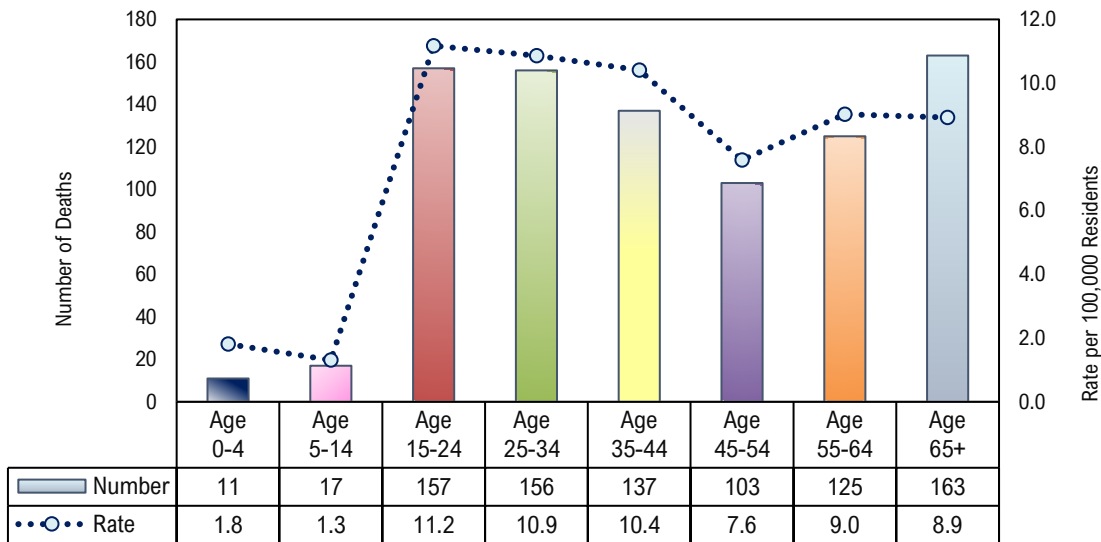
## Accidental Deaths Attributed to Motor Vehicles

Figure 19. Number and Rate of Accidental Deaths Attributed to Motor Vehicles, 2015 – 2020



Note: Rates per 100,000 NC residents.

Figure 20. Number and Rate of Accidental Deaths Attributed to Motor Vehicle by Age Group, 2020



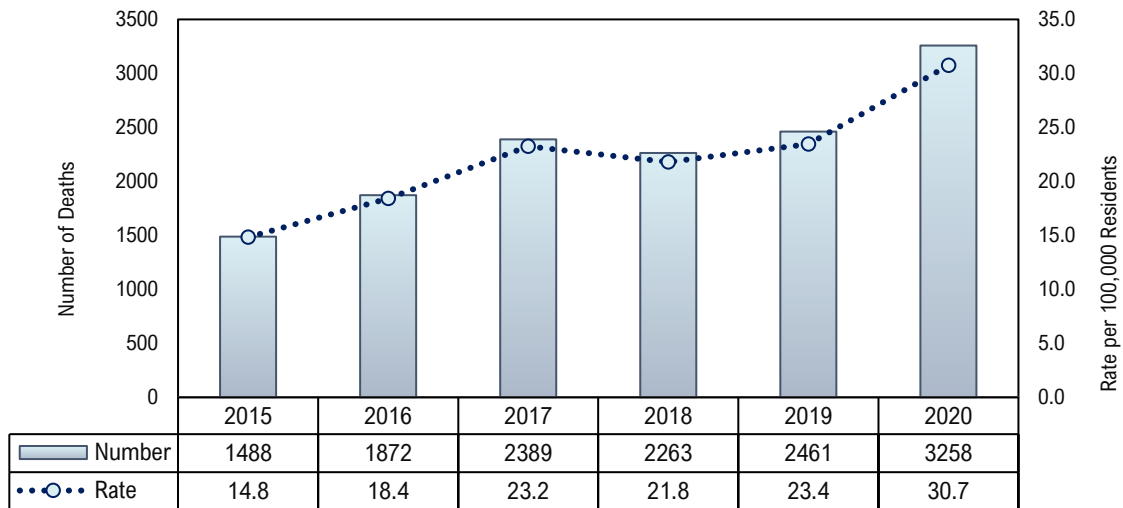
Note: Rates per 100,000 NC residents.

Table 10. Accidental Deaths Attributed to Motor Vehicle by Age Group, 2020

Age Group	Accidental Deaths	MV Deaths	MV Death Rate	% of Accidental Deaths
Age 0-4	74	11	1.8	14.9%
Age 5-14	61	17	1.3	27.9%
Age 15-24	655	157	11.2	24.0%
Age 25-34	1334	156	10.9	11.7%
Age 35-44	1225	137	10.4	11.2%
Age 45-54	1015	103	7.6	10.1%
Age 55-64	909	125	9.0	13.8%
Age 65+	1983	163	8.9	8.2%

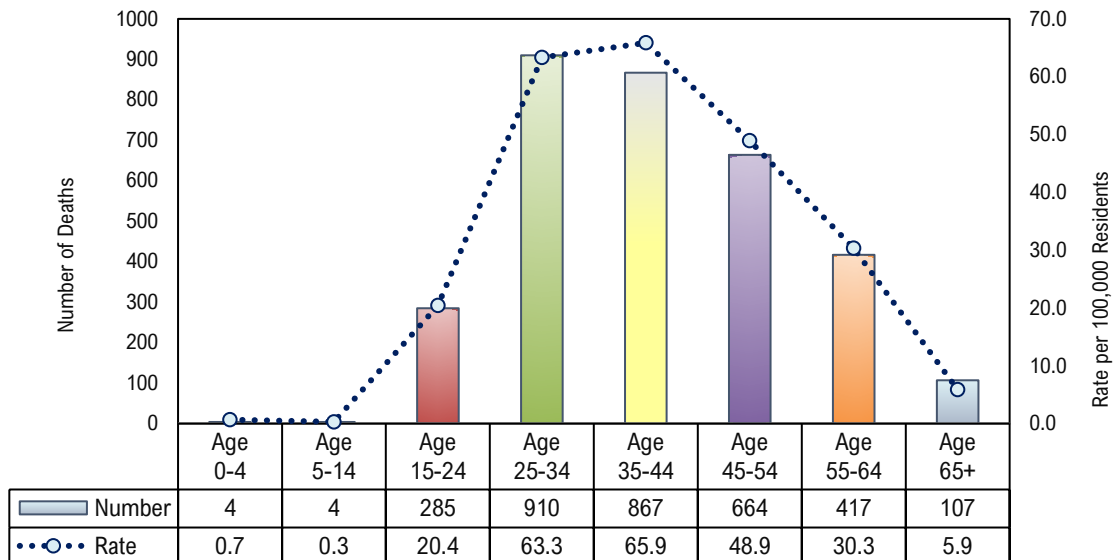
## Accidental Deaths Attributed to Poisoning

Figure 21. Number and Rate of Accidental Deaths Attributed to Poisoning, 2015 – 2020



Note: Rates per 100,000 NC residents.

Figure 22. Number and Rate of Accidental Deaths Attributed to Poisoning by Age Group, 2020



Note: Rates per 100,000 NC residents.

Table 11. Accidental Deaths Attributed to Poisoning by Age Group, 2020

Age Group	Accidental Deaths	Poisoning Deaths	Poisoning Death Rate	% of Accidental Deaths
Age 0-4	74	4	0.7	5.4%
Age 5-14	61	4	0.3	6.6%
Age 15-24	655	285	20.4	43.5%
Age 25-34	1334	910	63.3	68.2%
Age 35-44	1225	867	65.9	70.8%
Age 45-54	1015	664	48.9	65.4%
Age 55-64	909	417	30.3	45.9%
Age 65+	1983	107	5.9	5.4%

