

*E. R. Thompson*

**COUNTY OF LOS ANGELES**

**BIENNIAL REPORT**

**OF**

**THE**

**CHIEF MEDICAL EXAMINER-CORONER**



**THEO. J. CURPHEY, M.D.**  
*Chief Medical Examiner-Coroner*

**1963-64 - 1964-65**

COUNTY OF LOS ANGELES

BIENNIAL REPORT

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THE CHIEF MEDICAL EXAMINER-CORONER



THEODORE J. CURPHEY, M.D., CHIEF MEDICAL EXAMINER-CORONER

Fiscal Years July 1, 1963 - June 30, 1964  
July 1, 1964 - June 30, 1965

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TABLE OF CONTENTS

	<u>Page</u>
LETTER OF TRANSMITTAL.....	1-2
OFFICE OF CHIEF MEDICAL EXAMINER-CORONER.....	3
Administration Division.....	3-4
Inquest and Records Section.....	4
Stenographic and Control Section.....	5
Medical Division.....	5-6
Histopathology Section.....	6-7
Bacteriology Section.....	7
Toxicology Division.....	7-9
Mortuary Division.....	9-10

CHARTS

Chart No. 1 - Distribution of Medico-legal Cases in Los Angeles County, 1963-64.....	11
Chart No. 2 - Distribution of Medico-legal Cases in Los Angeles County, 1964-65.....	12

STATISTICAL TABLES

Table No. 1 - Cases Investigated by Medical Examiner.....	13
Table No. 2 - Manner of Death - Medical Examiner Cases.....	13
Table No. 3 - Autopsies Performed and Manner of Death.....	14
Table No. 4 - Deaths from Natural Causes - In Major Groups (International List).....	15
Table No. 5 - Occupational Accidents - Type of Accident.....	16
Table No. 6 - Home Accidents - Type of Accident.....	16
Table No. 7 - Vehicular Accidents - Type of Accident.....	17
Table No. 8 - Other Fatal Accidents.....	18

Table No. 9 - Suicides.....	18
Table No. 10 - Homicides.....	19
Table No. 11 - Deaths Caused or Contributed to by Alcoholism.....	19
Table No. 12 - Immediate Causes of Death Determined by Laboratory Test, 1963-64.....	20
Table No. 13 - Immediate Causes of Death Determined by Laboratory Test, 1964-65.....	20
Table No. 14 - Incidences of Alcoholism in Homicides, Suicides, and Accidents, 1963-64.....	21
Table No. 15 - Incidences of Alcoholism in Homicides, Suicides, and Accidents, 1964-65.....	21
Table No. 16 - Deaths by Age Groups, 1963-64...	22
Table No. 17 - Deaths by Age Groups, 1964-65...	22
Table No. 18 - Laboratory Tests.....	23
Table No. 19 - Photography.....	23
Table No. 20 - Miscellaneous Data.....	24
Expenditures	
Revenue Collected	
Table No. 21 - Cost Comparisons.....	25

APPENDIX

Reportable Deaths to the Coroner.....	26
Duties, Functions, and Responsibilities of the Chief Medical Examiner-Coroner..	27-29



## COUNTY OF LOS ANGELES

OFFICE OF CHIEF MEDICAL EXAMINER-CORONER

HALL OF JUSTICE

LOS ANGELES, CALIFORNIA 90012

THEODORE J. CURPHEY, M. D.  
CHIEF MEDICAL EXAMINER-CORONER

Honorable Board of Supervisors  
County of Los Angeles  
Hall of Administration  
Los Angeles, California

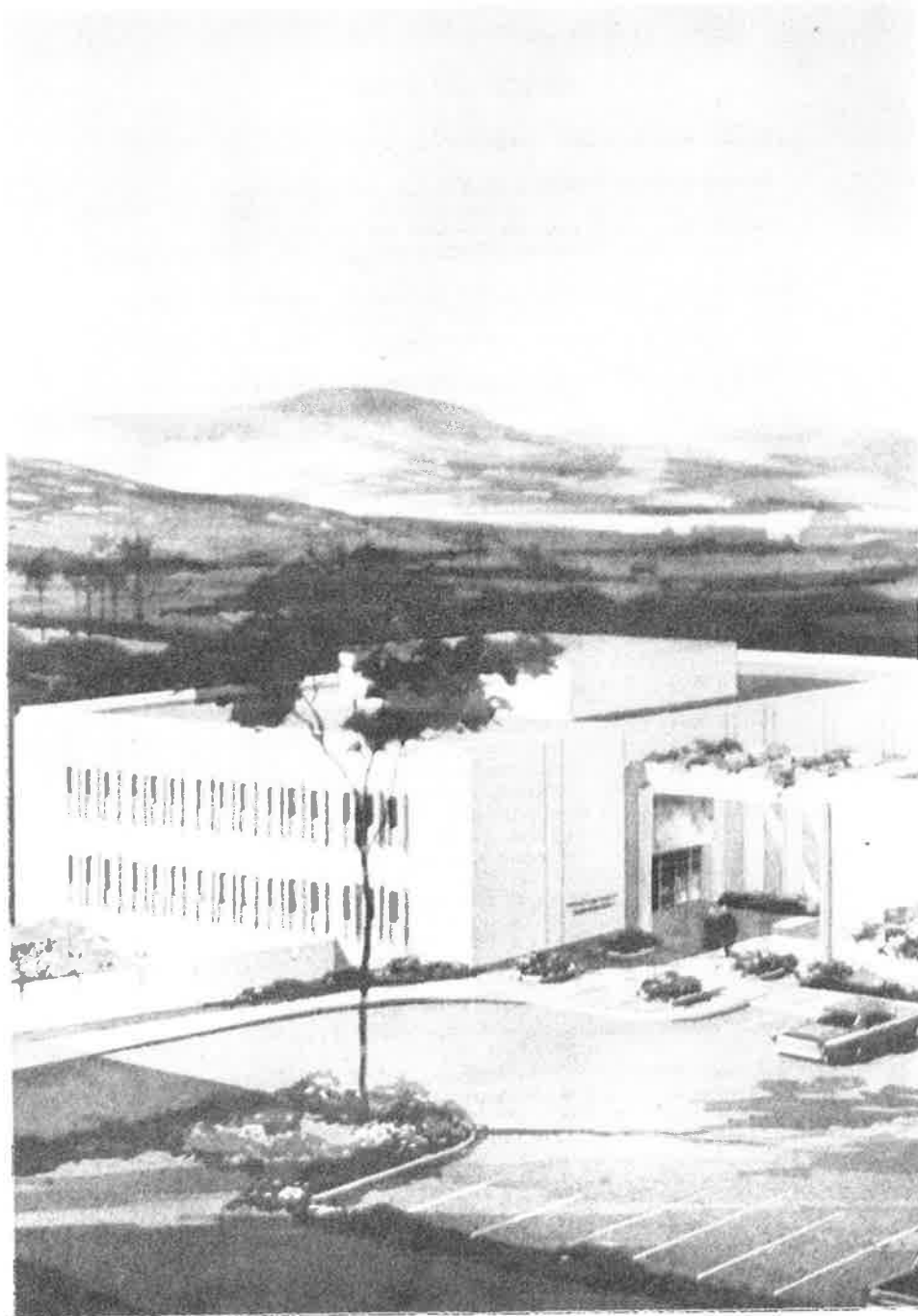
Gentlemen:

