2022 ANNUAL REPORT

Marshall County Coroner's Office
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ABOUT THIS REPORT

This report provides a summary and statistical analysis of the deaths that were investigated by the Marshall County Coroner's Office in the year 2022. We serve an increasing population of 98,228 and responsible for coverage of 566 square miles. Marshall County is the 14th largest county in Alabama. Our staff consists of a total staff of 7; 1 coroner and 6 deputy coroners. The Coroner and/or Deputy Coroner are on duty 24 hours a day, 365 days a year. The Coroner's mission is to satisfy the legal requirements of the office in an expeditious manner. The primary task of the Coroner's Office is to determine the cause and manner of death of those who have died in Marshall County or in those whose traumatic event originated in Marshall County. An autopsy may be required depending upon the circumstances of the death. The Coroner's Office investigates sudden, unexpected deaths, especially those that occur under violent or suspicious circumstances. Those deaths to be reported to the Marshall County Coroner's Office include all deaths occurring in Marshall County as outlined below regardless of where or when the initial injuring event occurred.

In addition, all deaths as outlined below shall be reported that occurred outside of Marshall County but the initiating injuring event occurred in Marshall County.

- From disease which may be hazardous or contagious or which may constitute a threat to the health of the general public
- From external violence, an unexplained cause, or under suspicious circumstances
- Where no physician is in attendance, or where, though in attendance, the physician is unable to certify the cause of death
- From thermal, chemical, or radiation injury
- From criminal abortion
- While in the custody of law enforcement officials or while incarcerated in a public institution
- When the death was sudden and happened to a person who was in good health
- From an industrial accident or any death suspected to involved with the decedent's occupation
- When death occurs in a hospital less than 24 hours after admission to a hospital or after any invasive procedure
- Any death suspected to be due to alcohol intoxication or the result of exposure to drugs or toxic agents
- Any death due to neglect or suspected neglect

- Any stillbirth of 20 or more weeks gestational age unattended by a physician
- Any maternal death to include death of a pregnant woman regardless of the length of the pregnancy, and up to six weeks (or one year) post-delivery, even where the cause of death is unrelated to the pregnancy
- Any death of an infant or child where the medical history has not established a significant pre-existing condition

MESSAGE FROM THE CORONER

Citizens of Marshall County:

It is an honor and privilege to have the opportunity to serve as your Coroner. Even though it is one of the little-known offices, your Coroner plays a huge role in the county. Death investigations are a important part in society and ensuring this office is properly trained and has the resources needed to serve the public is my top priority. With an increase in deaths and especially those involving violence having a Coroner's Office who is trained and understands the importance of the job we perform is crucial. As Coroner, I have the responsibility for overseeing and carrying out many duties within this county, that include:

- Overseeing all investigations of unnatural deaths, those under the age of 18, or any time suspicion of foul play is involved.
- Authorize the cremation and burials at sea of anyone who dies within Marshall County.
- Handle the remains and ensure a proper disposition is given to the unclaimed individuals in our county.
- Work with the EMA and other agencies to ensure that Marshall County has the resources and plans in place to handle a mass fatality event.
- Submit reports and information to multiple agencies which provide grants and funding to organizations within our county. This includes reporting violent deaths to AL-VDRS, an organization that provides financial assistance to families of violent deaths.
- Approve Legacy of Hope (organ donation) permission to approach families and proceed with organ donations.
- Work closely with funeral homes and our hospitals in fatality management and ensure our county maintains resources necessary to serve the public.

These are a few of the many responsibilities I have in serving you. I take pride in serving you and know that the services we perform effects families psychologically and financially. We have made many advancements in our investigative techniques since taking office in 2019. The Marshall County Commission has been great in providing additional funding for our office to provide these services and work through the many obstacles we have seen, like the pandemic, substantial increase in calls, and moving this office into modern

times. We have plans to continue to improve the services and make more advancements in this office in the coming years.