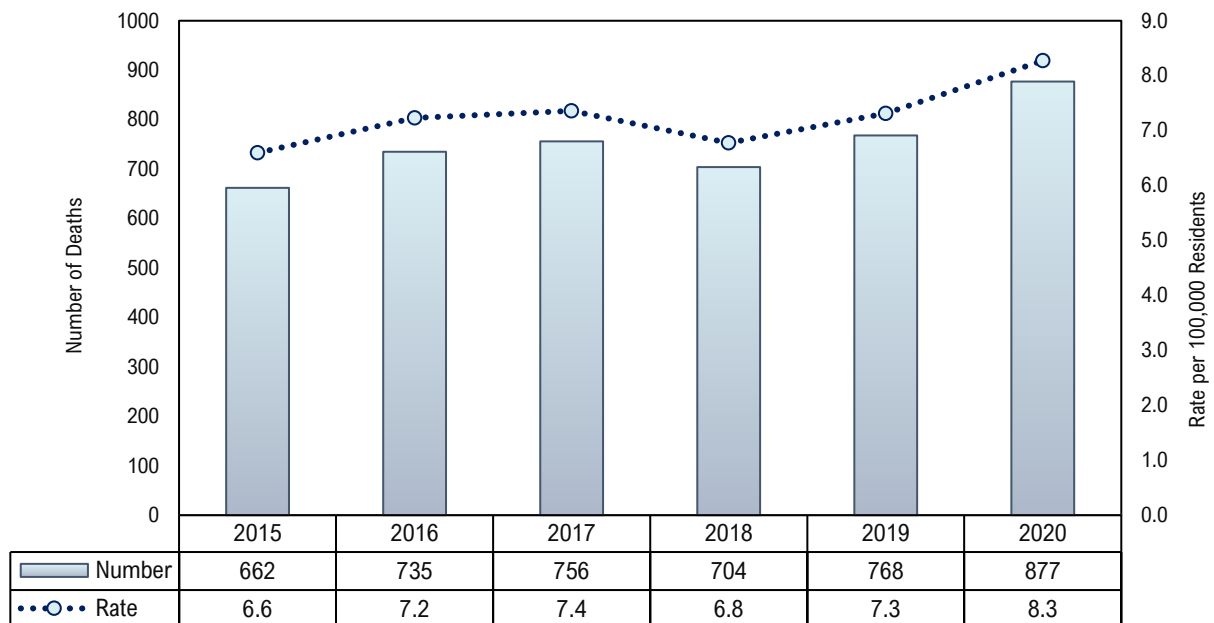
# HOMICIDE DEATHS

Homicide deaths accounted for 6.7% of the deaths investigated by the ME system in 2020. The number of deaths certified as Homicide in 2020 (n=877) increased 14.2% from 2019 (n=768).

## Trends:

- More than half of deaths certified as Homicide occurred in non-Hispanic Black individuals (n=544). The homicide death rate among non-Hispanic Black individuals was 6.1 times the rate among non-Hispanic White individuals (23.1 deaths and 3.8 deaths per 100,000, respectively).
- The 25- to 34-year-old age group had the greatest number of homicide deaths (n=251) and death rate (17.4 deaths per 100,000) followed by the 15- to 24-year-old age group (n=238; 17.0 deaths per 100,000).
- Males had 4.4 times the homicide rate than females (13.7 and 3.1 deaths per 100,000, respectively). Males had a higher homicide death rate across all age groups compared to females of the same age.
- Guns were the leading means of homicide deaths (n=716), accounting for more than 80% of homicide deaths.

**Figure 23. Number and Rate of Homicide Deaths, 2015 – 2020**

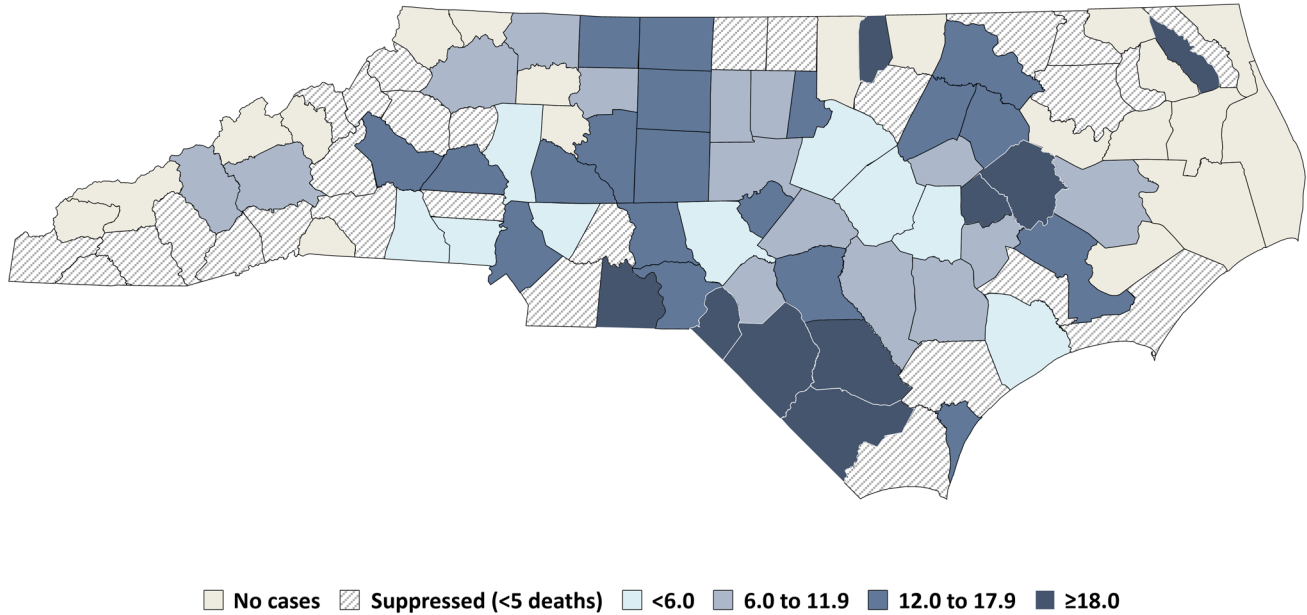


Note: Rates per 100,000 NC residents.

## Homicide Deaths by County of Death

Death totals and rates for all 100 NC Counties are provided in the Appendix.

**Figure 24. Rate of Homicide Deaths per 100,000 Residents by County of Death, 2020**



Note: Rates per 100,000 NC Residents. Data shown represents the county of death for deaths certified by the medical examiner system.

Scotland County had the highest death rate for deaths certified as Homicide (37.5 deaths per 100,000), followed by Greene County (28.7 deaths per 100,000). The homicide death rate for Scotland County was 4.5 times higher than the statewide rate (8.3 deaths per 100,000).

**Table 12. Top 10 Homicide Death Rates by County of Death, 2020**

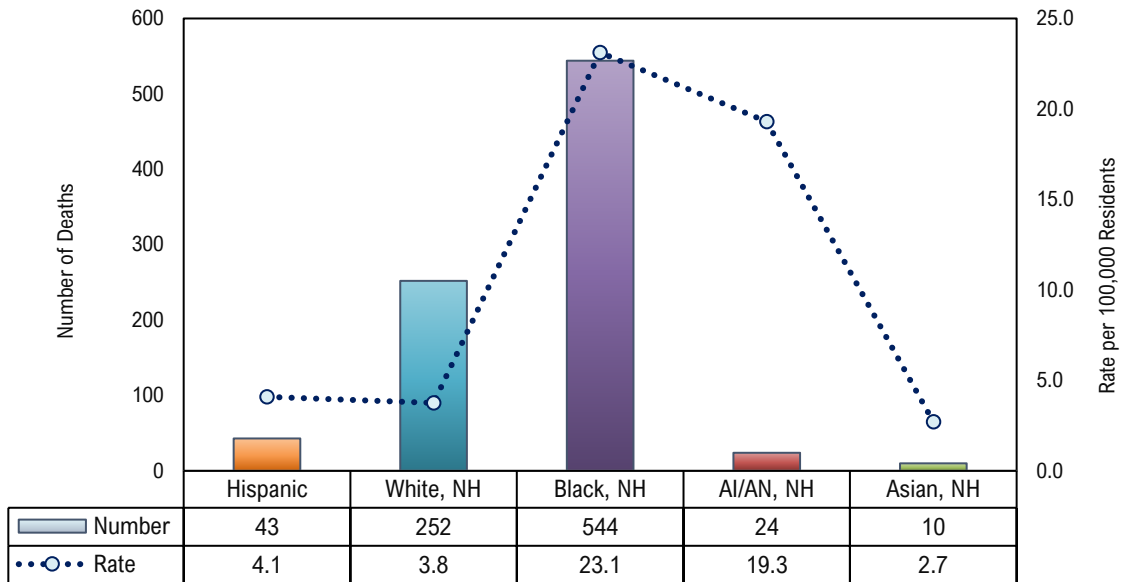
County of Death	Homicide Deaths	
	Deaths	Rate
Scotland	13	37.5
Greene	6	28.7
Anson	6	24.9
Columbus	13	23.7
Robeson	30	23.1
Pitt	38	20.8
Vance	9	20.1
Pasquotank	8	19.8
Bladen	6	18.2
Edgecombe	9	17.7
<b>NC Total*</b>	<b>875</b>	<b>8.3</b>

Note: Rates per 100,000 NC residents.

\*Excludes 2 out-of-state deaths.