Herewith is presented the biennial report of the Office of Chief Medical Examiner-Coroner of Los Angeles County for the fiscal years 1963-64 and 1964-65.

The report documents in summary and tabular form, the operations of the various departments during this period. It also includes an appendix setting forth the legal framework in which the office functions under Section 27491 of the Government Code of the State of California and focuses special attention to an amendment of this section by the 1965 Legislature (Section 27491.45) which permits the coroner "to retain tissues removed from the body at the time of autopsy as may, in his opinion, be necessary or advisable for scientific investigation."

This amendment legalizes the necessity for a wider application of current scientific knowledge to the investigation of sudden and unexpected deaths and is the culmination of the joint efforts of the California State Medical Association, the Los Angeles County Medical Association, the Public Health League, and the Medical Examiner-Coroner's Office of Los Angeles in their attempts to render a better professional service to the public. Besides this, it represents a pioneer legislative effort in the direction of shaping, in the eyes of the nation, a new public image of the functions and responsibilities of the modern medico-legal office for which the State of California can be justly proud.

The medical sponsoring of this legislation particularly reflects the increasing concern of the profession with the problem of those deaths that occur in the fields of occupational and industrial health specifically, and in the field of public health generally, being quite apart from the problem deaths of homicide, accident or suicide that have heretofore been considered as the major functions of this office.



Proposed new Chief Medical Examiner-Coroner's  
Building

OFFICE OF CHIEF MEDICAL EXAMINER-CORONER

The Chief Medical Examiner-Coroner is responsible for investigating and determining the circumstances, manner and cause of all sudden, unexpected or unusual deaths (see page 26) in the County of Los Angeles. During the 1963-1965 biennium, there were 116,733 deaths recorded in Los Angeles County. Of this total, 25,312 deaths or 21.6 percent came under the jurisdiction of the Chief Medical Examiner-Coroner and were investigated by this office.



During this report period, 9,831 deaths were investigated and processed in our Hall of Justice facilities. The remaining 15,481 deaths were handled at private mortuaries who act as representatives of the Chief Medical Examiner on a monthly rotating basis.

The present facilities of the Chief Medical Examiner-Coroner are completely inadequate to meet the minimal requirements of a modern medical-legal office for the scientific determination of causes of death of those persons whose death falls within the jurisdiction of the Chief Medical Examiner-Coroner. Plans for the new Chief Medical Examiner-Coroner building are in the final plan check stages, and the department is looking forward to locating in the new facilities.

ADMINISTRATION DIVISION

The Administration Division is responsible for budget preparation, personnel, payroll, maintenance of fiscal records, procurement, maintenance of Chief Medical Examiner-Coroner's permanent records, conducts inquests and prepares medical and legal testimony for presentation to the coroner's inquest jury.

These facts are worthy of documentation in this report to your Honorable Board, as they establish the interest that the medical profession of the county is showing in these specific areas of sudden and unexpected death of the citizen. Their aim is directed towards reducing certain hazards to health that are recognizable in the community by means of sophisticated studies by pathologists trained in this special medical field and aided by collaborative study with the staff of the local medical schools. The results of these efforts are bound to benefit the citizen whether they lead to the ultimate prevention of these hazards or even if in the meantime they only provide the basis for a just settlement in the area of economic indemnity of the survivors of the deceased through the established channels of life and accident insurance.

In accepting these responsibilities, the medical profession is providing leadership in this field and in so doing is actively shaping at the local level the course of the rapid and explosive growth of forensic medicine that has been taking place during the past decade in the nation.

With the submission of this report goes my sincere thanks to the Board of Supervisors, the Chief Administrative Officer and his staff, and to the various law enforcement agencies for their continued support and assistance in our attempts to provide an improved community service. Our thanks go also to the funeral directors of the county who continue to provide the physical facilities and investigative help needed for the operation of the office.

May I commend to the Board, the services of the entire staff who constantly labour as they do in a highly sensitive area of human relations, one which is largely unseen and unsung and not always understood by the public at large, and under conditions that frequently militate against their full effectiveness in the rendering of their services.

In our collective desire to make more effective our potential contribution to the public interest, we would therefore implore the Board to provide us with the modern facilities and the scientific tools necessary to meet the current demands made upon us in fulfilling the medical, social, and economic needs of this burgeoning community so as to enable us to provide the same degree of efficient service that is the hallmark of the various other departments that constitute county government in Los Angeles.

Respectfully submitted

*Theodore J. Curphey*  
Theodore J. Curphey, M.D.  
Chief Medical Examiner-Coroner

During the 1963-1965 fiscal years, the Administration Division conducted or caused to be conducted, management studies which resulted in the reorganization and consolidation of the Records Section and Inquest Section. This reorganization will result in a more economic and efficient operation of the Inquest and Records Section.

#### INQUEST AND RECORDS SECTION

The responsibilities of the Inquest and Record Section include the preparation for and the conducting of all formal inquests, the receiving, tape recording, and processing of the initial report to the Chief Medical Examiner-Coroner's Office of those deaths which may be within the jurisdiction of the Chief Medical Examiner-Coroner.



Other responsibilities include notifying next of kin of the deceased, releasing remains upon receipt of proper authorization from persons entitled to claim the remains, issuing death certificates, assuming custody of personal property of the deceased and releasing such property upon receipt of proper documents.

During the 1963-65 biennium, the Chief Medical Examiner-Coroner's Office conducted 470 inquests. The inquest is a fact-finding public hearing to determine if a death was caused by the criminal act of another person. The inquest proceedings are recorded and transcripts are made available to the District Attorney, city attorneys, police agencies and other interested persons.

