COUNTY OF LOS ANGELES

ANNUAL REPORT

OF

THE CORONER

THEO. J. CURPHEY, M.D., *Coroner*

Fiscal Year July 1, 1956—June 30, 1957

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BOARD OF SUPERVISORS

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THEO. J. CURPHEY, M.D.
CORONER

COUNTY OF LOS ANGELES

OFFICE OF CORONER

HALL OF JUSTICE
LOS ANGELES 12, CALIFORNIA

FREDERICK D. NEWBARR, M.D.
CHIEF MEDICAL DIVISION

September 1, 1957

Honorable Board of Supervisors
County of Los Angeles,
Los Angeles, California.

Gentlemen:

Herewith is presented the annual report of the Coroner of Los Angeles County for the fiscal year ending June 30, 1957. This is the first report of the present Coroner, who took office on March 19, 1957 after ratification of the amendment to the County Charter, which provided for the separation of the offices of Coroner and Public Administrator.

The report contains a statement of the organization, functions and plans for the future development of the Department, as well as a summary of operations and selected statistics.

I am pleased to report that during the fiscal year there were no major disasters or epidemics.

Respectfully submitted,

Theo. J. Curphey

THEO. J. CURPHEY, M.D.
CORONER

FOREWORD

On November 6, 1956 the voters of the County of Los Angeles approved an amendment to the County Charter which separated the offices of Public Administrator and Coroner. The amendment included a provision that the Coroner should be "a physician who is a certified pathologist". The Charter Amendment was ratified on March 19, 1957 by the Legislature and the first Coroner to be appointed under the amended Charter took office on noon of that day.

Dr. Theodore J. Curphey, formerly Chief Medical Examiner of Nassau County, New York, was the certified pathologist selected by the Board of Supervisors as Coroner, and became the head of the now independent Department of the Coroner. In addition to the normal increases in work load which accompany the growth of population in the County of Los Angeles, the newly appointed Coroner has found that serious inadequacies exist in the physical facilities available for the medico-legal investigation of death as well as in the number of medical personnel trained for this important work. Requests to remedy the physical defects were made and approved during the period of this report and the work of construction and installation is expected to be completed during the fiscal year 1957-58.

The planned program for improvement of the work of the Department in investigating sudden death provides for alterations and additional equipment in the laboratory and autopsy areas of the Hall of Justice, as well as the installation of refrigerated crypts to provide for storage of bodies awaiting examination and autopsy. It also includes an active program of recruitment of qualified medical personnel to serve as Deputy Medical Examiners, together with supporting technical staff. The improvement in the professional aspects of the Coroner's functions will be accompanied by revisions of records, forms, procedures, and statistics to permit quicker handling of cases, maintenance of complete medical records, and efficient recording of legally required information.

Despite proposed alterations to existing assigned space in the Hall of Justice that space is no longer adequate to meet the requirements of the Department. To meet those requirements the program of the Coroner includes a new facility to serve the metropolitan area of the County which will provide a focal point for all agencies concerned with the material, techniques, and problems of forensic medicine. Funds for the preliminary plans for this capital project have been made available. It is expected that these plans will go forward during the fiscal year 1957-58, after consultation between the Coroner and other interested agencies as to location and type of building required.

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I. SUMMARY OF OPERATIONS

During 1956-57 the Coroner's Department investigated 9,584 cases, an increase of 134 over the preceding fiscal year. Of these cases 3,452 were handled in the Coroner's Mortuary in the Hall of Justice, while 6,132 were handled in private mortuaries beyond the metropolitan area serviced by the Coroner's Mortuary. Of the total number of cases handled, autopsies were performed in 4,940 cases (51.5%). The Coroner's laboratories made 15,199 microscopic examinations, and conducted toxicological studies in 3,818 cases. Inquests were held in 441 cases.

Of the 9,584 cases investigated in 1956-57, 5,983 cases, or 62.4% of all cases involved deaths from natural causes. Deaths from natural causes frequently require more intensive medical investigation and laboratory study than deaths from trauma, since a history of illness or hospitalization may not be available to the medical examiner. The popular notion that a preponderance of cases investigated by medicolegal agencies involve homicide or other acts of violence is disproved by the experience of this and similar offices. In 1956-57, there were 235 homicides investigated by the Coroner, or 2.4% of the total number of cases handled.