This office must function and respond to calls 24/7 365 days a year. There is no way I could do this job alone, so I am blessed to have a great team of investigators to assist in performing and completing the many responsibilities of this office. The Death Investigators & Support Staff in the next section play an important role. Why do we need so many investigators? No member of this office is full-time, including me, so we must have staff available to cover the calls for service. These Death Investigators serve in this office outside of their full-time jobs and often take off from their jobs to perform services for the county. Marshall County is truly blessed to have these dedicated individuals serving them.

Once again, I am very thankful for the opportunity to serve you for the years to come and if this office can ever be of assistance please do not hesitate to contact our office.

Thank you:

Cody Nugent
Coroner

DEATH INVESTIGATORS & SUPPORT STAFF

Cody Nugent	Coroner
Chris Brock	Chief Deputy Coroner
Mike McCormack	Deputy Coroner/Chief of Operations
Brandon Brown	Deputy Coroner
Andrew Brooks	Deputy Coroner
James Ramsey	Deputy Coroner
Leslie Lovell	Deputy Coroner/Administrative Assistant

WHAT DOES THE CORONER'S OFFICE DO?

INVESTIGATING DEATHS

The Coroner is the Chief Medicolegal Death Investigator and Clerk for the county. He is responsible for holding inquests into deaths in accordance with state law. These deaths may require a complete and full investigation or may only require the Coroner be notified the death has occurred. These deaths include:

- Accidental Deaths
- Homicide Deaths
- Suicide Deaths
- Infant Deaths
- Deaths of any person under the age of 18.
- Deaths deemed sudden (less than 24 hours from onset of symptoms)
- Any other death where there is reasonable suspicion of foul play

REPORTING DEATHS

The Coroner is also responsible for reporting certain deaths to organizations and agencies that are used for numerous public safety and public interest functions. Some of these organizations work to help families who suffer the death of a loved due to violent means or the fault of another individual. These organizations and agencies include:

- Department of Justice

- SUDOR (Sudden Unintentional Drug Overdose Reporting)
- AL-VDRS (Alabama Violent Death Reporting System)
- Department of Justice (Custody/Jail Deaths)
- Consumer Product Safety Commission (Product Related Deaths)
- OSHA (Occupational Safety and Health Administration)

DEATHS BY MANNER

These deaths are investigated and certified by the Marshall County Coroner's Office. These are not all of the deaths that occur in this county, these are only the deaths that the MCCO is required to inquire into and maintain records of.

NATURAL DEATHS **170**

Simply put, a "natural" death is one that occurs due to an *internal* factor that causes the body to shut down, such as cancer, heart disease or diabetes. It means there was no *external* reason for the death, such as a traumatic injury.

ACCIDENTAL DEATHS **58**

An accidental death is an unnatural death that is caused by an accident, such as a slip and fall, traffic collision, or accidental poisoning. For a death to be ruled an accident the death must not be intentional by the decedent or any other person.

SUICIDE DEATHS **19**

A suicide death is the act of intentionally causing one's own death. There must be clear evidence that the decedent intended on causing his or her death. The mechanism of death must have been initiated with the intent to cause death.

HOMICIDE DEATHS **6**

Homicide occurs when a person kills another person, the initial mechanism of death must be have been initiated with the intent of causing the persons death.

UNDETERMINED DEATH **5**

Deaths classified as undetermined are deaths in which, after a thorough investigation and consideration of all information available, one manner of death is no more compelling than another manner of death. These cases are not determined entirely by this office. The Alabama Department of Forensic Science Medical Examiners are consulted and perform examinations before this determination is made.

TOTAL DEATHS INVESTIGATED **258**

NATURAL DEATHS

Naturals deaths are classified by the body system that failed leading to the death. These deaths are determined by medical history, complaints prior to death, compliance with medication, and other investigative techniques. This breakdown will provide a general overview of how the natural deaths investigated by this office were classified.

