

# Iowa Office of the State Medical Examiner



## Iowa Office of the State Medical Examiner

Annual Report 2023



Health and  
Human Services

**Office of the State  
Medical Examiner**

## Iowa Office of the State Medical Examiner

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## Summary

In 2023, the IOSME referred 700 deaths to IDN, 80 of which became tissue donors.

IOSME was involved in autopsy and release for 256 tissue donors, 129 of which were referred by non-hospital agencies (ME and EMS) and 127 referred by hospitals.

Of the 217 tissue donors resulting from EMS and ME referrals, 65% were recovered pre-autopsy (141/217).

Of the 256 tissue donors provided release by IOSME, IDN recovered 252 at the IOSME Recovery Suite.

The 256 tissue recoveries in which IOSME was involved (hospital, ME, and EMS deaths) resulted in:

- 126** Skin recoveries
- 201** Bone and associated tissue recoveries (72 JR recoveries)
- 104** Heart for valve recoveries
- 107** Saphenous vein recoveries (52 Left/55 Right)
- 73** Femoral vein recoveries (36 Left/37 Right)
- 7** Juvenile Cartilage recoveries
- 0** Adipose

## Accreditation

The IOSME received accreditation from the National Association of Medical Examiners (NAME) in 2008, and continually works toward maintaining that status.

On January 11, 2022, the IOSME was inspected and achieved reaccreditation for the period November 6, 2021, to November 6, 2025.

## Reportable Deaths

As per Iowa Code 331.802(3), certain types of deaths are to be reported to the county medical examiner. A medical examiner death is defined as a death that affects the public interest and is unexpected, unexplained, and/or unwitnessed. These deaths affect the public interest and include, but are not limited to, any of the following:

- A. Violent death, including homicidal, suicidal, or accidental death.
- B. Death caused by thermal, chemical, electrical, or radiation injury.
- C. Death caused by criminal abortion including self-induced, or by sexual abuse.
- D. Death related to disease thought to be virulent or contagious which may constitute a public hazard.
- E. Death that has occurred unexpectedly or from an unexplained cause.
- F. Death of a person confined in a prison, jail, or correctional institution.
- G. Death of a person who was prediagnosed as a terminal or bedfast case who did not have a physician in attendance within the preceding thirty days; or death of a person who was admitted to and had received services from a hospice program as defined in section 135J.1, if a physician or registered nurse employed by the program was not in attendance within thirty days preceding death.
- H. Death of a person if the body is not claimed by a relative or friend.
- I. Death of a person if the identity of the deceased is unknown.
- J. Death of a child under the age of two years if death results from an unknown cause or if the circumstances surrounding the death indicate that sudden infant death syndrome may be the cause of death.

## Statutory Duty State Medical Examiner

Iowa Code 691.5-6C and Administrative Rule 641-126 govern the Iowa Office of the State Medical Examiner. Autopsies are performed at the request of county medical examiners for those deaths that are reportable. The duties of the state medical examiner are:

1. To provide assistance, consultation, and training to county medical examiners and law enforcement officials.
2. To keep complete records of all relevant information concerning deaths or crimes requiring investigation by the state medical examiner.
3. To adopt rules pursuant to chapter 17A, and subject to the approval of the Director of Public Health, with the advice and approval of the State Medical Examiner Advisory Council.
4. To collect and retain autopsy fees as established by rule. Autopsy fees collected and retained under this subsection are appropriated for purposes of the state medical examiner's office. Notwithstanding section 8.33, any fees collected by the state medical examiner that remain unexpended at the end of the fiscal year shall not revert to the general fund of the state or any other fund but shall be available for use for the following fiscal year for the same purpose.
5. To conduct an inquiry, investigation, or hearing and administer oaths and receive testimony under oath relative to the matter of inquiry, investigation, or hearing, and to subpoena witnesses and require the production of records, papers, and documents pertinent to the death investigation. However, the medical examiner shall not conduct any activity pursuant to this subsection, relating to a homicide or other criminally suspicious death, without coordinating such activity with the county medical examiner, and without obtaining approval of the investigating law enforcement agency, the county attorney, or any other prosecutorial or law enforcement agency of the jurisdiction to conduct such activity.
6. To adopt rules pursuant to chapter 17A relating to the duties, responsibilities, and operations of the Office of the State Medical Examiner and to specify the duties, responsibilities, and operations of the county medical examiner in relationship to the Office of the State Medical Examiner.
7. To perform an autopsy or order that an autopsy be performed if required or authorized by section 331.802 or by rule. If the state medical examiner assumes jurisdiction over a body for purposes of performing an autopsy required or authorized by section 331.802 or by rule under this section, the body or its effects shall not be disturbed, withheld from the custody of the state medical examiner, or removed from the custody of the state medical examiner without authorization from the state medical examiner.
8. To retain tissues, organs, and bodily fluids as necessary to determine the cause and manner of death or as deemed advisable by the state medical examiner for medical or public health investigation, teaching, or research. Tissues, organs, and bodily fluids shall be properly disposed of by following procedures and precautions for handling biologic material and bloodborne pathogens as established by rule.
9. To collect and retain fees for medical examiner facility expenses and services related to tissue recovery. Fees collected and retained under this subsection are appropriated to the state medical examiner for purposes of supporting the state medical examiner's office and shall not be transferred, used, obligated, or otherwise encumbered. Notwithstanding section 8.33, any fees