There were 718 cases of suicide investigated in 1956-57, a decrease of 25 cases from the 753 cases handled in the preceding fiscal year. A slight increase (two cases) over the preceding year was observed in the number of suicides involving barbiturates.

Motor vehicle fatalities increased from 927 in 1955-56 to 1,052 in 1956-57. These fatal accidents accounted for 10.9% of all cases investigated by the Coroner. Collisions of vehicles accounted for 10.9% of all cases investigated by the Coroner. Collisions of vehicles accounted for 549 deaths; 113 deaths resulted from non-collision accidents; and pedestrian fatalities were 390. It is significant that in 1955-56, motor vehicle fatalities were responsible for 9.3% of all Coroner's cases, while in 1956-57 the proportion had increased by 1.6% to 10.9% of all cases. This seems to show a disturbing tendency of the motor vehicle death rate to increase at a faster rate than indicated by population increases alone. In 312 tested cases of driver fatalities, 27% had blood alcohol levels in excess of .15% while in 224 tested cases of pedestrian death, 22% had blood alcohol levels above .15%. (See Table 3A)

II. FUNCTIONS AND SERVICES OF THE DEPARTMENT

It is the responsibility of the Coroner under the laws of the State of California to investigate all cases of sudden and unexpected death within the County. This responsibility is not limited to homicides, suicides, and death under suspicious circumstances, which are commonly thought to be the province of the Coroner, but extends to deaths in which no physician attended the deceased in life, to accidents of all sorts which result in death, and to deaths attributable to industrial or occupational causes. The Coroner's investigation of these deaths is a medical investigation and supplements the investigations made by other law enforcement agencies. Investigation by the Coroner may include a visit to the scene of death by the medical examiner assigned to the case, the study of the medical history of the deceased, examination of the body, autopsy, toxicological examination of body fluids and organs, and microscopic study of tissues to reveal pathological conditions not observable on simple visual examination. Each case is a particular problem, unique in itself, and each requires a different combination of medical techniques.

The investigation conducted by the Coroner of the circumstances and cause of death permits the Coroner's Department to issue death certificates in which these circumstances and cause of death become a matter of permanent public record. The cause of death and the manner in which it occurred, as certified by the Coroner, may become the basis of criminal or civil action in the courts. In such cases the medical examiners, toxicologists, and technicians of the Coroner's Department appear as expert witnesses. It is important to observe that the Coroner's investigation is impartial, factual, and based upon scientific knowledge and experience. Members of the staff of the Department appear in court to state the facts as these have been determined, not to support the contentions of either prosecution or defense.

The investigation of the Coroner produces permanent medicolegal records of autopsies performed and laboratory investigations completed. These are available to the District Attorney, the Public Defender, law enforcement agencies of municipalities, the insurers of the deceased, and other interested public and private agencies. The primary medical records are also made available to hospitals in which the deceased were patients, or to physicians who treated them in life. For both mandatory legal reasons and equally cogent reasons of medical knowledge it is important that these records be complete, accurate, and available to those whose interest requires the study of these documents.

In addition to the primary responsibility of the Coroner for the medical investigation of cause of death, it is also the responsibility of the Department to assume custody of the bodies and property of deceased persons, the circumstances of whose deaths require the Coroner's investigation. In the central metropolitan area of the County the bodies of deceased persons are brought to the Coroner's morgue in the Hall of Justice by the personnel and equipment of the Coroner's Department. In areas lying outside of this area, this service is performed for the Coroner by cooperating mortuaries, which act for the Coroner in their districts. In districts having more than one mortuary this service is handled by rotation on a monthly basis. Under present conditions approximately one-half of all Coroner's cases are handled in the central morgue, with the remaining half being handled in districts outside the central area. All homicide and abortion cases are handled in the central morgue.

The service rendered by the Coroner in the investigation of those deaths which require his legal intervention is an essential service of local government. It is essential not only in the obvious cases of possible homicide or suicide, but in the less obvious cases of death occuring from occupational disease, industrial accident, epidemic disease, and in differentiating natural deaths from those which result from accident. The facts revealed by the Coroner's investigation can contribute to the public health as well as the public safety, may direct attention to hazardous conditions of employment, may detect the presence of unsuspected disease of epidemic nature, or reveal the existence of hazards to health which preventive measures can eliminate.

In addition to the primary function of medical investigation to determine the cause and circumstances of death, the Coroner may, in his discretion, hold a formal inquest. During the period July 1, 1956 to June 30, 1957 the Coroner held 441 inquests. Transcripts of the inquest proceedings are made available to the District Attorney for review and possible action by his office. The function of the inquest is primarily that of determining criminal responsibility for death.

