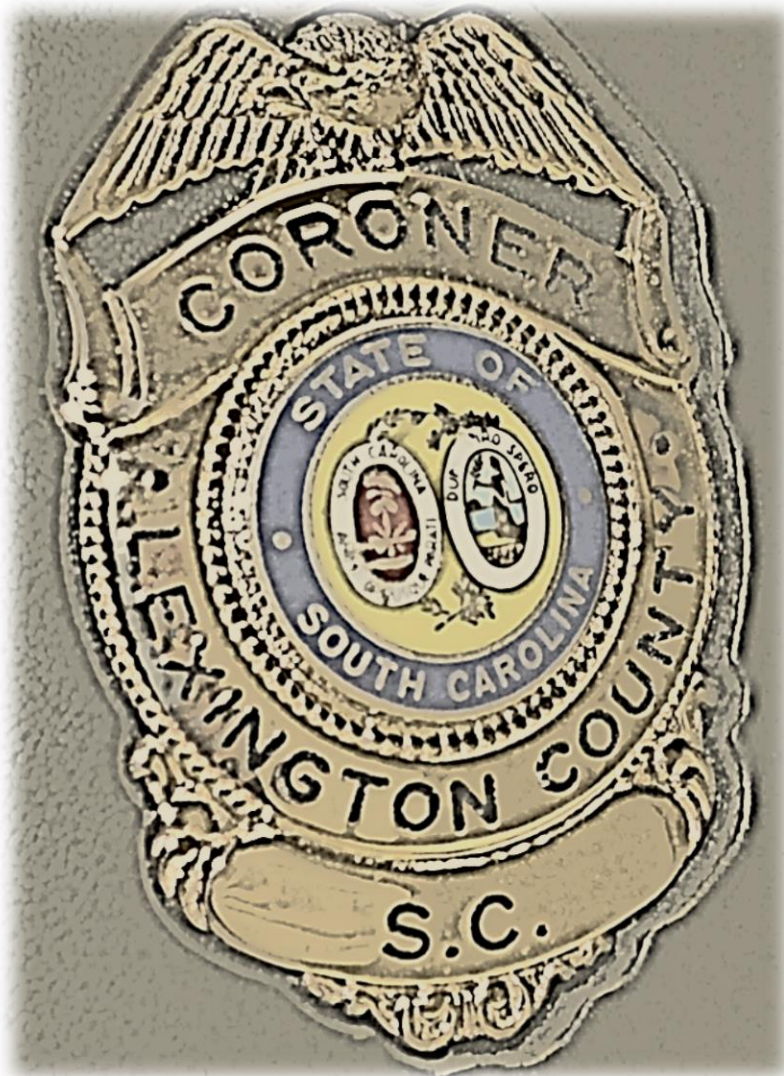


LEXINGTON COUNTY CORONER'S OFFICE

2019 ANNUAL REPORT



Coroner Margaret W. Fisher

LEXINGTON COUNTY
SOUTH CAROLINA

Margaret W. Fisher
Coroner

OFFICE OF THE CORONER

Candace S. Berry, Chief Deputy
Deputy Coroners

Chandler Clardy	Ronnie Corley
Grey Gain	Brittany Hallman
Laura Moore	Patti Steen
Andrew Taylor	Jessica Wade



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To the Citizens of Lexington County:

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

As I present to you the Lexington County Coroner's Office 2019 Annual Report, I would like to express my sincere condolences to everyone who lost a loved one in 2019. The members of my staff and I have been impacted by each decedent and the families we've served. Our hope is that everyone will consider what is ultimately represented in these pages; regardless of cause and manner of death, these were people who left behind families and friends. Death is inevitable, but entirely too many lives were abruptly and prematurely ended. Our intention remains to gain and share any information that might lead to the prevention of such tragedies.

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

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

Thank you for your continued support,

Margaret W. Fisher

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Our Mission Statement

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

BACKGROUND AND OBJECTIVES OF THE LEXINGTON COUNTY CORONER'S OFFICE

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



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

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

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

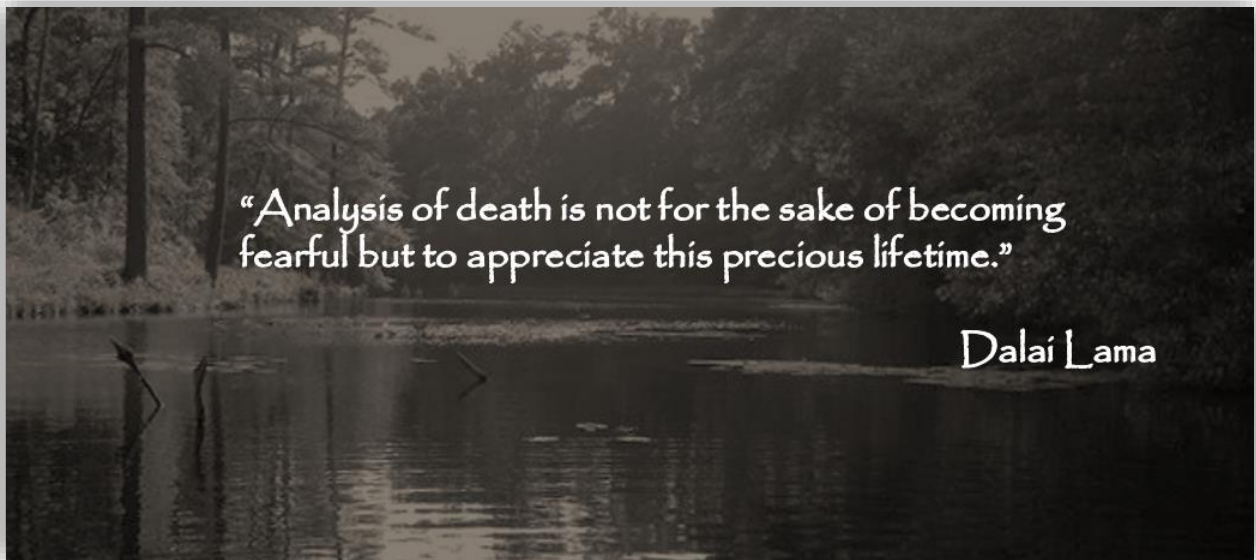
Cycle, Region 2 (2009), Community Services Division Deputy of the Year (2012), and Deputy of the Quarter (3 times since 2008). She also received Sheriff's Department Commendations in 2009 and 2010. Margaret's dedication led her to serve on the Lake Murray Marine Patrol and the multi-agency Alcohol Enforcement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

Since becoming Coroner, Margaret Fisher has been certified by the American Board of Medicolegal Death Investigators (ABMDI) and has implemented various procedural improvements to increase the efficiency of the Lexington County Coroner's Office (LCCO). Her objectives clearly reflect her dedication to the citizens of Lexington County. Coroner Fisher is passionate about her role, which requires her to utilize her investigative and community relations skills. She has high expectations for all Deputy Coroners under her leadership; continual training is mandated, and certain standards of behavior must be adhered to. All current Deputy Coroners, who are eligible based on the hours of investigative experience, have obtained ABMDI certification. Additionally, the office was reaccredited by the International Association of Coroners & Medical Examiners (IAC&ME) in 2018; only six other counties in SC are currently accredited.

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

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

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



Lexington County Coroner's Office Personnel

Coroner

Margaret W. Fisher, D-ABMDI

Chief Deputy Coroner



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

Deputy Coroners

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



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

Brittany N. Hallman, *B.A. in Psychology from the University of South Carolina. Lifelong resident of Chapin and graduate of Chapin High School.*





Patricia A. Steen, RN, A.S. in Nursing from Midlands Technical College, B.S. in Nursing from University of Phoenix, and currently pursuing a M.A. in Leadership and Management from Western Governors University. Has been employed as a nurse for over 15 years, and resides in Lexington.

Andrew S. Taylor, over 13 years of experience with Lexington County Fire Service, and 2 years as a Lexington County Emergency Communications Dispatcher. Resides in Gilbert; graduated from Gilbert High School.



Jessica C. Wade, D-ABMDI, A.A.S. in Mortuary Science from Piedmont Technical College (graduated with honors). Originally from Richmond, Kentucky; has resided in Chapin for over 9 years.

Administrative Deputy Coroner

Laura A. Moore, LPN, A.S. in Nursing from Midlands Technical College; 16 years of experience with SC Vocational Rehabilitation, and 2 years at Lexington County Detention Center. Lifelong resident of Lexington, and graduate of Lexington High School.