	Total	Percent of Total Deaths
CANCER	**9**	**5.3%**
CARDIAC	**98**	**58%**
ENDOCRINE	**9**	**5.3%**
GASTROINTESTINAL	**7**	**4.1%**
NEUROLOGICAL	**10**	**5.9%**
PULMONARY	**33**	**18.9%**
RENAL	**4**	**2.3%**
TOTAL	**170**	

ACCIDENTAL DEATHS

Accidental deaths are classified based on the mechanism of injury. Deaths are ruled accidental if there is an action, outside of a natural disease or condition, occurs with no evidence of the intent to harm ones self or another person.

	Total	Percent of Total Deaths
OVERDOSE*	**30**	**50.8%**
MOTOR VEHICLE ACCIDENT**	**25**	**42.3%**
FALL	**2**	**3.4%**
DROWNING	**1**	**1.6%**
FIRE	**1**	**1.6%**
TOTAL	**59**	

** A breakdown of overdose deaths by type of drugs and amount is in Appendix A*

*** A breakdown of MVC deaths with positive toxicology results by drugs and amounts is in Appendix B*

SUICIDE DEATHS

Suicide deaths are classified by the mechanism that the decedent initiated to cause the death. For a death to be classified as suicide, there must be clear evidence it was the intent of the decedent and no one else was involved in the death.

	Total	Percent of Total Deaths
GUNSHOT WOUND	**15**	**78.9%**
HANGING	**3**	**15.8%**
OVERDOSE	**1**	**5.3%**
TOTAL	**19**	

HOMICIDE DEATHS

Homicide deaths are classified based on the mechanism of injury. Deaths are ruled homicide if there is an action, outside of a natural disease or condition, with clear evidence that the death was intended to be caused

	Total	Percent of Total Deaths
GUNSHOT WOUND	**5**	**83.3%**
STABBING	**1**	**16.7%**
TOTAL	**6**	

UNDETERMINED DEATHS

Undetermined deaths are those where there are no clear understanding or evidence of how the death occurred. This office will exhaust all resources before ruling a death undetermined. Before ruling a death undetermined, the case is also reviewed and examined by the Alabama Department of Forensic Science Medical Examiners. These deaths may have a cause of death, but the manner in which it occurred is undetermined.

	Total	Percent of Total Deaths
SUDDEN UNEXPLAINED INFANT DEATH INVESTIGATION	**4**	**80%**
OVERDOSE	**1**	**20%**
TOTAL	**5**	