#### STENOGRAPHIC AND CONTROL SECTION

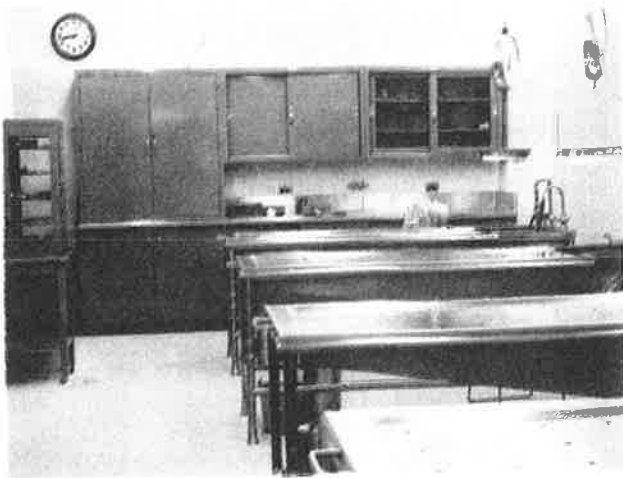
The Stenographic and Control Section is responsible for maintaining a control on approximately 13,000 cases annually, processing approximately 130,000 documents annually, taking medical dictation, transcribing dictated material, obtaining medical histories and police reports over the telephone.



During the 1963-64 fiscal year, an information desk was established. The function of this position was to serve as a direct source of information as to the reasons for a delay in certification of a case. It is also the responsibility of this position to alert the department to those cases where the delay in certification is creating an economic hardship on the survivors of the deceased in the settlement of the estate. This post position has proven to be most valuable to the department in its liaison with the public, funeral directors, and other agencies interested in the processing of a coroner's case.

#### MEDICAL DIVISION

The Medical Division is responsible for the professional medical investigation and determination of the cause and mode of death of each case handled by the Chief Medical Examiner-Coroner's Office. The post-mortem medical and pathological investigation is conducted by doctors of medicine in a specialized branch of pathology dealing with autopsies and laboratory investigations.



During the 1963-1965 biennium, the Medical Division investigated 25,312 medical examiner-coroner's cases and performed 11,072 autopsies. The autopsy rate for this report was 43.9 percent.

#### HISTOPATHOLOGY SECTION

The Histopathology Laboratory is responsible for the processing and preparation of microscopic slides as requested by the Deputy Medical Examiners.



During the 1963-1965 biennium, the Histopathology Laboratory prepared 47,080 routine and special microscopic slides.

#### BACTERIOLOGY SECTION

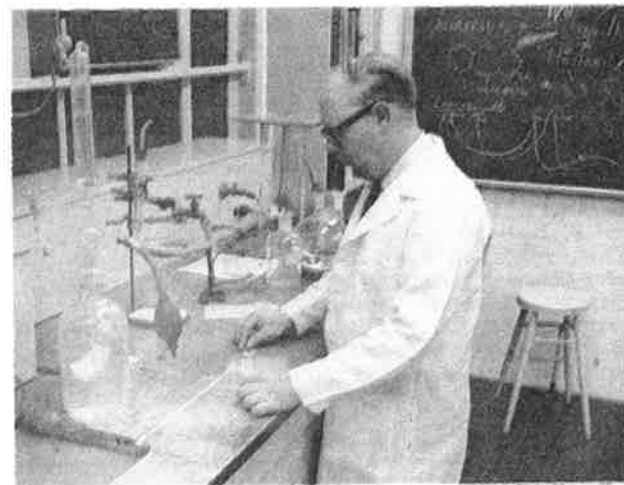
The Bacteriology Section is responsible for conducting bacteriological studies upon request of the Deputy Medical Examiners. Studies from this laboratory which indicate the deceased may have had a communicable disease are reported immediately to the proper public health department. Studies conducted in this laboratory often contribute to establishing the cause of death.

During the 1963-1965 biennium, bacteriological studies were conducted in 399 medical examiner-coroner cases.

#### TOXICOLOGY DIVISION

The Toxicology Division is responsible for conducting qualitative and quantitative analyses on specimens submitted by the Deputy Medical Examiners to determine the presence or absence of poisons, drugs, or other chemicals. It is also responsible for related duties such as interpretation of toxicological tests and testifying in court.

The purpose of toxicological tests is to assist the Deputy Medical Examiners in determining the cause of death, and in some instances, the mode of death. Many poisons, chemicals and drugs will have indeterminate or no pathological evidence of ingestion. In these cases, the sole physical evidence of a drug death may be a toxicological report. In addition to assisting in the determination of the cause of death, there are some chemical tests, notably blood alcohol determination which are extremely important in contributing to the mode of death. Criminal responsibility also may be determined by toxicological tests.



Since the consequences of the toxicological testing are of such a vital nature, it is mandatory that they be conducted by a fully professional staff, equipped with the necessary scientific equipment. A nation-wide civil service examination was conducted for the position of Head Toxicologist which has remained vacant since January 31, 1963. An appointment to this position is imminent.

The testing procedures are far from routine due to difficulties of working with biological material and to an almost unlimited number of poisons which may be encountered by the toxicologist. Any of the medicines or their metabolites on the market today may be encountered by the toxicologist in a search for poisons. Biological material also contains substances closely resembling some of these drugs and poisons. The search for these materials and interpretation of findings are what constitutes the field of forensic toxicology. Because of the unique nature of this field, it is necessary that the staff maintain communication with the relatively few other toxicologists in the world, both through professional societies and published papers.

The following are a few illustrative cases in which a toxicological report was vital:

1. AN INDUSTRIAL ACCIDENT DEATH

A young man in apparent good health was unexpectedly found dead at home. The history indicated he had completed a normal day's work and returned home. No anatomic cause of death was found at autopsy. Toxicological studies indicated the presence of a lethal level of a particular industrial solvent in his blood, and the cause of death was so certified. An investigation of the place of employment by another agency revealed hazardous working conditions, and indicated that other workers in the past had collapsed while working under the same conditions causing the death of the young man.

2. INTERNATIONAL PUBLIC INTEREST

A famous movie star was found dead. In the vicinity, many containers of medicine were found, some empty, some partially full. The history indicated the star was in the habit of taking a large number of pills for insomnia and other conditions. No cause of death was found at autopsy. The toxicology report indicated the presence of a lethal level of sleeping pills, and the cause of death was certified on the basis of this report. The case attracted the attention of the world press, and much pressure was on the office until the cause of death was certified.

