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## Exploring the Coroner System within the United States

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In the present day, the United States does not have a standardized system in place for medicolegal death investigations. Within the 50 U.S. states and 16 territories, there is variability regarding whether the coroner or medical examiner system is utilized. These systems can then be broken down further into; centralized state medical examiner's offices, county or district medical examiner's offices, mixed-system states (both coroners and medical examiners are utilized), and coroner-only states. Certain states may have coroners that are also under the title of "justice of the peace" (Texas) or "sheriff-coroner" (California). Below is a list of which states and territories fall into their respective systems:

**Centralized state (or territory) medical examiner's offices:** Alaska, Connecticut, Delaware, Guam, Washington D.C., Maine, Maryland, Massachusetts, New Hampshire, New Mexico, North Carolina, Oklahoma, Oregon, Puerto Rico, U.S. Virgin Islands, Utah, Vermont, Virginia, and West Virginia

**County or district medical examiner's offices:** Arizona, Florida, Iowa, Michigan, New Jersey, and Tennessee

**Mixed-system states:** Alabama, Arkansas, California, Colorado, Georgia, Hawaii, Illinois, Kentucky, Minnesota, Mississippi, Missouri, Montana, New York, North Dakota, Ohio, Pennsylvania, Texas, Washington, and Wisconsin

**Coroner-only states (or territory):** American Samoa, Idaho, Indiana, Kansas, Louisiana, Nebraska, Nevada, South Carolina, South Dakota, and Wyoming (U.S. Centers for Disease Control and Prevention, 2024)

\*The remaining 12 U.S. territories that are not mentioned above do not have a permanent population, or do not have full-time medical examiners (or coroners). They must rely on traveling forensic pathologists to perform autopsies or transport the decedent to the closest state/territory with a medical examiner's office.

### What is the Difference?

In the United States, medical examiners are appointed board-certified forensic pathologists who conduct autopsies to determine the cause and manner of death. To

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be a forensic pathologist, you must graduate with a medical doctor's degree (M.D. or D.O.), complete a pathology residency, and then complete a forensic pathology fellowship. Forensic pathologists are appointed into their position of medical examiner, and they may maintain this position until they resign or are removed. Each medical examiner's office then has their staff of; pathologist's assistants, autopsy technicians, medicolegal death investigators, forensic photographers, evidence technicians, and so on. The number of individuals employed in these positions varies by the size of the medical examiner's office. Depending on the caseload, there also may be some differences in actual positions and duties needed within the office.

Conversely, coroners are elected (occasionally appointed) officials that serve a four-year term in office for their respective county. If running for an election, they must complete a campaign and identify with a political party. Furthermore, they must re-run every election cycle (4 years) to maintain their position. Term limits may vary by state or county, with some states not having any set. Coroners are often utilized in rural states and counties that do not meet the requirements to sustain a medical examiner's office. Often, these requirements are based on a minimum population size. However, there are standard qualifications for an individual to run as a coroner, and these vary by state. Typically, at a minimum, a candidate must be at least 18 (sometimes 21) years of age, possess a high school diploma, have never been convicted of a felony, and maintain a valid U.S. driver's license.

While it is exceedingly rare for an individual who is young and possesses no experience to be elected coroner, they still have the option to run for office if they meet the minimum requirements outlined by the state. Although, there are states that have stricter guidelines for what is required for an individual to run for a coroner position. In Louisiana, to be a coroner, one must be a practicing physician with a valid medical license and the ability to conduct autopsies. Similarly, Colorado has stricter requirements for potential candidates. An elected coroner for a county with a population of more than 150,000 people, must be certified as a medicolegal death investigator by the American Board of Medicolegal Death Investigators (ABMDI) or be a forensic pathologist certified and in good standing with the American Board of Pathology (ABPath). From personal experience, many coroners and their deputy coroners have a plethora of training, degrees, and relevant work experience. The current standard for national certification in the United States is Diplomate or Fellow status with the American Board of Medicolegal Death Investigators (ABMDI).

Unlike many medical examiner's offices, coroner's offices tend to be smaller in terms of staffing and workspace. There is usually one elected Coroner, a Chief Deputy Coroner, two to five Deputy Coroners, and occasionally one to two on-call Deputy Coroners who respond to scenes after-hours and

on weekends. Again, this depends on the size of the county, caseload, and available funding. Some coroner's offices do not have their own morgue and must perform their duties from a funeral home or hospital. Furthermore, some counties in Washington State are still operating under the prosecuting attorney-coroner model. This means that the prosecuting attorney for the county also serves as the county coroner. Presently, this model is being phased out and Washington State has mandated that each county must have a separate coroner's office, beginning January 1, 2025.

There have been individuals urging to abolish the coroner system, as it is viewed to be "outdated" compared to the medical examiner system. While there is more of a lack of consistency and mandated qualifications for coroners, there would be several states, regions, and counties that would be affected if this ever occurred. The response times to death scenes would be greatly increased and the workforce needed to successfully operate would have to be factored by total population and combined caseloads.

## What is it like Working as a Coroner?

Being employed as a Chief Deputy Coroner is challenging but also extremely rewarding. Like medicolegal death investigators at a medical examiner's office, my position is responsible for responding to all unattended deaths within our county, including natural deaths. This is done based on shift work and a weekly on-call schedule. However, our office does not respond to hospice or hospital deaths. Certain counties will respond to Emergency Department deaths (if foul play is suspected) and jail/prison deaths. Depending on the caseload and size of the county, some offices will not respond to natural deaths. In this situation, cases are often "phone-screened" by speaking to a first-responding officer, to ensure that there are not any signs of foul play or trauma. A "call sheet" is then typically filled out with case and scene information by the officer. This will then be sent over to the coroner's office, along with scene photographs.