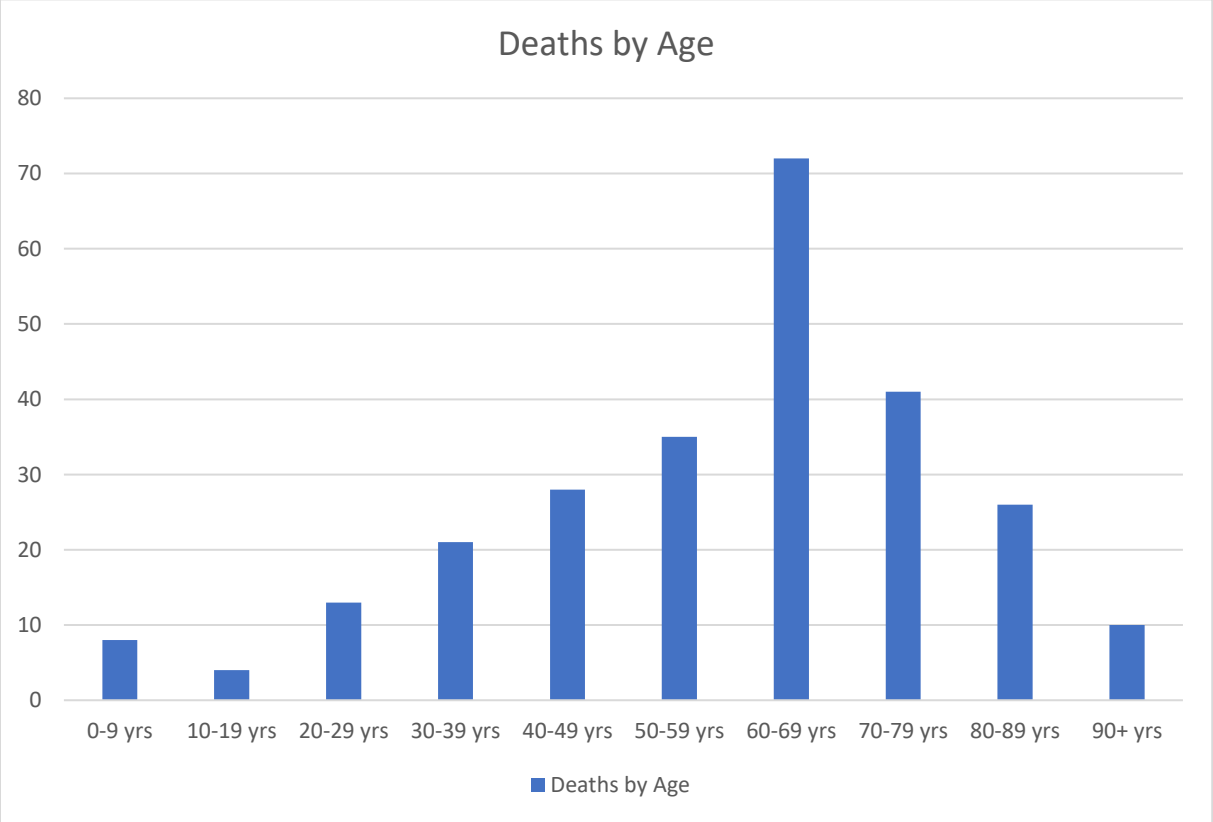
INVESTIGATIONS BY CITY

These are the locations of the death investigations completed in each city. Numbers in parentheses indicate the number of those deaths in that city that occurred at Marshall Medical Center South (MMCS), Marshall Medical Center North (MMCN), or Highlands Medical Center (HMC).

	Total	City Limits	County
ALBERTVILLE	**66**	**37**	**29**
ARAB	**28**	**22**	**6**
BOAZ	**42 (5-MMCS)**	**31**	**11**
CROSSVILLE	**1**	**0**	**1**
GRANT	**25**	**2**	**23**
GUNTERSVILLE	**68 (9-MMCN)**	**34**	**34**
HORTON	**10**	**0**	**10**
LANGSTON	**2**	**0**	**2**
SCOTTSBORO	**7 (1-HMC)**	**1**	**6**
UNION GROVE	**9**	**0**	**9**
TOTAL	**258**	**127**	**131**

DEATHS INVESTIGATED BY AGE

Age in years	Number
0-9	8
10-19	4
20-29	13
30-39	21
40-49	28
50-59	35
60-69	72
70-79	41
80-89	26
90+	10



CREMATION AUTHORIZATION

Alabama State Law requires that funeral home authorization from the Coroner of the county of death prior to a cremation occurring. This office processed 575 requests for authorization to cremate during the year. These requests must be submitted by a funeral home or other established authorized to dispose of human remains by the state of Alabama. Each request must be reviewed and approved by a Medicolegal Death Investigator.