3. ACCIDENTAL OR NATURAL?

A middle-aged man was found dead in his own house. He had a history of heart attacks and was being currently treated by a physician for this condition. A large insurance policy with double indemnity for accidental death was in force. An unvented heater was burning in the room in which the deceased was found. Autopsy revealed pathology consistent with death from a heart attack and also pathology indicating possible carbon monoxide poisoning. The toxicological report proved the death to be accidental carbon monoxide poisoning; and consequently, the large double indemnity sum was paid the beneficiaries.

4. CRIMINAL LIABILITY?

The son of a prominent Los Angeles citizen was struck and killed by an automobile while he was walking by the side of the highway. The out-of-state driver of the automobile said the pedestrian suddenly swayed into the path of his car and that he was unable to stop in time. A criminal complaint was sought against the driver, but was dismissed when the toxicology report showed 0.31 percent ethanol present.

The above cases were selected to illustrate a few of the ways a toxicological report can be of value, not only to the citizens of the community, but to the survivors of the deceased from an economic, social, or legal standpoint. The relatively modest investment of the taxpayer's money for these services continues to be one of the best bargains available in government today.

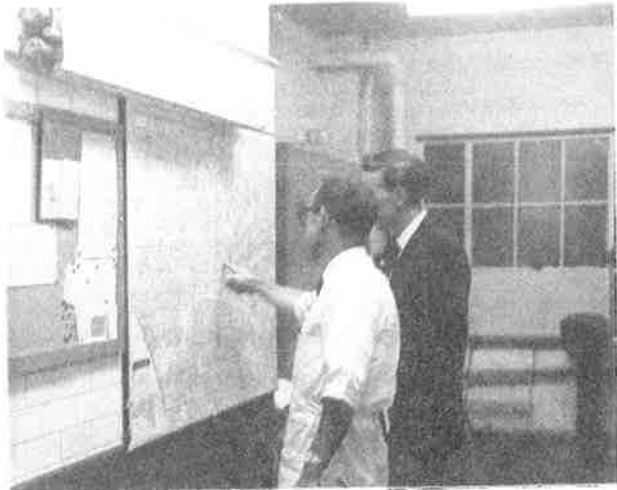
During the 1963-1965 biennium, 11,260 various laboratory tests were conducted by the Toxicology Division.

MORTUARY DIVISION

The Mortuary Division is responsible for the operation of the Chief Medical Examiner-Coroner's Office mortuary in the Hall of Justice. The personnel of this division work closely with other governmental agencies in the on-the-scene medical investigation of coroner's cases. This division also assumes custody of personal property found on the person of the deceased, transports coroner's cases within the metropolitan area of Los Angeles, embalms and preserves bodies. Because of the importance of medical examination without artifact, and because of the availability of scientific equipment and competent sources of consultation, deaths known or suspected to be due to homicide, abortion, narcotic, or airplane accidents are investigated and transported to



the Hall of Justice from any location within Los Angeles County. In addition, personnel of the Mortuary Division assist Deputy Medical Examiners at the autopsy table and take and process photographs as required.

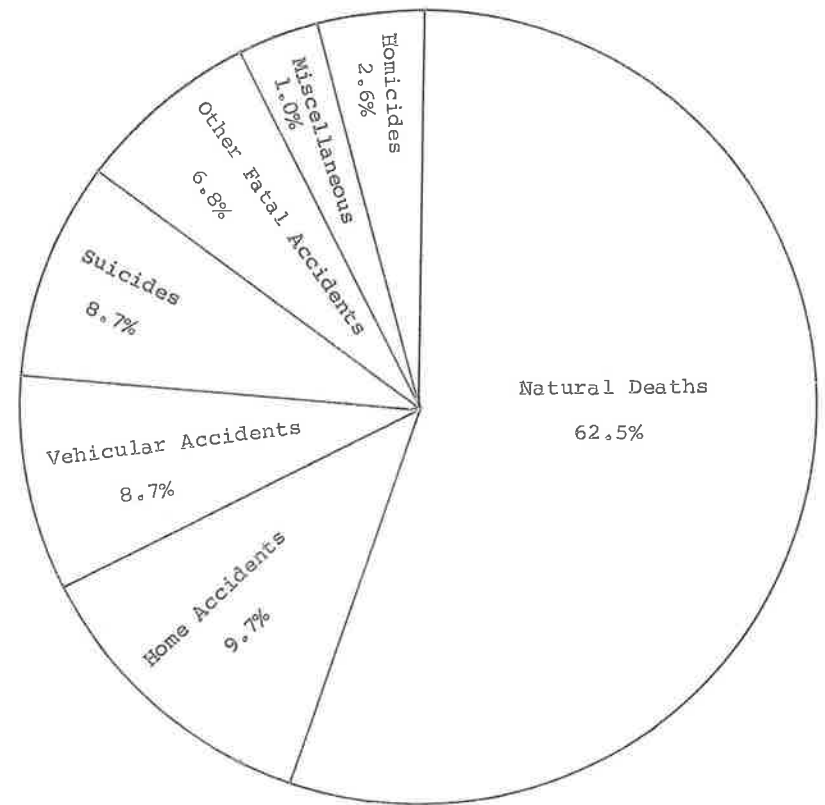


During the 1963-1965 biennium, an in-service training program in medical investigation was made available to the personnel of the division. Participation was on a voluntary basis, and much of the training was given during the participant's off-duty time. Instruction was given by many of the Deputy Medical Examiners, and the entire program was conducted under the direct supervision of the Chief Medical Examiner. As a result of this training, seven of the persons employed in the division successfully passed civil service requirements and were reclassified as Coroner's Investigators on July 1, 1965.

During the 1963-1965 biennium, the Mortuary Division handled 9,831 coroner's cases and embalmed 8,199 cases.