When responding to scenes, I take photographs, examine the scene, perform an external exam of the decedent, collect medications, speak with witnesses/family members, and receive biographical information regarding the decedent. If the next-of-kin is not present on scene, we are responsible for performing "next-of-kin notifications." If next-of-kin is out of county, state, or country, we will call in an "agency assist" request, so that a uniformed officer may make the death notification in person. My office personally transports all decedents from the scene (unless we do not have an available gurney or method of safe transportation). The county that I work in does not have a morgue or holding facility, meaning we are currently utilizing funeral homes to work out of. Operating out of a funeral home can be difficult, as we have limited space and resources, but this is currently

our only option.

After transporting the decedent to the funeral home for storage, a secondary external exam may be done, depending on the circumstances surrounding the death. If it is determined that a secondary exam needs to be performed and a second set of photographs needs to be taken, this is when bodily fluids will be drawn for toxicology purposes. Primarily, peripheral blood is drawn for toxicology for any suspected overdoses, traffic accidents, suicides, and cases where there are no telling symptoms on scene. We can now send these samples to the Washington State Patrol Toxicology Lab or NMS Labs. Vitreous fluid may also be drawn to determine electrolyte imbalances, viral infections, or for additional toxicology testing. Additionally, urine may be drawn and placed into a 12-panel drug test cup to give a presumptive answer regarding illicit drugs that may be present in the decedent's system. If the case is deemed to need an autopsy, these samples will be taken during that time, instead.

Following this, our office will request the decedent's medical records from whichever local hospital they regularly visited. We may also request EMS "run sheets," police officer/deputy reports, body camera footage, recent in-patient treatment records, and any other documentation that is relevant to the decedent and the circumstances surround their case. In situations involving an infant death, we will ask the family to also complete the Sudden Unexplained Infant Death Investigation (SUIDI) form, which gives us information regarding pre-natal, pregnancy, and post-partum health and treatment of the mother, father, and child.

After receiving these records and information, we typically try to consult with the decedent's primary care physician or provider. The purpose of this is to go over medical records, recent symptoms, or complaints, what was found on scene, and what we believe the immediate cause of death to be. We also want to be aware of any other concerns the decedent may have expressed to the provider that would not be in the medical records requested. Finally, after all information reviews, photographs, and consults have been conducted, our office is responsible for signing and certifying death certificates. Our portion of the death certificates comprises cause, manner, and contributing factors of death.

## What if an Autopsy Needs to be Conducted?

Getting an autopsy conducted in a coroner system has its challenges. Not all cases receive an autopsy, and our office's job is to determine which ones should. Unfortunately, there is a nationwide forensic pathologist shortage in the United States, and an increasing need for autopsies.

Currently, there are only about 800 practicing forensic pathologists in the United States, with a small number or new forensic pathologists joining the workforce annually (Philadelphia College of Osteopathic Medicine, 2023). Based on the National Association of Medical Examiners (NAME) workload standards, approximately 1,200 forensic pathologists are needed to adequately serve the United States (Tatsumi & Graham, 2022). Although Washington State currently has six medical examiner's offices, they are not always able to take out of county cases. This issue is due to the number of autopsies forensic pathologists can conduct annually to maintain their accreditation (the recommended number is between 250 and 325 cases). Larger coroner's offices may have the resources and space for autopsies to be conducted, but finding a forensic pathologist to be on staff full-time can be difficult.

Full physical autopsies for our office are normally conducted on homicides, child and infant deaths, fatal traffic accidents that involve two or more vehicles, natural deaths in decedents under the age of 45, work-related deaths, and severe decomposition cases. Of course, each case is unique, and other types of cases may be autopsied. Our current solution for getting autopsies conducted is through a company called Forensic Pathology Services (FPS). Through FPS, contracted forensic pathologists and autopsy technicians can travel to accredited medical examiners or coroner's offices to conduct autopsies. These forensic pathologists are either retired, or currently practicing and will travel on weekends to assist counties or regions in need. We are currently traveling approximately 2.5 hours to a larger coroner's office for these services. This contract includes a full autopsy, photographs, samples for toxicology, histology slides, and an autopsy report. The forensic pathologists are also available to testify in court for criminal cases.

Another option that we currently use is a virtual autopsy, or "virtopsy." This process involves getting a full body computed tomography (CT) scan or magnetic resonance imaging (MRI) performed on the decedent and then sending the images to a forensic radiologist for review. These scans are useful in seeing blunt traumatic injuries, fractures, foreign objects, air/gas distribution, or trauma and abnormalities to soft tissue and organs. Although virtual autopsies are not typically seen as a "replacement" for physical autopsies, they can be useful for several cases. With the shortage of forensic pathologists, it provides a secondary option.

## The Takeaway

Although there are quite noticeable differences between the coroner and medical examiner systems, the coroner system serves as a good option for states that do not have centralized or district medical examiner's offices. Rural

counties, especially, benefit from having the ability to have an individual (or individuals) conduct death investigation in a timely manner. While there is concern regarding necessary qualifications and education being met by coroners, I believe this is headed in a positive direction.

Many coroner's offices are requiring that candidates possess at least a bachelor's degree, have previous experience in the forensics field (such as an internship), and become certified by the American Board of Medicolegal Death Investigators (ABMDI) within 12 to 18 months of employment. Furthermore, many states (like Washington) are requiring that all coroners and medicolegal death investigators must also be certified at the state level, within one year of hiring. These requirements only benefit and improve the quality of individuals that are employed within the medicolegal death investigation field.

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