## Homicide Deaths by Race/Ethnicity

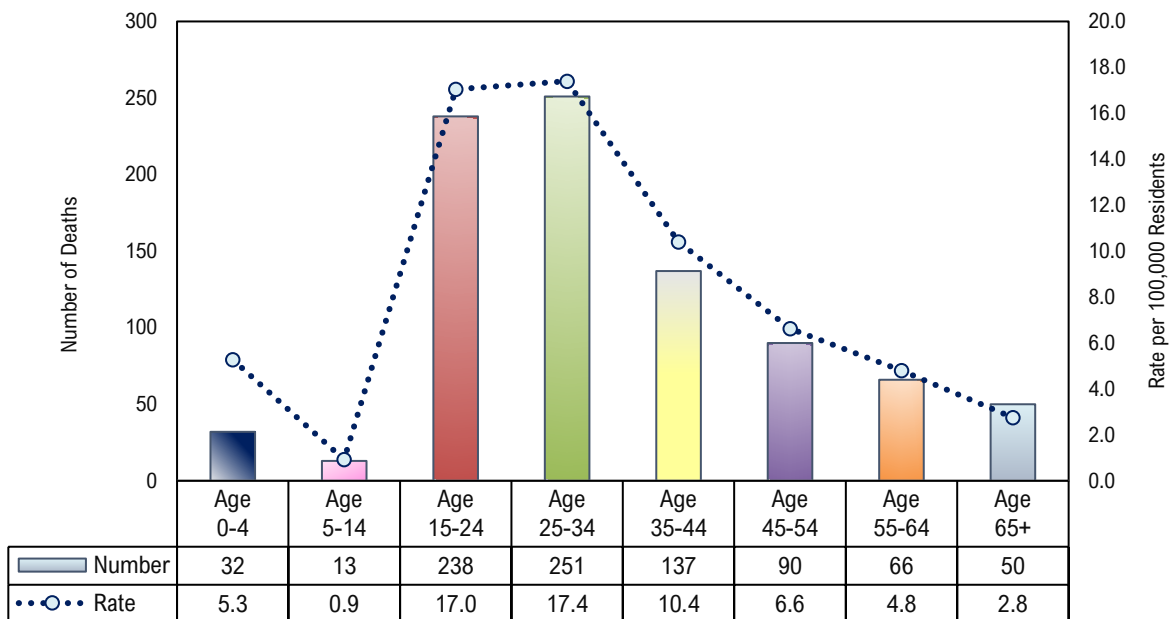
Figure 25. Number and Rate of Homicide Deaths by Race/Ethnicity, 2020



AI/AN, NH: non-Hispanic American Indian or Alaskan Native  
 Note: Rates per 100,000 NC residents.

## Homicide Deaths by Age Group

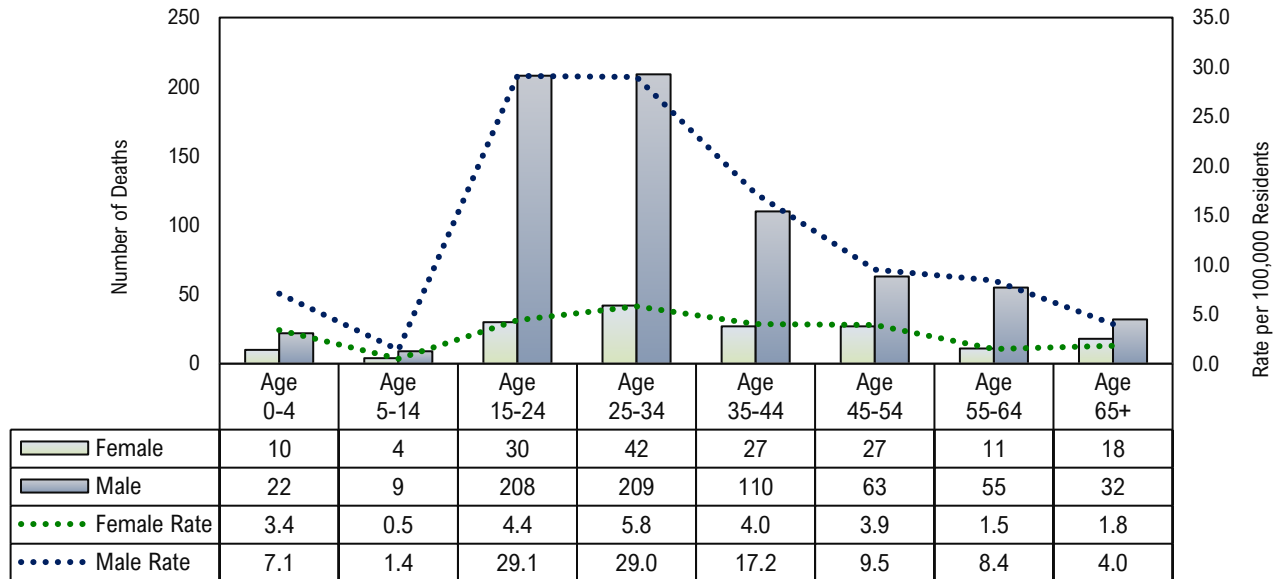
Figure 26. Number and Rate of Homicide Deaths by Age Group, 2020



Note: Rates per 100,000 NC residents.

## Homicide Deaths by Gender and Age Group

Figure 27. Number and Rate of Homicide Deaths by Gender and Age Group, 2020



Note: Rates per 100,000 NC residents.

## Homicide Deaths by Means of Death

Table 13. Number of Homicide Deaths by Means of Death, 2020

Means of Death	Homicide Deaths	
	Deaths	%
Gun	716	81.6%
Sharp	65	7.4%
Blunt	56	6.4%
Asphyxia	11	1.3%
Abuse or Neglect	6	0.7%
Motor Vehicle	5	0.6%
Fall/Jump	4	0.5%
Poisoning	4	0.5%
Other	3	0.3%
Fire/Burns	2	0.2%
Natural	2	0.2%
Drowning	1	0.1%
Environmental	1	0.1%
Unknown	1	0.1%

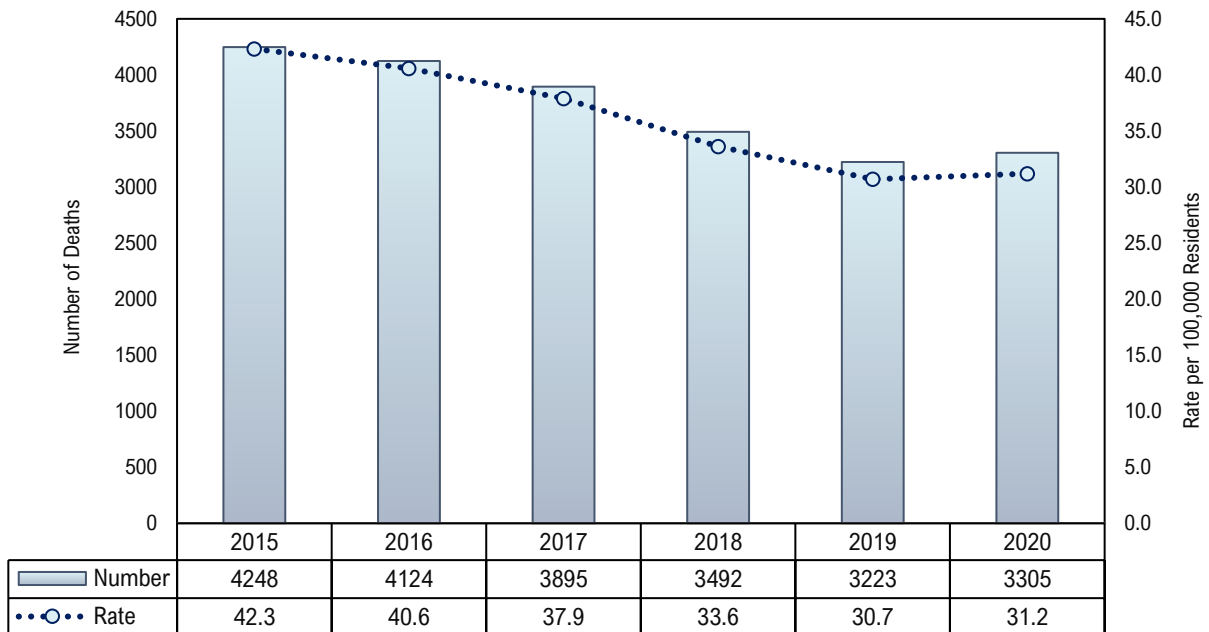
# NATURAL DEATHS

Natural deaths accounted for 25.3% of the deaths investigated by the ME system in 2020, which is the second largest proportion of deaths by any manner.

## Trends:

- There was a slight increase in deaths certified as Natural in 2020 (n=3,305) compared to 2019 (n=3,223). However, the proportion of ME cases certified as Natural has declined annually, from 37.1% in 2015 (n=4,248) to 25.3% in 2020 (n=3,305).
- Non-Hispanic Black individuals had the highest natural death rate (39.1 deaths per 100,000); the greatest number of natural deaths were among non-Hispanic White individuals (n=2,141).
- Although the 65 years and older age group accounted for the greatest number of deaths certified as Natural (n=1,047), individuals aged 55-64 had the highest natural death rate (72.6 deaths per 100,000).
- Males had a higher natural death rate across all age groups compared to females of the same age.