C H A R T S

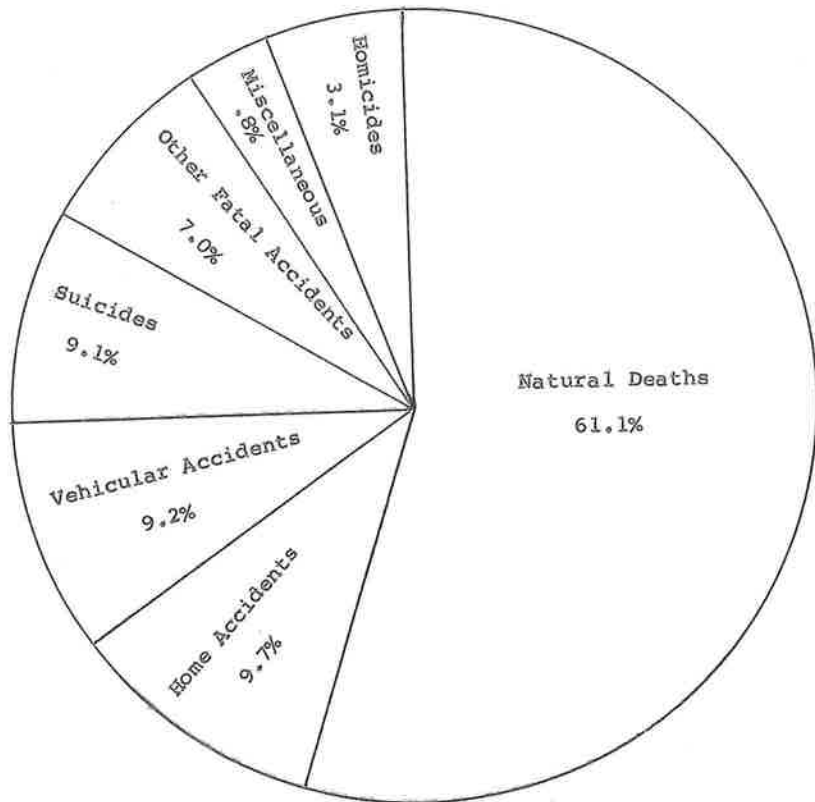
DISTRIBUTION OF MEDICO-LEGAL CASES  
LOS ANGELES COUNTY -- 1963-64



Total number of cases - 12,642

Chart No. 2

DISTRIBUTION OF MEDICO-LEGAL CASES  
LOS ANGELES COUNTY -- 1964-65



Total number of cases - 12,670

STATISTICAL TABLES

## DEPARTMENT OF CHIEF MEDICAL EXAMINER-CORONER

## STATISTICAL SECTION

TABLE NO. 1

## CASES INVESTIGATED BY MEDICAL EXAMINER

	1963-64	1964-65	TOTAL
In Central Examining Facilities...	4,886	4,945	9,831
In Other Than Central Examining Facilities.....	7,756	7,725	15,481
<b>TOTAL.....</b>	<b>12,642</b>	<b>12,670</b>	<b>25,312</b>

TABLE NO. 2

## MANNER OF DEATH - MEDICAL EXAMINER CASES

Manner of Death	1963-64		1964-65	
	Total Cases	Percent of Total	Total Cases	Percent of Total
Natural Causes* .....	7,903	62.5	7,741	61.1
Home Accidents.....	1,225	9.7	1,219	9.7
Vehicular Accidents...	1,120	8.7	1,171	9.2
Suicides.....	1,102	8.7	1,161	9.1
Other Fatal Accidents.	700	5.6	741	5.8
Homicides.....	331	2.6	393	3.1
Industrial Accidents..	133	1.1	105	.9
Stillbirths.....	72	.6	67	.5
Undetermined.....	25	.2	19	.2
Aircraft Accidents....	12	.1	28	.2
Abortions - Criminal..	7	.1	7	.1
Railway Accidents.....	12	.1	18	.1
<b>TOTAL.....</b>	<b>12,642</b>	<b>100.0</b>	<b>12,670</b>	<b>100.0</b>

\*Excluding symptoms of senility and ill-defined conditions shown in the table.

TABLE NO. 3

## AUTOPSIES PERFORMED AND MANNER OF DEATH

Manner of Death	1963-64			1964-65		
	Total Cases	Autopsies Performed	Per cent of Cases Autopsied	Total Cases	Autopsies Performed	Per cent of Cases Autopsied
Natural Causes....	7,903	2,586	32.7	7,741	2,508	32.9
Undetermined.....	25	20	80.0	19	18	94.2
Abortions....	7	7	100.0	7	7	100.0
Vehicular Accidents....	1,120	1,073	95.8	1,171	1,141	97.5
Railway Accidents....	12	9	75.0	18	16	88.9
Aircraft Accidents....	12	11	91.8*	28	26	92.9*
Stillbirths....	72	30	41.7	81	37	45.7
Home Accidents....	1,225	471	38.4	1,219	475	38.9
Other Accidents....	700	352	50.3	741	352	47.5
Homicides..	331	317	95.7**	393	377	95.9**
Suicides....	1,102	486	44.1	1,161	520	44.8
Industrial Accidents....	133	132	99.3	105	104	99.0
TOTAL....	12,642	5,494	43.5	12,670	5,578	44.1

\* Pilots autopsied in each accident.

\*\* Homicides not autopsied were homicide-suicide cases.

TABLE NO. 4

DEATHS FROM NATURAL CAUSES - IN MAJOR GROUPS  
(INTERNATIONAL LIST)

	1963-64		1964-65	
	Total Cases	Percent of Total Cases	Total Cases	Percent of Total Cases
Infective and parasitic diseases.....	39	.5	38	.5
Neoplasms.....	222	2.8	209	2.7
Allergic, endocrine, metabolic and nutritional diseases.....	48	.6	57	.7
Diseases of the blood and blood-forming organs.	7	.1	6	.1
Mental, psychoneurotic and personality disorders.....	42	.5	50	.6
Diseases of the nervous system and sense organs.....	307	3.8	287	3.7
Diseases of the circulatory system.....	5,921	74.0	5,737	73.3
Diseases of the respiratory system.....	563	7.1	598	7.6
Diseases of the digestive system.....	585	7.3	569	7.3
Diseases of the genitourinary system.....	24	.3	21	.3
Diseases of pregnancy, childbirth and the puerperium.....	5	.1	13	.2
Diseases of the skin and cellular tissue.....	3	--	1	--
Diseases of the bones and other organs of movement.....	4	--	5	.1
Congenital malformations.	64	.8	75	.9
Diseases of early infancy-prematurity.....	69	.9	75	.9
Symptoms, senility and ill-defined conditions.....	25	.3	19	.2
Stillbirths.....	72	.9	67	.9
TOTAL.....	8,000	100.0	7,827	100.0