In the performance of its legal duties the Coroner's Department provides such services as the fingerprinting and identification of deceased persons, the notification of next of kin, notification of law enforcement agencies, the Veterans Administration, and other branches of government of the deaths of persons in whom these agencies have an interest.

III. ORGANIZATION OF THE DEPARTMENT

During the final quarter of fiscal year 1956-57, the Coroner's Department was reorganized to reflect the separation of the Department from that of the Public Administrator. The Department is headed by the Coroner, Dr. Theodore J. Curphey, and its functions are performed by five major divisions: (1) Medical Division, which is directed by the Assistant Chief Deputy Medical Examiner; (2) Toxicology Division, directed by the Head Toxicologist; (3) Embalming Division directed by the Chief Embalmer; (4) the Administrative Division, directed by the Executive Assistant, and (5) the Inquest Division headed by an Inquest Deputy.

The Medical Division is responsible for the medical investigation of each Coroner's case, and for the determination of the cause and mode of death. This work is performed by deputy medical examiners under the direction of the Assistant Chief Deputy Medical Examiner. The medical examiners are assisted by an autopsy technician, autopsy-assistant photographers, and histopathology technicians. The medical examiners conduct investigations, perform postmortem examinations, request laboratory studies, and obtain medical histories and other information from hospitals, the police, and other sources. As of June 30, 1957, there were 10 deputy medical examiners assigned to the Medical Division in addition to the Assistant Chief Deputy Medical Examiner.

The Toxicology Division is responsible for the chemical analysis of specimens submitted by the Deputy Medical Examiners for laboratory study. These specimens include blood, tissue, and other organic substances. Laboratory studies are made to determine the presence or absence of toxic agents such as the alcohols, narcotics, barbiturates, carbon monoxide, heavy metals, and other poisons. In many cases, such studies are fundamental for the positive determination of the cause of death. The Division is staffed by a Head Toxicologist, two toxicologists, an assistant toxicologist, and two laboratory assistants.

The Embalming Division is responsible for the transportation of bodies of deceased persons whose deaths occur in the metropolitan area as well as for the transportation of all suspected homicide cases that occur in any part of the County. This Division operates the Coroner's morgue in the Hall of Justice, has custody of remains of deceased persons, and embalms these remains. Personnel of the Division have an important duty in

gathering information and evidence at the scene of death, as well as assuming custody of property found on the person of the deceased. The Division is staffed by a Chief Coroner's Embalmer, thirteen Coroner's Embalmers, and four mortuary aids. The Division operates on a twenty-four hour per day basis.

The Administrative Division has responsibility for the receiving of reports of death, of maintaining the case records pertaining to all Coroner's cases; of notifying the next of kin of the deceased; of releasing remains on authorization of persons entitled to claim remains; of holding and releasing property; of issuing death certificates; and maintaining the Coroner's Register as required by law. This Division also handles internal departmental administration such as the procurement and issue of supplies; the maintenance of departmental accounts, and the collection of statistical information. The Division operates on a twenty-four hour per day basis.

The Inquest Division is responsible for the holding of formal inquests into the deaths of persons from unnatural causes. Purpose of the inquest is to determine if death is the result of criminal act on the part of another. Inquests are held in the Hall of Justice, or in the area where the death occurred. Proceedings are conducted by one of two inquest deputies, and the verdicts are rendered by Coroner's juries convened for the purpose. The proceedings are recorded and transcripts are made available to the District Attorney, City Attorneys, and others.

IV. PLANS FOR PROGRESS

To render the required public services with which the Department is charged, with an historic annual increase in the number of cases which requires Coroner's investigation, demands planning and the efficient organization of available resources. The Coroner's plans for the next fiscal year are directed toward (1) the recruitment and optimum use of qualified medical personnel; (2) the provision of improved facilities in the Hall of Justice to handle the case load of the metropolitan area of Los Angeles County; (3) the initiation of preliminary plans for a modern building to serve the metropolitan area of the County; (4) the more accurate recording and reporting of medical findings; (5) the greater use of laboratory study in determination of cause of death and, (6) the improvement of the service rendered by the Coroner in the issue of death certificates upon completion of investigation. These objectives will require certain changes in administrative procedures such as the standardization of forms of reports; centralization of case files; and improved controls to expedite the processing of cases.