**Figure 28. Rate of Natural Deaths per 100,000 Residents by County of Death, 2020**



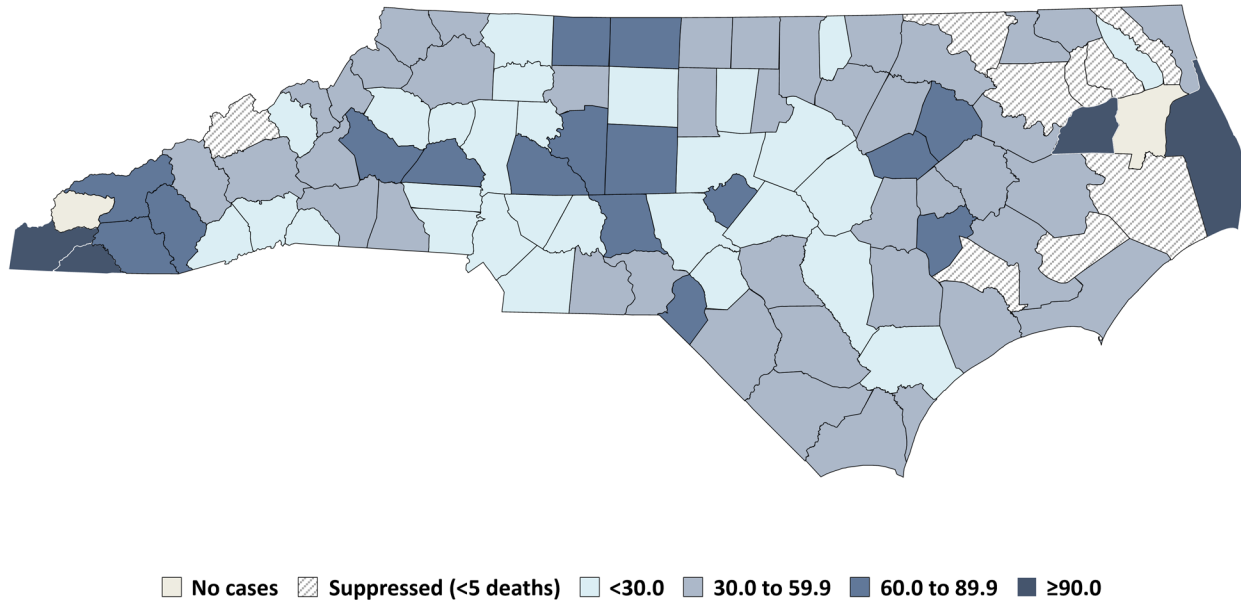
Note: Rates per 100,000 NC residents.



## Natural Deaths by County of Death

Death totals and rates for all 100 NC Counties are provided in the Appendix.

**Figure 29. Rate of Natural Deaths per 100,000 Residents by County of Death, 2020**



Notes: Rates per 100,000 NC Residents. Data shown represents the county of death for deaths certified by the medical examiner system.

Washington County had the highest death rate for deaths certified as Natural (130.6 deaths per 100,000), followed by Clay County (113.0 deaths per 100,000). The natural death rate for Cherokee County was more than 4 times the statewide rate (30.7 deaths per 100,000).

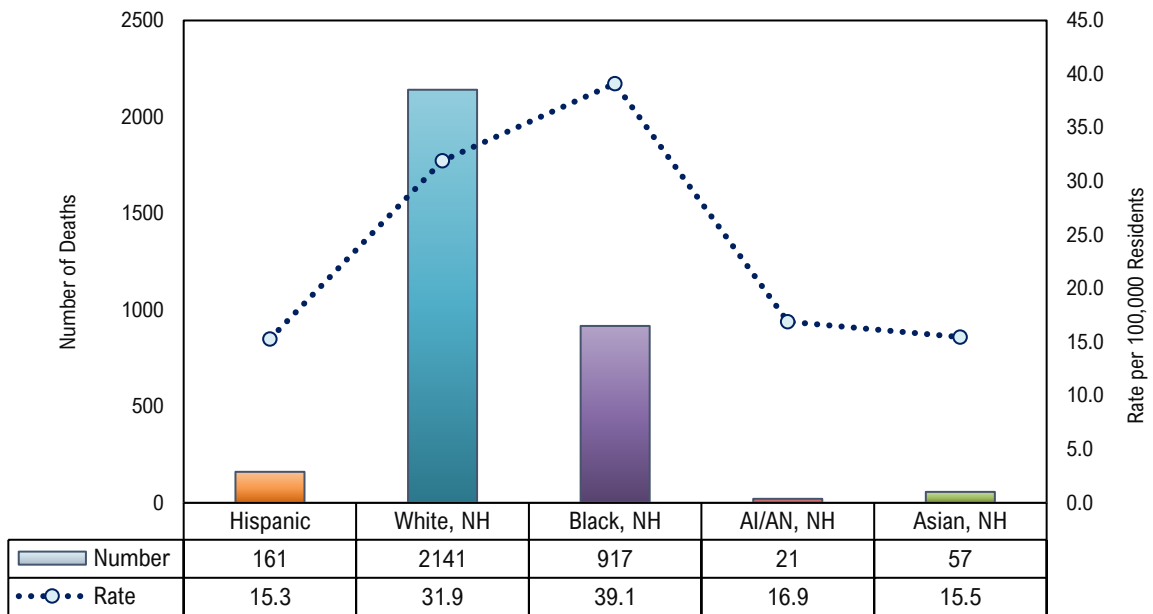
**Table 14. Top 10 Natural Death Rates by County of Death, 2020**

County of Death	Natural Deaths	
	Deaths	Rate
Washington	15	130.6
Clay	13	113.0
Cherokee	28	96.3
Dare	35	93.2
Macon	32	88.9
Swain	12	84.6
Lenoir	41	73.6
Jackson	30	68.1
Wilson	54	65.9
Edgecombe	31	61.0
<b>NC Total</b>	<b>3305</b>	<b>31.2</b>

Note: Rates per 100,000 NC residents.

## Natural Deaths by Race/Ethnicity

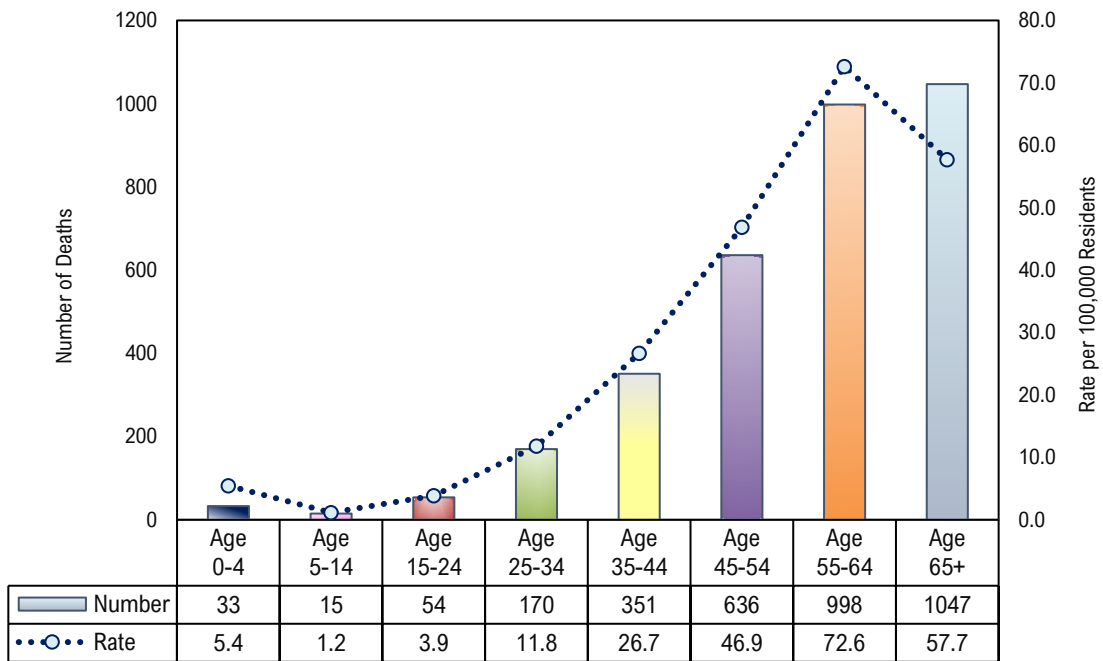
Figure 30. Number and Rate of Natural Deaths by Race/Ethnicity, 2020



AI/AN, NH: non-Hispanic American Indian or Alaskan Native  
 Note: Rates per 100,000 NC residents.