collected by the state medical examiner shall not revert to the general fund of the state or any other fund.

## **Statutory Duty Deputy State Medical Examiner**

Iowa Code 691.6A governs the Deputy State Medical Examiner creation and duties.

The position of deputy state medical examiner is created within the Office of the State Medical Examiner. The deputy state medical examiner shall report to and be responsible to the state medical examiner. The deputy state medical examiner shall meet the qualification criteria established in section 691.5 for the state medical examiner and shall be subject to rules adopted by the state medical examiner as provided in section 691.6, subsection 3.

The state medical examiner and the deputy state medical examiner shall function as a team, providing peer review as necessary, fulfilling each other's job responsibilities during times of absence, and working jointly to provide services and education to county medical examiners, law enforcement officials, hospital pathologists, and other individuals and entities.

The deputy medical examiner may be, but is not required to be, a full-time salaried faculty member of the Department of Pathology at the University of Iowa Carver College of Medicine. If the medical examiner is a full-time salaried faculty member of the Department of Pathology at the University of Iowa Carver College of Medicine, the Iowa Department Health and Human Services and the State Board of Regents shall enter into a chapter 28E agreement to define the activities and functions of the deputy medical examiner, and to allocate deputy medical examiner costs, consistent with the requirements of this section.

## Tissue Referrals – EMS and ME

<b>217</b>	Tissue Donors
<b>168</b>	Approached Not Authorized (Family Decline)
<b>110</b>	Consented Not Recovered
<b>1573</b>	Not Medically Suitable
<b>57</b>	No Next-of-Kin Found/Available
<b>26</b>	Embalmed
<b>13</b>	Timed Out, Restricted to Post Autopsy
<b>39</b>	ME Declines
<b>0</b>	Weather Deferral
<b>0</b>	Time Constraints
<b>1</b>	Staffing Constraints
<b>179</b>	Processor Scale Back
<b>1</b>	Deeded Body Donor
<b>121</b>	Suitable – Not Approached

## Statewide Organ Referrals

Organ Donors	<b>144</b>	Cardiac Arrested on Vent	<b>146</b>
- Organ Donors with at least one organ transplanted	<b>123</b>	Consented Not Recovered	<b>29</b>
Approached Not Authorized	<b>70</b>	Patients Not Brain Dead/DCD	<b>1089</b>
Not Medically Suitable	<b>263</b>	Medical Examiner Decline	<b>1</b>
First Person Decline	<b>2</b>	Referred, Survived	<b>580</b>
Non-Converted Potential	<b>119</b>		

## Budget and Staffing

The IOSME receives its funding from the State of Iowa general fund appropriation, charges and fees for autopsies performed and a portion of the fees collected by Vital Records for copies of death certificates.