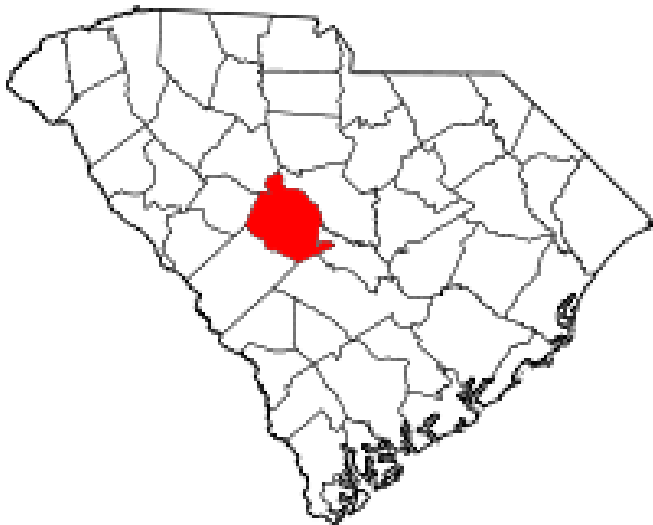
Evidence/Property Custodian

J. Ronald Corley, 25 years in Law Enforcement and 12 years at LCCO; lifelong resident of Lexington.

LEXINGTON COUNTY DEMOGRAPHIC AND GEOGRAPHIC INFORMATION

The Lexington County Coroner's Office is responsible for the entire county of Lexington, which is located in the Central Midlands region of South Carolina. The estimated population of Lexington County, per the U.S. Census Bureau, was 298,750 in 2019, making it the 6th most populated of South Carolina's 46 counties. The rate of population growth from 2010 to 2019, based on estimates, was 13.8% or more than 36,000 people,

which was slightly higher than the 11.3% increase experienced by the state of South Carolina.



Geographically, Lexington County is 699 square miles, which makes it the 17th largest county in the state. The population per square mile of just over 375, however, makes Lexington among the most densely populated counties.

Only the counties of Greenville, Richland, and Charleston are more densely populated.¹

Based on 2019 estimates, the population of Lexington County is 75% White, 16% Black or African American, 6% Hispanic or Latino, and the remaining 3% is a combination of individuals of multi-racial, American Indian, Asian, Native Hawaiian, and Pacific Islander descent. Slightly more than 23% of county citizens are under 18 years of age, while 16% is 65 years of age and older. Of those under age 65, approximately 12% are without health insurance, which impacts the level of healthcare, particularly of a preventive nature, that they receive.¹

¹ Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2019; U.S. Census Bureau, Population Division. Retrieved from <http://www.census.gov/quickfacts/fact/table/lexingtoncountysouthcarolina,SC/>

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



RESPONSIBILITIES, CASE INVESTIGATION AND DISPOSITION

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

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

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

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

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

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

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

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

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

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

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

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

In cases of violent or suspicious deaths, the law enforcement agency responsible for investigating may choose to attend the autopsies. Upon completion of an autopsy, the decedent's legal next of kin is contacted and made aware of any available findings.

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

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

Whenever possible, the Lexington County Coroner's Office works with We Are Sharing Hope SC, the not-for-profit, federally designated organ procurement organization, to effectuate the wishes of each decedent and his/her family. In some situations, unfortunately, organs and tissues do not meet the standards of quality and condition necessary for donation. Several organs, such as the heart, lungs and kidneys, may be transplanted. Tissues, including corneas, tendons, veins and skin, are among those that can be donated.

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

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



MANNERS AND CAUSES OF DEATH

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

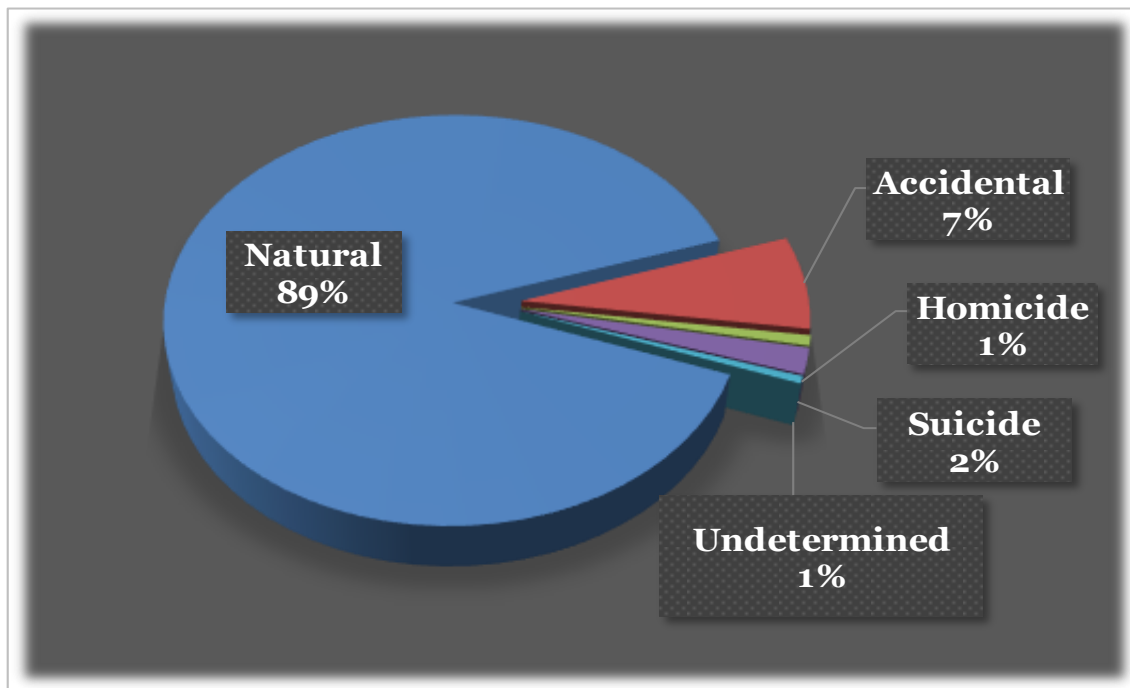
Although the cause of death is typically determined by a decedent's medical history, injuries or forensic artifacts found during an autopsy, and/or toxicology testing, the **manner of death** is determined by the circumstances surrounding the cause. For instance, if a death was caused by a disease, then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

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

MANNERS OF DEATH

Total Deaths: 2,514

Natural:	2,246
Accidental:	183
Undetermined:	14
Homicide:	20
Suicide:	51



Additional Services Provided in 2019

Cremation Permits (for non-LCCO cases):	246
Cremation Permits (for LCCO cases):	1,314
Notifications for Other Jurisdictions:	34
Indigent Cremations / Burials:	21
Total Service Requests:	1,615

Consistent with statewide and national mortality statistics, the majority (89.3%) of deaths in Lexington County were determined to be natural in manner. Natural deaths in Lexington County accounted for 2,246 of the 2,514 total deaths. Deaths that do not require on-scene investigation, such as deaths of individuals under hospice care, do receive limited investigations. Of the 2,246 natural deaths handled by the Lexington County Coroner's Office in 2019, 1,847 required only limited investigations. The remaining 399 received full, on-scene investigations.

In addition to those 399 natural deaths, the combined 268 deaths classified as accidental, undetermined, homicide, or suicide received full on-scene investigations. Of the 667 fully investigated deaths in Lexington County, 222 required full autopsies, 70 received external examinations, 5 required a partial autopsy, and toxicology testing was performed in all of these cases, as well as 30 that required only toxicology testing, to determine the cause of death. Following the necessary postmortem examinations and/or testing, it was concluded that 183 deaths (7.3%) were accidental, 51 deaths (2%) were suicides, 20 deaths (0.8%) were homicides, and 14 (0.6%) were of an undetermined or pending manner.

	<i>Natural</i>	<i>Accidental</i>	<i>Undetermined</i>	<i>Homicides</i>	<i>Suicides</i>
# of Full Autopsies	100	74	13	20	15
# of Partial Autopsies	1	2	0	0	2
# of External Examinations	1	40	0	0	29
Toxicology Testing (Only)	9	17	0	0	4
Total Cases (excluding limited investigations)	399	183	14	20	51
% of Cases that Received Autopsy and/or Toxicology Testing	28%	73%	93%	100%	98%

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

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

All suspicious deaths and obvious homicides required some type of postmortem examination; typically a full autopsy or, in cases of extensive decomposition, analysis by a forensic anthropologist. Homicides require a full autopsy or analysis for the purpose of obtaining items and information of evidentiary value to be used in criminal proceedings.

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

2019 NATURAL DEATH STATISTICS

Total Deaths: 2,246

On-Scene Investigations: 399

Limited Investigations: 1,847

<u>Race</u>	<u>Month</u>	<u>Race and Gender</u>
White: 1,912	January: 190	White Males: 881
Black: 300	February: 168	White Females: 1,031
Hispanic: 16	March: 201	Black Males: 144
Other: 18	April: 163	Black Females: 156
	May: 197	Hispanic Males: 7
	June: 194	Hispanic Females: 9
	July: 185	Other Males: 13
	August: 176	Other Females: 5
	September: 174	
	October: 199	Average age: 75.2
	November: 188	Oldest: 105
	December: 211	

<u>Gender</u>
Male: 993
Female: 1,105

<u>Age</u>
Fetus: 19
Birth - 10 years: 4
11 - 20 years: 1
21 - 30 years: 12
31 - 40 years: 30
41 - 50 years: 66
51 - 60 years: 218
61 - 70 years: 375
71 - 80 years: 577
81 - 90 years: 637
91 - 100 years: 294
101+ years: 10

<u>Number of Natural Deaths per Specific Cause</u>
Cancer / Malignant Neoplasms: 575
Heart-Related: 567
Alzheimer's / Dementia / Neurodegenerative: 295
Chronic Lower Respiratory Diseases: 237
Cerebrovascular Diseases / Strokes: 150
Kidney-Related: 123
Liver-Related: 65
Influenza / Pneumonia: 48
Gastrointestinal: 47
Adult Failure to Thrive: 45
Septicemia: 39
Short Gestation / Congenital Anomalies: 22
Diabetes Mellitus: 20
HIV: 5
Other: 8