Medicolegal agencies throughout the United States are faced with extreme difficulty in the recruitment of qualified medical examiners. The number of physicians with the necessary training in pathology is limited, and the salaries which can be offered by public agencies fall far short of prevailing income from professional practice. To offset the lack of medical examiners available to work on a full-time basis, the Coroner proposes to seek the services of qualified pathologists for part-time work with the Coroner's office. While there are administrative disadvantages in the use of part-time personnel, there are offsetting advantages in that it is possible to interest physicians with training in pathology in the work of the Coroner's Department, who would otherwise be unavailable on a full-time schedule.

The physical facilities of the Coroner's Department in the Hall of Justice - morgue, operating room, laboratories, and office space - are essentially the same as those provided in 1926 when the Hall of Justice was first occupied. In the fiscal year 1956-57, the Board of Supervisors provided the funds for the purchase and installation of sixty-three refrigerated units for the storage of bodies. The work is scheduled for completion in 1957-58 and will permit the medical examiners of the Coroner's Department to perform autopsies on unembalmed bodies. To

determine the cause of death in certain cases (abortions; bacterial infections; virus diseases) it is mandatory that postmortem examinations be done on unembalmed bodies, since the embalming process destroys evidence needed to demonstrate the cause of death. The use of refrigeration to preserve bodies prior to autopsy has long been customary in other jurisdictions and is consistent with modern hospital and medicolegal practice. This addition is expected to improve the accuracy of determination of cause of death.

Preliminary plans have been made to expand and modernize the facilities for the performance of autopsies and embalming, including the installation of adequate lighting, air-conditioning, and related facilities. These plans provide for the segregation of autopsy and embalming activities, which are now carried on in the same small area, as well as for modern embalming and autopsy tables, and for more efficient work areas.

During 1957-58, it is expected that a site for a new building for the Coroner's Department will be selected and that a start will be made on the preparation of preliminary plans. This building will house the Coroner's business offices and laboratories, and provide morgue services for the metropolitan area of the County. In the planning of the building existing modern facilities, such as the Coroner's Office of Cuyahoga County, Ohio, and the planned facilities for the Chief Medical Examiner of New York City will be studied to insure best use of space.

Since the findings of gross examination can be made more precise by use of supplementary laboratory investigations (bacteriological, microscopic studies of tissue, toxicological) the use of these tools of scientific investigation will continue to be emphasized and extended. Related to both the gross examination and microscopic study of material is the use of color and black and white photography. Photographs have become increasingly important in medicolegal cases as an aid to the presentation of medical evidence in the courts and as a means of providing a permanent visual record of the material studied. Funds are being provided in the 1957-58 budget for the purchase of essential items of equipment for a photographic laboratory. The laboratory is expected to be in operation in 1957-58.

During the final quarter of the fiscal year 1956-57 more detailed reporting of medical findings has been required, and complete records of these findings are being maintained. During 1957-58 it is intended to extend this program with the objectives of having records of investigation which are both medically and legally sufficient to demonstrate conclusions as to the cause of death. Related to the medical records of the Department is the maintenance of medical statistics. Although 62.4% of all cases investigated by the Coroner in 1956-57 were natural deaths, there has been no adequate classification of causes of death or related conditions. The absence of statistical reference files in these cases places an important area of vital information beyond the ready access of those concerned with problems of community health. The development of statistical systems designed to correct this condition will be undertaken in 1957-58.

SELECTED STATISTICS

TABLE No. 1

Cases Investigated by the Coroner:	1956-57	1955-56
In the Coroner's Metropolitan Area	3452	3647
In other areas of Los Angeles County	6132	5803
	9584	9450
Increase in 1956-57 over 1955-56	134	

TABLE No. 2 - MANNER OF DEATH

Natural Causes	5983	5900
Motor Vehicle Fatalities	1052	927
Home Accidents	881	949
Occupational Accidents	155	147
Aircraft Accidents	39	34
Railway Accidents	17	49
Other Accidents	432	420
Suicides	718	753
Homicides	235	193
Stillbirths	48	60
Abortions	18	11
Undetermined	6	7
	9584	9450

SELECTED STATISTICS

TABLE No. 3 - MOTOR VEHICLE FATALITIES

	1956-57	1955-56
Pedestrians	390	326
Vehicular Collisions	549	514
Non-collision Accidents	113	87
	1052	927

TABLE No. 3A - MOTOR VEHICLE FATALITIES
Incidence of Alcohol (see next page)