Fiscal Year	General Fund Appropriation	Autopsy Fees Collected	Death Certificate Fees Collected
FY2000	357,184 (transfer)	0	0
FY2001	514,029	213,500	0
FY2002	544,103	339,000	0
FY2003	497,220	406,100	0
FY2004	511,211	372,395	0
FY2005	526,268	512,100	185,238
FY2006	865,270	707,052	379,320
FY2007	984,981	690,590	383,187
FY2008	1,143,497	879,659	393,162
FY2009	1,262,566	725,943	393,015
FY2010	932,138	864,953	390,655
FY2011	903,782	800,410	402,606
FY2012	852,801	964,800	410,535
FY2013	822,084	1,020,062	420,013
FY2014	822,084	1,084,450	405,449
FY2015	822,084	1,059,100	403,825
FY2016	822,084	1,056,496	387,301
FY2017	822,084	1,134,550	405,828
FY2018	822,084	1,118,309	397,899
FY2019	822,084	1,492,000	394,704
FY2020	814,769	2,154,553	429,155
FY2021	814,769	2,248,277	521,883
FY2022	1,196,150	3,057,473	528,708
FY2023	1,196,150	3,593,150	495,090

### The IOSME had 19.5 FTEs in 2023:

**1 Chief State Medical Examiner**

2 Associate State Medical Examiners

0.5 Vital Statistics liaison

3 Secretaries

1 Radiological Technologist

1 Morgue Attendant

**1 Deputy State Medical Examiner**

2 Medical Examiner Investigator liaisons

1 Office Manager

3 Medicolegal Death Investigator

3 Autopsy Technicians



## Statistical Information

The Iowa Office of the State Medical Examiner oversees 99 county medical examiner offices. The following information has been gathered from all 99 counties and reflects the state as a whole. However, there is statistical information provided that also reflects how the Iowa Office of the State Medical Examiner performs its duties as the central office.