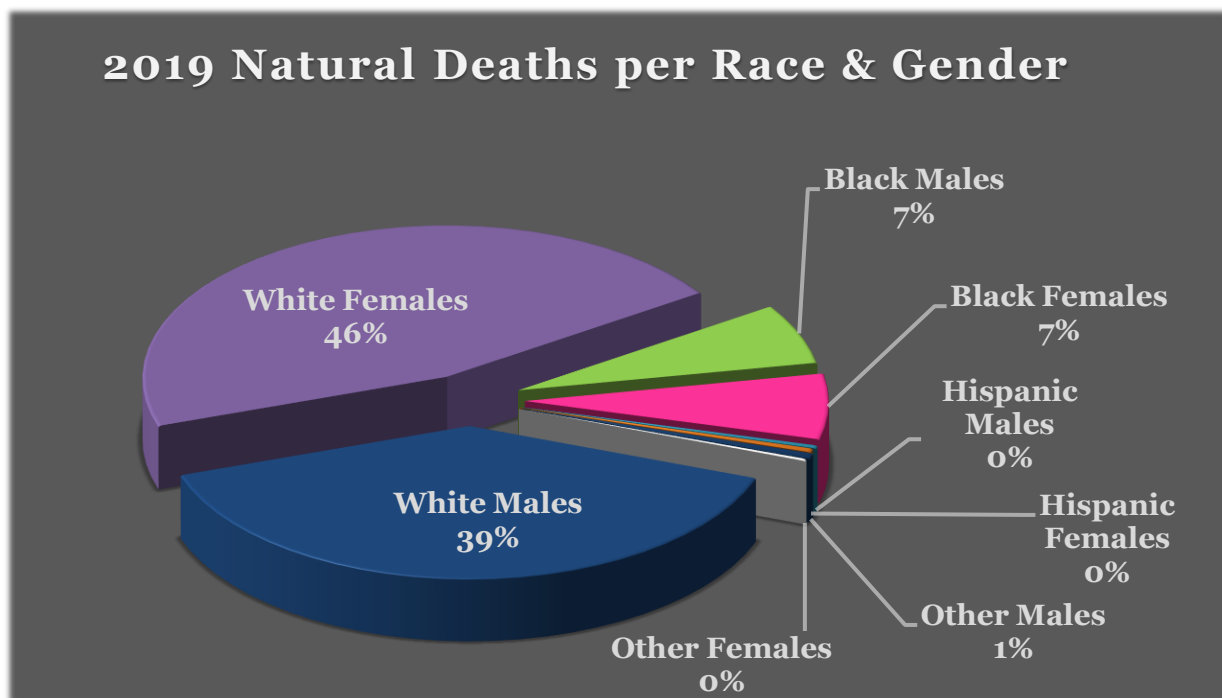
<u>Deaths per Day</u>
Monday: 319
Tuesday: 308
Wednesday: 337
Thursday: 353
Friday: 309
Saturday: 287
Sunday: 333

Cause of Death	Rank			Deaths per Cause		
	U.S. (2017)	S.C. (2018)	Lex. County (2019)	U.S. (2017)	S.C. (2018)	Lex. County (2019)
<i>Leading Causes, All Ages</i>						
Diseases of heart	1	1	2	647,457	10,460	567
Malignant neoplasms (cancer)	2	2	1	599,108	10,360	575
Accidents (unintentional injuries)	3	3	4	169,936	3,368	183
Chronic lower respiratory diseases	4	4	3	160,201	2,990	237
Cerebrovascular diseases	5	5	6	146,383	2,819	150
Alzheimer's disease	6	6	5	121,404	2,617	156
Diabetes mellitus	7	7	-	83,564	1,581	20
Influenza and pneumonia	8	10	10	55,672	882	48
Nephritis and nephrosis (kidney disease)	9	8	7	50,633	985	123
Intentional self-harm (suicide)	10	-	9	47,173	811	51
Septicemia	-	9	-	40,922	947	39
Chronic liver disease and cirrhosis	-	-	8	41,743	791	65

In regard to the deaths reported to and investigated by the Lexington County Coroner's Office in 2019, 85.7% (2,155) were attributed to ten leading causes of death. Those ten causes, which include accidents and suicides along with eight natural causes, were similar to the most recently reported leading causes nationally and statewide. Nine of the leading causes of death in 2019 in Lexington County were also present among the top ten causes based on 2017 data for the nation. Although the ten leading causes of deaths in Lexington County remained the same in 2019 as in 2018, seven of those causes changed ranks. Intentional self-harm (suicide), unintentional injuries (accidents), chronic lower respiratory diseases, and malignant neoplasms ranked higher in 2019 than in 2018. Chronic liver disease and cirrhosis remained the eighth leading cause of deaths in the county, despite not being among the top ten nationally or in the state.

Of the 2,813,503 deaths recorded in the U.S. in 2017, 74% were attributed to the ten leading causes. In 2018 in South Carolina, there were 50,633 deaths and 73.1% of those were due to the top ten causes of death.^{2 3}

As would be anticipated, considering the demographic information of the county detailed earlier in this report, a large majority of the natural deaths in 2019 were of White citizens. Also consistent with the county population, 53% of the decedents were female. White individuals, not of Hispanic or Latino descent, represented 75% of the county population and 85.1% of the natural deaths, and were



followed by Black or African American citizens who accounted for 13.4% of natural deaths (16% of population). While Hispanic or Latino individuals form 6% of the county population, they represented less than 1% of the natural deaths, and males and females of other origins, primarily Asian, accounted for slightly less than 1% of deaths.

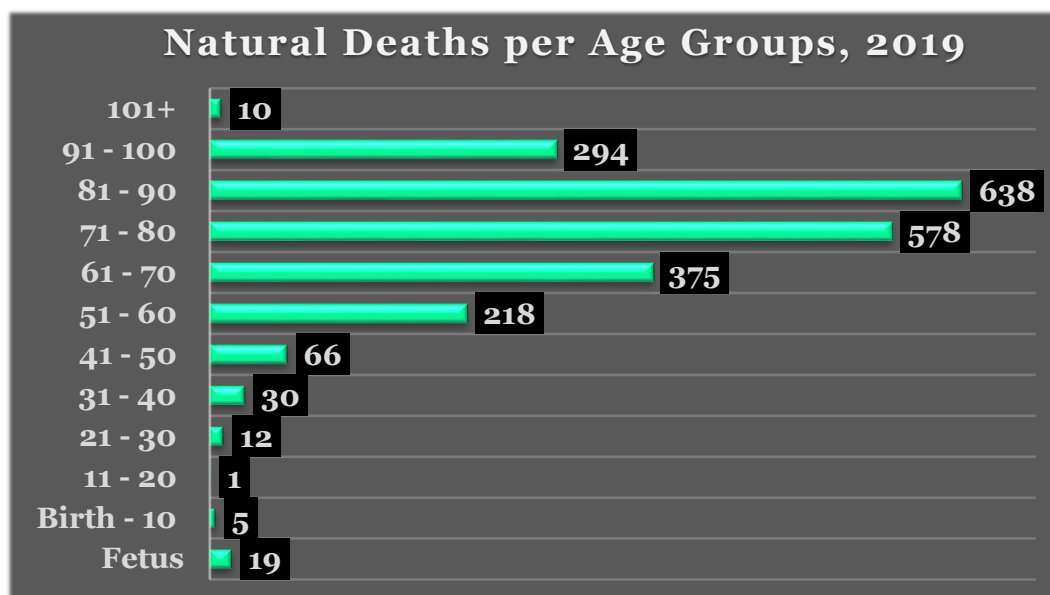
Just under 78% (1,750) of natural deaths in 2019 were of individuals 65 years of age and over, with the oldest being 105 years. The most recent U.S. Census Bureau estimate

² Mortality in the United States. NCHS, National Vital Statistics System, Mortality. (2017).

³ Mortality from Ten Leading Causes of Death. South Carolina Department of Health and Environmental Control, Division of Biostatistics. (2018).

(July, 2019) indicated that 15.8% of the population of Lexington County was of age 65 years and over. Slightly less than 18% of the state population was estimated at that time to be 65 years of age and older, and 35,947 (71%) of the 50,633 deaths in S.C. in 2018 were of residents of that age group. Statewide, the leading cause of death among residents between 65 and 74 years of age in 2018 was malignant neoplasms (cancer), and diseases of heart were the primary cause for those 75 years and over.

According to the National Center for Health Statistics (NCHS), the life expectancy for the U.S. population in 2017 was 78.6 years.⁴ In cases of natural deaths only, which constituted 2,246 of deaths handled by LCCO in 2019, a total of 1,059 decedents were of



age 79 years and older. There were 371 natural deaths of individuals 90 years of age and over. The leading

causes of death among decedents of age 79 years and above were diseases of the heart, and Alzheimer's and other neurodegenerative diseases; 274 and 230 deaths were attributed to each of these causes, respectively. Cancer was the third leading cause among this age group with 179 deaths.