TABLE NO. 5

## OCCUPATIONAL ACCIDENTS - TYPE OF ACCIDENT

Type of Accident	1963-64		TOTAL
	1963-64	1964-65	
Drowning.....	3	6	9
Crushing.....	19	22	41
Vehicles.....	10	--	10
Falls.....	41	34	75
Caught in Machinery.....	12	5	17
Electrocution.....	8	6	14
Burns.....	10	11	21
Others.....	30	21	51
<b>TOTAL.....</b>	<b>133</b>	<b>105</b>	<b>238</b>

TABLE NO. 6

## HOME ACCIDENTS - TYPE OF ACCIDENT

Type of Accident	1963-64		TOTAL
	1963-64	1964-65	
Crushing.....	8	14	22
Falls.....	745	759	1,504
<b>Drowning.....</b>	<b>65</b>	<b>65</b>	<b>130</b>
Burns.....	137	117	254
Carbon Monoxide.....	46	48	94
Firearms.....	16	8	24
Poisonings.....	121	110	231
Suffocation.....	12	3	20
Plastic Bags.....	2	3	5
Gas Heater.....	19	22	41
Electrocution.....	8	13	21
Others.....	46	52	98
<b>TOTAL.....</b>	<b>1,225</b>	<b>1,219</b>	<b>2,444</b>

TABLE NO. 7

## VEHICULAR ACCIDENTS - TYPE OF ACCIDENT

	1963-64		1964-65	
	Total Cases	Percent of Total Cases	Total Cases	Percent of Total Cases
Pedestrian struck by truck.....	21	1.9	28	2.4
Pedestrian struck by auto.....	347	31.0	343	29.3
Pedestrian struck by bus.....	7	.6	4	.3
Auto and auto collision.....	276	24.7	300	25.6
Auto and bus collision.....	3	.3	1	--
Auto and truck collision.....	64	5.7	60	5.1
Auto and train collision.....	16	1.4	17	1.5
Auto and motorcycle collision.....	29	2.6	42	3.6
Auto and bicycle collision.....	10	.9	17	1.5
Auto and scooter collision.....	5	.4	--	--
Truck and train collision.....	8	.7	2	.1
Truck and truck collision.....	6	.5	10	.9
Auto into fixed object.....	189	16.9	173	14.8
Auto overturned.....	38	3.4	55	4.7
Auto ran off road.....	45	4.0	43	3.7
Fall from moving vehicle.....	6	.5	8	.7
Motorcycle into fixed object.....	14	1.3	15	1.3
Truck and motorcycle collision.....	6	.5	8	.7
Miscellaneous.....	30	2.7	45	3.9
<b>TOTAL.....</b>	<b>1,120</b>	<b>100.0</b>	<b>1,171</b>	<b>100.0</b>

TABLE NO. 8

## OTHER FATAL ACCIDENTS

MANNER	1963-64	1964-65	TOTAL
Suffocation.....	2	5	7
Electrocution.....	1	2	3
Burns.....	15	24	39
Falls.....	472	512	984
Drowning.....	45	59	104
Poisonings.....	41	27	68
Crushing.....	7	3	10
Carbon Monoxide.....	9	5	14
Firearms.....	8	11	19
Therapeutic Accidents.....	60	54	114
Others.....	40	39	79
<b>TOTAL.....</b>	<b>700</b>	<b>741</b>	<b>1,441</b>

TABLE NO. 9

## SUICIDES

MANNER	1963-64	1964-65	TOTAL
Vehicles.....	5	9	14
Firearms.....	294	333	627
Hanging.....	100	105	205
Carbon Monoxide.....	123	101	224
Jumping.....	32	47	79
Barbiturates.....	364	387	751
Poisons.....	108	105	213
Drowning.....	10	13	23
Sharp instrument.....	28	21	49
Suffocation (Plastic Bag) ..	29	29	58
Burns.....	5	9	14
Miscellaneous.....	4	2	6
<b>TOTAL.....</b>	<b>1,102</b>	<b>1,161</b>	<b>2,263</b>

TABLE NO. 10

## HOMICIDES

MANNER	1963-64	1964-65	TOTAL
Firearms.....	159	199	358
Sharp instrument.....	74	92	166
Blunt instrument.....	11	18	29
Strangulation.....	23	23	46
Assault.....	46	52	98
Burns.....	5	3	8
Miscellaneous.....	13	6	19
<b>TOTAL.....</b>	<b>331</b>	<b>393</b>	<b>724</b>

TABLE NO. 11

## DEATHS CAUSED OR CONTRIBUTED TO BY ALCOHOLISM

CLASSIFICATION	1963-64	1964-65	TOTAL
Acute Alcoholism .....	40	49	89
Chronic Alcoholism.....	249	220	469
Cirrhosis and fatty liver.	666	663	1,329
Highway accidents.....	214	219	433
Home accidents.....	86	77	163
Other fatal accidents.....	31	28	59
Industrial accidents.....	3	1	4
Airplane accidents.....	1	3	4
Railroad accidents.....	2	5	7
Homicides.....	72	93	165
Suicides.....	163	134	297
Natural cases.....	151	176	327
<b>TOTAL.....</b>	<b>1,678</b>	<b>1,668</b>	<b>3,346</b>

TABLE NO. 12

IMMEDIATE CAUSES OF DEATH DETERMINED BY  
LABORATORY TEST -- 1963-1964

Type of Test	Total Tests	Immediate Cause of Death	
		Total Number of Cases Certified	Percent of Total Tested
Alcohol.....	3,843	40	.01
Barbiturates.....	857	422	49.2
Carbon Monoxide....	325	179	56.0
Narcotic.....	104	69	66.4
Poisons.....	284	153	57.4
TOTAL.....	5,413	863	15.9

Percent of immediate causes of death determined by laboratory test of total coroner's cases = 6.8 percent.

TABLE NO. 13

IMMEDIATE CAUSES OF DEATH DETERMINED BY  
LABORATORY TEST -- 1964-1965

Type of Test	Total Tests	Immediate Cause of Death	
		Total Number of Cases Certified	Percent of Total Tested
Alcohol.....	4,073	49	.01
Barbiturates.....	984	444	45.1
Carbon Monoxide....	322	154	47.8
Narcotic.....	114	41	36.0
Poisons.....	354	155	44.0
TOTAL.....	5,847	843	14.8

Percent of immediate causes of death determined by laboratory test of total coroner's cases = 6.7 percent.