### Central Office Numbers for the Year 2023

**Total medical examiner cases reported in Iowa: 10,318**

Total cases accepted by IOSME for autopsy ..... 1,972

Total scenes attended by IOSME ..... 5

Total bodies transported by office ..... 4

External examinations ..... 6

Complete autopsies ..... 1,957

Partial autopsies ..... 0

Cases where toxicology is performed ..... 1,900

Bodies unidentified after examination ..... 1

Unclaimed bodies ..... 0

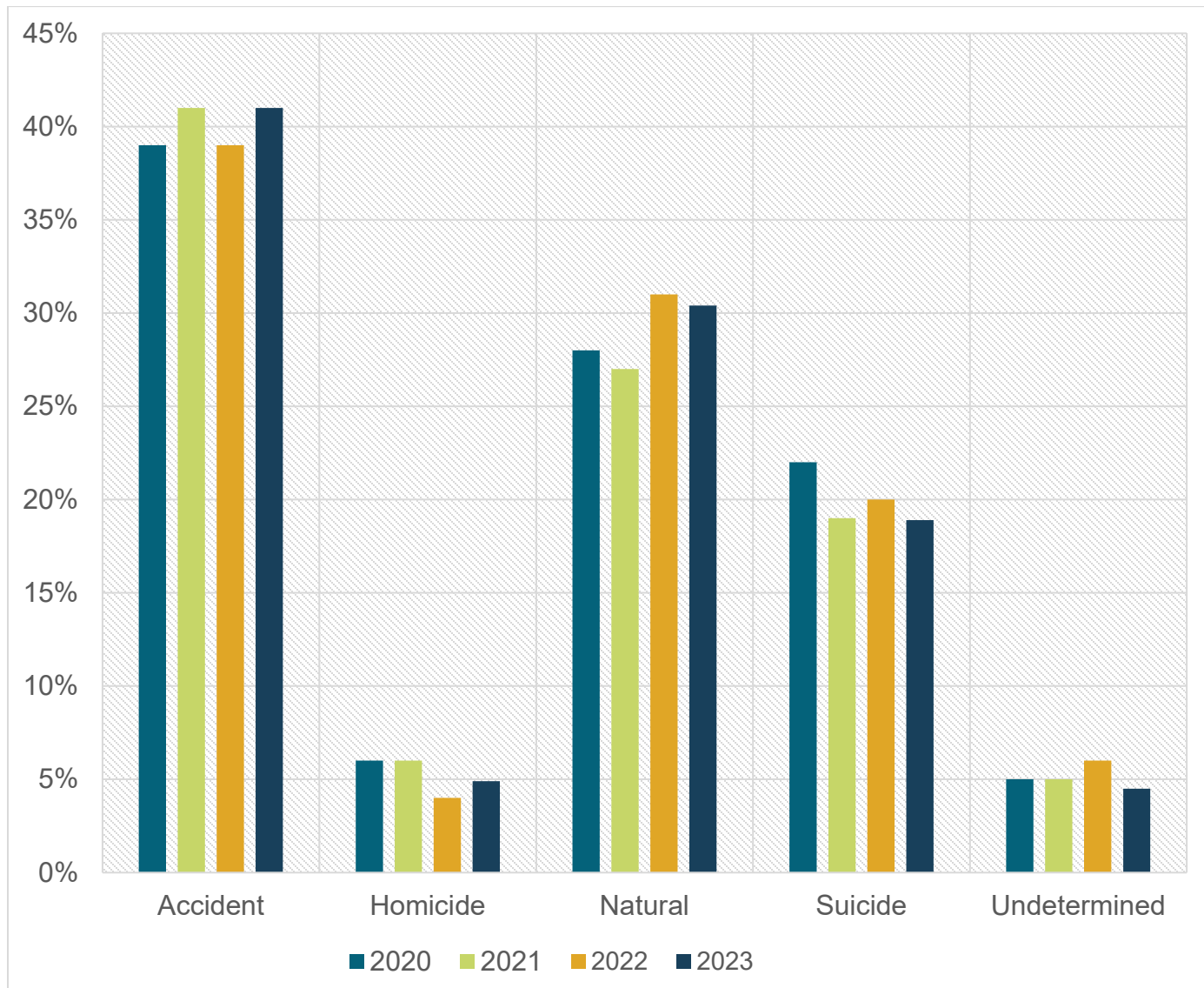
Exhumations ..... 0

Bodies transported to the office ..... 1,969

Hospital autopsies retained under ME jurisdiction ..... 0

**(Central office does not accept hospital autopsies)**

## Manners of Deaths Percentages for Cases Performed at the Iowa Office of the State Medical Examiner

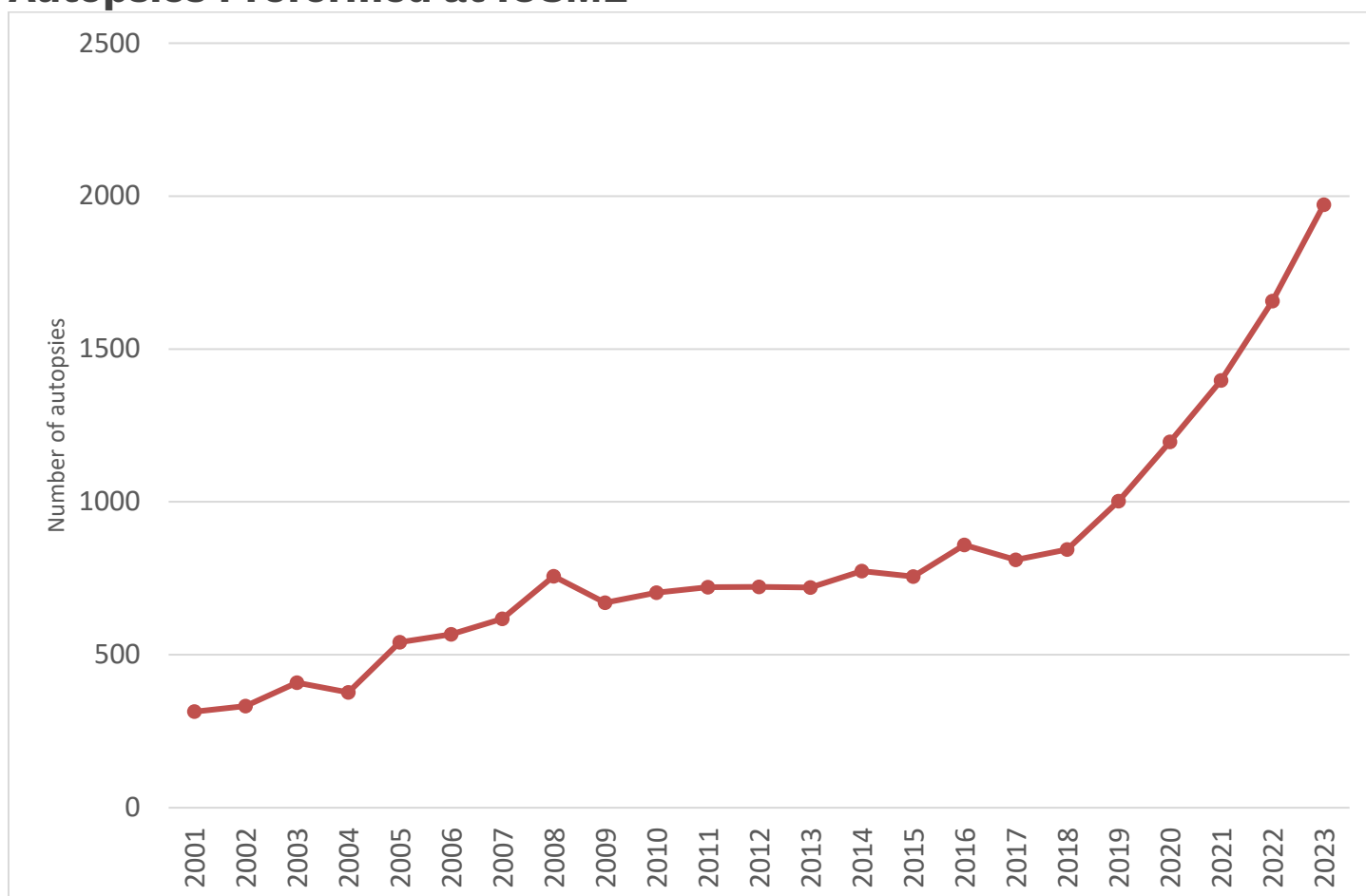


## Iowa Deaths

2014 2015 2016 2017 2018 2019 2020 2021 2022 2023

<b>Total Deaths in Iowa</b>	28,088	28,548	29,512	30,527	30,369	30,399	35,669	33,996	33,772	32,335
<b>CME Investigated</b>	5,121	5,285	5,524	5,789	5,515	6,686	10,893	10,615	11,033	10,318
<b>% of Total Deaths</b>	18%	18%	19%	19%	18%	22%	30%	31%	33%	31%
<b>Autopsies Requested</b>	1,507	1,533	1,565	1,543	1,499	1,472	1,868	2,135	2,209	2,247
<b>% of ME Cases</b>	29%	29%	28%	28%	26%	22%	17%	20%	20%	21%

## Autopsies Performed at IOSME



## Categories of Death by Manner

### NATURAL

Cardiac > Coronary Artery Disease	165