Of the 399 natural deaths in Lexington County that required full investigations in 2019, 209 of them involved decedents of the age 65 years and over. The largest percentage of those deaths were of White males (103) and White females (79), and the leading cause of death among that age group were diseases of the heart, which accounted for 118 of the

⁴ Murphy SL, Xu JQ, Kochanek KD, Arias E. Mortality in the United States, 2017. NCHS Data Brief, no. 328. Hyattsville, MD: National Center for Health Statistics. 2018. <https://www.cdc.gov/nchs/data/databriefs/db328-h.pdf>

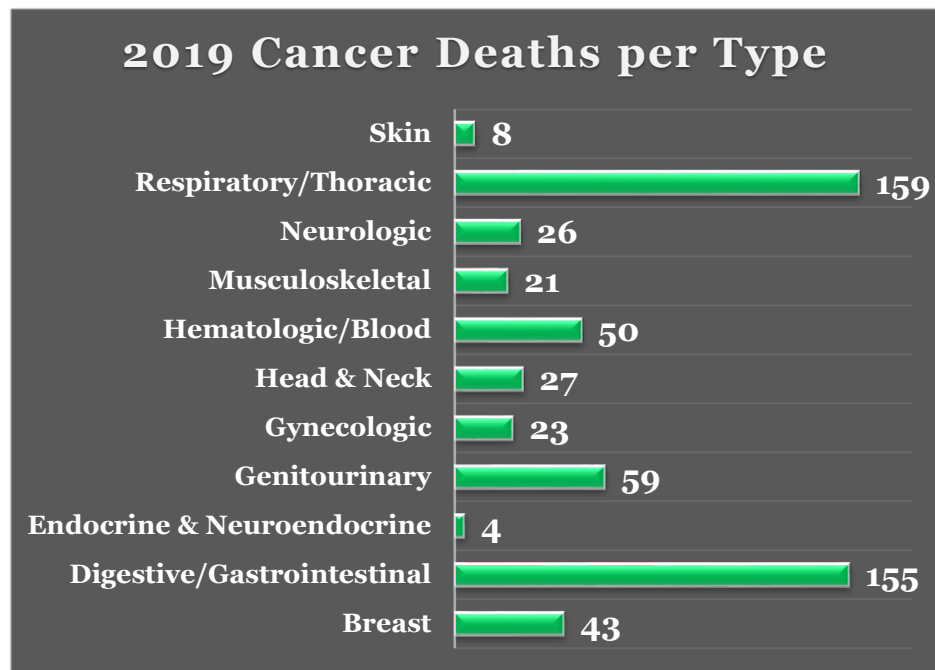
fully investigated deaths. Cancer was determined to have been the cause of death in only 18 of the fully investigated deaths of individuals age 65 years and older; however, in the same age group, 296 of the deaths that required only limited investigations were due to cancer. The difference, primarily, was due to the utilization of hospice care.

In 2019, malignant neoplasms, or cancer, caused 575 of the deaths in Lexington County, and 27% of those deaths were due to digestive/ gastrointestinal cancers. Pancreatic, liver, colon, esophageal, gallbladder, stomach and rectal cancers are among those classified as digestive/gastrointestinal cancers. Respiratory/thoracic cancers include lung cancer, mesothelioma and carcinoma, and 27.7% of cancer deaths were attributed to those.

Genitourinary cancers, which were the cause of 10.3% of cancer deaths, include cancers of the bladder, kidneys, prostate, penis, ureters, testicles, and urethra.

Leukemia and lymphoma are

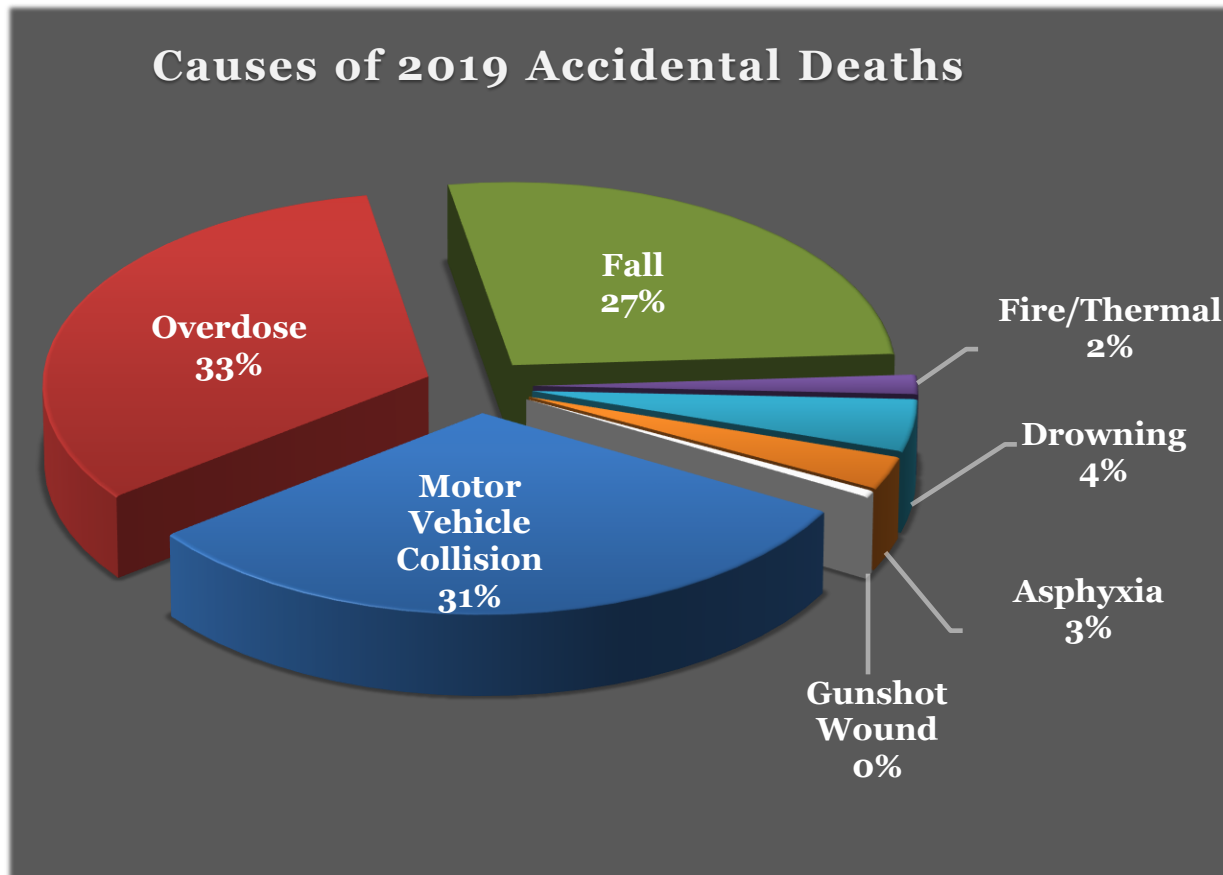
classified as hematologic/blood cancers, and melanoma and sarcoma are skin cancers. Neurologic cancers develop in the brain or spinal cord, while head and neck cancers include laryngeal, neck, mouth, nasopharyngeal, sinus, salivary gland, and throat cancers. Cervical, endometrial, ovarian, peritoneal, vaginal, and vulvar cancers are among those classified as gynecologic cancers. Endocrine and neuroendocrine cancers originate in the endocrine system, which includes the thyroid, parathyroid, adrenal and pituitary glands.



2019 ACCIDENTAL DEATH STATISTICS

Total Deaths: 183

<i>Causes of Death</i>	<i>Deaths per Cause</i>	<i>Average Age per Cause</i>
Motor Vehicle Collision	57	47 years
Overdose	60	41 years
Fall	49	80 years
Fire/Thermal	3	68 years
Drowning	8	42 years
Suffocation/Asphyxia	5	43 years
Gunshot Wound	1	20 years