## Natural Deaths by Age Group

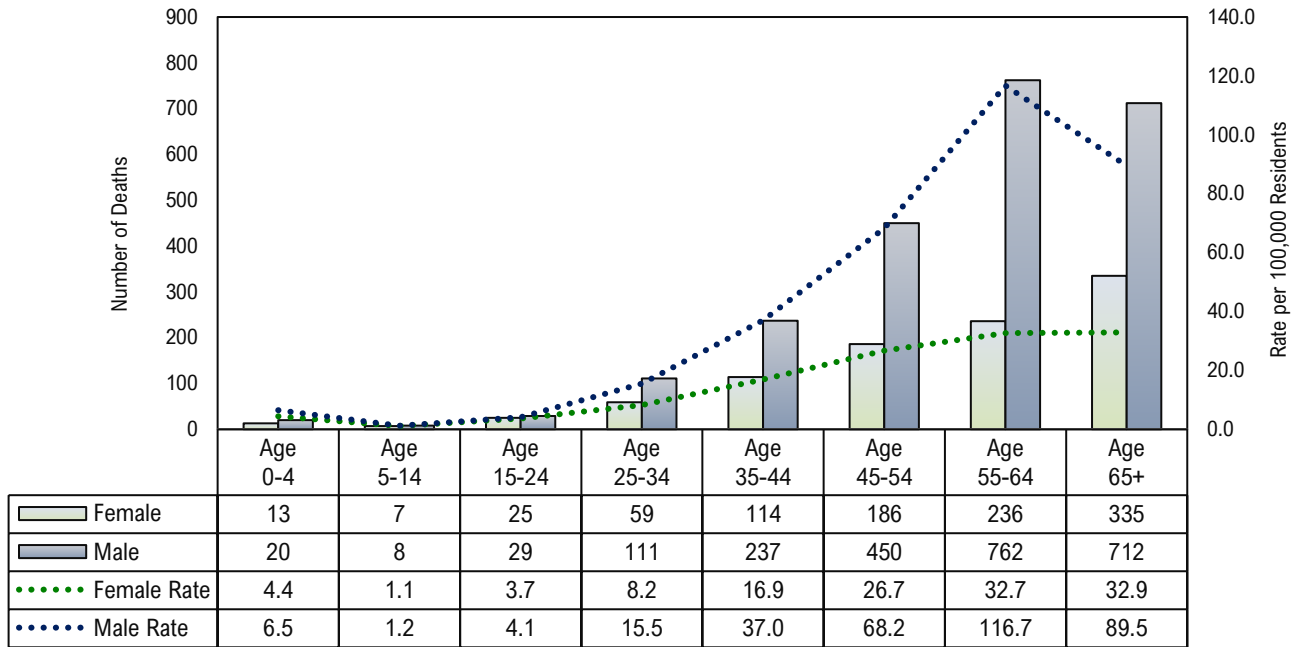
Figure 31. Number and Rate of Natural Deaths by Age Group, 2020



Note: Rates per 100,000 NC residents.

# Natural Deaths by Gender and Age Group

Figure 32. Number and Rate of Natural Deaths by Gender and Age Group, 2020



Note: Rates per 100,000 NC residents.

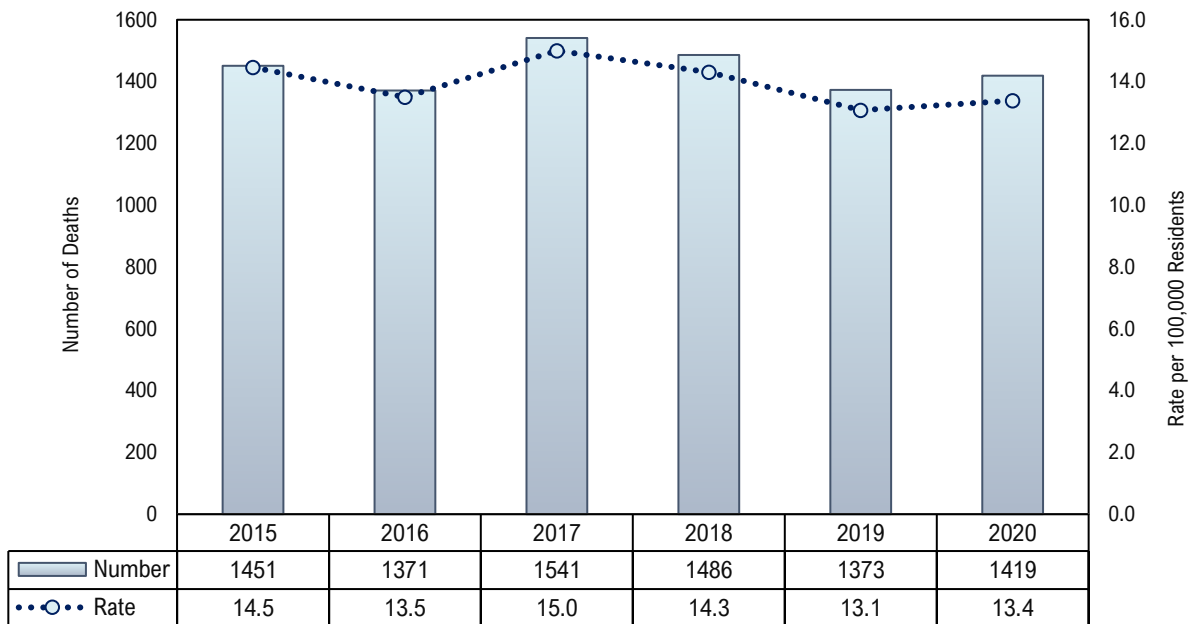
# SUICIDE DEATHS

Suicide deaths accounted for 10.9% of the deaths investigated by the ME system in 2020. There was a slight increase in deaths certified as Suicide in 2020 (n=1,419) compared to 2019 (n=1,373).

## Trends:

- Non-Hispanic White individuals had the highest suicide death rate (17.6 deaths per 100,000), 4.0 times the rate among Hispanic individuals (4.4 deaths per 100,000) and 2.8 times the rate among non-Hispanic Black individuals (6.2 deaths per 100,000).
- The 45- to 54-year-old age group had the highest suicide death rate, followed by the 25- to 34-year-old age group (19.2 deaths and 18.1 deaths per 100,000, respectively).
- Males had a higher suicide death rate across all age groups compared to females of the same age.
- Guns were the leading means of suicide deaths (n=860), followed by hanging (n=205).

**Figure 33. Number and Rate of Suicide Deaths, 2015 – 2020**

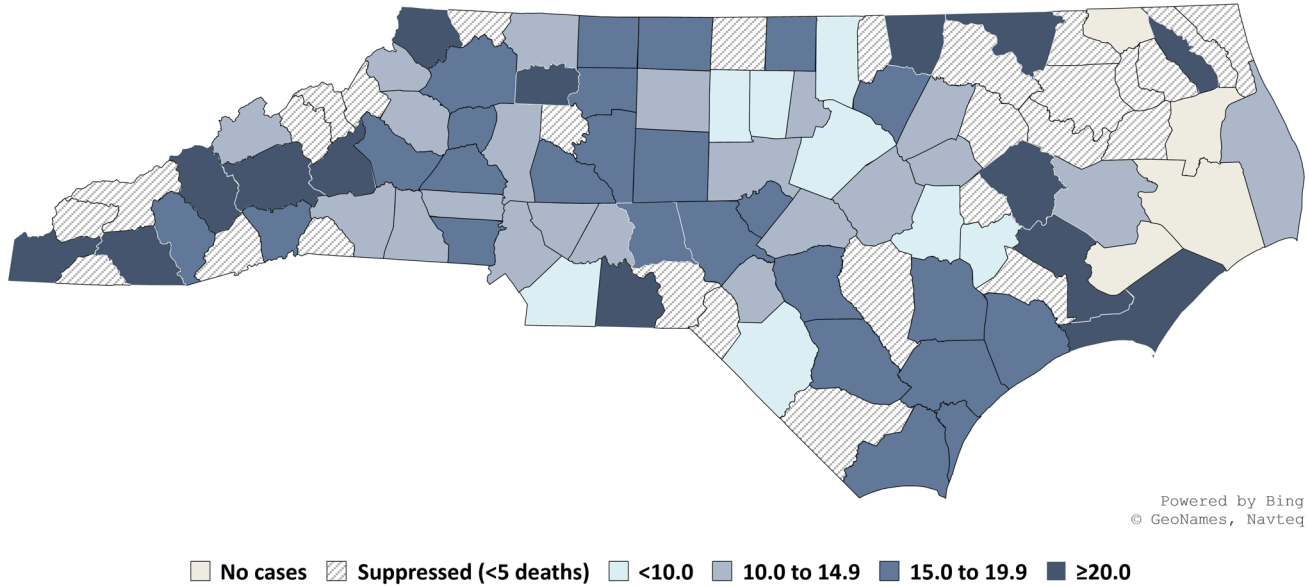


Note: Rates per 100,000 NC residents.

## Suicide Deaths by County of Death

Death totals and rates for all 100 NC Counties are provided in the Appendix.

**Figure 34. Rate of Suicide Deaths per 100,000 Residents by County of Death, 2020**



Notes: Rates per 100,000 NC Residents. Data shown represents the county of death for deaths certified by the medical examiner system.

