



New Mexico Office of the Medical Investigator

Annual Report 2019



We investigate deaths to serve the living



**2019 Annual Report
Office of the Medical Investigator
State of New Mexico**

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**Office of the Medical Investigator (OMI)
2019 Annual Report**

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Introduction

The Office of the Medical Investigator (OMI) investigates any death occurring in the State of New Mexico that is sudden, violent, untimely, unexpected or where a person is found dead and the cause of death is unknown. OMI performed services for a total of 7,987 deaths in 2019. A detailed breakout of the case distribution can be found in this report.

This report is presented in two sections. The first section of the report summarizes the activity of the OMI. The second represents data routinely collected by the OMI in a manner that answers questions related to mortality and public health from a medical examiner's perspective. The tables and figures included in the report are designed to be self-explanatory, and we hope you find them easy to read and understand. Definitions can be found in the Glossary and may provide assistance with the terminology encountered in the report. Readers with special interests, needs, or whose questions are not answered by this report may contact the OMI. Additionally, we encourage interested researchers to contact the New Mexico Bureau of Vital Records and Health Statistics (BVRHS) for complete mortality statistics.

Comments or suggestions concerning the content, format, or clarity of the report are always welcome.

Preparation of the Annual Report

The OMI data from which this report was compiled are maintained on a web-based data management system located at the New Mexico Scientific Laboratories in Albuquerque. OMI faculty Sarah Lathrop, DVM, Ph.D., and OMI Research Scientist Garon Bodor, MS using Microsoft Office 2016 Professional, prepared this report. UNM Health Sciences Center – Digital Printing and Document Services printed and bound the final distribution copies. Electronic copies of this report may be downloaded in .PDF format from the OMI website: <http://omi.unm.edu>.

Overview – Office of the Medical Investigator – 2019

The Office of the Medical Investigator (OMI) was created by the New Mexico State Legislature in 1972 and became operational in 1973. Replacing the county coroner system, the OMI was tasked¹ with investigating all reportable deaths occurring in New Mexico, to subsequently determine the cause and manner of death in such cases, and to provide formal death certification.

¹ NMSA Statute 24-11-1, et seq., and 7-NMAC 3.2.8

Reportable Deaths

Those deaths to be reported to the OMI include all deaths occurring in New Mexico as outlined below, regardless of where or when the initial injuring event occurred.

- Any death that occurs suddenly and unexpectedly, that is, when the person has not been under medical care for significant heart, lung or other disease.
- Any death suspected to be due to violence, i.e., suicidal, accidental or homicidal injury, regardless of when or where the injury occurred.
- Any death suspected to be due to alcohol intoxication or the result of exposure to toxic agents.
- Any death of a resident housed in a county or state institution, regardless of where death occurs. This refers to any ward of the state or individual placed in such a facility by legal authorization.
- Any death of a person in the custody of law enforcement officers.
- Any death of a person in a nursing home or other private institution without recent medical attendance.
- Any death that occurs unexpectedly during, in association with, or as a result of diagnostic, therapeutic, surgical or anesthetic procedures.
- Any death alleged to have been caused by an act of malpractice.
- Any death suspected to be involved with the decedent's occupation.
- Any death unattended by a physician.
- Any death due to neglect.
- Any stillbirth of 20 or more weeks' gestation unattended by a physician.
- Any maternal death to include death of a pregnant woman regardless of the length of the pregnancy, and up to six weeks post-delivery, even where the cause of death is unrelated to the pregnancy.
- Any death of an infant or child where the medical history has not established some pre-existing medical condition.
- Any death, which is possibly, directly or indirectly, attributable to environmental exposure, not otherwise specified.
- Any death suspected to be due to infectious or contagious disease wherein the diagnosis and extent of disease at the time of death are undetermined.
- Any death occurring under suspicious circumstances.
- Any death in which there is doubt as to whether or not it is a medical investigator's case should be reported.

Statutory Duty

The OMI Policy Manual, derived from statute, requires the OMI to perform the following duties in all cases of reportable deaths:

- Receive all reports of sudden, unexpected or unexplained deaths.
- Respond to all sudden, unexpected or unexplained deaths.
- In the absence of a physician, pronounce death.
- Take custody of the body and all articles on or near the body.
- Maintain the chain of custody of the body and all articles obtained there from.
- Conduct an investigation leading to the determination of the cause and manner of death.
- Obtain toxicology samples from the body when indicated, and arrange for necessary tests upon those samples that will aid in the determination of cause and manner of death; maintain the proper chain of custody and evidence on those samples; store those samples for an appropriate period of time.
- Certify the cause and manner of death and forward written certification to designated agencies.
- Properly dispose of human remains through release to family or designated and authorized entities.
- Provide accurate identification of all human remains when possible.
- Cooperate with authorized agencies having involvement with death investigation.
- Provide professional, objective testimony in state and local courts of law.
- Define procedures that establish fees for services and material provided by the OMI.
- Define procedures to reimburse all parties providing services to the OMI.
- Establish and maintain a disaster plan outlining the role of OMI staff.
- Maintain records of each official death investigation and provide reports to official agencies.

The above duties are exclusive of deaths that occur on tribal or federal land. The OMI provides consulting services for requesting agencies such as the Bureau of Indian Affairs (BIA), Federal Bureau of Investigations (FBI), Tribal Law Enforcement, military law enforcement, or neighboring state jurisdictions.

The OMI is designated as a special program within the Department of Pathology at the University of New Mexico School of Medicine. A Board of Medical Investigations comprised of the Dean of the UNM School of Medicine, the Chief of the New Mexico State Police, the Secretary of the Department of Health, the Chairman of the New Mexico Board of Thanatopractice and the Cabinet Secretary of the Indian Affairs Department was established to oversee and develop policy. The Board appoints the Chief Medical Investigator, a physician licensed in New Mexico, trained in Pathology and Forensic Medicine, who has responsibility for operations.

The program operates out of the Central Office located in the UNM Health Sciences Center in Albuquerque, New Mexico. The Central Office directs all investigative activities statewide. Specially trained and certified Field Deputy Medical Investigators (FDMI) conduct field investigations. Every county in New Mexico has FDMIs who conduct investigations at the scene of death to collect information used to determine jurisdiction, possible cause and manner of death, and in the absence of a physician provide the pronouncement of death. The FDMIs contact the Central Office and

present the results of each investigation to Central Office Deputy Medical Investigators who work with on-call Medical Investigators (forensic pathologists) to make the ultimate decisions regarding jurisdiction and the need for further medicolegal investigation. All autopsy services are conducted in the Central Office and are performed by forensic pathologists with the assistance of morphology technicians. The Scientific Laboratory Division (SLD) provides some toxicology services, with other commercial laboratories providing specialized testing. All documentation is archived by the Central Office and is available as provided for by public record statutes and regulations.

Such a strongly defined and professionally staffed system provides investigative agencies, the medical community and the citizens of New Mexico with standardized death investigation protocols and a central repository for the information compiled during those medicolegal investigations. The centralization of these services has proven valuable in many areas of public concern including:

- Criminal investigations such as homicide or child abuse
- Protection of public health from environmental hazards and the spread of infectious disease
- Surveillance and reporting of deaths that may represent bioterrorist activities
- Medical and statistical research contributing to positive preventive measures (such as seat belt laws)
- Expert testimony in court cases
- Proper certification of death
- Services to families of the deceased persons (Grief Services Program)

Program Summary and Highlights for 2019

Investigative Activity

In 2019, New Mexico had 7,987 deaths that met the criteria to become a reportable death. The OMI provided investigative services for each of these 7,987 deaths. OMI's Deputy Medical Investigators conducted 5,636 scene investigations in 2019. Following these investigations, OMI retained jurisdiction of 4,119 deaths and relinquished jurisdiction of 2,907 deaths to private physicians. An additional 961 deaths were investigated as consultations, resulting in a total caseload of 7,987 medicolegal investigations. OMI ordered the transportation of 4,059 decedents who died in 2019. A granular examination of the case distribution is presented in the Total Cases section beginning on the section entitled 'Total Cases'.

Examination Types

Of the 7,987 reportable deaths in 2019, OMI performed 1,799 autopsies (1,690 full + 109 partial), 1,392 pathologist externals, 717 field externals, and 4,076 decedents did not receive a physical examination of any type. As a department of the UNM Health Sciences Center, OMI performs autopsies for the hospital as a consultant; however, OMI does occasionally take jurisdiction over some of those cases. In 2019, OMI took jurisdiction over 263 cases. Of those cases, 92 received a full or partial autopsy, 66 received an external examination, and 105 cases only needed their records

reviewed in order to have a proper cause and manner of death assigned. A granular examination of the examination types is presented in the 'Total Cases' section of this report.

Identification

Each year OMI receives hundreds of cases where remains are initially unidentified. Approximately 99% of these cases are successfully identified through OMI's investigative efforts. Our staff identifies these cases through fingerprint analysis, postmortem forensic dental examinations, DNA analysis, and x-ray and CT comparisons. The investigative staff dedicates many hours to reviewing "cold cases" and are able to identify many cases with the advancement of DNA technology and by resubmitting fingerprints to the FBI that were originally unmatched. In 2019, the investigative staff identified all but 16 decedents.

Training and Education

At the OMI, the activity of training and education is an integral part of day-to-day operations. The OMI is designated as a special program within the Department of Pathology at the University of New Mexico School of Medicine. The forensic pathologists are faculty members within the School of Medicine and are expected to participate in training of medical students, residents and fellows, as well as conduct research activity to further advance the science of forensic medicine.

Forensic Pathology Fellowship Program

The OMI Forensic Pathology Fellowship Program is considered one of the best in the country. The fellowship is a one-year, in-depth training program in the subspecialty of forensic pathology. Applicants must have completed an accredited pathology residency program. Four positions for this competitive program are available each year and are generally filled two years in advance.

Certification Training

All OMI Central Office deputy medical investigators are required to become certified by the American Board of Medicolegal Death Investigators to perform a death investigation. Additionally, the OMI provides in-house training for the deputy medical investigators throughout New Mexico and in the past year, 21 individuals successfully completed the training and received certification as new Field Investigators. Upon request, OMI will provide the certification training to other medical investigators, coroners and law enforcement agencies for adaptation to the needs of their local systems. (i.e., Native American police officers).

Death Investigation Training

OMI provided continuing education on a variety of forensic topics to over 100 Field Investigators through weekly webinars. This training was open to several other medical examiner offices throughout the country through Project ECHO, and representatives from offices in Oklahoma, Indiana, and California also participated.

Law Enforcement Education

Death investigation training is provided at the New Mexico State Police Academy, the New Mexico Law Enforcement Academy, APD Citizen's Police Academy, and the Albuquerque Police Academy. In addition, specialized training is provided to individual police departments at their request.

Public Education

OMI Staff conducts in-service training throughout the state for a wide variety of agencies. Examples of agencies include the New Mexico Department of Health, funeral homes, hospitals, correction facilities, the EMS training site, UNM, CNM, high schools, civic organizations, state search and rescue groups, and tribal authorities.

OMI website

The OMI website at <http://omi.unm.edu> provides instant access to information concerning OMI, staff, services offered, reports, and record requests.

Center for Forensic Imaging

The Center for Forensic Imaging (CFI) is located within OMI. The CFI performs computed tomography (CT), magnetic resonance imaging (MRI), and radiography, in support of the clinical service of the OMI, as well as research and education.

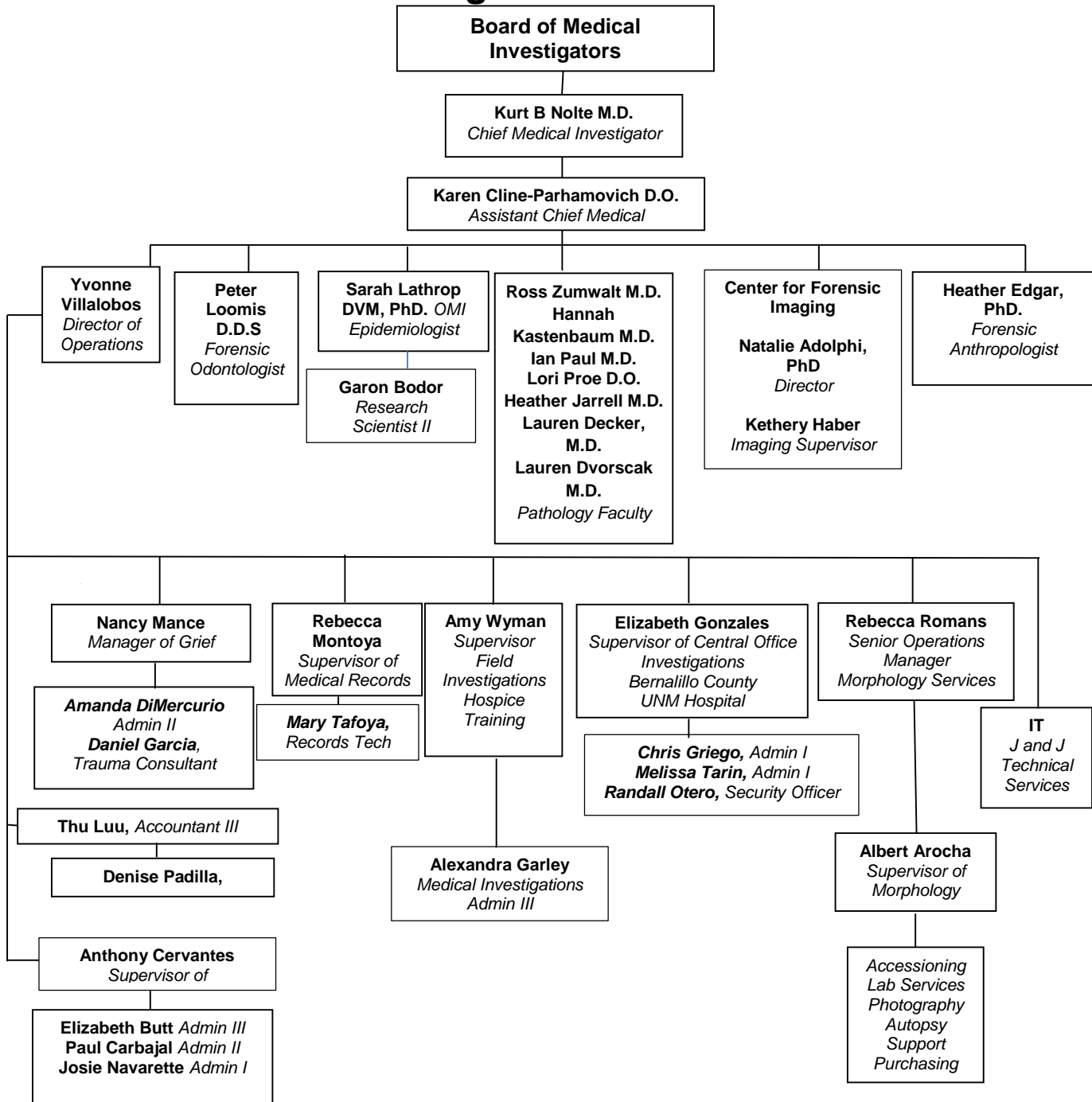
Grief Services Program

The Grief Services Program (GSP) was established in 1975. Initially, the program provided crisis intervention and education to families whose child died as a result of Sudden Infant Death Syndrome (SIDS). The Program has expanded over time and now includes support for those dealing with a family member's death arising from homicide, suicide, or accident. Currently, GSP contracts with grief counselors throughout the state and also has three counselors located on-site in Albuquerque, all who provide trauma and grief support for families dealing with this sudden and unexplained death. Services include: crisis support, trauma and grief support/counseling, advocacy, counseling groups, and information and referrals. Additionally, the GSP provides consultation, training, and public presentations focusing on trauma and complicated grief education across New Mexico for agencies such as law enforcement, emergency responders, nurses, mental health providers, teachers and other groups who request such training.

Donor Services

In 2019, OMI ensured that 100% of potential organ donors and their families were allowed to give the gift of life. OMI works closely with Donor Services and Lion's Eye Bank to provide life-saving organs for transplantation, in New Mexico and across the country. Our thanks go to the families whose loved ones became an organ or tissue donor, providing an enhanced quality of life to hundreds of transplant recipients.

Office of the Medical Investigator
2019 Organizational Chart



Total Cases

The remainder of this report will present data routinely collected by the OMI in a manner that answers questions regarding mortality and public health. The tables and charts summarize data collected on every medicolegal investigation, including consultation cases that the OMI conducted for this reporting period. The data, a subset of total mortality figures, represent findings on cases that come to the attention of forensic pathology. Readers who need complete mortality figures are encouraged to contact the State Center for Health Statistics – Bureau of Vital Records and Health Statistics, New Mexico Department of Health.

Figure 2. Total Cases (2009 – 2019)