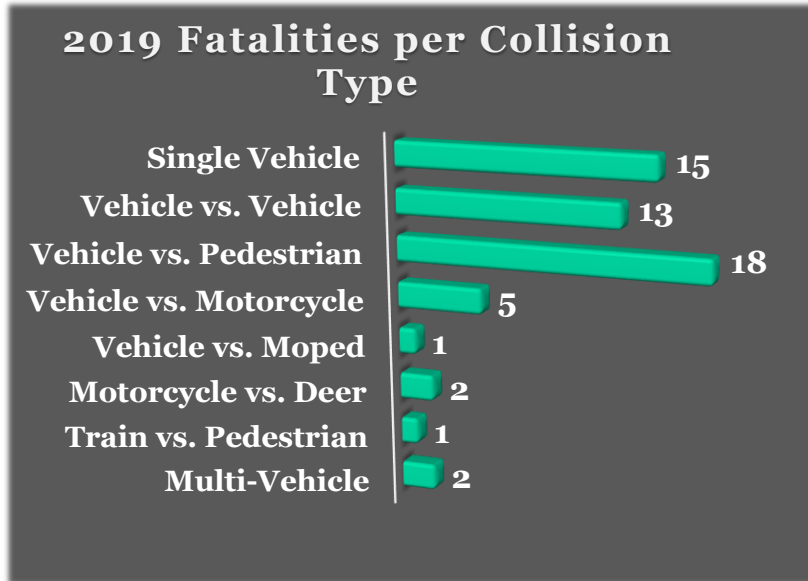


2019 MOTOR VEHICLE FATALITY STATISTICS

Total Deaths: 57

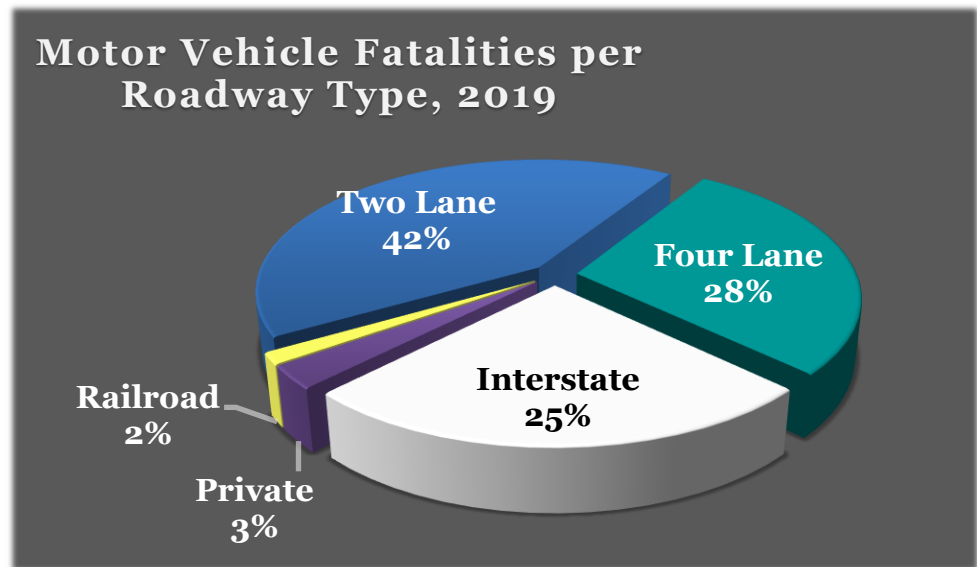
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**For the purpose of this report, the times of day are defined as: early morning is 12:00AM to 6:00AM; late morning is 6:00AM to 12:00PM; afternoon is 12:00PM to 6:00PM; and night is 6:00PM to 12:00AM.



In Lexington County in the years of 2015 through 2019, vehicle-related incidents have resulted in 268 deaths. In 170 (63.4%) of those deaths, the fatal collision or incident occurred between the hours of 6:00P.M. and 6:00A.M., and 135 (50.4%) occurred on two-lane roads.

The number of pedestrians killed in Lexington County has increased annually since 2013. In at least 12 of the 19 cases of pedestrians killed in 2019, the pedestrian was determined to have been unlawfully in the roadway and/or not visible. Additionally, of the 24 cases in which the decedent's toxicology report contained alcohol and/or drugs that may have contributed to the collision, ten were pedestrians. The other cases in which alcohol and/or drugs was likely a factor included nine drivers involved in single-vehicle incidents, three drivers involved in collisions of two or more vehicles, and two were operating motorcycles.



Seventeen of the individuals who were drivers or passengers in vehicles were known to have been wearing seat belts, while 11 were not, and that information was unknown in two cases. Only three of the eight operators and passengers on motorcycles or mopeds were wearing helmets.

2019 ACCIDENTAL OVERDOSE STATISTICS

Total Deaths: 60

Race	
Black:	2
White:	57
Other:	1

Gender	
Male:	35
Female:	25

Age	
</=15 years:	0
16 - 20 years:	0
21 - 30 years:	15
31 - 40 years:	18
41 - 50 years:	15
51 - 60 years:	7
61 - 70 years:	5
71+ years:	0

Marital Status	
Single:	26
Married:	14
Divorced:	16
Widowed:	2
Separated:	2

Race and Gender	
Black Males:	1
Black Females:	1
White Males:	33
White Females:	24
Other Males:	1
Other Females:	0

Month	
January:	8
February:	3
March:	5
April:	2
May:	2
June:	7
July:	3
August:	9
September:	2
October:	2
November:	7
December:	10

Average age:	41 years
Youngest:	21 years
Oldest:	68 years

Location of Overdose	
Batesburg:	1
Cayce:	4
Chapin:	2
Columbia:	8
Gaston:	5
Gilbert:	3
Leesville:	1
Lexington (29072):	5
Lexington (29073):	10
Pelion:	4
Swansea:	2
West Columbia:	15

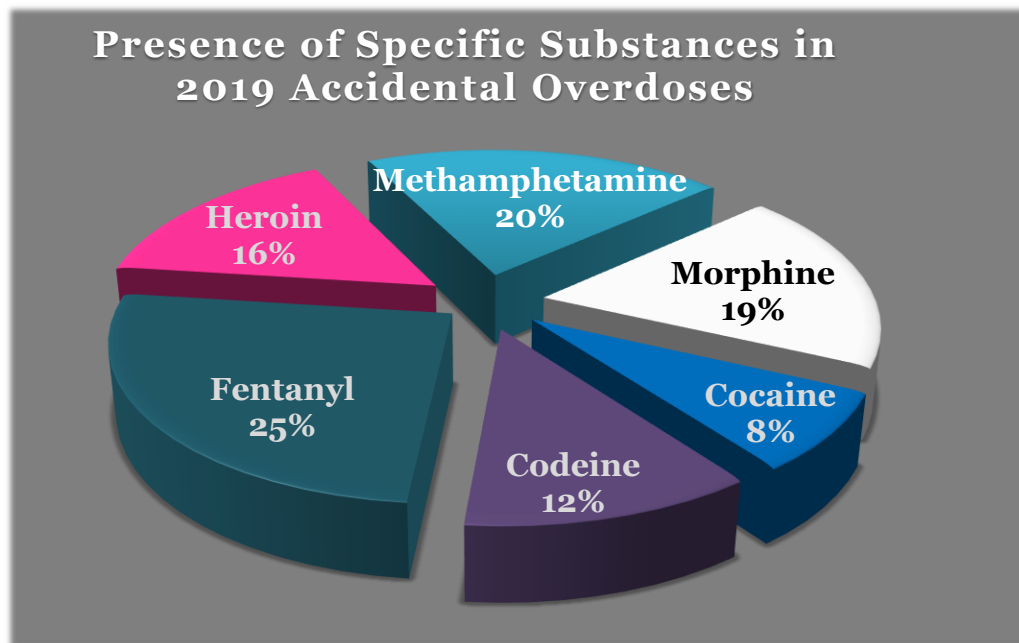
Cases per Substance** (Based on Tox Reports; Some Overlaps)	
Alcohol	3
Amphetamine / Methamphetamine	21
Benzodiazepines	16
Cocaine	8
Codeine & Metabolites	12
Acetaminophen	3
Fentanyl & Metabolites	26
Heroin	16
Duloxetine/Fluoxetine	3
Methadone	1
Morphine & Metabolites	19
Tramadol & O-Desmethyltramadol	2

Substances in **bold are opiates/opioids.

Highest Education Level	
</= 8th grade:	1
9th - 12th grade:	4
HS Diploma / GED:	30
Some College:	12
Associate degree:	2
Bachelor's degree:	6
Master's degree:	2
Higher degree:	0
Unknown:	3

In consideration of the ongoing media coverage surrounding the heroin/opioid epidemic, the number of cases in which heroin appeared on the toxicology report may seem low. There are many factors to consider, however, prior to making this judgment. First and foremost, those sixteen deaths, along with the other 44, were enormous losses, particularly to the loved ones of those individuals, and those deaths were entirely preventable. Additionally, heroin is only one of many opioids and opiates, including prescription medications such as morphine, fentanyl, and codeine. Another important factor is that heroin metabolizes very rapidly in the body, which prevents its detection in many cases. There are certain metabolites, such as 6-MAM, that can only result from heroin use. The presence of fentanyl, morphine, and other substances may also be indicative of heroin use.⁵

Morphine, specifically, may be an indication of heroin use because heroin is a derivative of a potent form of morphine. At the turn of the 20th century, heroin was heralded as the alternative to the addictive morphine. However, in 1924 heroin was prohibited in the U.S. due to the discovery that it essentially was a more potent, highly addictive form of morphine.⁶ The illicit form of heroin that we know today exists in a variety of forms



and purity levels. Pure heroin is typically cut with additive substances prior to distribution; these additives

⁵ Bedford, K. *Opiate Chemistry and Metabolism*. XII-Biotech-C-Opiate Chemistry. <http://www.nzic.org.nz/ChemProcesses/biotech/12C.pdf>

⁶ *Substances – Heroin*. New York University Center for Health, Identity, Behavior and Prevention Studies. (2017). <http://steinhardt.nyu.edu/appsych/chibps/heroin>

vary from powdered milk to poisonous substances, such as strychnine or quinine.⁷

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

Opioids have historically been prescribed and used for pain management; however, the potential for misuse of legally available opioids is great. Repeated improper use of prescription painkillers may create an increased tolerance that leads to heroin use when the legal opioids are no longer available or strong enough. Abuse of prescription opioids also presents serious health risks that could be fatal.⁸ According to the CDC, opioids were involved in 46,802 deaths in the U.S. in 2018.⁹ Of the 60 overdose fatalities in Lexington County in 2019, 46 were opioid-related, and several of those decedents were known to have undergone surgical procedures, and/or had suffered from chronic pain or serious illness for which opioid painkillers were prescribed. Thirty-five of the sixty individuals whose deaths were due to overdose were known to have been prescribed at least one opioid painkiller within the two years prior to their deaths. Most of those decedents did not have the prescription opioid in their systems; rather they had ingested or injected lethal amounts of fentanyl and/or heroin.