Cherokee County had the highest death rate for deaths certified as Suicide (48.2 deaths per 100,000), followed by Ashe County (29.4 deaths per 100,000) and Macon County (27.8 deaths per 100,000). The rate of deaths certified as Suicide for Cherokee County was 3.6 times higher than the statewide rate (13.4 deaths per 100,000); Ashe County and Macon County were more than double the statewide rate.

**Table 15. Top 10 Suicide Death Rates by County of Death, 2020**

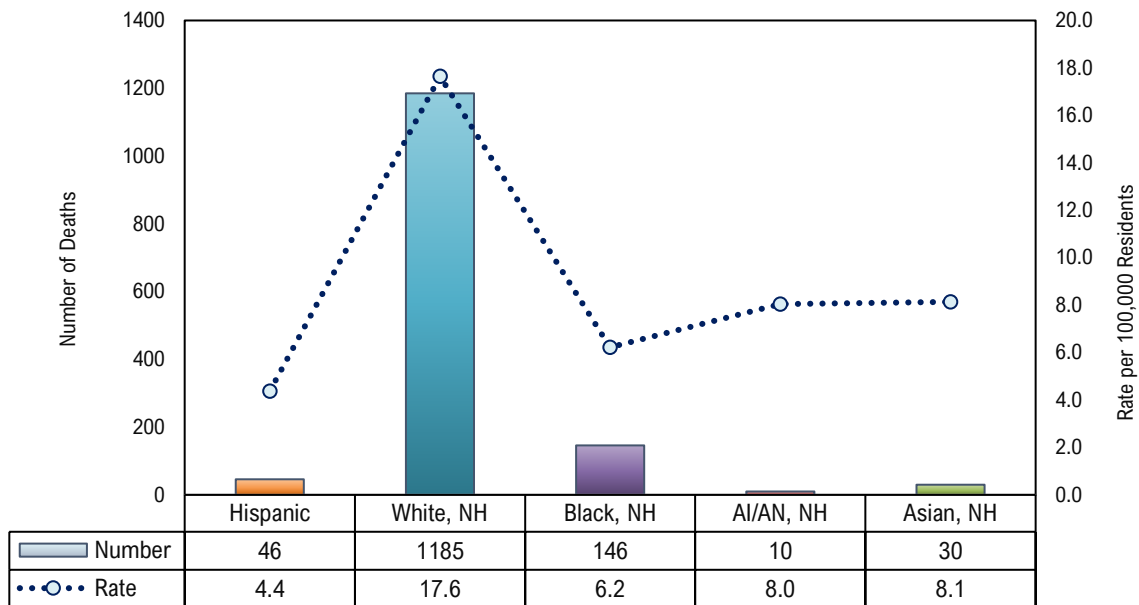
County of Death	Suicide Deaths	
	Deaths	Rate
Cherokee	14	48.2
Ashe	8	29.4
Macon	10	27.8
Northampton	5	26.2
Warren	5	25.6
Madison	5	23.0
Pasquotank	9	22.3
Montgomery	6	22.0
Yadkin	8	21.3
Pitt	38	20.8
<b>NC Total*</b>	<b>1418</b>	<b>13.4</b>

Note: Rates per 100,000 NC residents.

\*Excludes 1 out-of-state death.

## Suicide Deaths by Race/Ethnicity

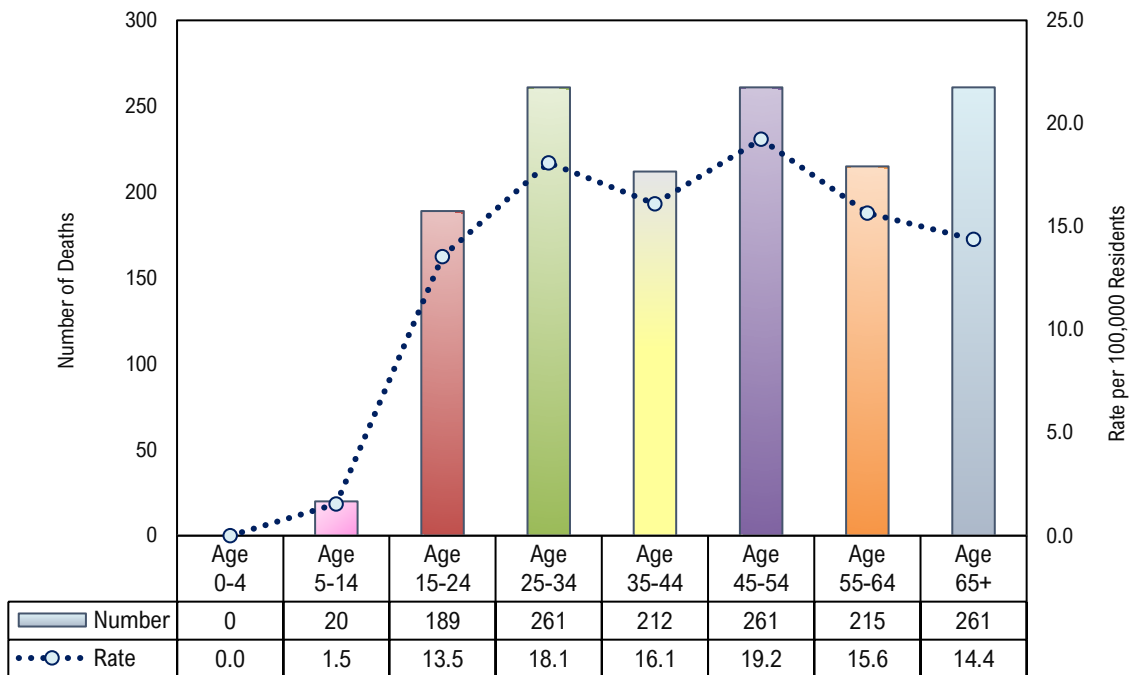
Figure 35. Number and Rate of Suicide Deaths by Race/Ethnicity, 2020



AI/AN, NH: non-Hispanic American Indian or Alaskan Native  
 Note: Rates per 100,000 NC residents.

## Suicide Deaths by Age Group

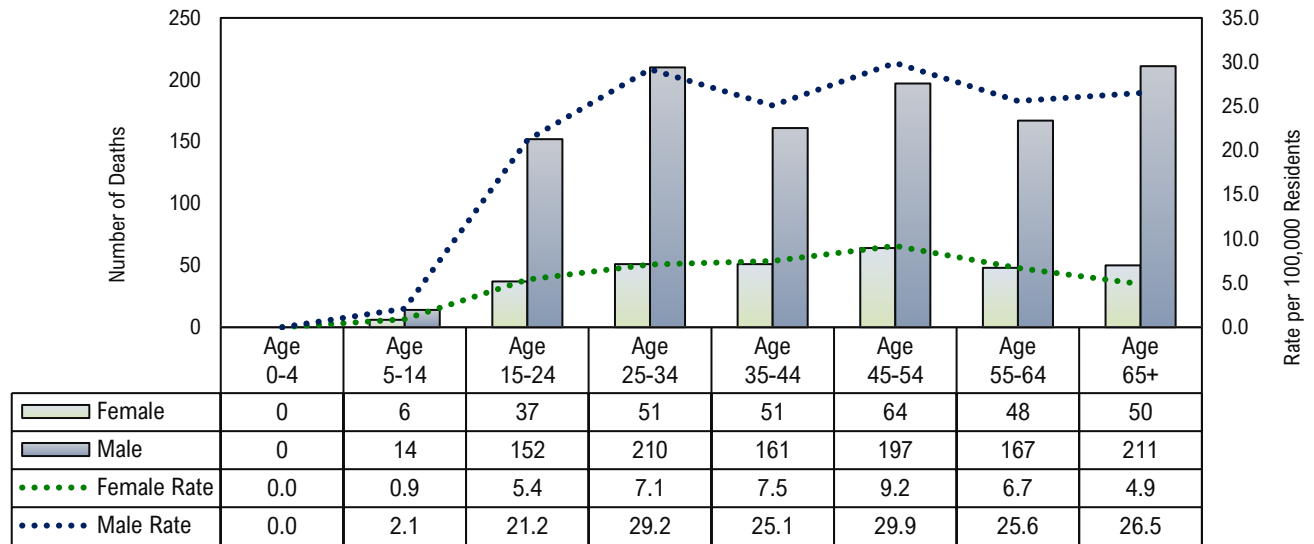
Figure 36. Number and Rate of Suicide Deaths by Age Group, 2020



Note: Rates per 100,000 NC residents.

## Suicide Deaths by Gender and Age Group

Figure 37. Number and Rate of Suicide Deaths by Gender and Age Group, 2020



Note: Rates per 100,000 NC residents.

## Suicide Deaths by Means of Death

Table 16. Number of Suicide Deaths by Means of Death, 2020

Means of Death	Suicide Deaths	
	Deaths	%
Gun	860	60.6%
Hanging	205	14.5%
Poisoning	166	11.7%
Asphyxia	114	8.0%
Sharp	21	1.5%
Blunt	17	1.2%
Fall/Jump	11	0.8%
Drowning	9	0.6%
Fire/Burns	7	0.5%
Motor Vehicle	4	0.3%
Other	2	0.1%
Transportation, not MV	2	0.1%
Medical Treatment	1	0.1%

# GLOSSARY

## **Accident**

This *manner of death* is used when there is no evidence of intent; an unexpected, sudden, and unintentional death.