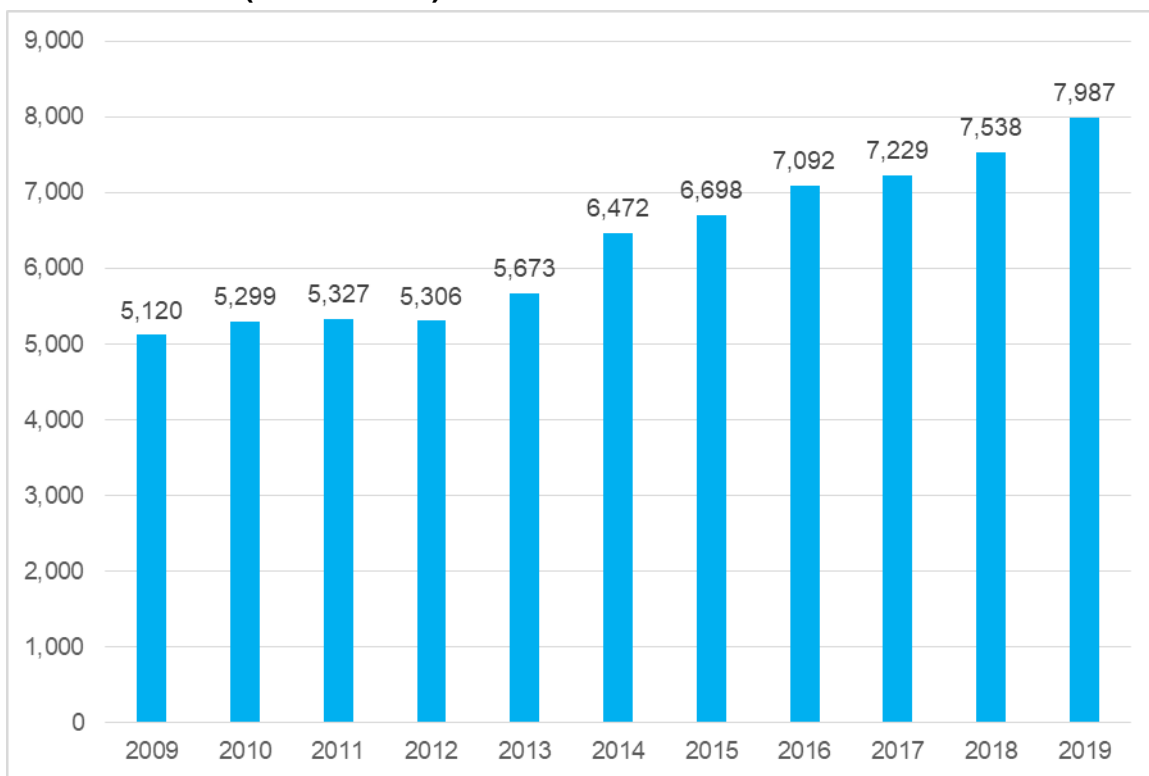


Figure 3. Total Cases by Month 2019

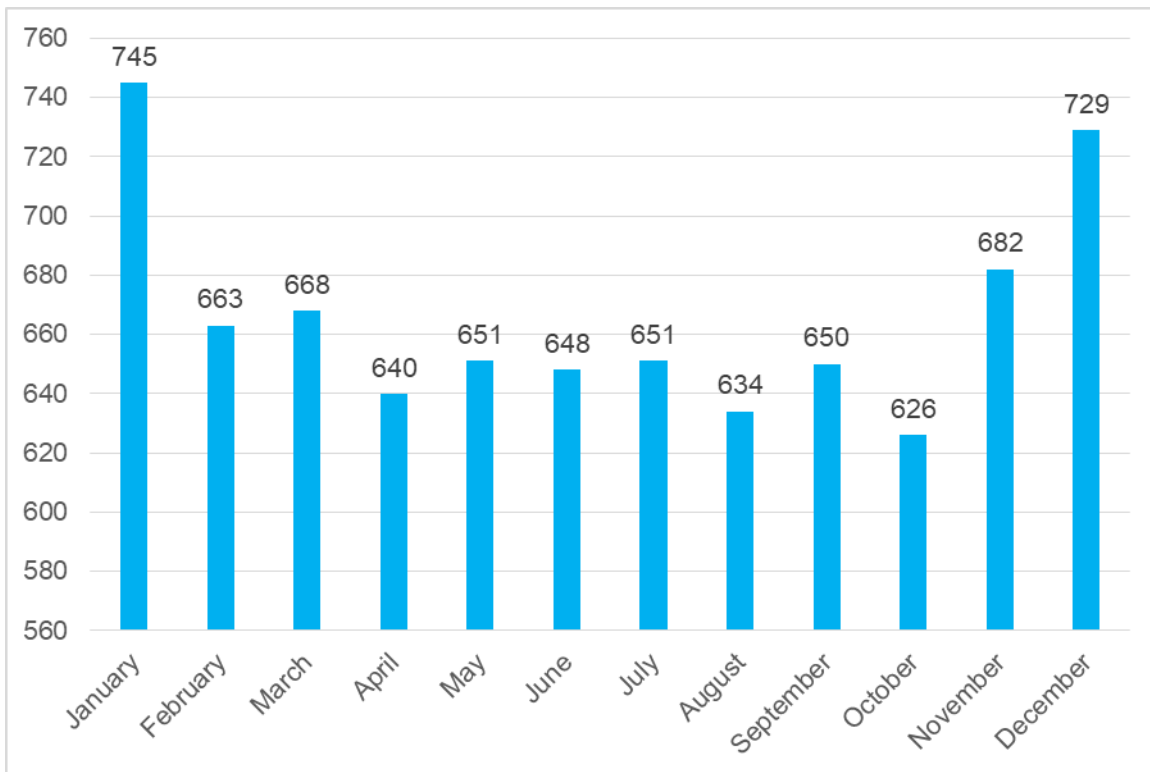


Figure 4. Total Cases by Day 2019

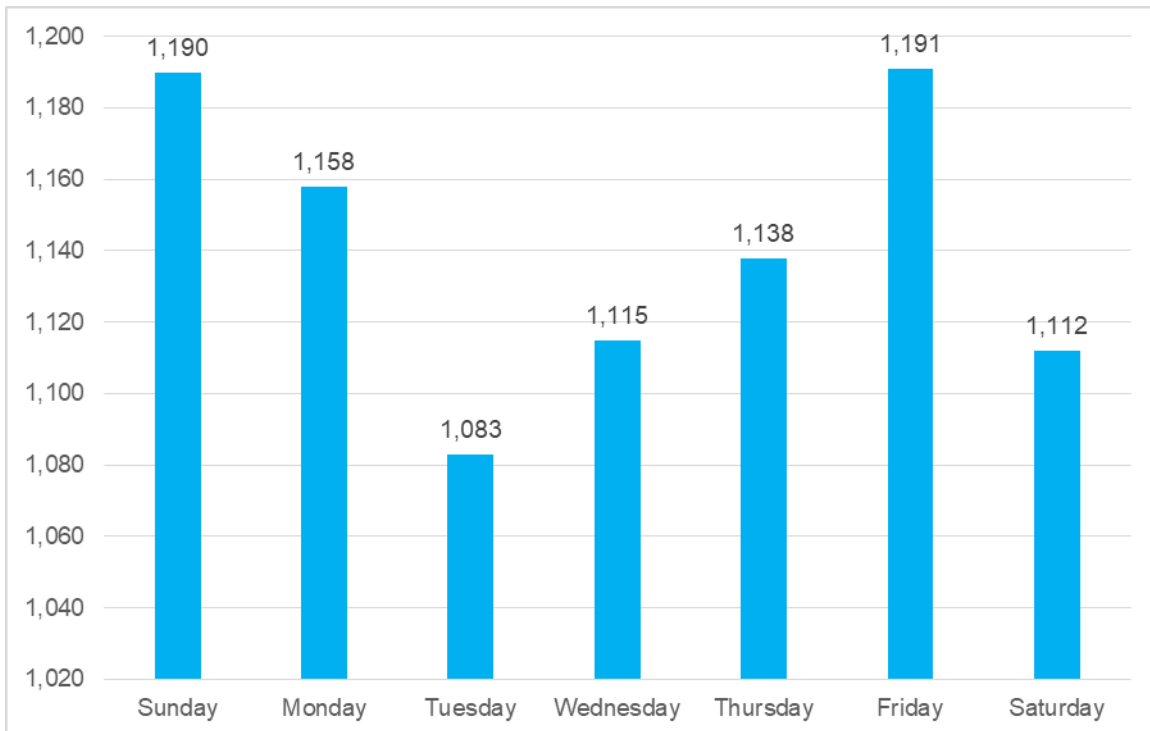


Figure 5. Total Cases by Race / Ethnicity 2019

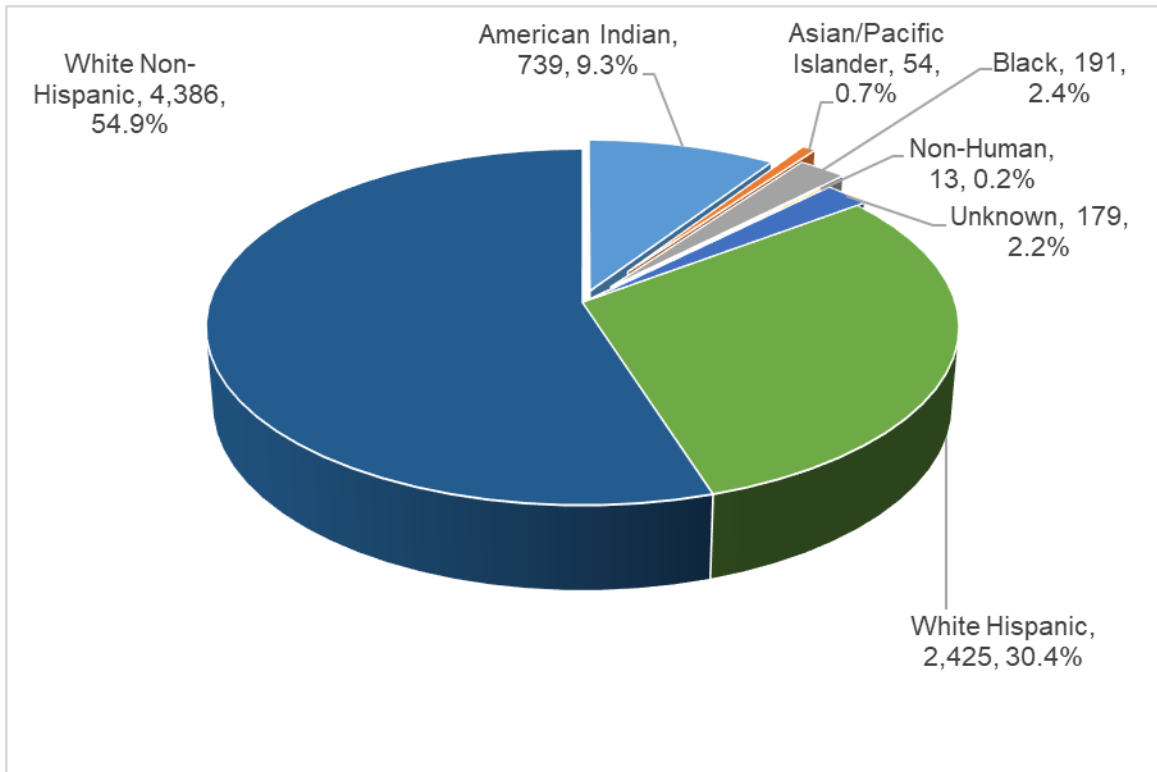


Figure 6. Total Cases by Age and Gender 2019

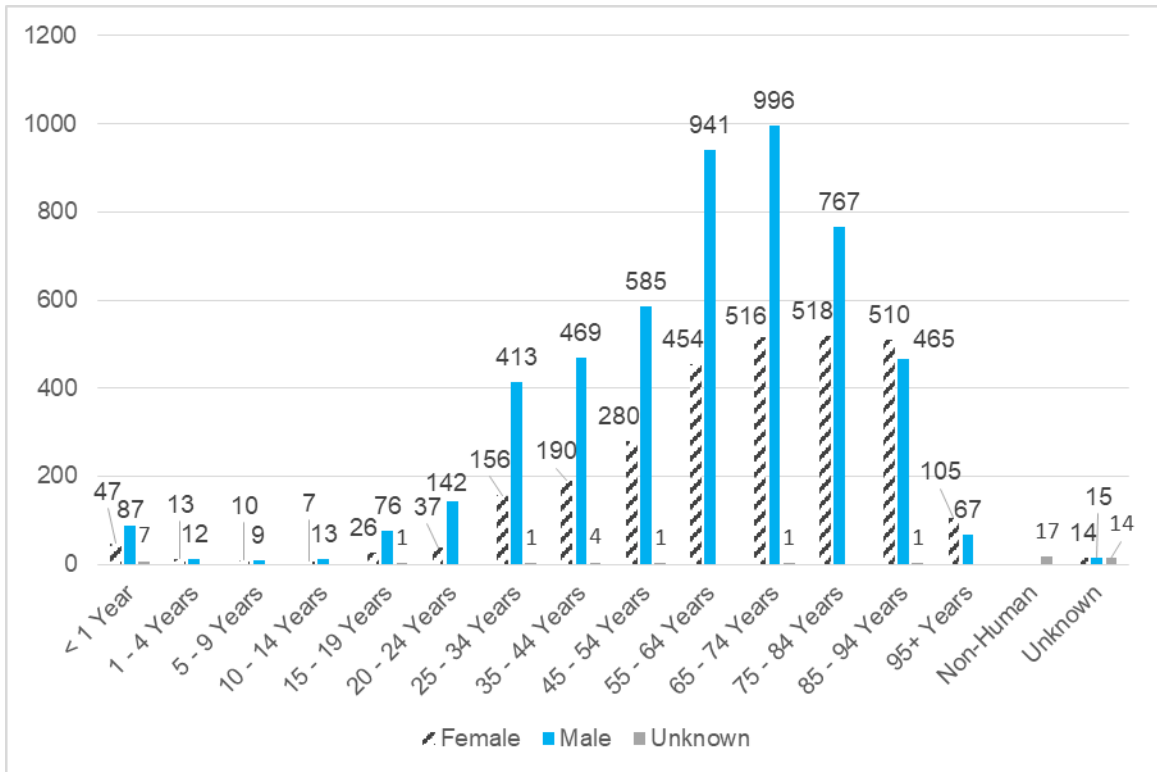


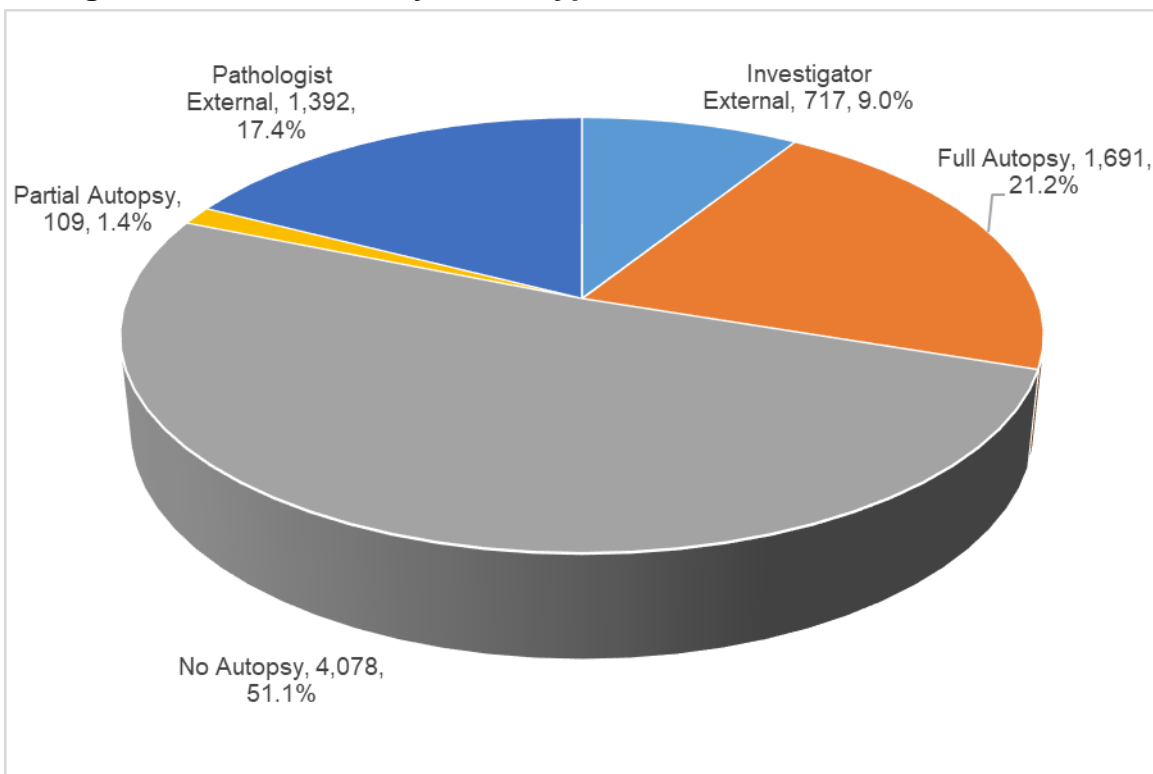
Table 1. Total Cases - Autopsy Status 2019

Autopsy	Accident	Homicide	Jurisdiction Terminated	Natural	Non-Accept	Other	Pending	Suicide	Undetermined	Total
No	1,098	1	1,621	1,856	1,286	33	5	273	15	6,188
Yes	661	264		540		8	4	220	102	1,799
Total	1,759	265	1,621	2,396	1,286	41	9	493	117	7,987

Table 2. Total Cases Distribution 2019

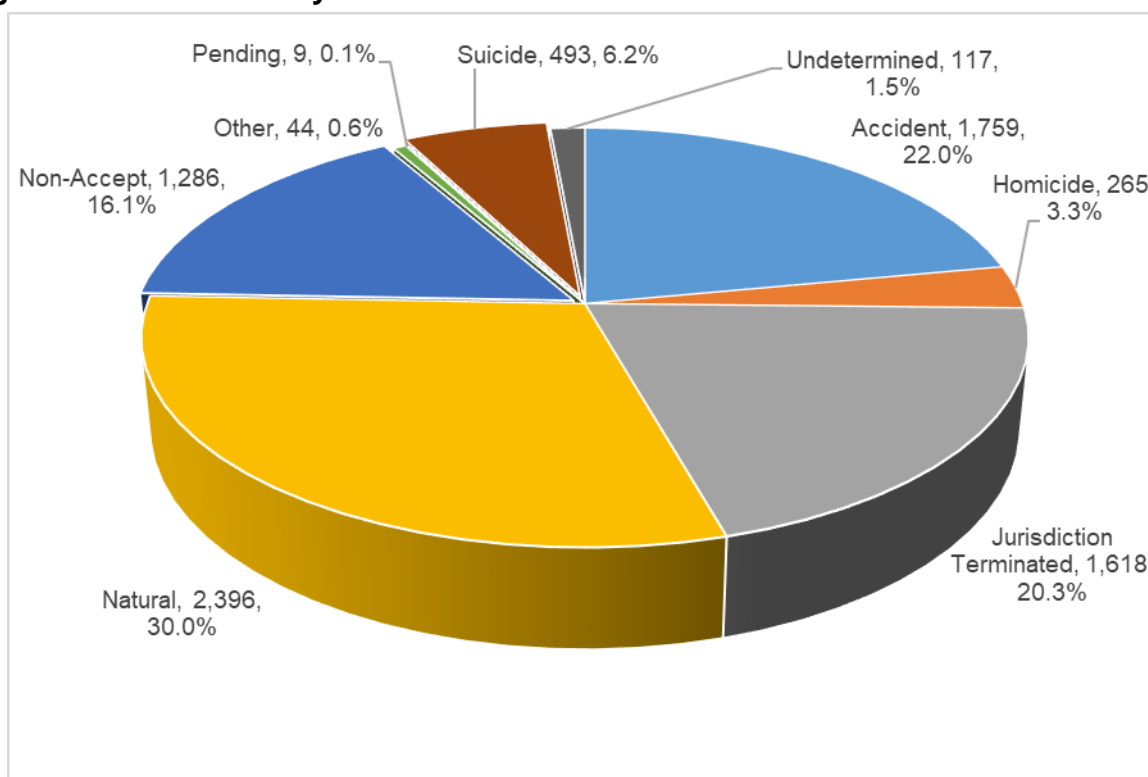
Jurisdiction	Autopsy No	Autopsy Yes	Percent Autopsied	Total
OMI				
Accident	1,046	624	37.4%	1,670
Homicide	1	234	99.6%	235
Natural	1,179	428	26.6%	1,607
Other	19	3	13.6%	22
Pending	5	3	37.5%	8
Suicide	267	212	44.3%	479
Undetermined	15	83	84.7%	98
Subtotal	2,532	1,587	38.5%	4,119
Consult				
Accident	52	37	41.6%	89
Homicide		30	100.0%	30
Natural	677	112	14.2%	789
Other	14	5	26.3%	19
Pending	0	1	100.0%	1
Suicide	6	8	57.1%	14
Undetermined	0	19	100.0%	19
Subtotal	749	212	22.1%	961
Jurisdiction Terminated	1,621	0	0.0%	1,621
Non-Accept	1,286	0	0.0%	1,286
Total	6,188	1,799	22.5%	7,987

Figure 7. Total Cases by Exam Type 2019



Cause and Manner of Death

Figure 8. Total Cases by Manner of Death 2019



Cause and Manner of Death - Overview

In 2019, OMI investigated 7,987 deaths, representing approximately *42.8% of the estimated total deaths in New Mexico in 2019 (*based on most recent Vital Records Report). Of the deaths investigated by OMI in 2019:

The total number of deaths investigated represents a 6.0% increase from the 2018 total, and a 56.0% increase since 2010.

The ratio of male to female deaths, when gender was clearly determined, was 1.8. Decedents classified as White non-Hispanic represented 54.9% of the total, White Hispanic 30.4%, American Indian 9.3%, Black 2.4%, and Asian/Pacific Islander 0.7%. The racial-ethnic composition of New Mexico was listed in 2019 as: 36.8% non-Hispanic white, 49.3% Hispanic, 11.0% American Indian, 2.6% African-American and 2.0% Asian/Pacific Islander. (Source: <https://www.census.gov/quickfacts/fact/table/nm/PST045217?>)

While natural deaths contributed the largest portion of OMI deaths investigated (30.0%), most natural deaths did not fall under the jurisdiction of the OMI. Multiple cases are called into OMI every year in order to verify if OMI has jurisdiction over the case. The physicians then decide if OMI is statutorily obligated to investigate the case and issue the death certificate. If they are not statutorily obligated,

the case is considered as jurisdiction terminated (20.3% of 2019 cases) or non-accept (16.2% of 2019 cases). Data presented regarding natural deaths should not be interpreted as representative of all natural deaths in New Mexico.