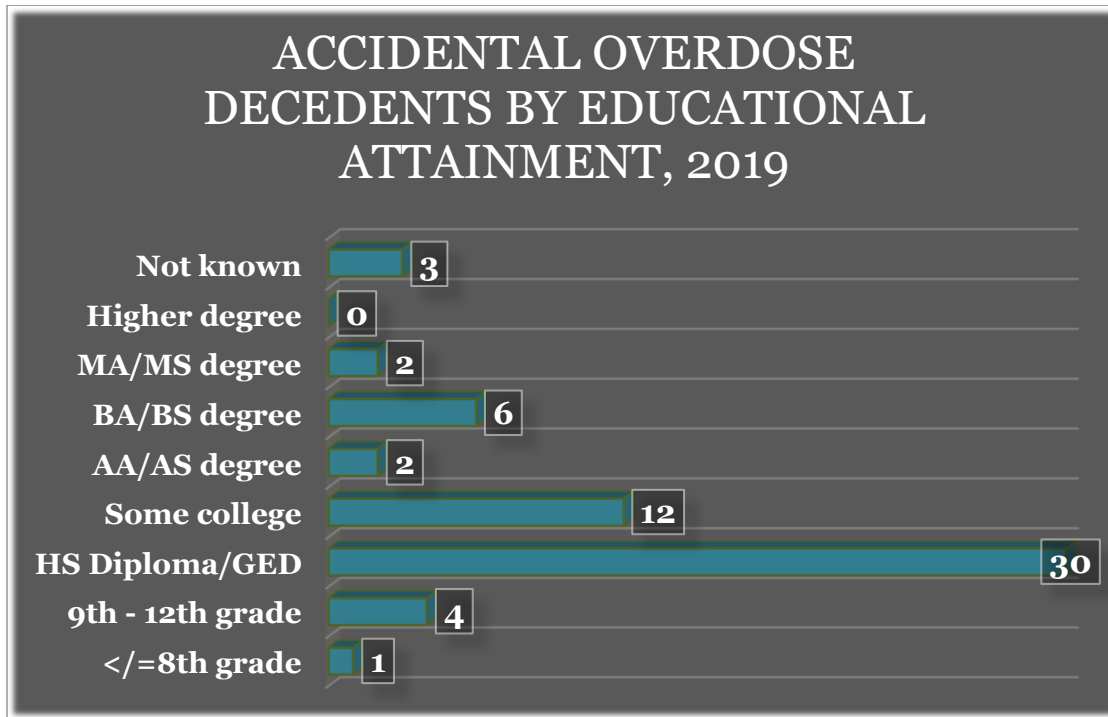
The 2018 National Survey on Drug Use and Health (NSDUH) revealed that 9.9 million Americans, aged 12 years or older, had misused prescription pain relievers during the previous year, and hydrocodone products were the most commonly misused of those pain relievers.⁹ According to the National Advisory Committee on Rural Health and

⁷ "The Purity of Heroin". Retrieved from <http://heroin.net/types-of-heroin/heroin-purity/>

⁸ <http://www.samhsa.gov/atod/opioids>

⁹ Centers for Disease Control and Prevention. "Drug and Opioid-Involved Overdose Deaths – United States, 2017 - 2018." Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

Human Services, rural areas have an increased risk of opioid addiction and opioid overdose fatalities. Residents of rural areas, like Lexington County, are more likely to have physically demanding occupations that make them prone to injuries for which opioids may be prescribed for pain management. Socioeconomic factors that increase

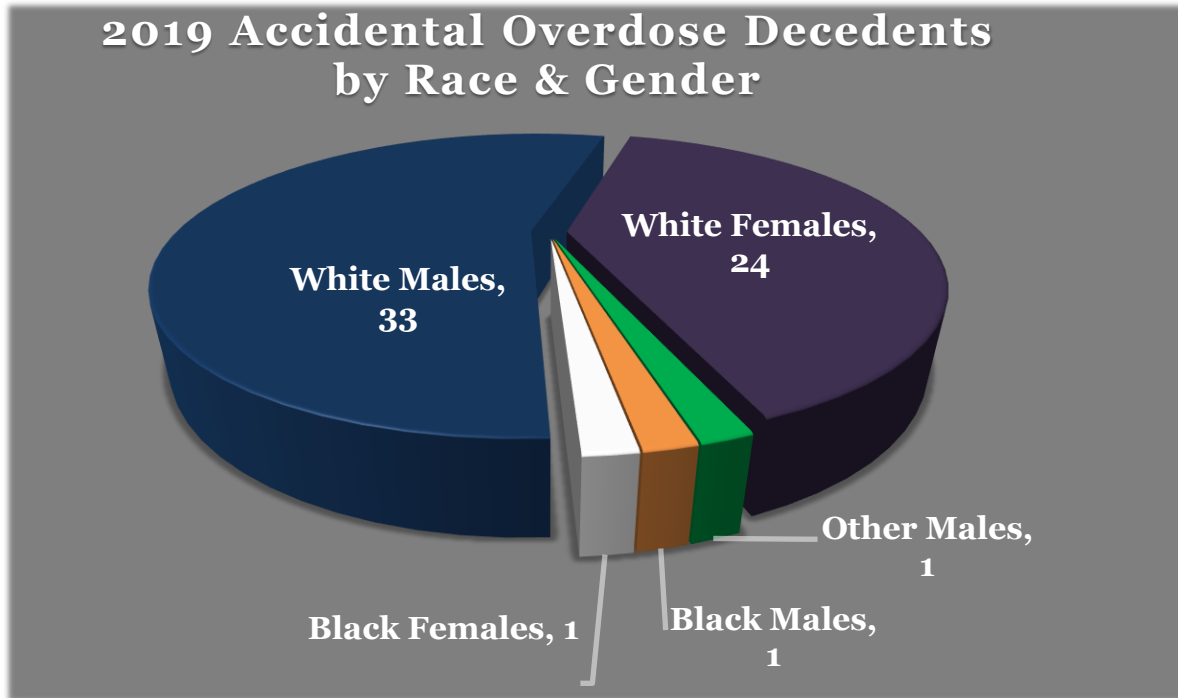


vulnerability to opioid addiction and overdose include educational attainment, lack of health insurance, low income, and poor health.¹⁰

According to the National Advisory Committee on Rural Health and Human Services, another of the factors that has contributed to the increase in opioid-related deaths in rural areas is the limited access to adequate treatment. There are fewer evidence based treatment programs, such as medication-assisted treatment, counseling, and social support programs, available in rural areas. In order to be most effective medications, like methadone, that are used to help people addicted to heroin and other opiates must be part of a comprehensive program. Without the necessary counseling and support, patients can become addicted to methadone and take too much due to lack of supervision. Methadone, although effective in lessening the painful symptoms of

¹⁰ National Advisory Committee on Rural Health and Human Services. "Families in Crisis: The Human Service Implications of Rural Opioid Misuse." (2016).

withdrawal from opioids, is dangerous and may lead to negative health effects and death due to overdose.¹¹ One of the accidental overdose deaths in Lexington County was the result of methadone; however, it attributed to six deaths in the county in 2018.



¹¹ Substance Abuse and Mental Health Services Administration. "Methadone." <https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone>

2019 FATAL ACCIDENTAL FALL STATISTICS

Total Deaths: 49

<i>Race</i>	<i>Month</i>	<i>Race and Gender</i>
Black: 0	January: 2	Black Males: 0
White: 48	February: 3	Black Females: 0
Other: 1	March: 6	White Males: 24
	April: 2	White Females: 24
	May: 5	Other Males: 1
	June: 6	Other Females: 0
	July: 6	
	August: 1	
	September: 3	
	October: 7	
	November: 4	
	December: 4	
<i>Gender</i>		<i>Location of Fall</i>
Male: 25		Residence: 30
Female: 24		Nursing home/Facility: 15
		Public Parking Lots: 3
		Workplace: 1
<i>Age</i>		
>/=30 years: 1		
31 – 40 years: 1		
41 – 50 years: 0		
51 – 60 years: 1		
61 – 70 years: 7		
71 – 80 years: 10		
81 – 90 years: 19		
91 – 100 years: 10		
101+ years: 0		

Average age:	80 years
Youngest:	24 years
Oldest:	99 years

Cause of Death (due to or in conjunction with fall)

Hematoma/Hemorrhage:	23
Fracture(s)/Sepsis:	16
Brain/Spine Injury:	8
Organ Damage:	2

- 51% of decedents were male.
- 82% of decedents were 70 years or older.
- 61% of decedents fell at their homes.
- 31% of decedents fell while in nursing facilities.
- Alzheimer's / Dementia may have contributed to 29% of falls.
- Cause of death was a hemorrhage or hematoma in 47% of fall-related deaths.