TABLE No. 4 - HOME ACCIDENTS

Burns and Explosions	101	102
Electrocution	5	7
Falls	507	541
Firearms	11	7
Mechanical Asphyxia	65*	60
Miscellaneous	16	55
Poisoning	174**	172
Violence of Undetermined Origin	2	5
	881	949

* 15 Drownings in home swimming pools by children included in this figure
** 20 carbon monoxide deaths from gas heaters burning in closed room in this figure

TABLE No. 3A - INCIDENCE OF ALCOHOL - AUTO ACCIDENTS

	TOTAL	NEGATIVE	.01 - .04%	.05% - .09%	.10% - .15%	Above 15%	Total Cases .15% or Above
DRIVERS	312	170*	12	14	32	84	27%
PEDESTRIANS	224	139	12	8	15	50	22%
PASSENGERS	224	100	6	9	15	24	16%

* One driver also under influence of narcotics

SELECTED STATISTICS

TABLE No. 5 - OCCUPATIONAL ACCIDENTS

	1956-57	1955-56
Burns	14	18
Crushing	13	15
Drowning	4	5
Electrocution	6	11
Explosions	2	4
Falls	42	35
Infection	48	30
Miscellaneous	23	24
Poisoning	3	2
	155	147

TABLE No. 6 - AIRCRAFT ACCIDENTS

Commercial Aircraft	10	6
Military Aircraft	5	2
Private Aircraft	24	26
	39	34

SELECTED STATISTICS

TABLE No. 7 - OTHER ACCIDENTS

	1956-57	1955-56
Burns and Explosions	22	12
Falls	263	238
Firearms	2	9
Mechanical Asphyxia	55*	41
Miscellaneous	31	75
Poisoning	45**	25
Violence of Undetermined Origin	14	20
	432	420

*Drowning of child in public pool included in this figure
** Above total includes 2 carbon monoxide deaths resulting from gas heaters in closed rooms

TABLE No. 8 - SUICIDES

Shooting	239	250
Poisoning (Barbiturates	150	148
(Others	48	48
Jumping	36	33
Hanging	113	105
Carbon Monoxide - Auto Exhaust	72	110
All Other	60	59
	718	753

SELECTED STATISTICS

TABLE No. 9 - HOMICIDES

	1956-57	1955-56
Assault	30	33
Fighting	1	3
Poisoning	12	4
Shooting	122	98
Stabbing	46	43
Strangulation	14	9
Suffocation	4	1
All Others	6	2
	235	193

TABLE No. 10 - MISCELLANEOUS DATA

Number of autopsies performed	4940	4669
Bodies embalmed for which fees were collected	2667	2856
Bodies embalmed for which no fees were collected	399	344
Bodies processed at Coroner's Mortuary Hall of Justice	3452	3647
Miles travelled by Medical Examiners to conduct investigations and appear as witnesses	92980	88890
Non-Coroner's cases (cases reported to Coroner but found not to be Coroner's cases)	472	432
Number of inquests held	441	417
Number of miles traveled by coroner's vehicles to transport bodies	28058	22637

SELECTED STATISTICS

TABLE No. 11 - LABORATORY TESTS

	1956-57	1955-56
Microscopic examinations	15199	7984
Bacteriological examinations	29	30
Blood tests for carbon monoxide	231	243
Cytology examinations	167	136
Gross specimens prepared	19	14
Neuropathology brain studies	120	113
Special tissue stains	45	39
Alcohol, tests (only)	2754	2677
Alcohol, in combination with other tests	592	361
Barbiturates	403	352

TABLE No. 12- PHOTOGRAPHY

Number of negatives made and processed	872	965
Number of prints made and processed	1781	1647
Number of color slides prepared	264	222

VI. EXPENDITURES

FISCAL YEAR 1956-57

SALARIES AND WAGES	$425,881.27
MAINTENANCE AND OPERATION	37,766.49
CAPITAL OUTLAY	18,397.66
	$482,045.42

VII. REVENUES COLLECTED

FISCAL YEAR 1956-57

SALARY FUND:	
EMBALMING FEES	$68,524.00
SALE OF TRANSCRIPTS	5,858.95
TOTAL, SALARY FUND	$74,382.95
GENERAL FUND:	
WITNESS FEES	354.65
REFUND OF TRANSPORTATION	707.82
TOTAL, GENERAL FUND	$1,062.47