## **Age at Death**

The reported age in completed years as of the last birthday. Exact age in either months or days at time of death is recorded on death certificates for decedents under 1 year of age (CDC 2003).

## **Associate Chief Medical Examiner**

A board-certified forensic pathologist licensed to practice medicine in the state of North Carolina appointed by the *Chief Medical Examiner*. The *Associate Chief Medical Examiner* is responsible for performing autopsies and investigating deaths that fall under the jurisdiction of the medical examiner system with the goal of determining *cause and manner of death*.

## **Autopsy**

A comprehensive postmortem external and internal examination performed to determine the cause and manner of death, collect evidence, and document the absence or presence of injury. These are cases where jurisdiction is accepted by the OCME for investigation and a forensic autopsy is deemed necessary to determine the Cause and/or Manner of Death.

## **Case**

A human death that is reported and/or investigated by the Medical Examiner's Office.

## **Case Investigated Only**

Means the body was not viewed by a medical examiner, although the case was investigated and certified by an ME.

## **Cause of Death**

The disease, abnormality, injury, or poisoning that caused the death, not the mechanism of death, such as cardiac or respiratory arrest, shock, or heart failure (CDC 2003). The *cause of death* is determined based on the results of the external and/or internal examination, toxicology testing, and antemortem medical records, if necessary.

## **Chief Medical Examiner**

The head of the Office of the Chief Medical Examiner (OCME). The *Chief Medical Examiner* must be a board-certified forensic pathologist licensed to practice medicine in the state of North Carolina.



**County of Death**

The county in which the death occurred. The *county of death* may differ from the county in which the decedent legally resided, also known as the *county of residence*.

**County of Residence**

The county in which the decedent legally resided prior to death. The *county of residence* may differ from the county in which the death occurred, also known as the *county of death*.

**Deputy Chief Medical Examiner**

A board-certified forensic pathologist licensed to practice medicine in the state of North Carolina appointed by the *Chief Medical Examiner*. The *Deputy Chief Medical Examiner* is responsible for performing autopsies and investigating deaths that fall under the jurisdiction of the medical examiner system with the goal of determining *cause and manner of death*. The *Deputy Chief Medical Examiner* also assumes the duties of the *Chief Medical Examiner* in the event of his/her absence.

**Examination**

These are cases where jurisdiction is accepted by the OCME for investigation but do not require a full autopsy. They will receive a thorough external examination and may require additional testing or investigation.

**Homicide**

This *manner of death* is used when the death resulted from intentional harm of one person by another. Intent to cause death is a common element, but not required for a *manner of death* classification of *homicide* (CDC 2003).

**Jurisdiction**

Pursuant to § 130A-383 of the North Carolina General Statutes, the medical examiner assumes jurisdiction:

- (a) Upon the death of any person resulting from violence, poisoning, accident, suicide or homicide; occurring suddenly when the deceased had been in apparent good health or when unattended by a physician; occurring in a jail, prison, correctional institution or in police custody; occurring in State facilities operated in accordance with Part 5 of Article 4 of Chapter 122C of the General Statutes; occurring pursuant to Article 19 of Chapter 15 of the General Statutes; or occurring under any suspicious, unusual or unnatural circumstance, the medical examiner of the county in which the body of the deceased is found shall be notified by a physician in attendance, hospital employee, law-enforcement officer, funeral home employee, emergency medical technician, relative or by any other person having suspicion of such a death. No person shall disturb the body at the scene of such a death until authorized by the medical examiner unless in the unavailability of the medical examiner it is determined by the appropriate law enforcement agency that the presence of the body at the scene would risk the integrity of the body or provide a hazard to the safety of others. For the limited purposes of this Part, expression of opinion that death has occurred may be made by a nurse, an emergency medical technician or any other competent person in the absence of a physician.
- (b) The discovery of anatomical material suspected of being part of a human body shall be reported to the medical examiner of the county in which the material is found.

(c) Upon completion of the investigation and in accordance with the rules of the Commission, the medical examiner shall release the body to the next of kin or other interested person who will assume responsibility for final disposition. (1955, c. 972, s. 1; 1957, c. 1357, s. 1; 1963, c. 492, s. 4; 1967, c. 1154, s. 1; 1983, c. 891, s. 2; 1989, c. 353, s. 1; 2008-131, s. 2.)

### **Jurisdiction Declined**

If the OCME is notified of an attended, medically expected, natural death, the OCME declines jurisdiction, and the attending physician completes the death certification.

### **Local Medical Examiner**

A medical professional appointed by the *Chief Medical Examiner*, charged with the duty of investigating and certifying specified categories of human deaths in North Carolina. A medical examiner's authority derives from Article 16 of Section 130A of the North Carolina General Statutes. His/her primary purpose is to detect, analyze, and document the medical aspects of certain types of deaths so that deaths can be better understood scientifically, legally, and socially.

### **Manner of Death**

A classification of death based on the circumstances surrounding a particular cause of death and how that cause came into play. The *manner of death* is one of the items that must be reported on the death certificate and consists of five (5) categories: *accident, homicide, natural, suicide, and undetermined* (NAME 2002).

### **Means of Death**

The method or item involved in causing the death. For example, the *means of death* may be a firearm, poison, motor vehicle, or sharp instrument.

### **Natural**

This *manner of death* is used when the death resulted from disease and/or the aging process (CDC 2003).

### **Non-Human Deaths**

These are cases identified as animal remains.

### **Office of the Chief Medical Examiner (OCME)**

The Office of the Chief Medical Examiner (OCME) is a branch within the Division of Public Health (DPH), which is part of the North Carolina Department of Health and Human Services (NC DHHS). The OCME is responsible for the investigation of all sudden, unexpected, violent deaths that occur in North Carolina, as well as natural deaths unattended by a physician and deaths that occur while in custody.

### **Pending Investigation**

Used when determination of manner depends on further information (CDC 2003).

### **Scene**

The location of a fatality or injury. A case may have more than one scene (i.e. place of injury and place of death).

**Suicide**

This *manner of death* is used when the death resulted from an intentional, self-inflicted act committed to do self-harm or cause the death of one's self (CDC 2003).

**Toxicology Report**

The findings of toxicological or other chemical tests performed upon tissue or body fluid(s) from a decedent. Substances tested may include toxins, alcohol, drugs of abuse, prescription drugs, their metabolites, or clinical chemistries.

**Undetermined**

This *manner of death* is used when the information pointing to one manner of death is no more compelling than the information pointing to one or more other competing manners of death (CDC 2003).

# REFERENCES

Centers for Disease Control and Prevention. 2003. *Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting*. 1 – 138.

Hanzlick R, Hunsaker JC, Davis GJ. 2002. *A Guide for Manner of Death Classification*. National Association of Medical Examiners: 1 – 29.

National Association of Medical Examiners. 2014. *Inspection and Accreditation Checklist*. 1-32.

North Carolina General Statutes, Article 16, § 130A-389.

# APPENDIX: COUNTY OF DEATH TABLE

Rates per 100,000 NC Residents. Data shown represents the county of death for deaths certified by the medical examiner system.