Cases per Factors that Contributed to Fatal Falls

-Alzheimer's / Dementia:	14
-Alcohol / Drugs:	4
-Limited Mobility / Other Medical Condition:	12
-Electrocution (on ladder):	1

2019 OTHER ACCIDENTAL DEATH STATISTICS

Total Deaths: 17

Accidental Drowning and Water-Related Deaths: 8

<i>Age</i>	<i>Month</i>	<i>Race and Gender</i>
</= 20 years: 1	January: 0	Black Males: 0
21 - 30 years: 2	February: 1	Black Females: 0
31 - 40 years: 0	March: 0	White Males: 5
41 - 50 years: 2	April: 0	White Females: 3
51 - 60 years: 2	May: 0	Other Males: 0
61 - 70 years: 1	June: 2	Other Females: 0
71 - 80 years: 0	July: 4	
81 - 90 years: 0	August: 1	<i>Incident Location Type</i>
	September: 0	Lake: 1 Pool: 3
	October: 0	Pond: 1 Bathtub: 2
	November: 0	River: 1
	December: 0	

Average Age:	42 years
Youngest:	10 years
Oldest:	66 years

Fire-Related, Firearm, and Adult Asphyxia Deaths: 7

Deaths per Specific Cause

Positional Asphyxia (Seizure; Aspiration):	2
Asphyxiation (Airway Obstructed by Food):	1
Accidental Discharge of Firearm:	1
Thermal Injuries/Smoke Inhalation:	3

Average Age:	50 years
Youngest:	20 years
Oldest:	85 years

Race and Gender

Black Males:	1
Black Females:	0
White Males:	6
White Females:	0
Other Males:	0
Other Females:	0

Adult Asphyxia Deaths

- Ages: 21 years, 39 years, 68 years
- All were White Males
- One death in May, and two in September
- Dementia was a contributing factor in death due to airway obstructed by food
- One decedent suffered from Epilepsy
- One decedent was intoxicated

Firearm Death

- 20-year-old
- White Male
- April
- Monday

Fire-Related Deaths

- One Black Male; Two White Males
- Two house fires, and a rubbish fire
- One death each in March, April, and December

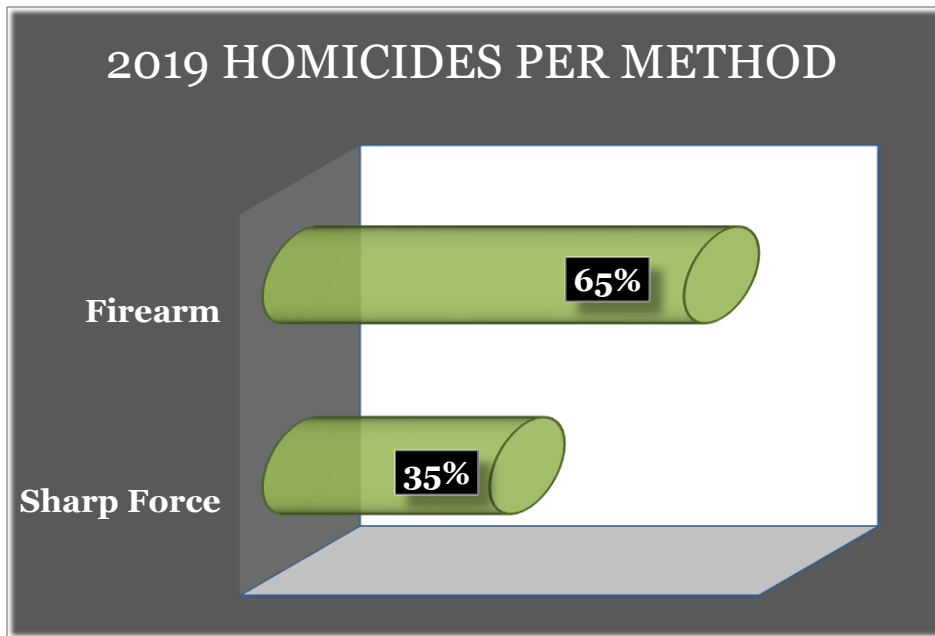
Infant Deaths due to Co-Sleeping: 2

<u>Ages</u>	<u>Race and Gender</u>	<u>Months and Days</u>
2 weeks	White Males: 2	February: 1 August: 1
2 months		Sunday: 2

- The deaths of four additional infants were likely caused by unsafe sleeping conditions; however, the manner of those deaths was undetermined.

*****Each of these tragedies occurred because of unsafe sleeping conditions. These infants were sleeping in the same bed, or on a couch, with one or both parents. These deaths are alarmingly frequent and entirely preventable. There is absolutely no justification for placing a helpless infant in a possibly lethal situation, regardless of the urge to pacify or comfort the infant.*****

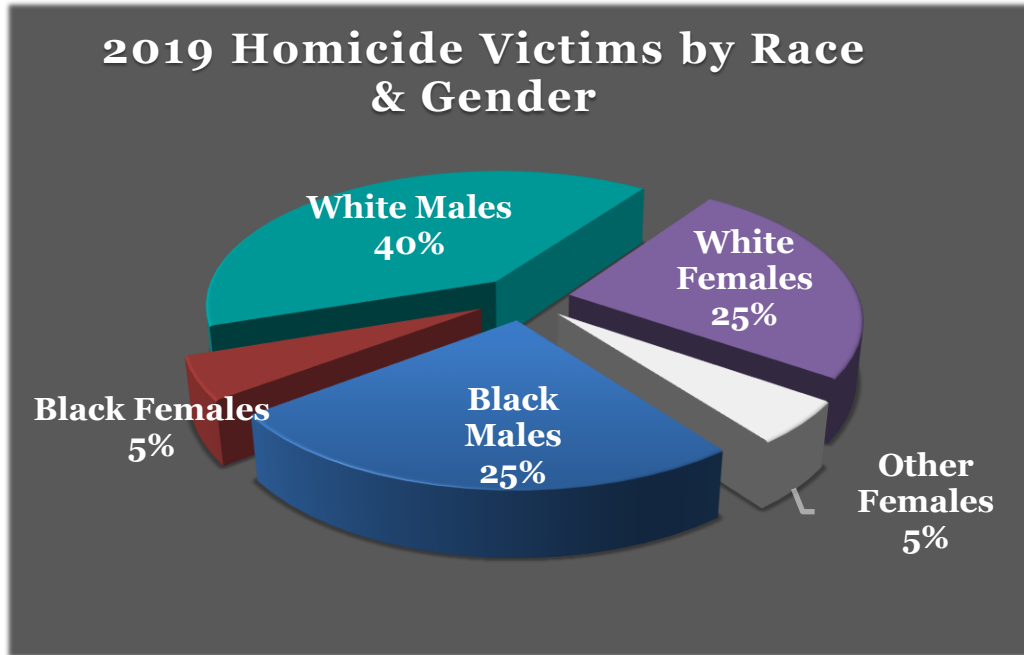




As was the case nationally in 2018, a large majority (85%) of homicides in Lexington County in 2019 were committed by use of a firearm. According to the FBI's Uniform Crime Reporting (UCR) Program,

there were 14,123 homicides in the United States in 2018, and 72.7% (10,265) of those involved firearms; handguns comprised 64.3% of the firearms. The remaining 15% of homicide victims in Lexington County were fatally injured by use of knives or cutting instruments, which was the second most common type of weapon nationally in 2018, accounting for 1,515 (10.7%) of homicides.

According to the FBI's UCR, the relationship between homicide victims and offenders was known by authorities in 50.5% of the 2018 cases. Among those cases, the largest percentage (27.8%) of homicide victims were killed by someone they knew other than family members (neighbor, boyfriend, employee, friend, acquaintance, etc.), 12.8 percent were killed by spouses or family members, and 9.9 percent of offenders were strangers to their victims. Although not all of the offenders of the homicides in this county in 2019 are known, and some are only suspected, most were likely known by their victims. It is known or suspected that at least four of the twenty victims were killed by spouses or family members, and more than half were at least acquaintances with the offenders.



Over half, 53.8%, of homicide victims in the U.S. in 2018 were between the ages of 20 and 40 years, 52.4% were Black or African American,

and nearly 78 percent were male.¹² Over half (65%) of the 2019 victims in this county were between the ages of 20 and 40, and 65% were male. Of the Lexington County homicide victims in 2019, 65% were also White.



¹² Federal Bureau of Investigation: Uniform Crime Reporting. Expanded Homicide Data Tables. (2018). Retrieved from <https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018/topic-pages/expanded-homicide>

2019 SUICIDE STATISTICS

Total Deaths: 51

<i>Race</i>	
Black:	3
White:	47
Other:	1

<i>Gender</i>	
Male:	43
Female:	8

<i>Age</i>	
</=15 years:	0
16 - 20 years:	0
21 - 30 years:	8
31 - 40 years:	7
41 - 50 years:	6
51 - 60 years:	11
61 - 70 years:	12
71 - 80 years:	5
81+ years:	2

<i>Month</i>	
January:	2
February:	1
March:	5
April:	4
May:	6
June:	5
July:	4
August:	4
September:	7
October:	3
November:	2
December:	8

<i>Letters at Scene</i>	
Total:	11
Male:	9
Female:	2

<i>Race and Gender</i>	
Black Males:	3
Black Females:	0
White Males:	39
White Females:	8
Other Males:	1
Other Females:	0

<i>Methods</i>	
Firearm:	34
Hanging:	5
Overdose:	5
Blunt Force:	3
Other:	4

Average age:	53 years
Youngest:	23 years
Oldest:	89 years

Additional Information of Decedents 18 years of age and older:

<i>Education</i>	
</=8th grade:	0
9th - 12th grade:	9
HS Diploma/GED:	14
Some college:	13
Associate degree:	6
Bachelor's degree:	6
Master's degree:	2
Higher degree:	1
Unknown:	0

<i>Marital Status</i>	
Married:	26
Divorced:	11
Widowed:	2
Separated:	1
Single*:	11
Unknown:	0

*Never Married.