Table 3. Total Cases by Gender and Manner 2019

Manner	Female	Male	Unknown	Total
Accident	621	1,137	1	1,759
Homicide	57	207	1	265
Jurisdiction Terminated	615	1,001	5	1,621
Natural	858	1,533	5	2,396
Non-Accept	574	705	7	1,286
Other	5	14	22	41
Pending	3	6		9
Suicide	111	382		493
Undetermined	39	73	5	117
Total	2,883	5,058	46	7,987
<i>17 non-human, 8 ancient</i>				

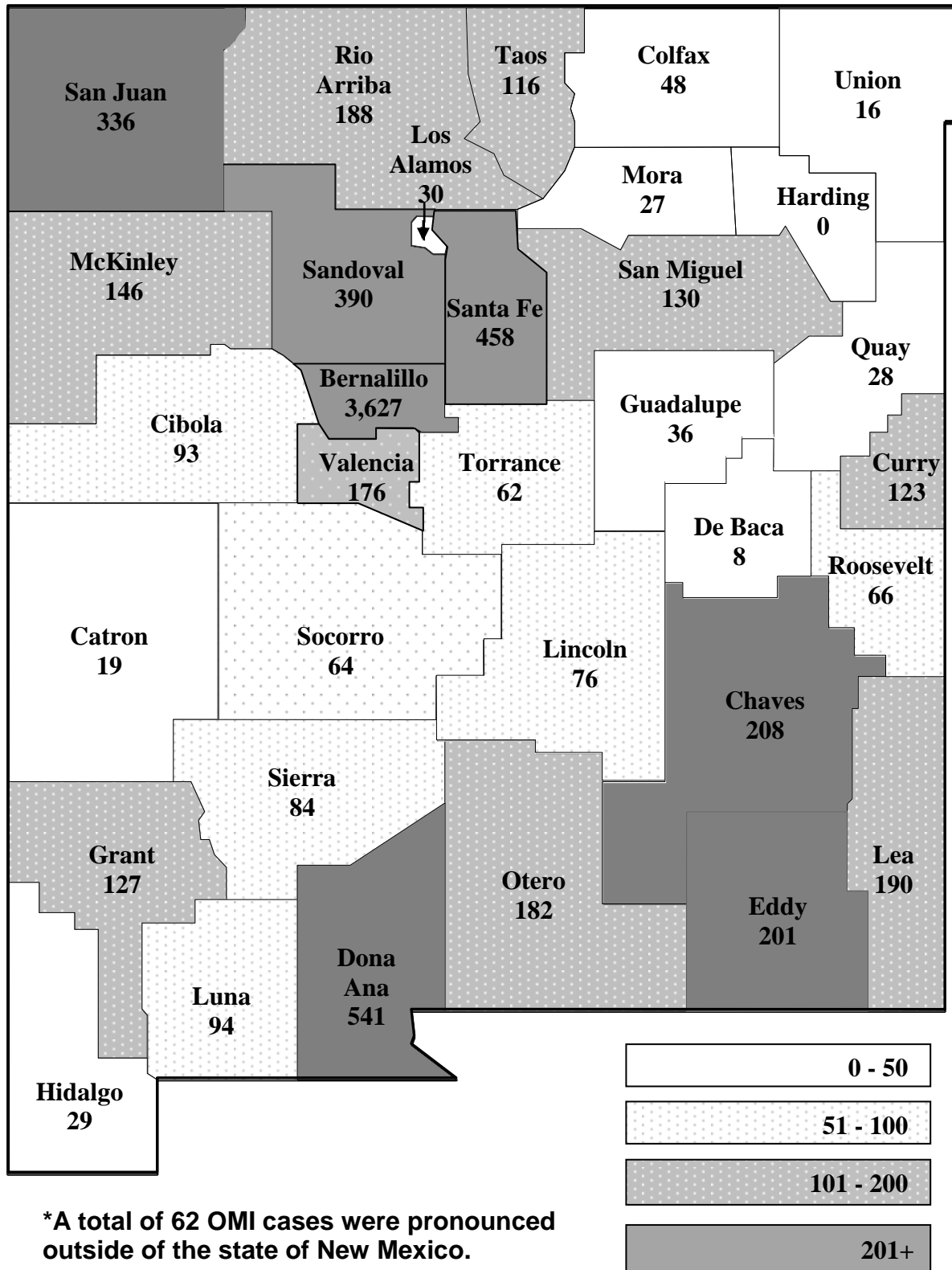
Table 4. Total Cases by Manner of Death and Race/Ethnicity 2019

Manner	American Indian	Asian/Pacific Islander	Black	Non-Human	Unknown	White Hispanic	White Non-Hispanic	Total
Accident	225	7	45		36	613	833	1,759
Homicide	54		16		8	111	76	265
JT	38	11	33		16	540	980	1,618
Natural	245	25	65		39	676	1,346	2,396
Non-Accept	103	5	14		48	320	796	1,286
Other	4		1	17	16	1	9	44
Pending	1					4	4	9
Suicide	40	5	11		5	132	300	493
Undetermined	29	1	6		11	28	42	117
Total	739	54	191	17	179	2,425	4,386	7,987

Table 5. Total Cases by Manner of Death (Age and Gender) 2019

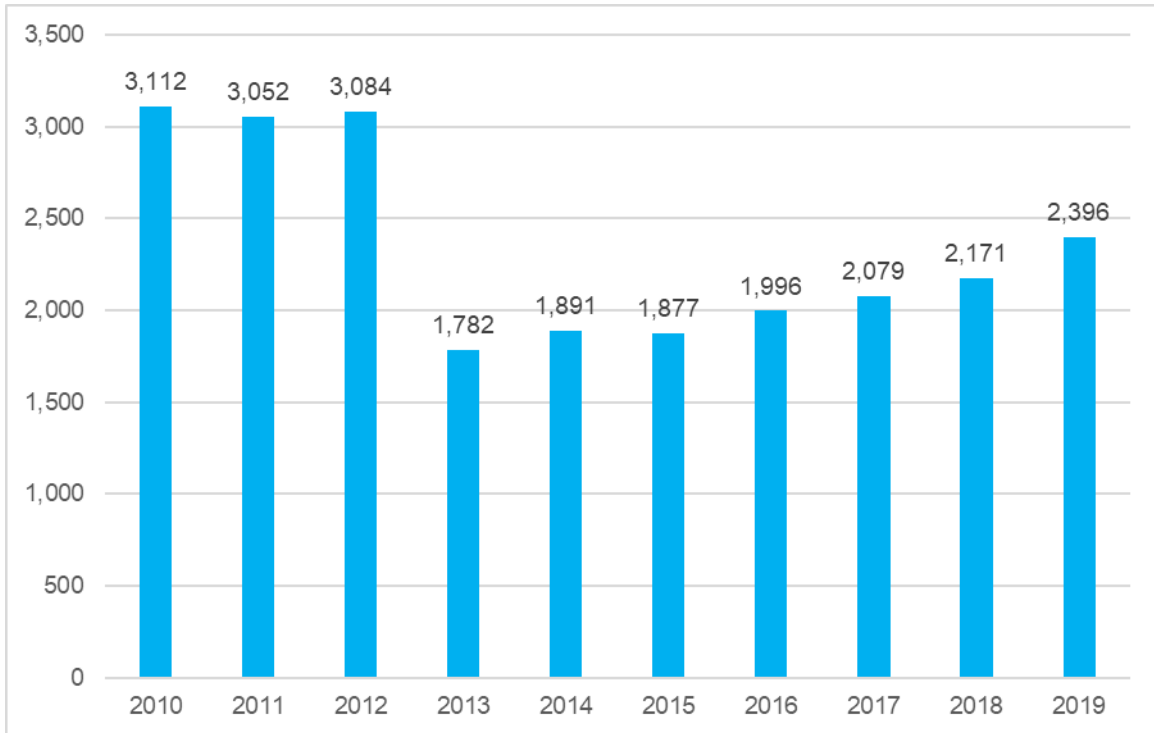
Gender	Accident	Homicide	Jurisdiction Terminated	Natural	Non-Accept	Other	Pending	Suicide	Undetermined	Total
Female										
< 1 Year	7		2	22	13				3	47
1 - 4 Years	5			4	1	2			1	13
5 - 9 Years	1	3	1	3	1				1	10
10 - 14 Years	2	1		1				3		7
15 - 19 Years	10	6		3				7		26
20 - 24 Years	15	3	1	4				9	5	37
25 - 34 Years	67	10	4	40	8			21	6	156
35 - 44 Years	76	15	14	49	16			14	6	190
45 - 54 Years	85	10	28	100	34			22	1	280
55 - 64 Years	73	6	87	204	59	1	1	14	9	454
65 - 74 Years	52	1	149	188	112	1	1	10	2	516
75 - 84 Years	77	2	139	146	144	1	1	7	1	518
85 - 94 Years	131		153	77	142			4	3	510
95+ Years	20		37	13	35					105
Unknown				4	9				1	14
Subtotal	621	57	615	858	574	5	3	111	39	2,883
Male										
< 1 Year	9		3	42	17	5			11	87
1 - 4 Years	3	2		2	1	2			2	12
5 - 9 Years	7	1		1						9
10 - 14 Years	3	1	3	1				4	1	13
15 - 19 Years	25	16	3	7				22	3	76
20 - 24 Years	64	29		12	3		1	32	1	142
25 - 34 Years	184	69	2	62	13		1	72	10	413
35 - 44 Years	191	46	18	115	28			61	10	469
45 - 54 Years	187	21	49	203	55		1	52	17	585
55 - 64 Years	181	14	183	397	93	3	2	60	8	941
65 - 74 Years	103	4	282	403	156	2	1	40	5	996
75 - 84 Years	95	3	260	194	188	1		23	3	767
85 - 94 Years	75	1	170	81	123			14	1	465
95+ Years	10		29	9	18			1		67
Unknown				4	10			1		15
Subtotal	1,137	207	1,002	1,533	705	13	6	382	72	5,057
Unknown Gender	2	2	2	10	14	51			12	94
Total	1,759	265	1,618	2,396	1,286	44	9	493	117	7,987

Figure 9. OMI Deaths by County of Pronouncement 2019 (All Manner of Death)



Overview – Manner of Death – Natural Deaths

Figure 10. Natural Deaths (2010 - 2019)



Natural Deaths – Overview

Deaths classified as a “natural” manner of death, as compared to suicides, homicides, accidents and undetermined manners of death, represent the largest number of deaths investigated by OMI (30.0% in 2019). Starting in 2013, cases reported to but not accepted by OMI were no longer assigned a manner of death, resulting in the lower numbers of natural deaths starting in 2013. Most natural deaths that occur in New Mexico do not fall under the jurisdiction of OMI and are therefore not represented in this report. An excellent resource for all mortality statistics in the state is the publication “New Mexico Selected Health Statistics Annual Report,” published by the State Center for Health Statistics at the Office of New Mexico Vital Records & Health Statistics, Public Health Division, Department of Health, 1105 St. Francis Dr., PO Box 26110, Santa Fe, NM 87502-6110. The 2018 Annual Report is available online at: <https://www.nmhealth.org/data/view/vital/2352/>

Figure 11. Natural Deaths by Race / Ethnicity 2019

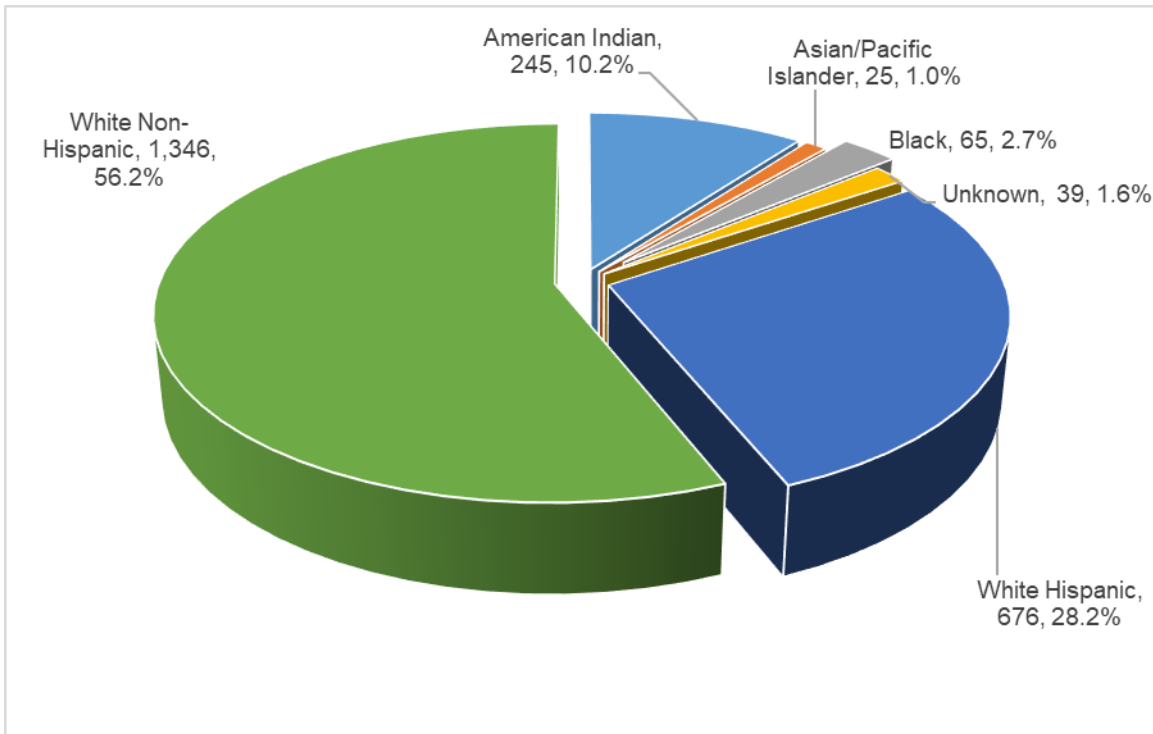
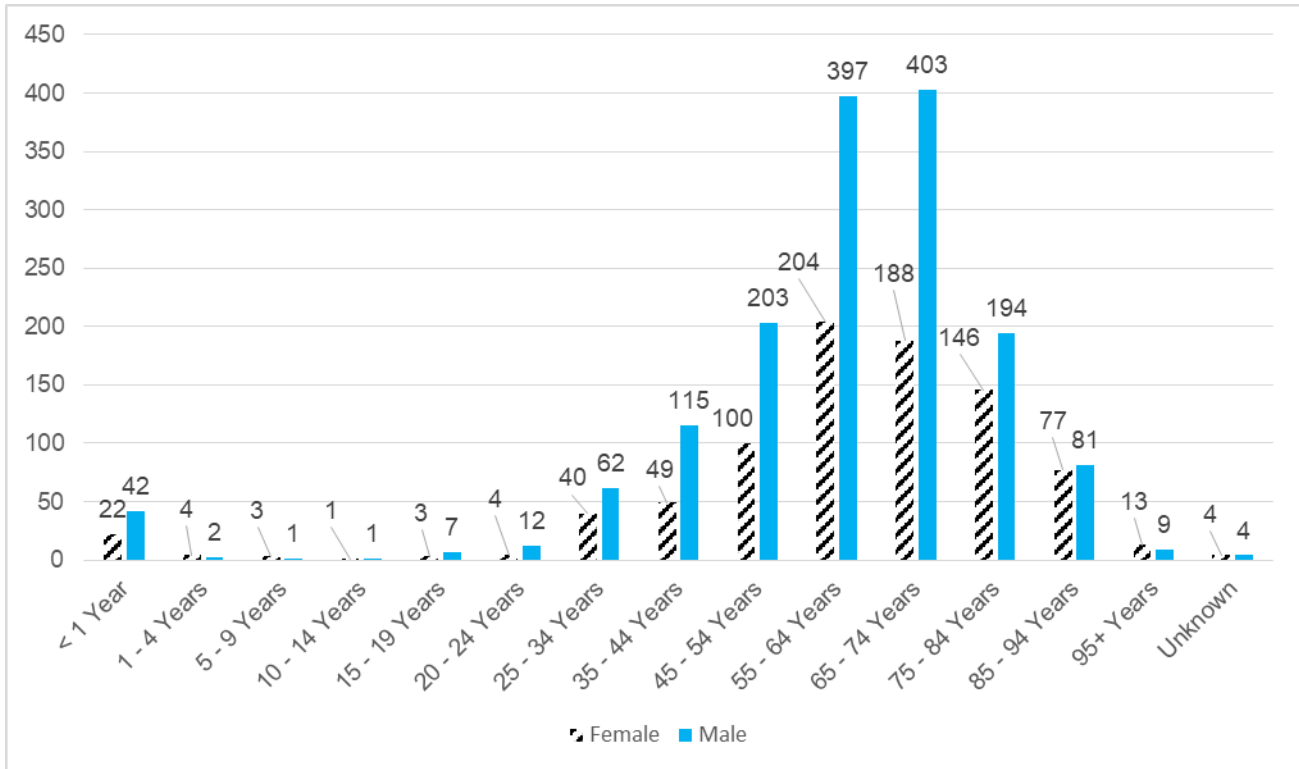
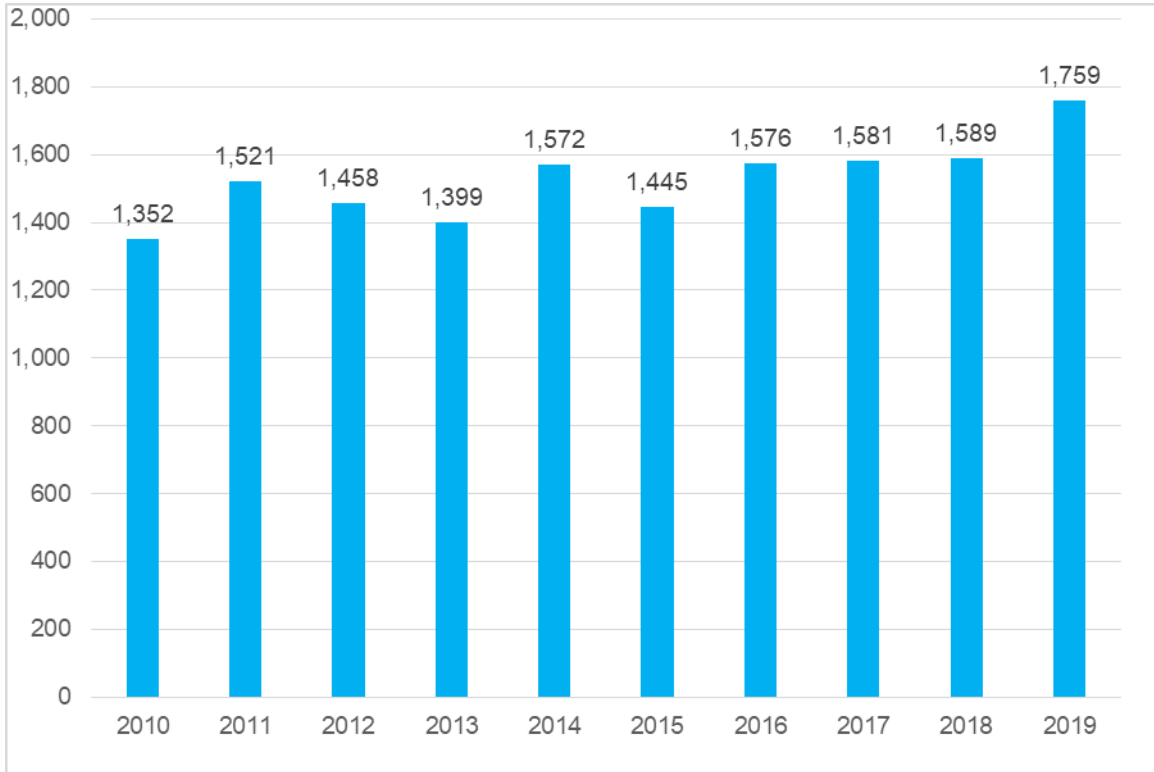


Figure 12. Natural Deaths by Age and Gender 2019



Overview – Manner of Death – Accidental Deaths

Figure 13. Accidental Deaths (2010-2019)



Accidental Deaths – Overview

Accidental deaths accounted for 22.0% of the deaths investigated by OMI in 2019, second only to natural deaths as a manner of death. The highest number of accidental deaths was in males 35-44 years of age.