APPENDIX A

Accidental overdose deaths toxicology breakdown

DRUG	Measured by	101	102	103	104	105	106	107	108	109	110
CASE TYPE		**OD**	**OD**	**OD**	**OD**	**OD**	**OD**	**OD**	**OD**	**OD**	**OD**
Alprazolam	**ng/mL**									150	
Amitriptyline	**ng/mL**										
Bromazolam	**ng/mL**										
Buprenorphine	**ng/mL**					2.4				1.6	
Cannabinoids										P	
Citalopram/Escitalopram	**ng/mL**								P		
Clonazepam	**ng/mL**					<10				<10	
Codeine	**ng/mL**										
Cocaine	**ng/mL**				160						
Cyclobenzaprine	**ng/mL**					83					
Dextromethorphan	**ng/mL**								<50		
Diazepam	**ng/mL**	<10									
Diphenhydramine	**ng/mL**								**1700**		
Doxepin	**ng/mL**										
Doxylamine	**ng/mL**								P		
Ethanol	**g/100mL**	0.118			0.181		0.102				
Fentanyl	**ng/mL**	**9.6**		**13.0**	**5.6**		**13.0**	**23.0**		**4.4**	**59.0**
Gabapentin	**ug/mL**					28.0					
Hydrocodone	**ng/mL**								<10		
Hydromorphone	**ng/mL**										
Methadone	**ng/mL**								760.0		
Methamphetamine	**ng/mL**	**3900**	**650**				<100	140		**2600**	
Mitragynine (Kratom)											P
Morphine	**ng/mL**							<10			
Naloxone	**ng/mL**									8	
Oxycodone	**ng/mL**			77							
Oxymorphone											
Promethazine	**ng/mL**								P		
Temazepam	**ng/mL**										
Trazadone	**ng/mL**					P					

DRUG	Measured by	111	112	113	114	115	116	117	118	119	120
CASE TYPE		**OD**	**OD**	**OD**	**OD**	**OD**	**OD**	**OD**	**OD**	**OD**	**OD**
Alprazolam	**ng/mL**	18						<10			
Amitriptyline	**ng/mL**					120					
Bromazolam	**ng/mL**										
Buprenorphine	**ng/mL**					1.2					
Cannabinoids		P		P	P						
Citalopram/Escitalopram	**ng/mL**										
Clonazepam	**ng/mL**							<10		<10	
Codeine	**ng/mL**			170							
Cocaine	**ng/mL**										
Cyclobenzaprine	**ng/mL**										
Dextromethorphan	**ng/mL**										
Diazepam	**ng/mL**										
Diphenhydramine	**ng/mL**			210							
Doxepin	**ng/mL**										
Doxylamine	**ng/mL**										
Ethanol	**g/100mL**										
Fentanyl	**ng/mL**	**11**	**11**			**42**		**3.4**	**6.8**	**19.0**	**9.3**
Gabapentin	**ug/mL**			36.0							
Hydrocodone	**ng/mL**			<25							
Hydromorphone	**ng/mL**										
Methadone	**ng/mL**							16.0			
Methamphetamine	**ng/mL**	90			**1300**		**>3000**	**780**			
Mitragynine (Kratom)											
Morphine	**ng/mL**			<25					85.0		
Naloxone	**ng/mL**										
Oxycodone	**ng/mL**							24.0			11.0
Oxymorphone											
Promethazine	**ng/mL**										
Temazepam	**ng/mL**										
Trazadone	**ng/mL**			P							

DRUG	Measured by	121	122	123	124	125	126	127	128	129
CASE TYPE		**OD**	**OD**	**OD**	**OD**	**OD**	**OD**	**OD**	**OD**	**OD**
Alprazolam	**ng/mL**	18.0	23.0		54.0		26.0		<10	
Amitriptyline	**ng/mL**									
Bromazolam	**ng/mL**								P	
Buprenorphine	**ng/mL**							>20		
Cannabinoids		P					P			
Citalopram/Escitalopram	**ng/mL**									
Clonazepam	**ng/mL**									
Codeine	**ng/mL**									
Cocaine	**ng/mL**									
Cyclobenzaprine	**ng/mL**									
Dextromethorphan	**ng/mL**							<50		
Diazepam	**ng/mL**									810.0
Diphenhydramine	**ng/mL**									
Doxepin	**ng/mL**				P					
Doxylamine	**ng/mL**									
Ethanol	**g/100mL**									0.163
Fentanyl	**ng/mL**	**29.0**	**10.0**			**13.0**	**47.0**	**9.4**	**5.9**	
Gabapentin	**ug/mL**		3.4							
Hydrocodone	**ng/mL**									2900.0
Hydromorphone	**ng/mL**									5.8
Methadone	**ng/mL**									
Methamphetamine	**ng/mL**		**2400**	87.0	450.0		**>4000**	**>8000**	**2000**	
Mitragynine (Kratom)		P								
Morphine	**ng/mL**						27.0			
Naloxone	**ng/mL**							>20		
Oxycodone	**ng/mL**									
Oxymorphone									<2	
Promethazine	**ng/mL**									
Temazepam	**ng/mL**									22.0
Trazadone	**ng/mL**									