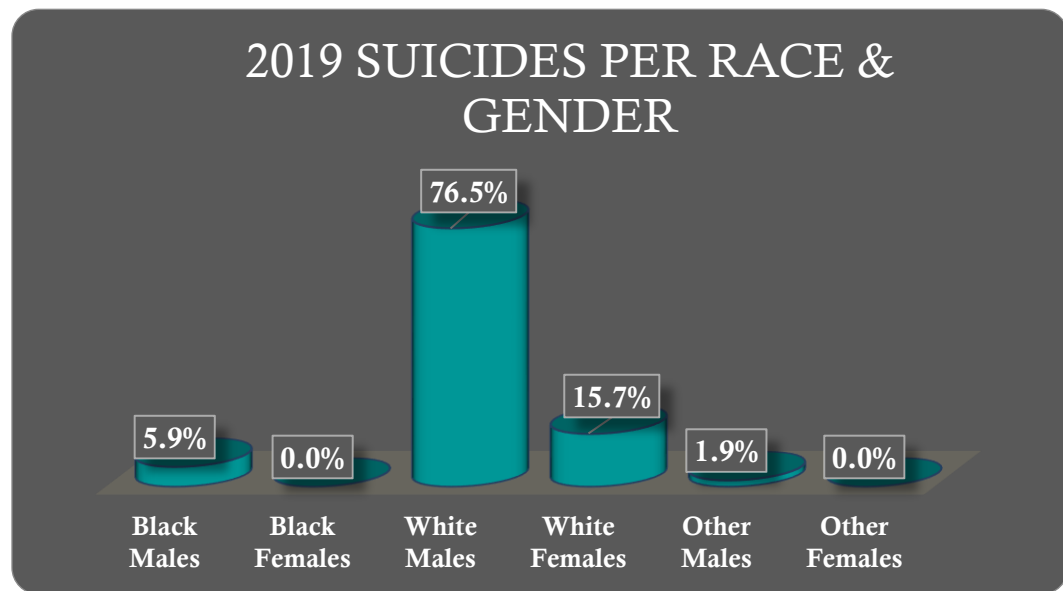
**Decedents who ever served in United States
Armed Forces: 11**

Nationally, based on 2017 data from the CDC, there were 47,173 deaths due to suicide; that is the equivalent of one death every 11.1 minutes.¹³ There was one death every 10.8 hours, or 811 total, in South Carolina due to suicide in 2018. In Lexington County in 2019 there were 51 suicide deaths, which equates to one death every 7.2 days.

Statistically, in the U.S., males are approximately four times more likely to die by suicide than females; however, females attempt suicide three times more often.¹⁴ The primary reason for this disparity is that males are statistically more likely to use methods, such as firearms, that are more lethal. Females attempt suicide through less deadly methods, such as overdose, more frequently.¹⁵

Suicide is a major and continuing public health concern in the U.S. and globally. Approximately 645,000 Americans died due to suicide between 1999 and 2016, with the highest annual rate occurring in 2016.¹⁶ Although suicide is present in all socioeconomic groups and geographic regions, White males accounted for 63% of the 47,173 suicides in the United States in 2017 and 76.5% (39 deaths) of the suicides in this county in 2019.

Among White males in Lexington County, the age group of 45 to 64 years



¹³ Centers for Disease Control and Prevention (CDC). (2019, June 24). *National Vital Statistics Reports, Vol. 68*. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_09-508.pdf

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

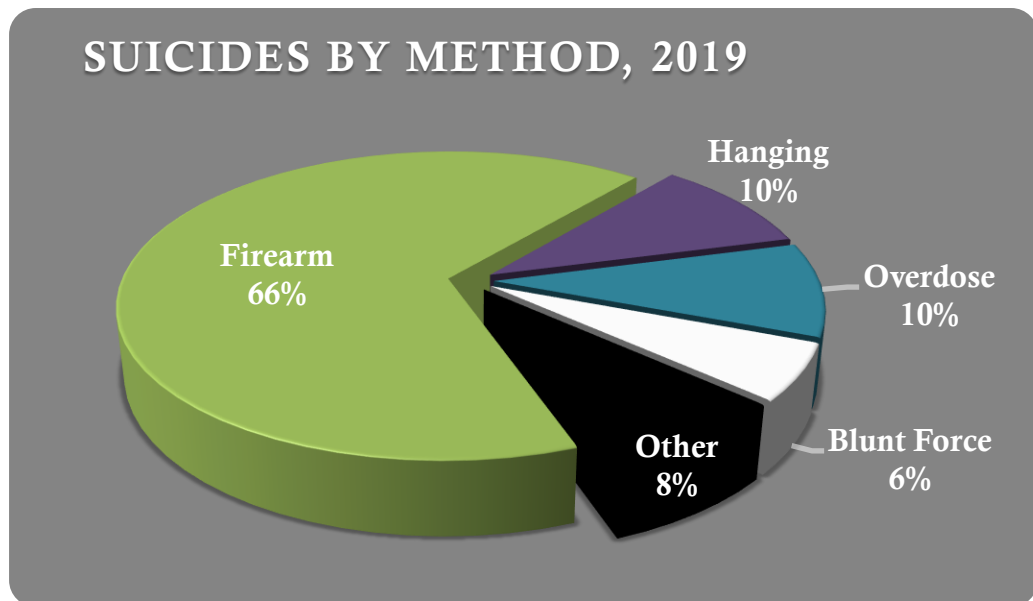
¹⁵ National Institute of Mental Health. *Suicide in America: Frequently Asked Questions*. Bethesda, Maryland: U.S. Department of Health and Human Services, National Institutes of Health; 2015. <https://www.nimh.nih.gov/health/publications/suicide-faq/index.shtml>

¹⁶ Hedegaard H, Curtin SC, Warner M. Increase in suicide mortality in the United States, 1999 – 2018. NCHS Data Brief, no 362. Hyattsville, MD: National Center for Health Statistics. 2020.

accounted for 20 suicides, slightly over 39% of the total number of suicides in 2019. There could be many possible explanations for the high rate, such as the self-reported declines in mental health, physical health, inability to work and perform daily tasks, and increases in chronic pain among White adults.¹⁷

All people, regardless of age, gender, or ethnicity, can be at risk for suicide; however, many of those at risk have certain similarities or share characteristics. For example, the suicide rate in more rural areas is higher than in urbanized areas.¹⁶ Firearm ownership or

accessibility also increases the risk of suicide, and household firearm ownership is more prevalent in states where a larger



sector of the population resides in rural areas.¹⁸ In 2017, firearms were the chosen method in slightly more than half, 50.5% or 23,854, of the suicides in the U.S. Of the 51 Lexington County suicides in 2019, 34 were completed by use of a firearm, which was the most common method among males and females.

Unlike natural deaths, homicides, or some accidental deaths, every death due to suicide is preventable. According to the National Institute of Mental Health, professionals in

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

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

the field rely on sound research in order to most effectively prevent suicide. For those of us who are incapable of employing cognitive behavioral therapy, it is still crucial that we understand the risk factors and warning signs of suicide so that we may contribute to the solution. Suicidal behavior is complex, with various risk factors, ranging from a specific life event to experiences beginning in childhood, making it difficult to determine the likelihood that someone will act on their suicidal thoughts. Many of the most common risk factors may be evident in some people who never attempt suicide. Regardless, warning signs should be taken seriously because suicidal ideation is not a harmless attempt to gain attention.

Main Risk Factors for Suicide Include:¹⁵

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

Warning Signs:¹⁹

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

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

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

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

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

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

www.suicidepreventionlifeline.org

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

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

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

2019 UNDETERMINED DEATH STATISTICS

Total Deaths: 14

<i>Cause of Death</i>	<i>Deaths per Cause</i>	<i>Average Age</i>
Undetermined	6	23 years
Unsafe Sleeping	4	3 months
Drug-Related	2	23 years
Blunt Force Trauma	1	24 years
Subdural Hemorrhage	1	84 years

<i>Gender</i>		<i>Race</i>		<i>Race and Gender</i>	
Male:	9	Black:	5	Black Females:	5
Female:	5	White:	6	White Males:	6
		Other:	3	Other Males:	3

Despite LCCO's commitment to the completion of thorough investigations in all cases, determining, without question, the manner and/or cause of death is not always possible. The results of our best efforts, combined with the independent investigations by other agencies such as the Lexington County Sheriff's Department and the SC Department of Social Services (DSS), provided inconclusive results as to the manner of each of these deaths.

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

UNIDENTIFIED / UNCLAIMED DECEDENTS

- One Hispanic male, who died in Lexington County, remains unclaimed and is believed to have been approximately 30 years of age. His death occurred near Gilbert in February of 2016. If you may have any information regarding his identity, please contact the Lexington County Coroner's Office.



COMMUNITY OUTREACH

- In consideration of the importance of maintaining a positive relationship with our community, the Lexington County Coroner's Office welcomes opportunities to educate and assist whenever possible. We have already visited some local schools, upon request, to speak to students enrolled in classes pertaining to criminal

justice
and/or
forensics.

We have
also had
some
school

groups visit

our office, which we welcome and encourage. These opportunities allow us to educate students about what the general functions of the Coroner's Office are and about our specific responsibilities, which we are hopeful may lead them to consider career paths that they were unaware of previously. We are happy to coordinate with teachers and/or administrators to schedule visits and presentations.



**COUNTY OF
LEXINGTON
CEMETERY**

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



Deaths Handled by LCCO

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