TABLE NO. 14

INCIDENCES OF ALCOHOLISM IN  
HOMICIDES, SUICIDES, AND ACCIDENTS  
1963-1964

Manner	Total Cases	Negative or No Test	0.01-0.04	0.05-0.09	0.10-0.14	0.15-and up	Per** cent of Incidence of Alcoholism
Homicides.....	331	216	4	22	18	72	62.6
Suicides.....	1,102	811	23	47	58	163	56.0
Home Accidents..	1,225	1,173	3	4	5	40	76.9
Other fatal accidents..	724	695	-	2	-	3	10.3
Vehicular accidents*.	1,120	771	19	46	70	214	61.3
Pedestrians..	392	311	5	7	5	64	79.0
Passengers...	228	165	5	15	20	23	36.5
Drivers.....	499	294	9	24	45	127	62.0

TABLE NO. 15

INCIDENCES OF ALCOHOLISM IN  
HOMICIDES, SUICIDES, AND ACCIDENTS  
1964-1965

Manner	Total Cases	Negative or No Test	0.01-0.04	0.05-0.09	0.10-0.14	0.15-and up	Per** cent of Incidence of Alcoholism
Homicides.....	393	228	17	26	29	93	56.4
Suicides.....	1,161	867	29	65	66	134	45.6
Home Accidents..	1,219	1,170	4	3	3	39	79.6
Other fatal accidents..	787	731	-	2	2	6	10.7
Vehicular accidents*.	1,171	839	19	45	49	219	66.0
Pedestrians..	402	326	6	11	11	48	63.2
Passengers...	242	187	3	11	12	29	52.7
Drivers.....	527	326	10	23	26	142	70.6

\* Includes pedestrians, passengers, and drivers.

\*\* Based on alcohol level of 0.15 and up of the total cases showing incidences of alcohol. Also includes figures from Table No. 11.



TABLE NO. 16

## DEATHS BY AGE GROUPS -- 1963-1964

Age Groups	CLASSIFICATION				Total
	Natural	Accident	Suicide	Homicide	
Stillbirths.....	75				75
Under 1 month.....	75	8		3	86
1 month-1 year.....	375	46		6	427
1 year-15 years.....	124	281	3	18	426
15 years-30 years..	114	461	147	103	825
30 years-40 years..	281	284	195	68	828
40 years-50 years..	879	276	272	57	1,484
50 years-60 years..	1,547	329	247	42	2,165
60 years-70 years..	1,826	331	121	13	2,291
Over 70 years.....	2,714	1,183	117	21	4,035
<b>TOTAL.....</b>	<b>8,010</b>	<b>3,199</b>	<b>1,102</b>	<b>331</b>	<b>12,642</b>

TABLE NO. 17

## DEATHS BY AGE GROUPS -- 1964-1965

Age Groups	CLASSIFICATION				Total
	Natural	Accident	Suicide	Homicide	
Stillbirths.....	72				72
Under 1 month.....	81	7		9	97
1 month-1 year.....	440	44		3	487
1 year-15 years.....	109	297	3	18	427
15 years-30 years..	115	510	190	144	959
30 years-40 years..	298	286	193	87	864
40 years-50 years..	872	295	244	66	1,477
50 years-60 years..	154	303	249	31	2,130
60 years-70 years..	1,800	319	148	17	2,284
Over 70 years.....	2,500	1,221	134	18	3,873
<b>TOTAL.....</b>	<b>7,834</b>	<b>3,282</b>	<b>1,161</b>	<b>393</b>	<b>12,670</b>

TABLE NO. 18

## LABORATORY TESTS

	1963-64	1964-65	TOTAL
Microscopic examinations.....	20,453	25,461	45,914
Toxicological examinations...	5,413	5,847	11,260
Bacteriological examinations..	136	263	399
Special tissue stains.....	221	441	662
Cytology examinations.....	229	275	504
Routine tissues filed..... (Hold Jars)	6,584	7,690	14,274
<b>TOTAL.....</b>	<b>33,036</b>	<b>39,977</b>	<b>73,013</b>

TABLE NO. 19

## PHOTOGRAPHY

	1963-64	1964-65	TOTAL
Negatives made and processed.....	2,547	2,928	5,475
Black and white prints made and processed.....	5,083	5,857	10,940
Color slides.....	211	146	357
Black and white slides.....	27	68	95
Color microscopic slides.....	26	33	59
Black and white microscopic slides.....	0	1	1
X-rays.....	460	276	736
Enlargements.....	28	85	113
Taken at scene.....	692	1,398	2,090
<b>TOTAL.....</b>	<b>9,074</b>	<b>10,792</b>	<b>19,866</b>

TABLE NO. 20

MISCELLANEOUS DATA			
	1963-64	1964-65	TOTAL
Bodies embalmed.....	4,222	3,977	8,199
Bodies embalmed for which fees were collected.....	3,680	3,380	7,060
Number of inquest hearings...	264	206	470
Non-coroner's cases (cases reported to the Coroner and found not to be coroner's cases).....	5,484	6,210	11,694

## EXPENDITURES

	1963-64	1964-65
Salaries and Wages.....	\$785,824.82	\$804,010.00
Services and Supplies.....	69,092.57	70,285.00
Capital Outlay.....	4,038.70	4,940.00
<b>TOTAL.....</b>	<b>\$858,956.09</b>	<b>\$879,235.00</b>

## REVENUE COLLECTED

	1963-64	1964-65
Embalming fees.....	\$128,430.85	\$169,354.58
Sale of documents.....	10,368.67	8,855.93
Witness Fees.....	397.55	408.55
Refund of transportation.....	1,194.72	875.50
<b>TOTAL.....</b>	<b>\$140,391.79</b>	<b>\$179,494.56</b>

TABLE NO. 21

## COST COMPARISONS

COUNTY	YEAR	SYSTEM	ANNUAL BUDGET	CASES HANDLED	COST PER CAPITA
New Orleans, Louisiana	1963-64	Coroner	\$158,921.00	3,997	\$0.245*
San Francisco, California	1964-65	Coroner	\$288,800.00	2,334	\$0.382
Baltimore, Maryland (State)	1963	Post Mortem Medical Examiners	\$423,126.13	6,212	\$0.125
Los Angeles, California	1964-65	Medical Examiner Coroner	\$879,235.00	12,670	\$0.129**

\* Based on U.S. Dept. of Commerce estimate of population - July 1, 1964.

\*\* Based on Los Angeles County Regional Planning Commission estimate of population - January 1, 1965.