Figure 14. Accidental Deaths by Race / Ethnicity 2019

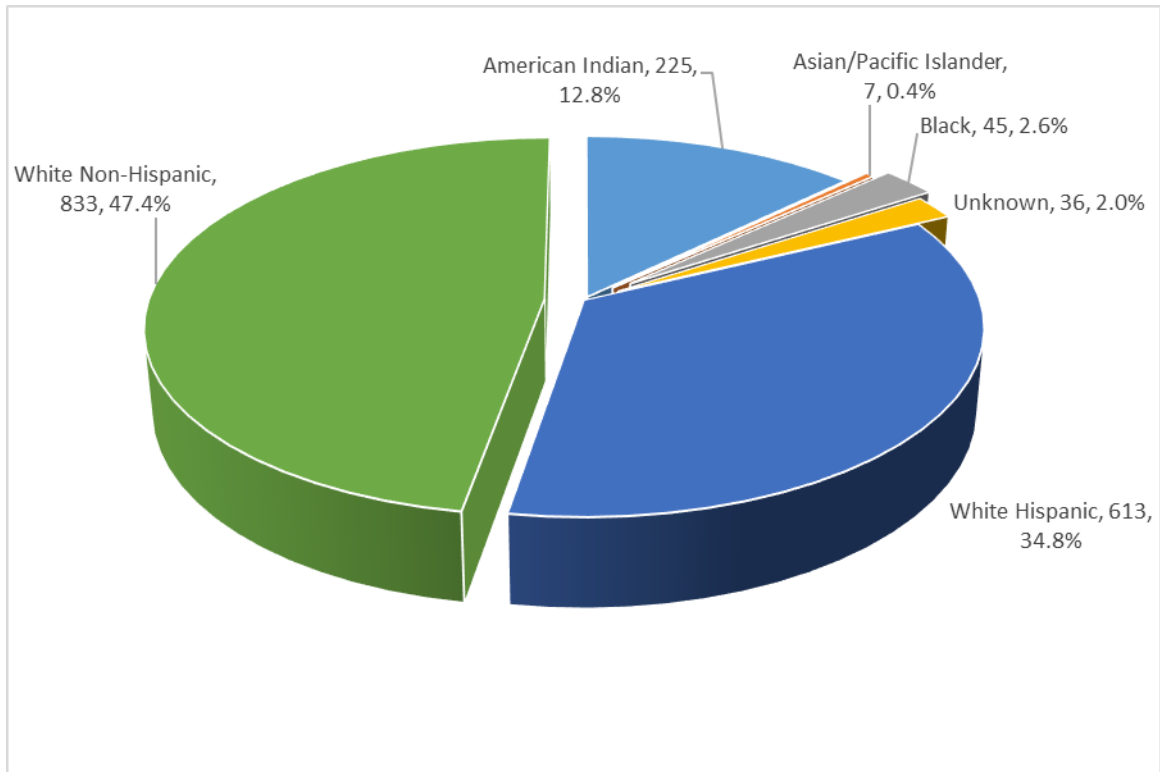


Figure 15. Accidental Deaths by Age and Gender 2019

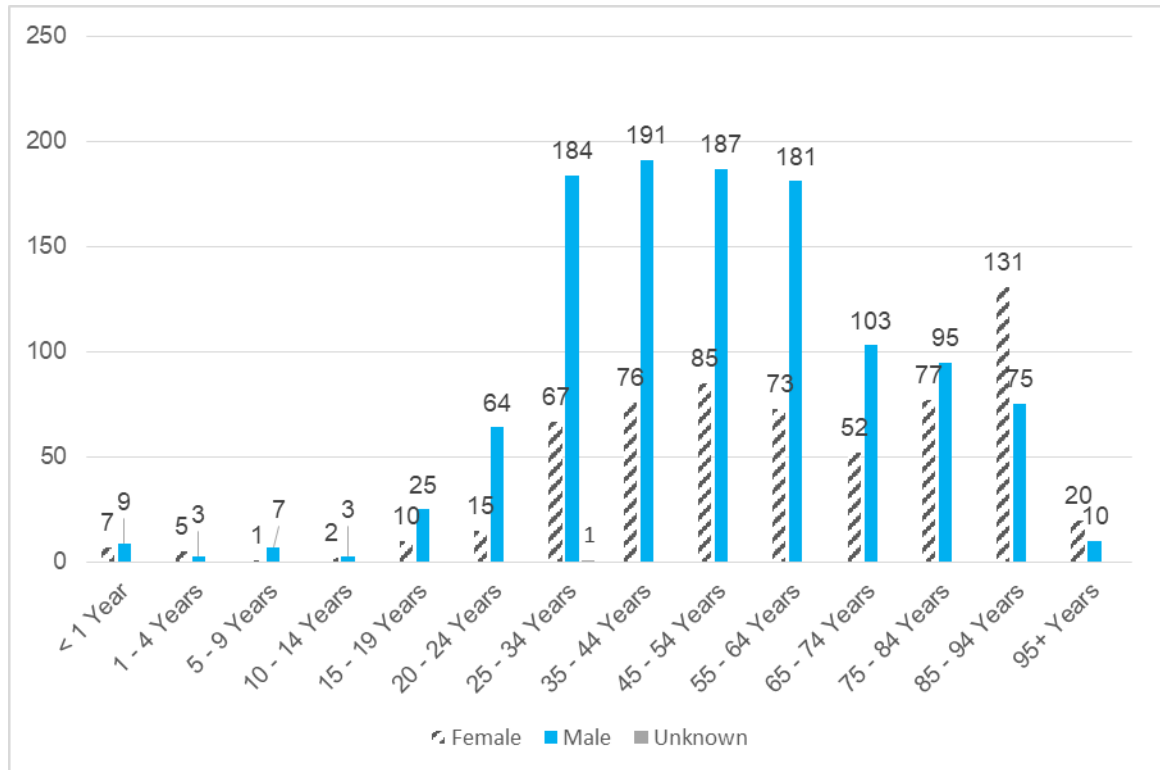


Table 6. Accidental Deaths by Cause 2019

Cause	Total
Multiple injuries	775
Substance intoxication	553
Natural	67
Cardiac arrhythmia	61
Ethanol (alcohol) intoxication	44
Exposure	43
Drowning	28
Asphyxia	26
Choking	23
Head and neck injuries	21
Sepsis	18
Thermal injuries	15
Ethanolism	15
Pneumonia (bronchitis)	13
Inhalation of toxic substance	7
Cerebrovascular	7
Gunshot wound(s)	6
Carbon monoxide intoxication	6
Chronic obstructive pulmonary disease (COPD)	5
Alzheimers (senility, dementia, Organic/Chronic Brain Syndrome)	4
Electrocution	3
Hypertension (hypertensive cardiovascular disease)	3
Carcinoma	3
Emboli (thrombus, phlebitis)	2
Respiratory Distress Syndrome	2
Aneurysm (cerebral hemorrhage, Berry)	2
Obesity	2
Diabetes	2
Asthma	1
Adverse reaction (allergy)	1
Epilepsy	1
Total	1,759

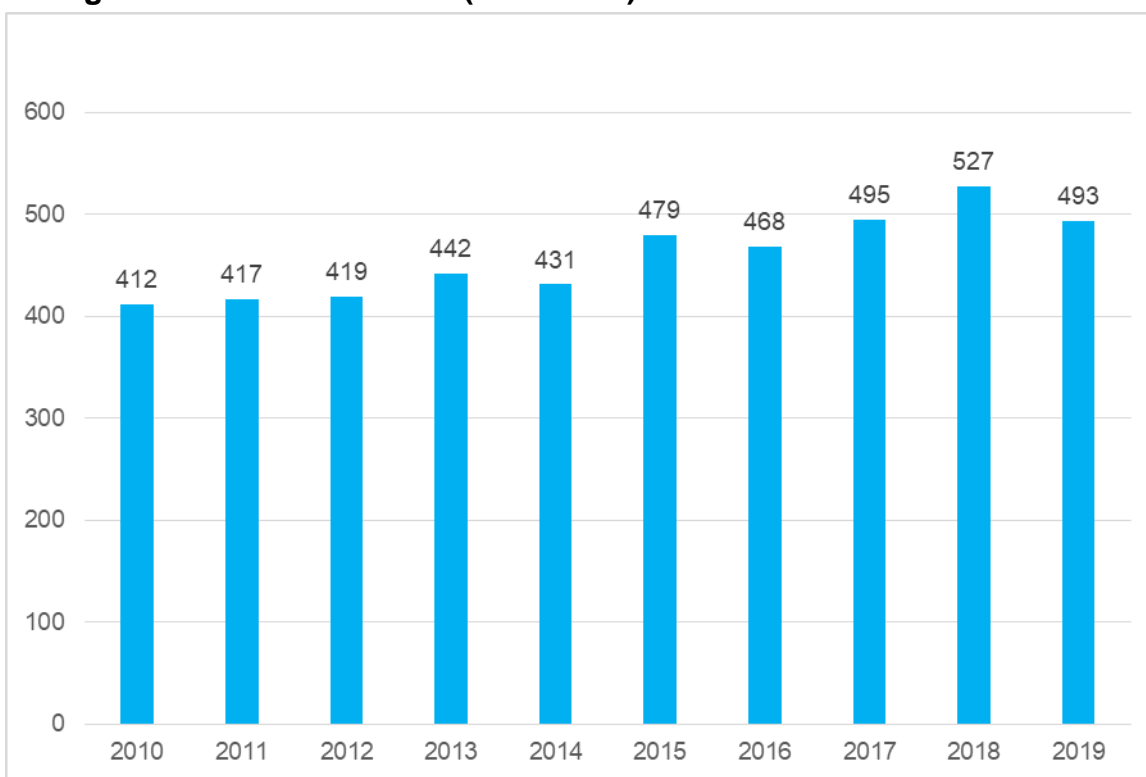
*Please note that some of the causes here that are not directly apparent as accident (ie: carcinoma, dementia, etc.) are frequently due to events such as falls that lead to a fatal event but were initially precipitated by the above condition/cause noted in the table.

Table 7. Accidental Deaths by County of Pronouncement (2010-2019)

County	2010	2011	2012	2013	2014	2015	2016	2017	2019	2019
Bernalillo	532	573	523	514	557	606	631	606	664	700
Catron	1	5	5	8	4	2	2	1	8	3
Chaves	49	56	35	35	37	32	33	44	45	42
Cibola	19	20	12	29	16	19	24	20	18	31
Colfax	9	10	5	17	16	12	12	6	16	13
Curry	24	30	23	22	24	22	23	24	21	29
De Baca	0	3	2	2	2	3	5	1	0	4
Dona Ana	90	96	106	80	110	110	97	114	88	113
Eddy	43	38	41	38	51	43	25	42	53	47
Grant	12	18	21	20	29	16	17	35	13	22
Guadalupe	9	8	6	10	14	12	18	12	5	14
Harding	0	2	1	1	1	0	2	0	1	0
Hidalgo	6	8	5	3	13	7	6	15	1	10
Lea	32	33	34	31	56	34	37	37	53	64
Lincoln	11	15	14	10	18	9	23	17	11	21
Los Alamos	9	8	5	5	7	2	7	6	6	6
Luna	13	12	10	15	11	12	17	7	15	18
McKinley	41	43	53	51	73	49	58	55	75	55
Mora	4	6	8	4	4	3	4	4	0	6
Otero	37	33	41	32	42	33	27	30	27	39
Quay	18	7	11	8	16	12	7	5	2	5
Rio Arriba	35	55	55	52	57	50	50	64	55	58
Roosevelt	9	10	9	5	9	9	11	14	4	9
San Juan	68	92	88	86	96	75	87	80	80	102
San Miguel	25	30	30	23	15	14	23	26	27	28
Sandoval	48	59	62	64	68	49	67	99	86	74
Santa Fe	89	122	127	109	119	110	121	102	83	121
Sierra	19	22	17	19	11	15	19	12	19	9
Socorro	7	13	9	11	18	10	22	4	8	16
Taos	29	22	28	24	23	23	23	21	28	23
Torrance	8	16	13	20	13	12	14	6	19	13
Union	4	4	4	4	3	0	1	4	2	4
Valencia	29	15	29	25	33	19	33	33	38	39
Out of State	23	37	26	22	6	21	30	35	18	21
Totals	1,352	1,521	1,458	1,399	1,572	1,445	1,576	1,581	1,589	1,759

Overview – Manner of Death (Suicide)

Figure 16. Suicide Deaths (2010-2019)



Suicide Deaths – Overview

New Mexico's suicide rate is consistently higher than the national average, comprising 3.0% of all deaths in New Mexico, compared to 1.6% of all deaths in the U.S. The rate in 2018 (most recent data available) was 24.8 per 100,000 people, compared to a rate of 14.2 per 100,000 people in the rest of the U.S. (2018 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health and nimh.nih.gov, respectively).

Deaths from suicide in 2019 occurred most frequently among White non-Hispanics (60.9%) and males (77.5%). More men between the ages of 25 and 34 years (14.6% of all suicides) committed suicide than any other age group by gender. More people committed suicide on Thursday and Friday (16.0% each) than any other day of the week. More suicides occurred in September than any other month (12.8%). The fewest occurred in May (6.5%). The total number of suicides decreased from 527 in 2018 to 493 in 2019 (6.5% decrease).

