

QUICK CASES: DEATH CERTIFICATE

Forensic Science

Dr. Wardisiani 2023-2024
jwardisiani@pths209.org



CASE #1

- A 50-year-old man died during a witness grand mal seizure. He had sustained a penetrating brain injury from shrapnel during military service 25 years earlier. He had frequent athletic seizures ever since. In the past, the seizures have been well-controlled with phenobarbital and Dilantin. An autopsy blood sample contained neither drug.
- **What is the cause and manner of death?**
- **Should this death be reported to the coroner/medical examiner?**



CASE #2



- A 55-year-old woman with advanced multiple sclerosis asphyxiates from aspiration of a bolus of food. Her blood was negative for Ethyl alcohol and drugs.
- **What is the cause and manner of death?**
- **Should this death be reported to the coroner / ME?**

CASE #3

- A 43 old man enters the hospital with abdominal pain and distention. Laparotomy discloses perforation of the duodenum by a wooden toothpick. Over the next six weeks, he develops peritonitis, sub phrenic abscess, septicemia, DIC, hepatic failure, renal failure, and adult respiratory distress syndrome.
- **What is the cause and manner of death?**
- **Should this death be reported to the coroner / medical examiner?**



CASE #4



- A woman sustains multiple bilateral rib fractures in a traffic accident. One week later she dies from bilateral and fluent Broomfield ammonia. Autopsy disposes no confusion or lacerations of her lungs, rib fracture margins in a penetrate into either plural cavity.
- **What is the cause of death?**
- **Should this death be reported to the corner / medical examiner?**

THANK YOU!! 😊

QUESTIONS AND COMMENTS