Cardiac > Non-atherogenic	88
Cerebrovascular	9
Chronic Alcohol-Related	47
Congenital Defect	5
Diabetes	20
Gastrointestinal	7
Hypertension	24
Infectious Disease	20
Natural Disease > NOS	18
Pulmonary Disease	8
Pulmonary Embolism	35
Seizure	9
Other	12

### UNDETERMINED

Asphyxia	3
Blunt Force Injury	3
Blunt Force Injury > Transportation	4
Cardiac > Coronary Artery Disease	2
Drowning	5
Firearm	0
Intoxication > Alcohol	1
Intoxication > Drug	11
SIDS/SUID	29
Undetermined	17

### HOMICIDE

Asphyxia	1
Blunt Force Injury	10
Firearm > Handgun	45
Firearm > Rifle	3
Firearm > Shotgun	5
Firearm > NOS	14
Sharp Force Injury	11
Other	1

### ACCIDENT

Asphyxia	29
Blunt Force Injury	45
Blunt Force Injury > Transportation	236
Chronic Alcohol-Related	2
Drowning	28
Electrical	2
Exposure	11
Fall	3
Fire > Motor Vehicle	10
Fire > Structure	21
Firearm > Handgun	2
Intoxication > Alcohol	8
Intoxication > Drug	190
Intoxication > Mixed Drug & Alcohol	26
Poisoning > Non-drug	1
Pulmonary Embolism	8
Seizure	1
Sepsis	1
Weather related	0

### SUICIDE

Asphyxia > Carbon Monoxide	5
Asphyxia > Hanging	85
Asphyxia > Suffocation	1
Blunt Force Injury	4
Blunt Force Injury > Motor vehicle	4
Blunt Force Injury > Pedestrian	3
Drowning	3
Fire	0
Firearm > Handgun	123
Firearm > Rifle	16
Firearm > Shotgun	21
Intoxication > Drug	38
Intoxication > Mixed Drug & Alcohol	4
Sharp Force Injury	2