Figure 17. Suicide Deaths by Race / Ethnicity 2019

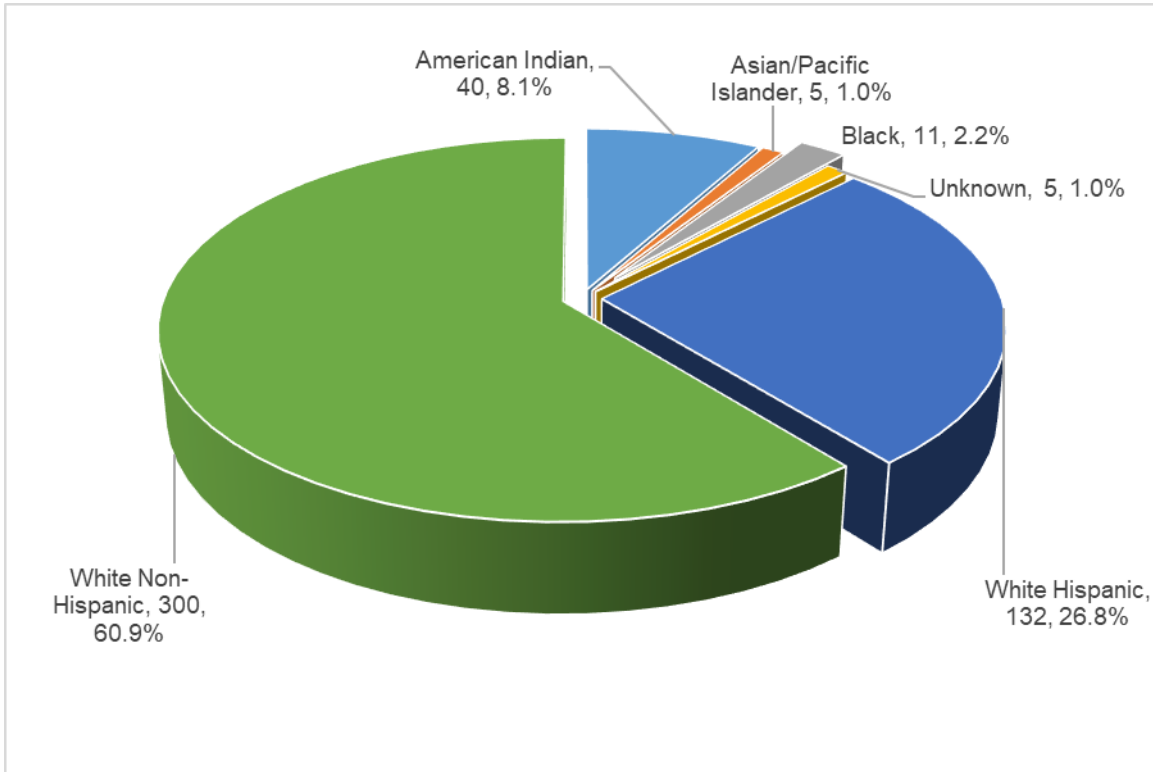


Figure 18. Suicide Deaths by Age and Gender 2019

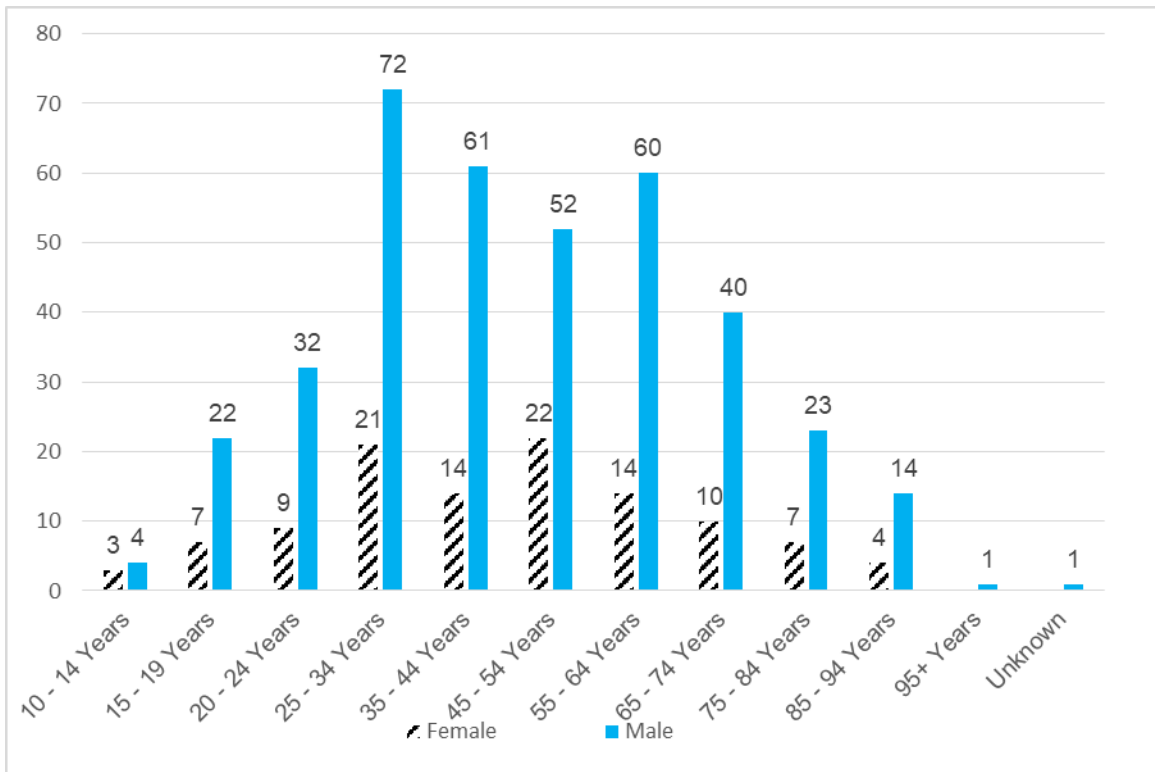


Figure 19. Suicide Deaths by Month 2019

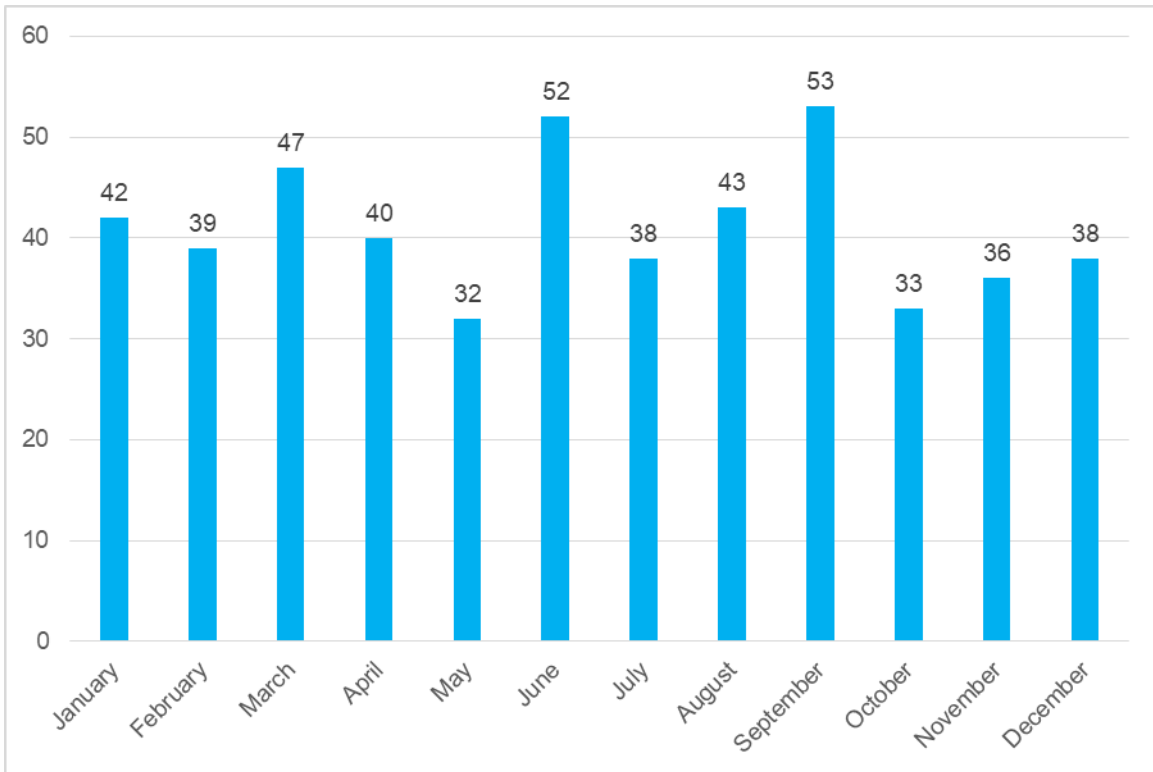


Figure 20. Suicide Deaths by Day of the Week 2019

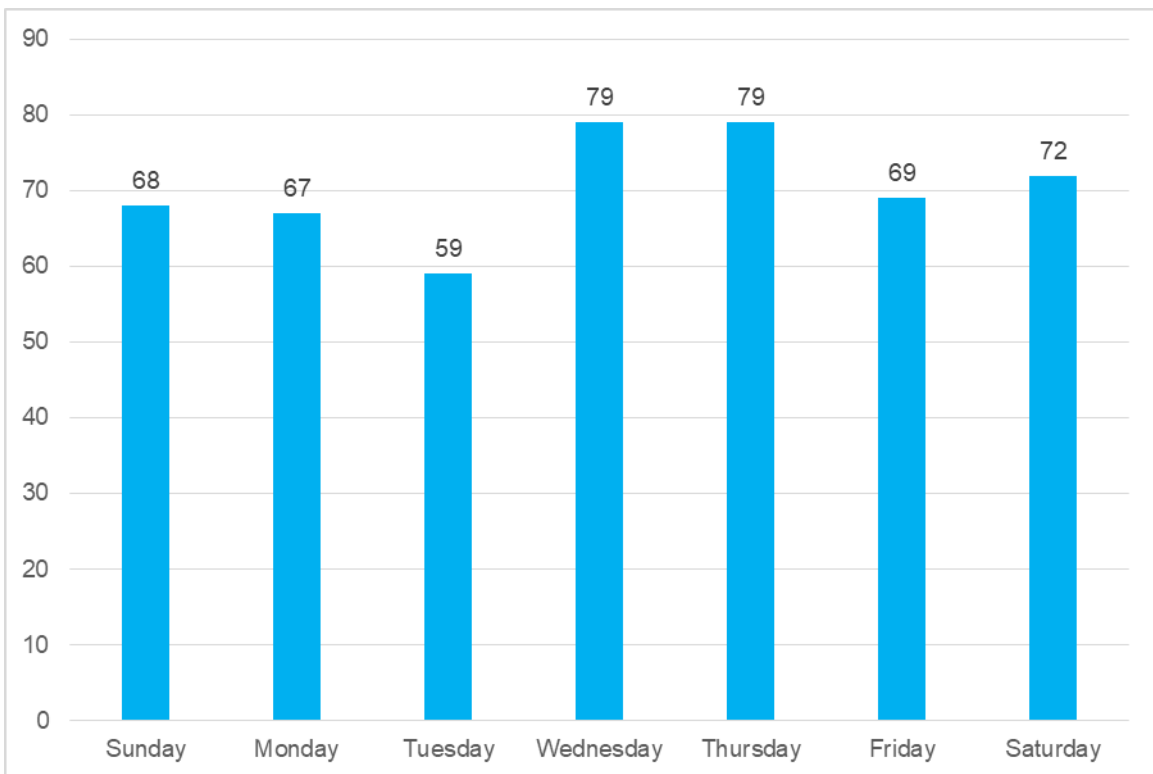


Table 8. Suicide Deaths by Cause 2019

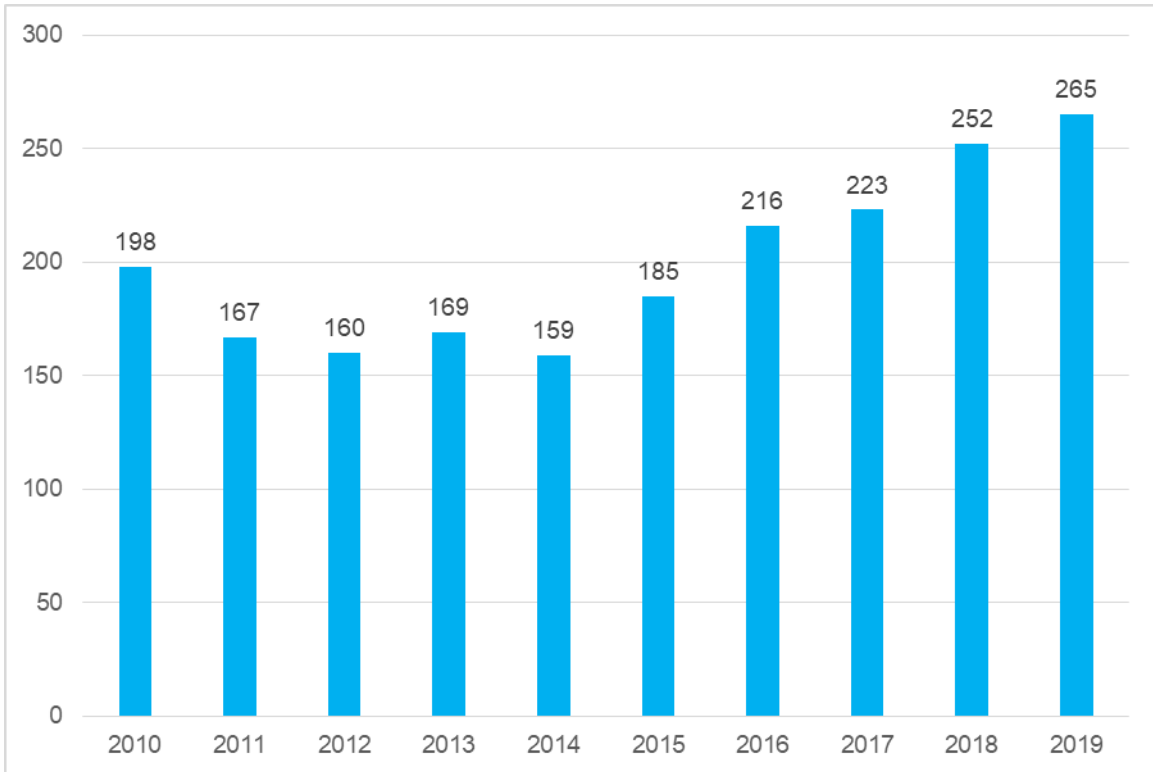
Cause of Death	Total
Gunshot wound(s)	270
Hanging	135
Substance intoxication	48
Multiple injuries	15
Stab wound(s)	7
Carbon monoxide intoxication	5
Asphyxia	7
Exogenous insulin toxicity	2
Exclusion of oxygen by argon gas inhalation	1
Amputation of hand	1
Anoxic encephalopathy	1
Blast injuries	1

Table 9. Suicide Deaths by County of Pronouncement (2010 – 2019)

County	2010	2011	2012	2013	2014	2015	2016	2017	2019	2019
Bernalillo	127	137	146	147	147	160	149	167	175	173
Catron	2	1	8	2	1	2	2	1	4	4
Chaves	9	12	17	18	14	13	9	10	14	10
Cibola	4	5	6	9	5	10	4	4	10	9
Colfax	3	2	5	0	5	3	5	4	10	6
Curry	6	4	6	6	5	13	10	6	12	7
De Baca	2	0	1	2	0	1	0	1	0	0
Dona Ana	38	35	34	24	30	43	33	38	36	36
Eddy	12	9	14	7	13	15	14	17	17	22
Grant	14	7	9	9	11	6	12	8	13	5
Guadalupe	2	1	3	1	2	1	0	2	2	2
Harding	0	0	0	0	0	0	0	0	0	0
Hidalgo	0	2	0	1	0	5	0	3	2	4
Lea	14	8	9	10	11	14	12	12	12	11
Lincoln	2	3	6	3	11	5	6	9	10	5
Los Alamos	1	3	0	2	1	1	3	1	3	3
Luna	6	3	4	6	3	3	10	7	4	8
McKinley	5	16	10	9	7	3	12	14	13	11
Mora	3	2	1	2	1	2	3	0	2	1
Otero	20	20	11	21	10	13	16	21	19	17
Quay	5	0	2	3	1	3	5	3	5	0
Rio Arriba	6	10	12	13	7	18	12	4	12	9
Roosevelt	1	3	1	2	2	4	4	5	2	6
San Juan	36	21	22	18	27	33	27	34	31	24
San Miguel	7	6	5	7	8	7	10	10	6	4
Sandoval	25	30	21	26	26	27	21	22	26	36
Santa Fe	23	31	31	38	34	34	46	40	34	38
Sierra	2	7	2	6	6	4	4	4	4	6
Socorro	6	2	4	4	6	7	3	5	5	7
Taos	6	13	13	13	15	9	17	19	11	11
Torrance	9	3	3	6	4	7	5	5	8	5
Union	2	2	0	0	2	0	3	3	1	0
Valencia	8	14	8	20	15	13	11	12	19	11
Out of State	6	5	5	7	1	0	0	4	5	2
Total	412	417	419	442	431	479	468	495	527	493

Overview – Manner of Death – Homicide Deaths

Figure 21. Homicide Deaths (2010- 2019)



Homicide Deaths – Overview

Homicides increased by 5.2% from 2018 to 2019. Homicide victims were most frequently male (78.1%) and White Hispanic (41.9%). As with suicide rates, homicide rates in New Mexico tend to be higher than the national rate, 10.8 per 100,000 in 2018 compared to a national rate of 5.0 per 100,000 (2018 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health and ucr.fbi.gov, respectively).

Figure 22. Homicide Deaths by Race / Ethnicity 2019

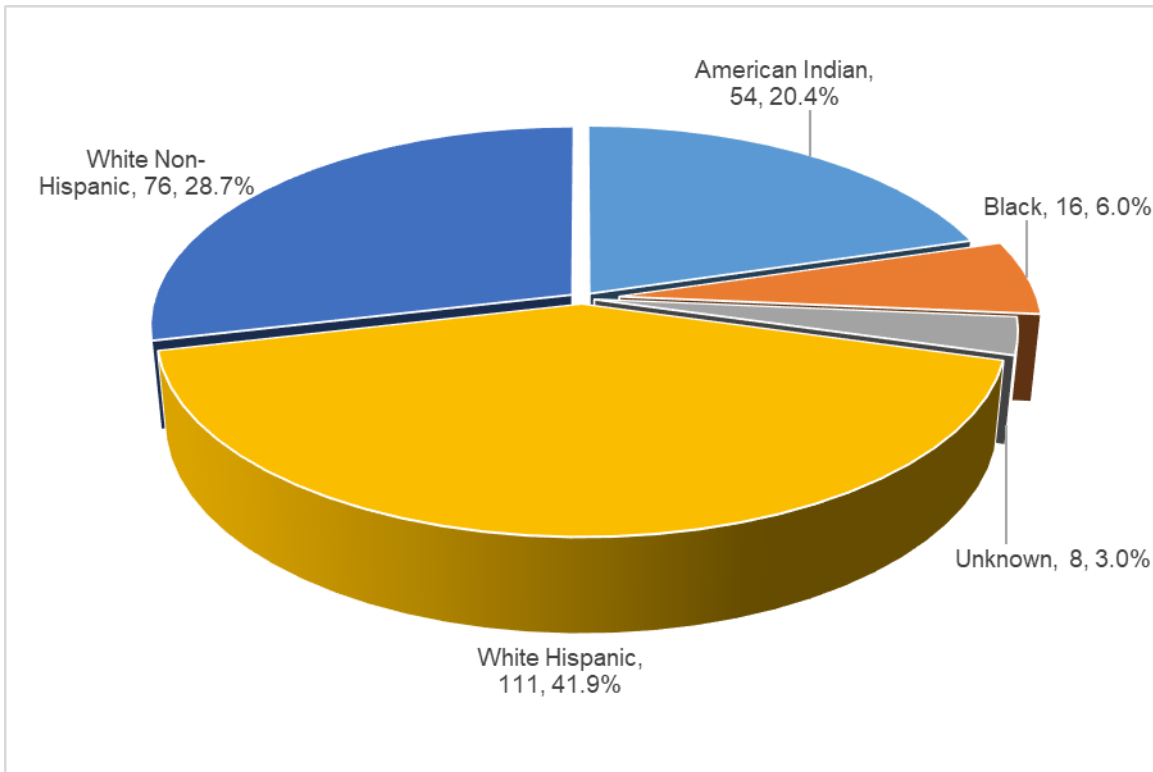


Figure 23. Homicide Deaths by Age and Gender 2019

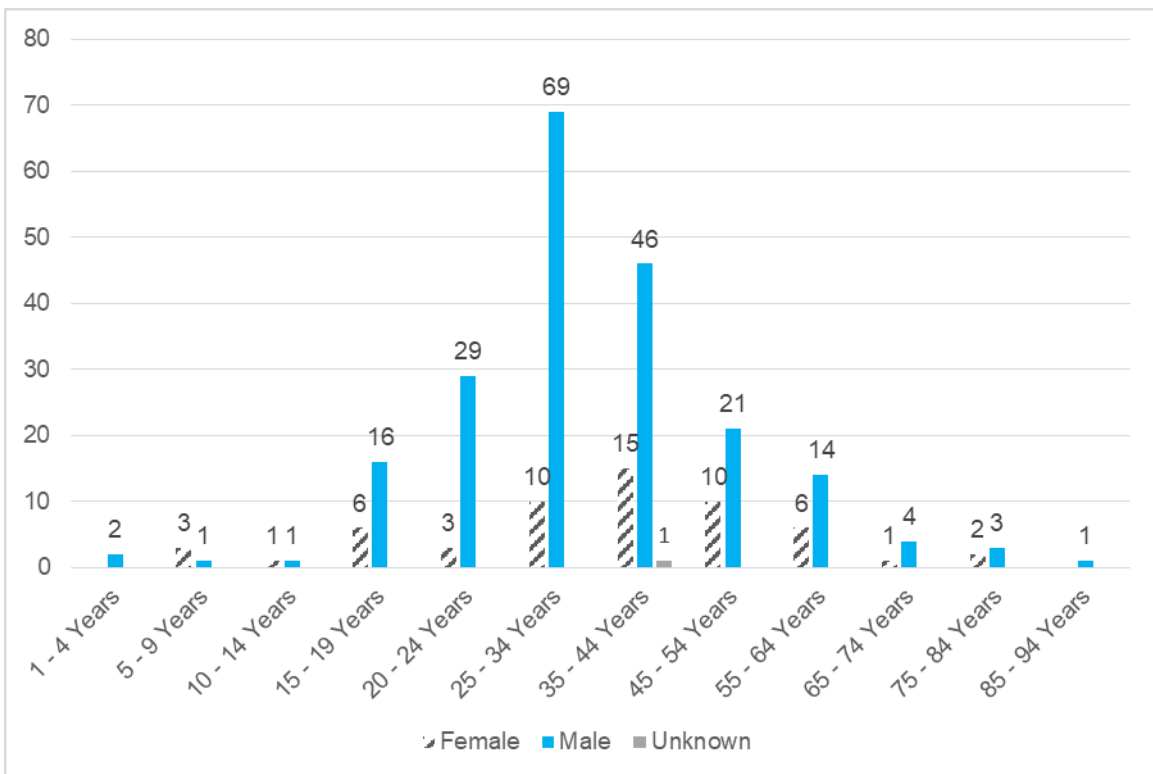


Table 10. Homicide Deaths by Cause 2019

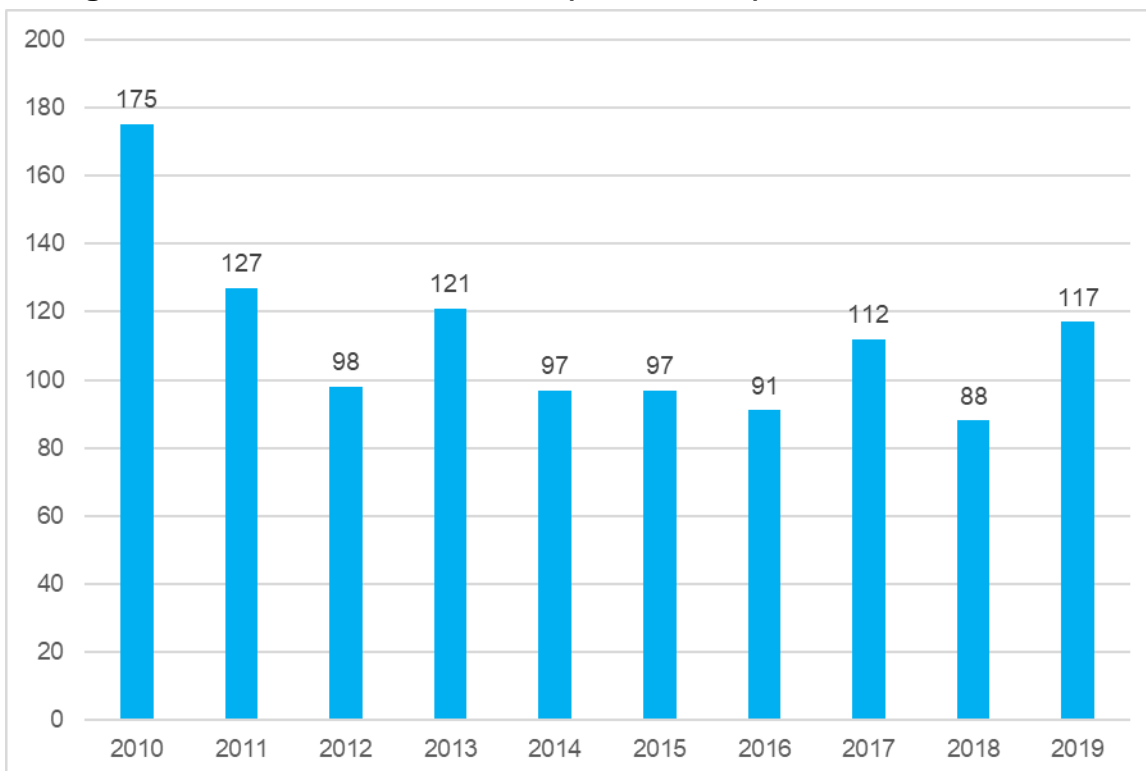
Cause of Death	Total
Gunshot wound(s)	178
Multiple injuries	39
Stab wound(s)	28
Asphyxia	5
Homicide by unspecified means	4
Sharp force injuries	4
Complications of physical restraint	2
Pneumonia	1
Sepsis	1
Excited delirium	1
Subdural hematoma	1
Complications of cerebral infarction following blunt trauma	1
Total	265

Table 11. Homicide Deaths – County of Pronouncement (2010 – 2019)

County	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Bernalillo	74	50	56	55	55	73	87	97	109	119
Catron	0	0	0	0	0	0	0	0	0	0
Chaves	6	6	10	13	10	11	12	7	12	11
Cibola	5	3	4	1	4	3	2	5	4	2
Colfax	1	0	1	3	1	2	3	0	0	1
Curry	2	3	3	3	2	3	4	6	2	3
De Baca	0	0	0	1	0	0	0	1	1	0
Dona Ana	13	6	7	7	10	9	10	13	10	14
Eddy	3	3	7	4	3	3	9	8	4	9
Grant	1	4	1	3	1	3	4	5	0	0
Guadalupe	2	0	0	0	0	0	0	0	1	2
Harding	0	0	0	0	0	0	0	0	0	0
Hidalgo	0	1	0	0	1	0	0	0	1	0
Lea	10	10	4	7	5	8	7	2	7	18
Lincoln	0	3	1	1	0	2	2	2	2	2
Los Alamos	0	0	0	0	0	0	0	0	0	0
Luna	1	1	0	2	0	3	0	2	4	0
McKinley	8	9	11	10	11	7	13	8	13	8
Mora	0	0	0	0	0	2	1	0	0	0
Otero	4	3	0	5	2	3	4	1	7	5
Quay	1	4	3	0	0	0	2	2	1	1
Rio Arriba	8	8	9	5	1	4	1	6	9	4
Roosevelt	1	1	0	0	1	0	2	0	3	3
San Juan	11	11	11	14	13	10	11	13	15	14
San Miguel	2	4	0	3	2	3	3	3	3	6
Sandoval	3	5	3	1	7	5	9	8	10	7
Santa Fe	12	12	11	4	6	6	5	8	7	8
Sierra	1	0	1	0	1	3	2	0	1	1
Socorro	0	0	1	1	0	2	3	2	0	1
Taos	6	2	2	3	2	2	2	4	1	5
Torrance	2	0	0	1	4	3	1	1	0	0
Union	0	0	0	0	1	0	0	0	0	1
Valencia	1	6	4	4	5	5	6	3	12	10
Out of State	20	12	10	18	11	10	11	16	13	6
Totals	198	167	160	169	159	185	216	223	252	265

Overview – Manner of Death – Undetermined Deaths

Figure 24. Undetermined Deaths (2010 – 2019)



Undetermined Deaths – Overview

All possible efforts are made to determine both a manner (accident, suicide, homicide, natural) and a cause of death for all deaths investigated by OMI. In a very small percentage of cases (less than 1% most years) neither the manner nor cause of death can be determined, even with a complete autopsy, scene investigation, and laboratory testing. In other cases, only skeletal or mummified remains were found, or a request for an autopsy was withdrawn.