A P P E N D I X

REPORTABLE DEATHS TO THE CORONER

The Government Code of the State of California, Section 27491, directs the Coroner to inquire into and determine the circumstances, manner, and cause of the following deaths which are immediately reportable to the Coroner:

- (1) Without medical attendance.
- (2) Wherein the deceased has not been attended by a physician within 10 days prior to death.
- (3) Where the attending physician is unable to state the cause of death.
- (4) Known or suspected homicides.
- (5) Known or suspected suicides.
- (6) Where the deceased died as a result of an accident.
- (7) Related to or following known or suspected self-induced or criminal abortion.
- (8) Therapeutic misadventures.
- (9) Accidental poisoning (food, chemical, drugs, therapeutic agents.)
- (10) Poison deaths.
- (11) Drowning, fire, hanging, gunshot, stabbing, cutting, strangulation, exposure, heat prostration, alcoholism, drug addiction, aspiration deaths, and suffocation.
- (12) Occupational diseases or occupational hazards.
- (13) Known or suspected contagious diseases constituting a public hazard.
- (14) All deaths of unattended persons.
- (15) Under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.

DUTIES, FUNCTIONS, AND RESPONSIBILITIES OF  
THE CHIEF MEDICAL EXAMINER-CORONER

The duties of the Coroner are set up in the Government Code as follows:

Section 27491, Government Code:

"It shall be the duty of the coroner to inquire into and determine the circumstances, manner, and cause of all violent, sudden or unusual deaths; unattended deaths; deaths wherein the deceased has not been attended by a physician in the 10 days before death; deaths related to or following known or suspected self-induced or criminal abortion; known or suspected homicide, suicide, or accidental poisoning; deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent; deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, alcoholism, drug addiction, strangulation, or aspiration; death in whole or in part occasioned by criminal means; deaths associated with a known or alleged rape or crime against nature; deaths in prison or while under sentence; deaths known or suspected as due to contagious disease and constituting a public hazard; deaths from occupational diseases or occupational hazards; deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another, or any deaths reported by physicians or other persons having knowledge of death for inquiry by the coroner. Inquiry in this section does not include those investigative functions usually performed by other law enforcement agencies."

EXAMINATION, IDENTIFICATION, REMOVAL, AND NON-DISTURBANCE OF  
THE BODY.

Section 27491.2, Government Code:

"The coroner or his appointed deputy, on being informed of a death and finding it to fall into the classification of deaths requiring his inquiry, may immediately proceed to where the body lies, examine the body, make identification, make inquiry into the circumstances, manner, and means of death, and, as circumstances warrant, either order its removal for further investigation or disposition, or release the body to the next of kin. For purposes of inquiry, the body of one who is known to be dead under any of the circumstances enumerated in Section 27491 shall not be disturbed or moved from the position or place of death without permission of the coroner or his appointed deputy."

TAKING CHARGE OF PERSONAL EFFECTS AND PROPERTY.

Section 27491.3, Government Code:

"In any death into which the coroner is to inquire, he may take charge of any and all personal effects, valuables, and property of the deceased at the scene of death and hold or safeguard them until lawful disposition thereof can be made. He may, in his discretion, lock the premises and apply a seal to the door or doors prohibiting entrance to the premises, pending arrival of a legally authorized representative of the deceased; provided that this shall not be done in such a manner as to interfere with the investigation being conducted by other law enforcement agencies. Any costs arising from the premises being locked or sealed while occupied by property of the deceased may be a proper and legal charge against the estate of the deceased. Any such property or evidence related to the investigation or prosecution of any known or suspected criminal death may, with knowledge of the coroner, be delivered to a law enforcement agency or district attorney, receipt for which shall be acknowledged."

Section 27491.3, Government Code:

".....It shall be unlawful for any person to search for or remove any papers, moneys, valuable property or weapons constituting the estate of the deceased from the person of the deceased or from the premises, prior to the arrival of the coroner or without his permission. At the scene of any death, when it is immediately apparent or when it has not been previously recognized and the coroner's examination reveals that police investigation or criminal prosecution may ensue, the coroner shall not further willfully disturb the body or any related evidence until the law enforcement agency has had reasonable opportunity to respond to the scene, if their purposes require and they so request."

MEDICAL DUTIES.

Section 27491.4, Government Code:

"For purposes of inquiry, the coroner may, in his discretion, take possession of the body which shall include the authority to exhume such body, order it removed to a convenient place, and make or cause to be made a post mortem examination or autopsy thereon, and make or cause to be made an analysis of the stomach, stomach contents, blood, organs, fluids, or tissues of the body.....He shall have the right to retain only such tissues of the body removed at the time of the autopsy as may, in his opinion, be necessary or advisable to the inquiry into the case, or for the verification of his findings. No person may be present during the performance of a coroner's autopsy without the express consent of the coroner."

RECORDING DUTIES.

Section 27491.4, Government Code:

".....The detailed medical findings resulting from an inspection of the body or autopsy by an examining physician shall be either reduced to writing or permanently preserved on recording discs or other similar recording media, shall include all positive and negative findings pertinent to establishing the cause of death in accordance with medico-legal practice and this, along with the written opinions and conclusions of the examining physician, shall be included in the coroner's record of death."

ISSUANCE OF CERTIFICATE OF DEATH.

Section 27491.5, Government Code:

"The cause of death appearing on a certificate of death signed by the coroner shall be in conformity with facts ascertained from inquiry, autopsy and other scientific findings. In case of death without medical attendance and without violence, casualty, criminal or undue means, the coroner may, without holding an inquest or autopsy, make the certificate of death from statements of relatives, persons last in attendance, or persons present at the time of death, after due medical consultation and opinion has been given by one qualified and licensed to practice medicine and so recorded in the records of death, providing such information affords clear grounds to establish the correct medical cause of death within accepted medical practice and within the requirements for accuracy prescribed by the Division of Vital Statistics of the State Department of Public Health. The coroner shall not finally exclude crime, suicide, or accident as a cause of death because of lack of evidence."

AMENDMENTS TO THE GOVERNMENT CODE.

Section 27491.45

"The coroner shall have the right to retain tissues of the body removed at the time of autopsy as may, in his opinion, be necessary or advisable for scientific investigation."

Section 27520 (Article 2.5)

"The coroner shall perform or cause to be performed an autopsy on a decedent if the surviving spouse requests him to do so in writing. If there is no surviving spouse, the coroner shall perform the autopsy if requested to do so in writing by a surviving child or parent, or if there is no surviving child or parent, by the next of kin of the deceased. The cost of the autopsy shall be borne by the person requesting that it be performed."