APPENDIX B

Motor Vehicle Collision/Accident deaths toxicology breakdown

DRUG	Measured by	201	202	203	204	209	211	212	217
CASE TYPE		**MVC**	**MVC**	**MVC**	**MVC**	**MVC**	**MVC**	**MVC**	**MVC**
Alprazolam	**ng/mL**			23.0					
Amitriptyline	**ng/mL**								
Bromazolam	**ng/mL**								
Buprenorphine	**ng/mL**								
Cannabinoids									
Citalopram/Escitalopram	**ng/mL**								
Clonazepam	**ng/mL**								
Codeine	**ng/mL**								
Cocaine	**ng/mL**								
Cyclobenzaprine	**ng/mL**								
Delta-9-tetrahydrocannabinol (THC)	**ng/mL**					1.0		10.0	
Dextromethorphan	**ng/mL**								
Diazepam	**ng/mL**								
Diphenhydramine	**ng/mL**								
Doxepin	**ng/mL**								
Doxylamine	**ng/mL**								
Ethanol	**g/100mL**	0.350				0.177			0.125
Fentanyl	**ng/mL**								
Gabapentin	**ug/mL**								
Hydrocodone	**ng/mL**			27.0					
Methadone	**ng/mL**								
Methamphetamine	**ng/mL**		810.0	1200.0	1200.0		1400.0		
Mitragynine (Kratom)									
Morphine	**ng/mL**								
Naloxone	**ng/mL**								
Oxycodone	**ng/mL**								
Oxymorphone									
Promethazine	**ng/mL**								
Temazepam	**ng/mL**								
Trazadone	**ng/mL**								

DRUG	Measured by	218	219	221	222	225
CASE TYPE		**MVC**	**MVC**	**MVC**	**MVC**	**MVC**
Alprazolam	**ng/mL**	29.0				
Amitriptyline	**ng/mL**					
Bromazolam	**ng/mL**					
Buprenorphine	**ng/mL**					
Cannabinoids						
Citalopram/Escitalopram	**ng/mL**					
Clonazepam	**ng/mL**	20.0				
Codeine	**ng/mL**					
Cocaine	**ng/mL**					
Cyclobenzaprine	**ng/mL**					
Delta-9-tetrahydrocannabinol (THC)	**ng/mL**	1.7	4.7			
Dextromethorphan	**ng/mL**					<50
Diazepam	**ng/mL**			31.0		
Diphenhydramine	**ng/mL**					
Doxepin	**ng/mL**					
Doxylamine	**ng/mL**					
Ethanol	**g/100mL**		0.037	0.154	0.179	0.222
Fentanyl	**ng/mL**					
Gabapentin	**ug/mL**					
Hydrocodone	**ng/mL**					
Methadone	**ng/mL**			66.0		
Methamphetamine	**ng/mL**					
Mitragynine (Kratom)						
Morphine	**ng/mL**					
Naloxone	**ng/mL**					
Oxycodone	**ng/mL**					
Oxymorphone						
Promethazine	**ng/mL**					
Temazepam	**ng/mL**			<25		
Trazadone	**ng/mL**					