Figure 25. Undetermined Deaths by Race / Ethnicity 2019

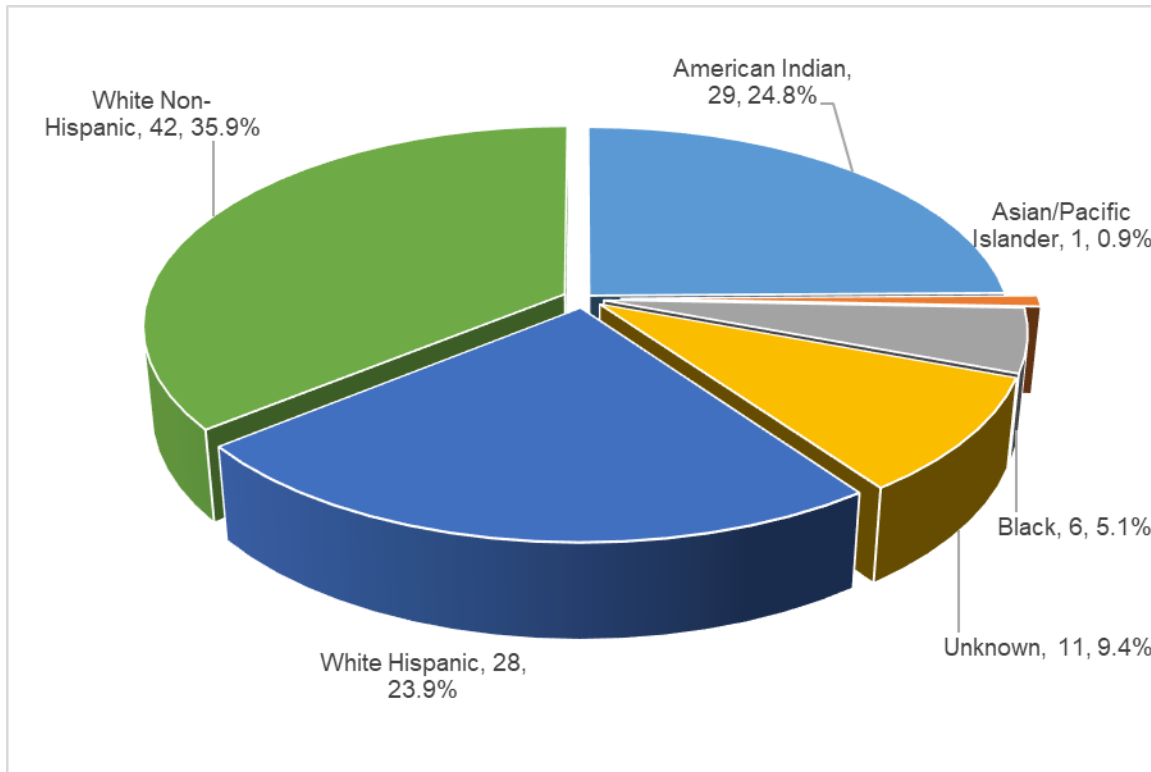
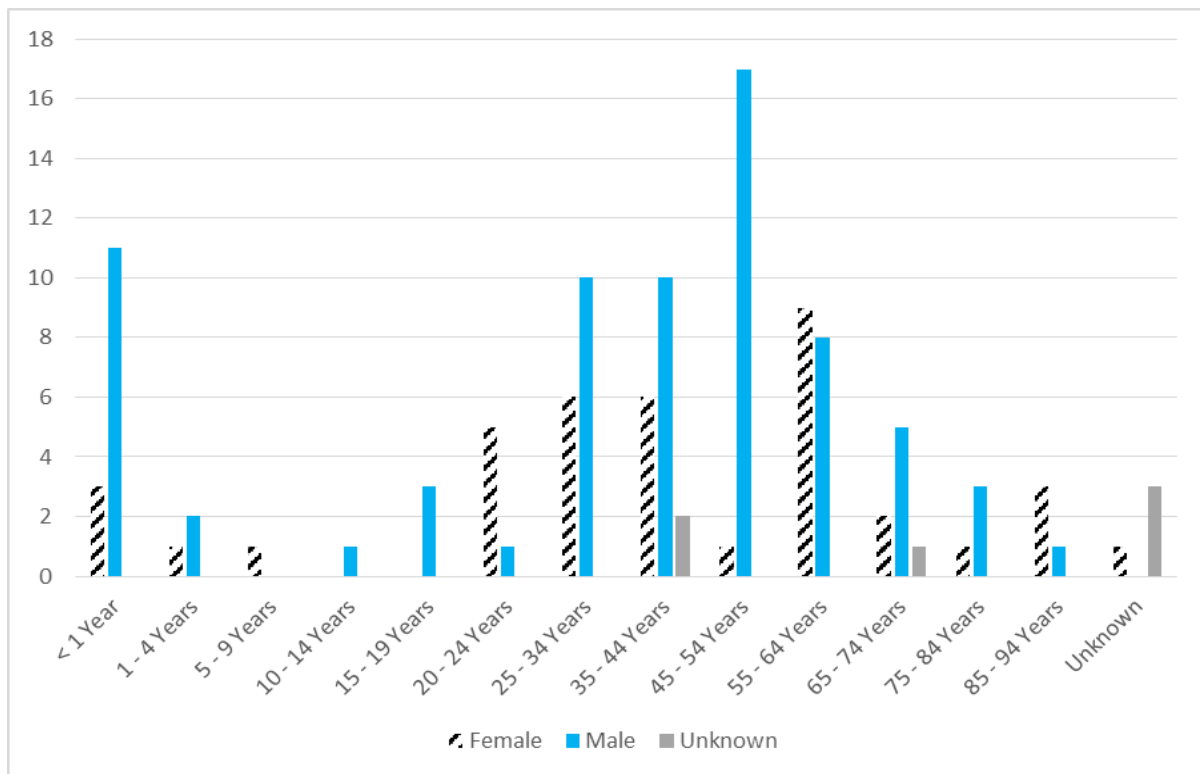


Figure 26. Undetermined Deaths by Age and Gender 2019



Deaths of Children (19 years of age and younger)

Figure 27. Children/Deaths (2010 – 2019)

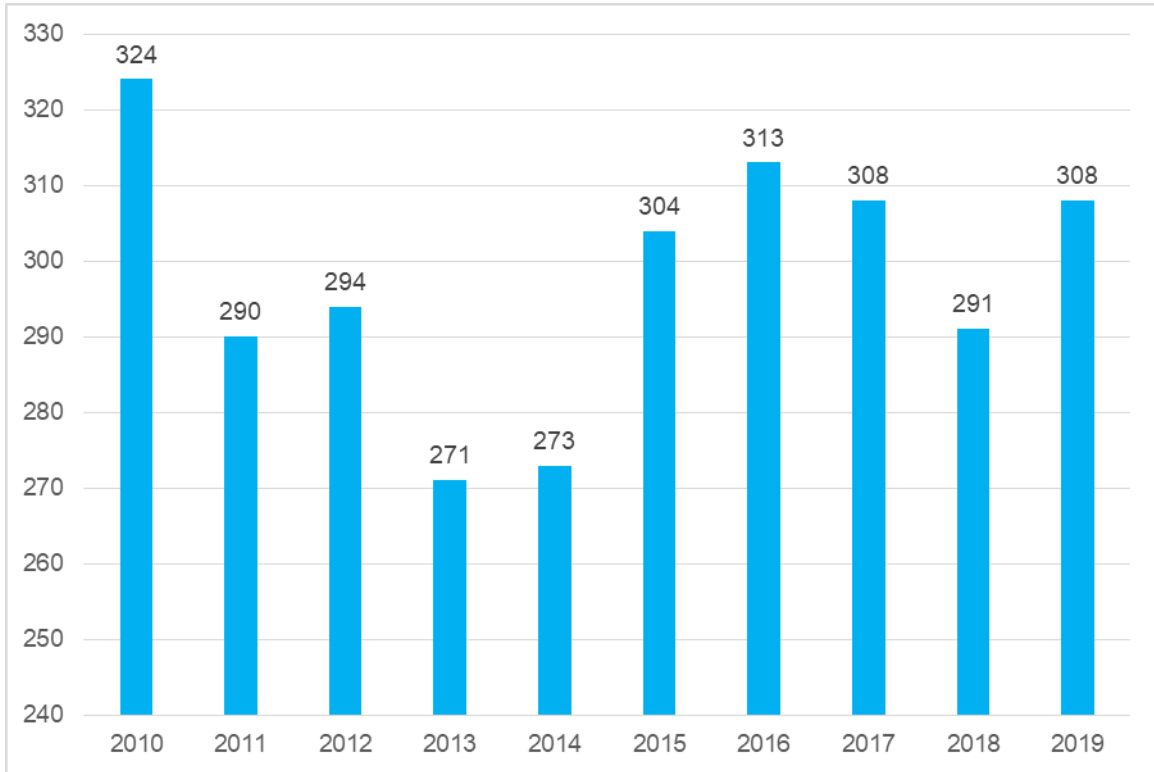


Figure 28. Children/Deaths by Race / Ethnicity 2019

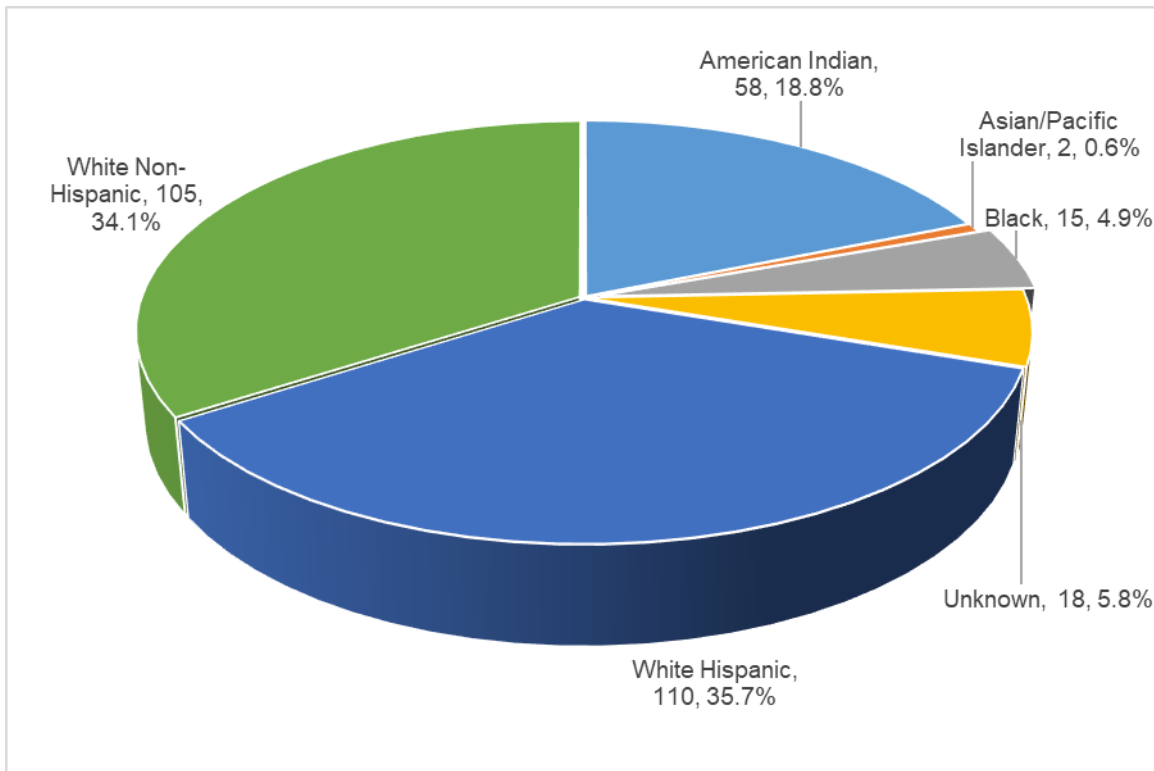


Figure 29. Children / Deaths by Age and Gender 2019

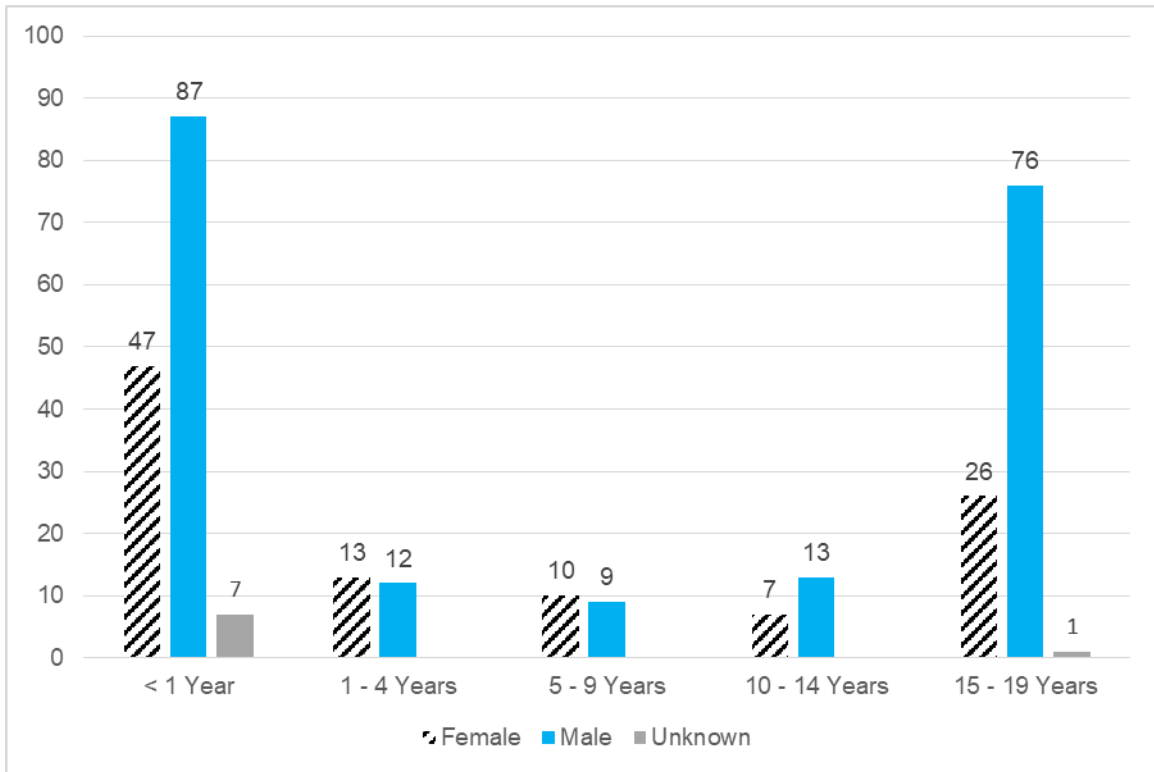
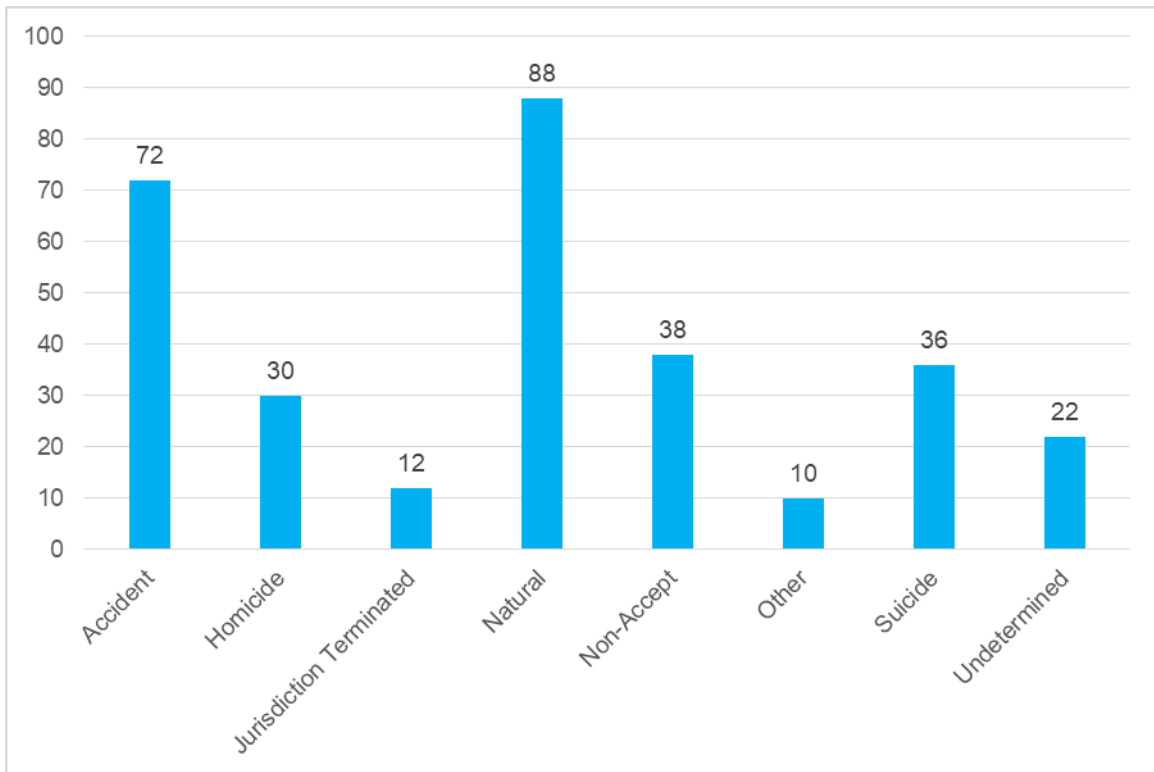


Figure 30. Children / Deaths by Manner of Death 2019



Overview – Children by Manner of Death (Natural Deaths)

Figure 31. Children / Natural Manner of Deaths (2010 – 2019)