County of Death	All Deaths		Accident		Homicide		Natural		Suicide		Undetermined	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Alamance	227	132.5	133	77.6	12	7.0	62	36.2	17	9.9	3	ND
Alexander	33	88.1	15	40.1	2	ND	8	21.4	7	18.7	1	ND
Alleghany	16	142.9	7	62.5	0	0.0	6	53.6	3	ND	0	0.0
Anson	42	174.3	16	66.4	6	24.9	13	53.9	5	20.7	2	ND
Ashe	33	121.5	10	36.8	0	0.0	14	51.5	8	29.4	1	ND
Avery	21	119.5	9	51.2	2	ND	6	34.1	4	ND	0	0.0
Beaufort	55	116.8	29	61.6	5	11	15	31.9	5	10.6	1	ND
Bertie	21	112.2	13	69.5	2	ND	4	ND	1	ND	1	ND
Bladen	50	151.9	27	82.0	6	18.2	11	33.4	5	15.2	1	ND
Brunswick	148	99.3	68	45.6	3	ND	47	31.5	27	18.1	3	ND
Buncombe	519	197.0	329	124.9	21	8.0	112	42.5	53	20.1	4	ND
Burke	123	136.0	66	73.0	4	ND	41	45.3	10	11.1	2	ND
Cabarrus	232	104.8	142	64.1	8	3.6	55	24.8	26	11.7	1	ND
Caldwell	73	88.9	43	52.4	1	ND	18	21.9	10	12.2	1	ND
Camden	13	118.4	5	45.5	1	ND	4	ND	2	ND	1	ND
Carteret	104	149.5	60	86.3	3	ND	26	37.4	14	20.1	1	ND
Caswell	21	93.6	9	40.1	1	ND	7	31.2	3	ND	1	ND
Catawba	181	112.9	83	51.8	9	5.6	60	37.4	28	17.5	1	ND
Chatham	82	108.3	48	63.4	7	9	14	18.5	11	14.5	2	ND
Cherokee	59	202.9	16	55.0	1	ND	28	96.3	14	48.2	0	0.0
Chowan	13	94.1	8	57.9	1	ND	3	ND	1	ND	0	0.0
Clay	21	182.5	4	ND	1	ND	13	113.0	3	ND	0	0.0
Cleveland	118	119.1	56	56.5	5	5.0	42	42.4	14	14.1	1	ND
Columbus	95	173.5	55	100.4	13	23.7	22	40.2	4	ND	1	ND
Craven	144	142.2	72	71.1	16	15.8	31	30.6	21	20.7	4	ND
Cumberland	559	166.2	316	93.9	44	13.1	137	40.7	56	16.6	6	1.8
Currituck	33	113.6	17	58.5	0	0.0	12	41.3	3	ND	1	ND
Dare	79	210.4	37	98.5	0	0	35	93.2	5	13.3	2	ND
Davidson	172	101.6	126	74.5	9	5.3	5	3.0	28	16.5	4	ND
Davie	31	71.6	21	48.5	0	0.0	8	18.5	1	ND	1	ND
Duplin	58	98.6	23	39.1	6	10	18	30.6	9	15.3	2	ND
Durham	455	139.0	226	69.0	41	12.5	146	44.6	34	10.4	8	2.4
Edgecombe	82	161.3	38	74.8	9	17.7	31	61.0	4	ND	0	0.0
Forsyth	728	189.7	487	126.9	45	11.7	119	31.0	61	15.9	16	4.2
Franklin	67	93.2	25	34.8	4	ND	26	36.2	11	15.3	1	ND
Gaston	227	100.2	116	51.2	13	6	47	20.7	45	19.9	6	2.6
Gates	10	87.2	4	ND	0	0.0	6	52.3	0	0.0	0	0.0
Graham	12	141.6	11	129.8	0	0	0	0.0	1	ND	0	0.0
Granville	70	115.7	32	52.9	0	0	32	52.9	5	8.3	1	ND
Greene	27	129.0	11	52.6	6	29	8	38.2	1	ND	1	ND
Guilford	741	137.1	445	82.3	66	12.2	151	27.9	68	12.6	11	2.0

County of Death	All Deaths		Accident		Homicide		Natural		Suicide		Undetermined	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Halifax	67	135.4	34	68.7	6	12.1	22	44.5	4	ND	1	ND
Harnett	135	98.5	76	55.5	11	8.0	24	17.5	19	13.9	5	3.6
Haywood	94	149.3	47	74.6	5	7.9	29	46.1	13	20.6	0	0.0
Henderson	154	130.0	95	80.2	2	ND	34	28.7	21	17.7	2	ND
Hertford	17	73.6	7	30.3	2	ND	7	30.3	1	ND	0	0.0
Hoke	51	91.3	28	50.2	5	9	11	19.7	7	12.5	0	0.0
Hyde	6	123.9	4	ND	0	0.0	2	ND	0	0.0	0	0.0
Iredell	137	73.7	69	37.1	9	5	34	18.3	21	11.3	4	ND
Jackson	80	181.7	39	88.6	3	ND	30	68.1	8	18.2	0	0.0
Johnston	221	102.2	131	60.6	6	2.8	58	26.8	22	10.2	4	ND
Jones	8	86.5	3	ND	3	ND	1	ND	1	ND	0	0.0
Lee	82	131.5	51	81.8	4	ND	17	27.3	8	12.8	2	ND
Lenoir	91	163.3	36	64.6	6	11	41	73.6	5	9.0	3	ND
Lincoln	74	84.0	36	40.9	3	ND	21	23.8	13	14.8	1	ND
Macon	63	175.0	19	52.8	1	ND	32	88.9	10	27.8	1	ND
Madison	21	96.6	14	64.4	0	0.0	2	ND	5	23.0	0	0.0
Martin	30	135.3	16	72.1	0	0.0	10	45.1	2	ND	2	ND
McDowell	38	83.0	18	39.3	2	ND	10	21.8	8	17.5	0	0.0
Mecklenburg	1171	103.7	627	55.5	147	13.0	256	22.7	124	11.0	17	1.5
Mitchell	22	147.8	11	73.9	1	ND	7	47.0	3	ND	0	0.0
Montgomery	37	135.8	22	80.8	0	0	8	29.4	6	22.0	1	ND
Moore	123	119.0	68	65.8	5	5	31	30.0	17	16.4	2	ND
Nash	132	139.2	54	56.9	13	13.7	50	52.7	11	11.6	4	ND
New Hanover	417	176.2	269	113.7	30	12.7	74	31.3	38	16.1	6	2.5
Northampton	24	125.7	14	73.3	1	ND	4	ND	5	26.2	0	0.0
Onslow	201	98.6	81	39.7	10	4.9	69	33.8	37	18.1	4	ND
Orange	159	106.7	105	70.4	11	7.4	29	19.5	11	7.4	3	ND
Pamlico	15	118.0	12	94.4	0	0.0	3	ND	0	0.0	0	0.0
Pasquotank	61	151.1	36	89.2	8	20	7	17.3	9	22.3	1	ND
Pender	57	88.1	30	46.4	4	ND	13	20.1	10	15.5	0	0.0
Perquimans	15	109.8	9	65.9	0	0.0	2	ND	2	ND	2	ND
Person	43	107.7	20	50.1	3	ND	14	35.1	6	15.0	0	0.0
Pitt	438	239.4	275	150.3	38	20.8	81	44.3	38	20.8	6	3.3
Polk	19	90.3	9	42.8	0	0.0	6	28.5	4	ND	0	0.0
Randolph	211	146.0	116	80.2	7	4.8	63	43.6	24	16.6	1	ND
Richmond	65	146.6	40	90.2	6	13.5	14	31.6	4	ND	1	ND
Robeson	235	180.8	147	113.1	30	23.1	43	33.1	12	9.2	3	ND
Rockingham	125	136.9	72	78.9	7	7.7	29	31.8	16	17.5	1	ND
Rowan	210	147.4	119	83.5	8	5.6	53	37.2	27	18.9	3	ND
Rutherford	89	132.7	48	71.6	3	ND	27	40.3	9	13.4	2	ND
Sampson	56	88.4	29	45.8	6	9	15	23.7	4	ND	2	ND
Scotland	66	190.5	26	75.1	13	37.5	21	60.6	4	ND	2	ND
Stanly	55	87.0	35	55.3	3	ND	10	15.8	7	11.1	0	0.0
Stokes	50	109.3	28	61.2	1	ND	14	30.6	6	13.1	1	ND
Surry	84	117.2	56	78.1	5	7	10	14.0	10	14.0	3	ND
Swain	34	239.8	19	134.0	0	0.0	12	84.6	3	ND	0	0.0

County of Death	All Deaths		Accident		Homicide		Natural		Suicide		Undetermined	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Transylvania	32	92.8	19	55.1	1	ND	8	23.2	3	ND	1	ND
Tyrrell	1	ND	1	ND	0	0	0	0.0	0	0.0	0	0.0
Union	135	55.2	68	27.8	4	ND	49	20.0	12	4.9	2	ND
Vance	61	136.4	37	82.7	9	20.1	11	24.6	2	ND	2	ND
Wake	906	80.0	507	44.8	41	3.6	246	21.7	99	8.7	13	1.1
Warren	32	163.9	19	97.3	0	0	7	35.9	5	25.6	1	ND
Washington	22	191.6	5	43.5	0	0	15	130.6	2	ND	0	0.0
Watauga	57	101.0	25	44.3	1	ND	23	40.8	8	14.2	0	0.0
Wayne	184	148.4	102	82.3	5	4.0	62	50.0	9	7.3	6	4.8
Wilkes	77	113.2	35	51.4	5	7	24	35.3	12	17.6	1	ND
Wilson	118	143.9	45	54.9	8	9.8	54	65.9	11	13.4	0	0.0
Yadkin	40	106.3	22	58.5	0	0	8	21.3	8	21.3	2	ND
Yancey	18	99.5	9	49.7	0	0	5	27.6	4	ND	0	0.0
<b>NC Total</b>	<b>13061</b>	<b>123.2</b>	<b>7252</b>	<b>68.4</b>	<b>875</b>	<b>8.3</b>	<b>3305</b>	<b>31.2</b>	<b>1418</b>	<b>13.4</b>	<b>211</b>	<b>2.0</b>
Out of State	9	ND	4	ND	2	ND	0	ND	1	ND	2	ND
<b>Total</b>	<b>13070</b>		<b>7256</b>		<b>877</b>		<b>3305</b>		<b>1419</b>		<b>213</b>	