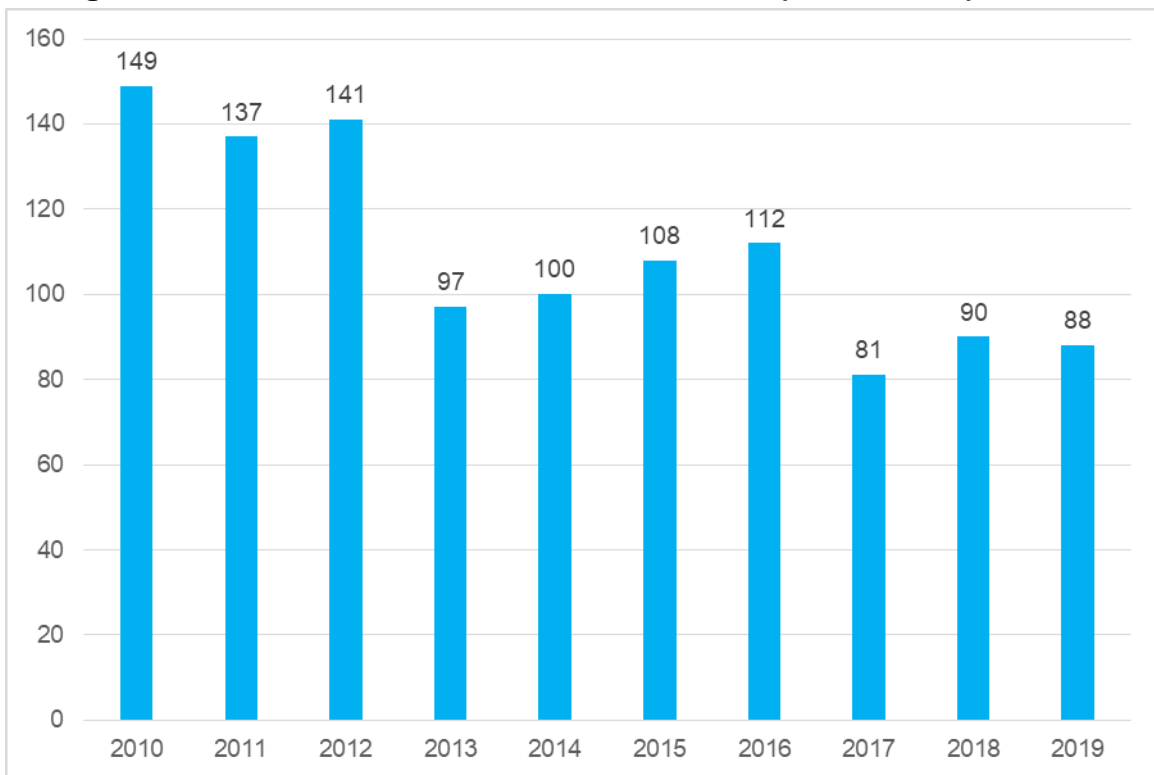


Figure 32. Children/Natural Deaths by Race / Ethnicity 2019

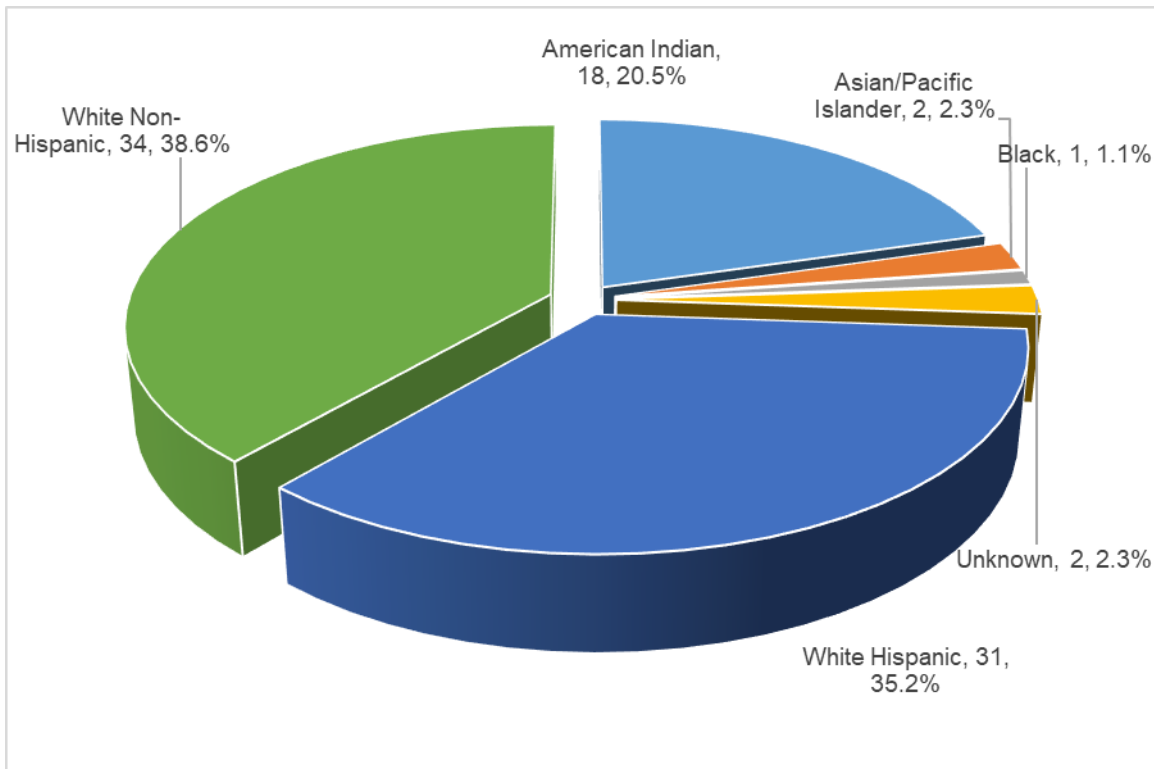
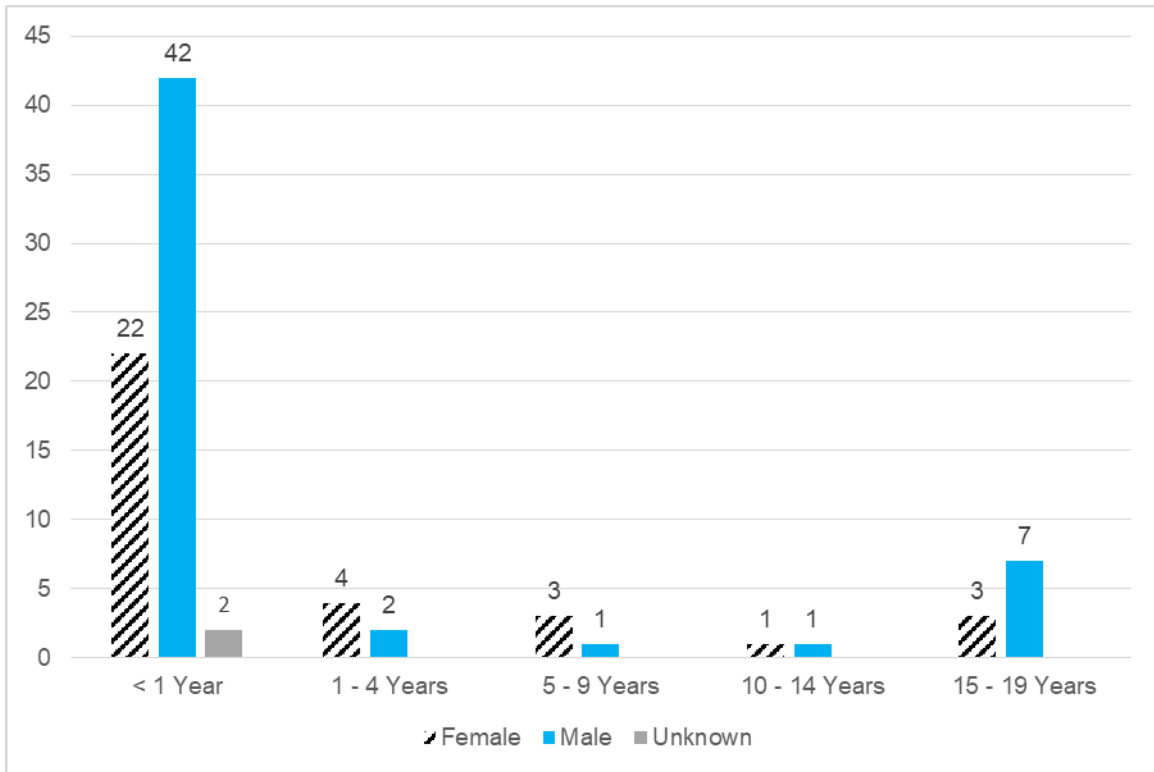


Figure 33. Children / Natural Deaths by Age and Gender 2019



Overview – Children by Manner of Death (Accidental Deaths)

Figure 34. Children / Accidental Deaths (2010 – 2019)

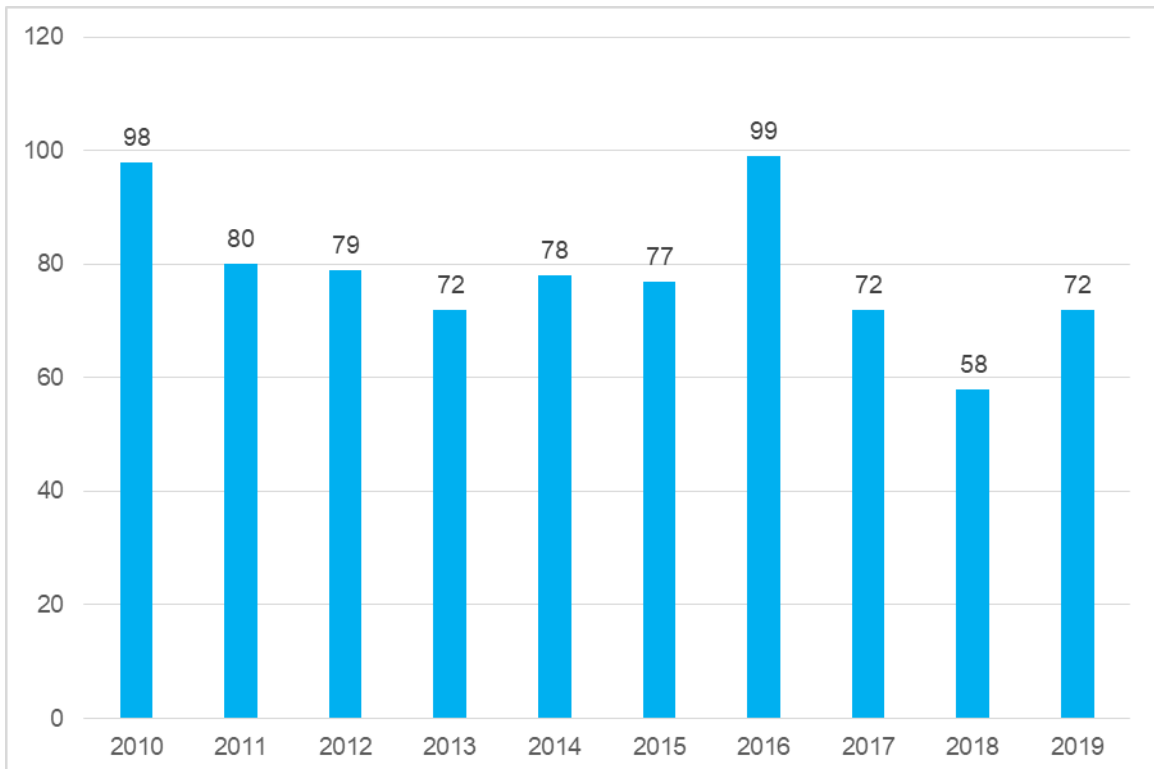


Figure 35. Children / Accidental Deaths by Race / Ethnicity 2019

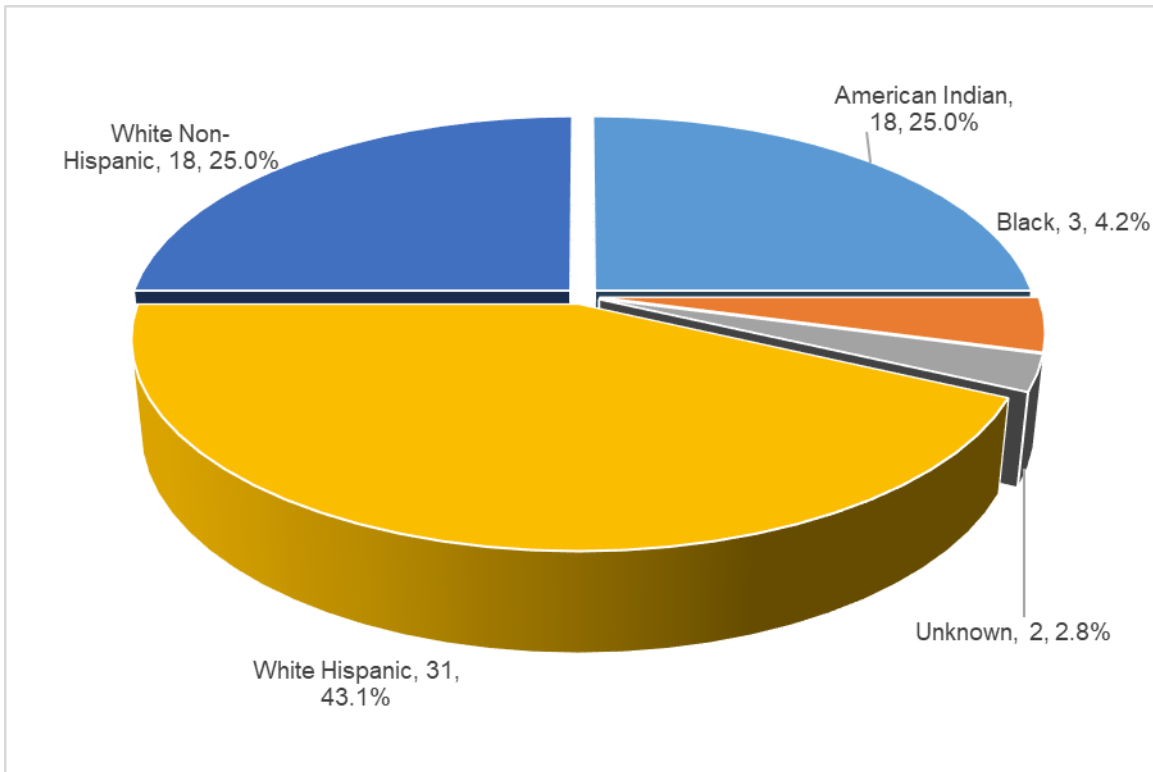


Figure 36. Children / Accidental Deaths by Age and Gender 2019

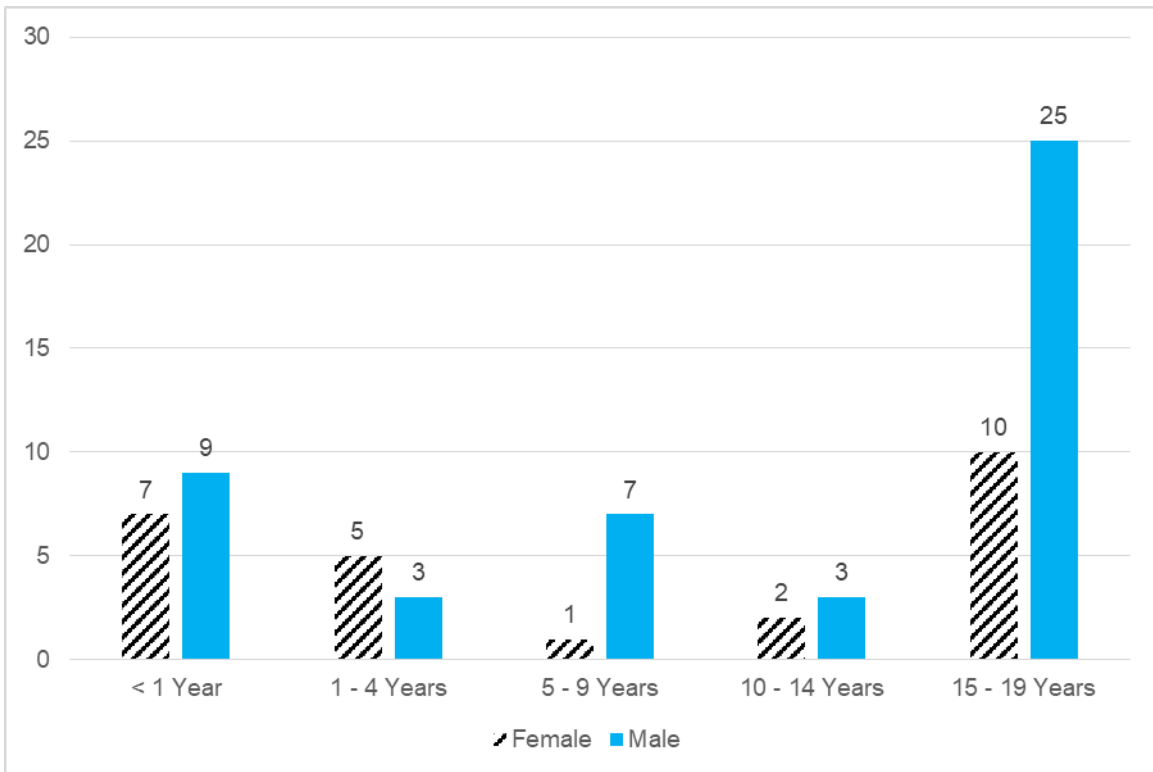


Table 12. Children / Accidental Deaths – Cause 2019

Cause of Death	Total
Multiple injuries	36
Asphyxia	12
Substance intoxication	7
Drowning	6
Gunshot wound(s)	2
Ethanol intoxication	2
Head and neck injuries	2
Exspoure	2
Choking	1
Complications of Neglect	1
Complications of Prematurity	1
Total	72

Overview – Children by Manner of Death (Suicide)

Figure 37. Children / Suicide Deaths (2010 – 2019)

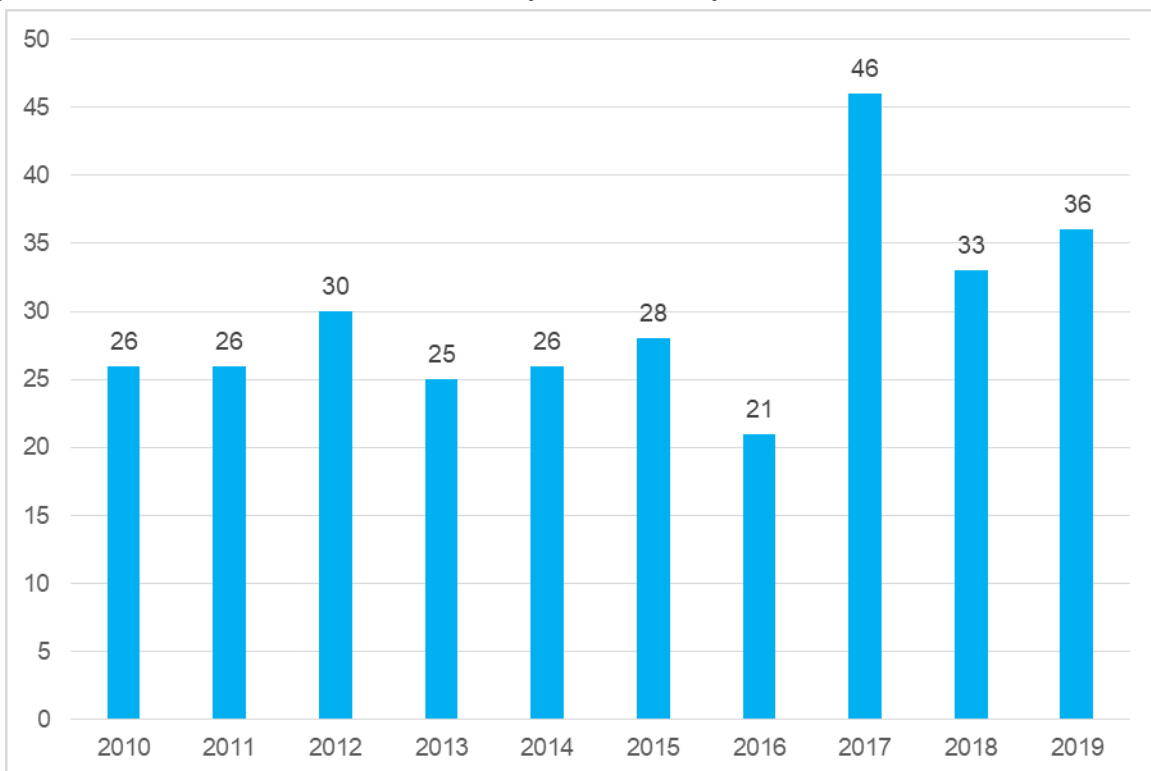


Figure 38. Children / Suicide Deaths by Race/Ethnicity 2019

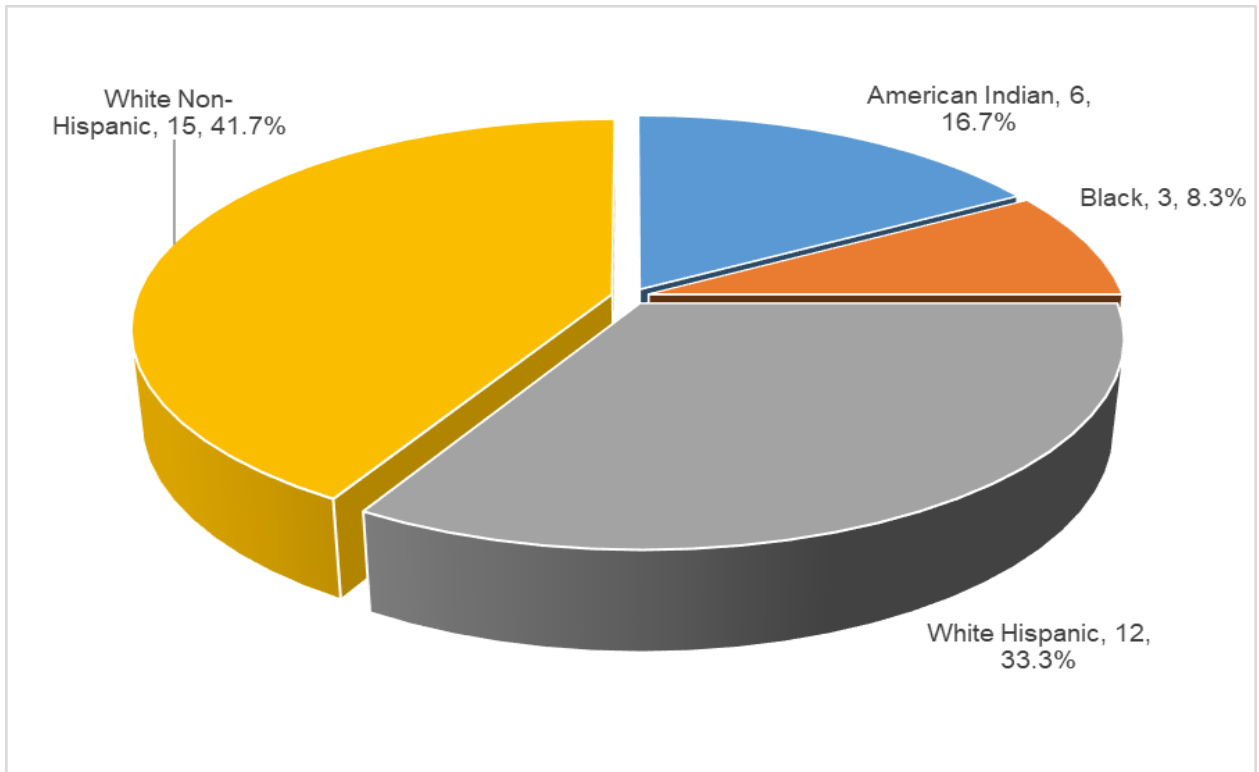


Figure 39. Children / Suicide Deaths by Age and Gender 2019

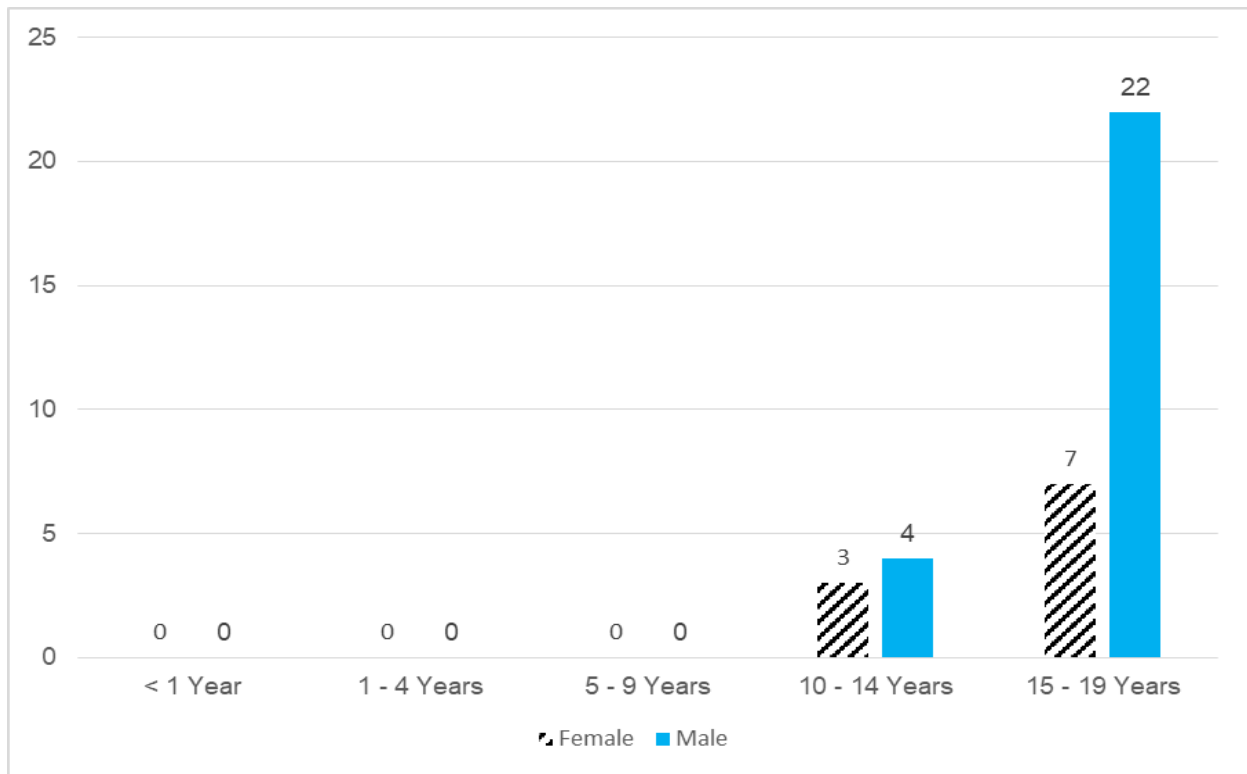


Figure 40. Children / Suicide Deaths by Month 2019

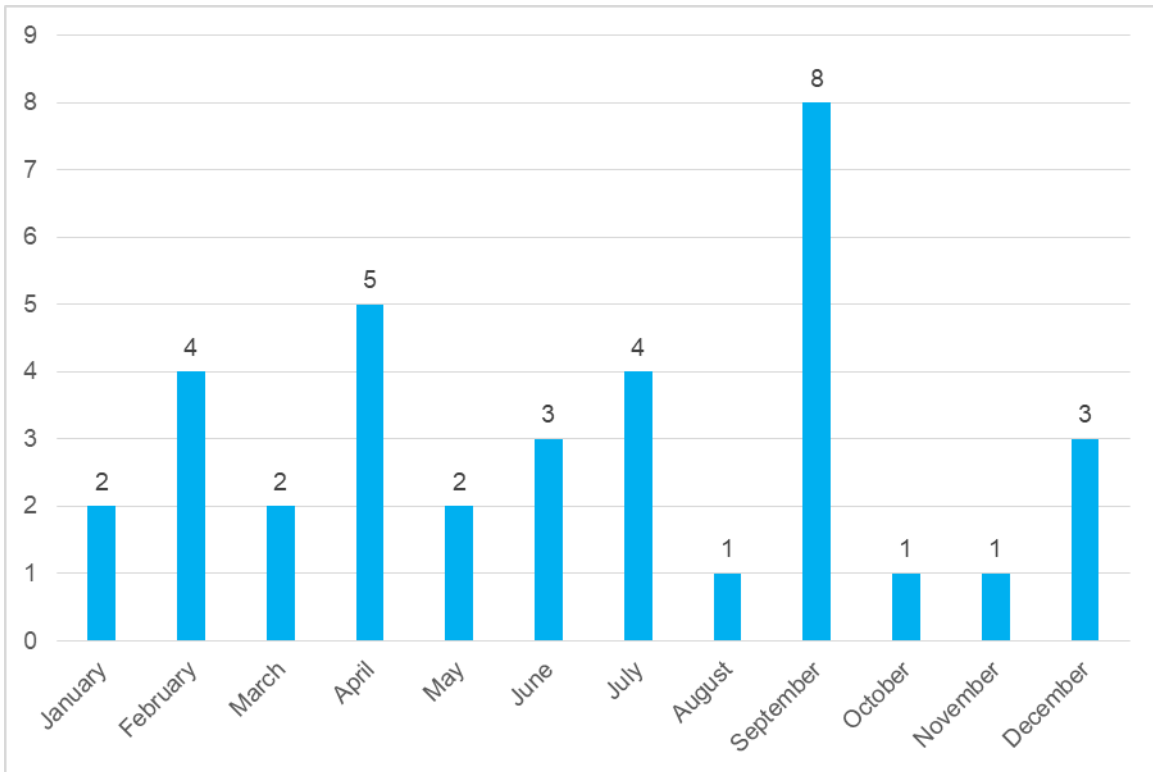


Figure 41. Children / Suicide Deaths by Day of Week 2019

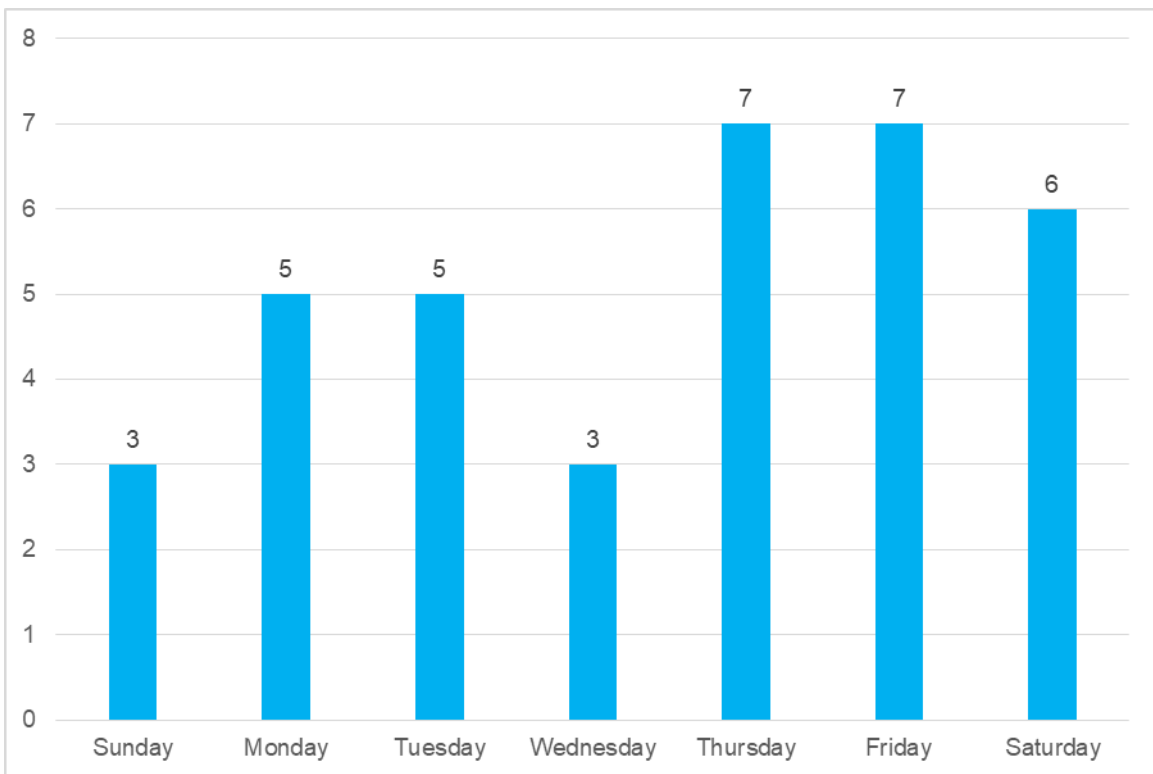


Table 13. Children / Suicide Deaths by Cause 2019

Cause of Death	Total
Gunshot wound(s)	16
Hanging	16
Substance intoxication	2
Multiple injuries	2
Total	36

Overview – Children by Manner of Death (Homicide)

Figure 42. Children / Homicide Deaths (2010 – 2019)

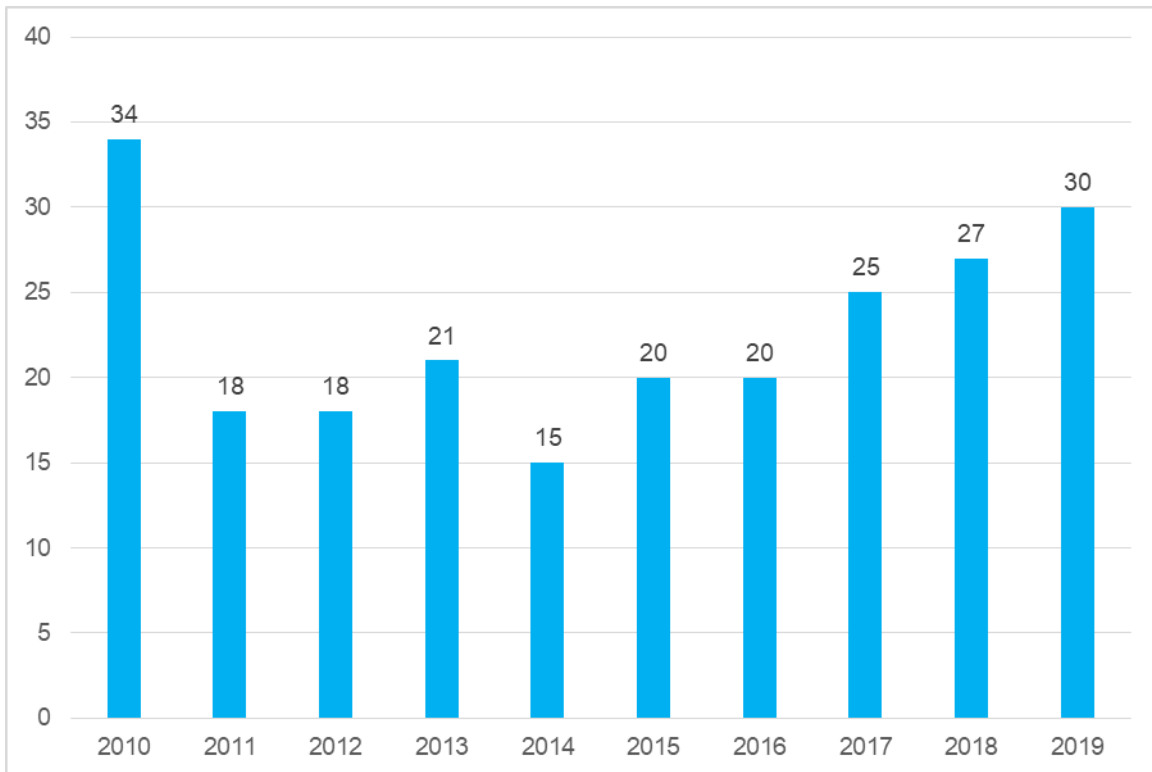


Figure 43. Children / Homicide Deaths by Race/Ethnicity 2019

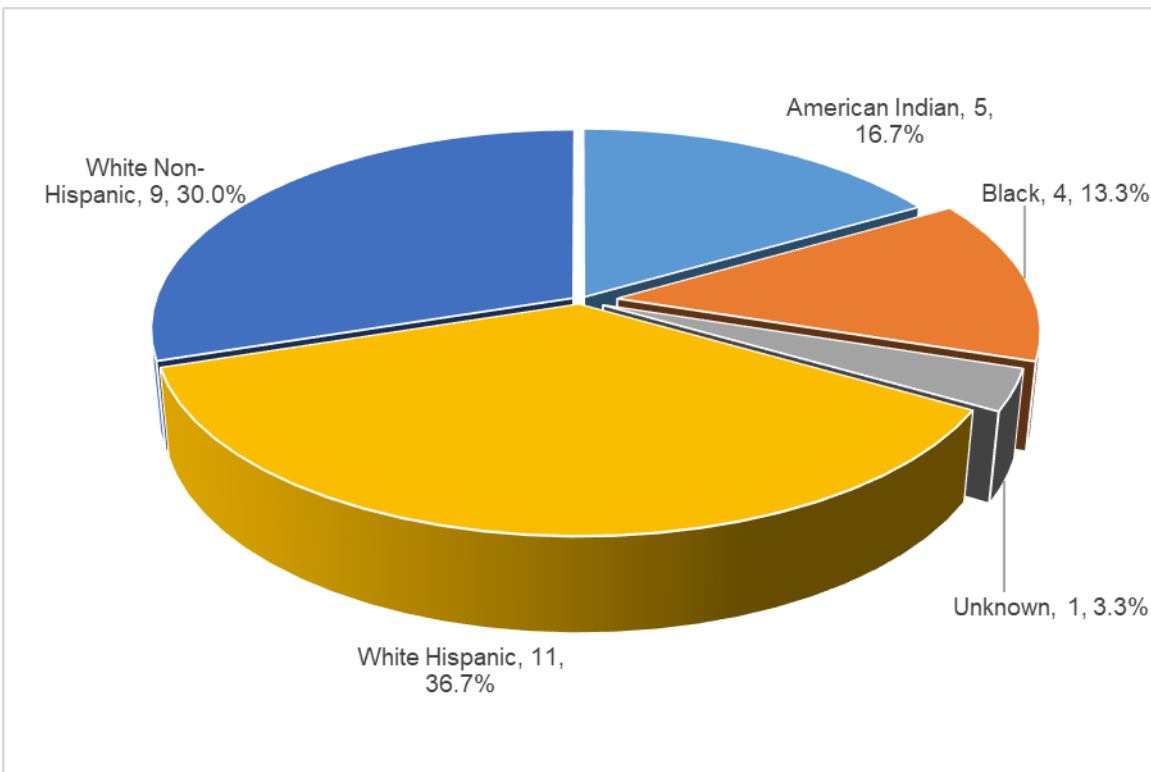


Figure 44. Children / Homicide Deaths by Age and Gender 2019

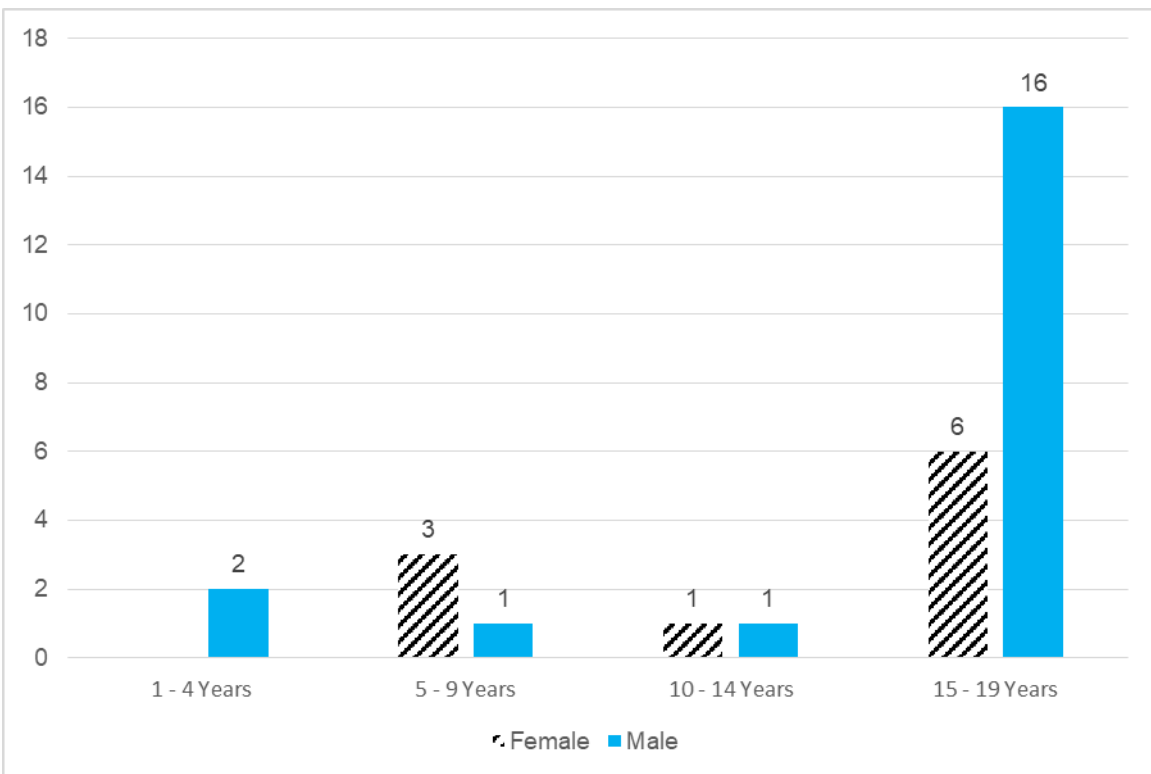


Table 14. Children / Homicide Deaths by Cause 2019

Cause of Death	Total
Gunshot wound(s)	20
Multiple injuries	6
Asphyxia	2
Stab wound(s)	1
Unspecified	1
Total	30

Overview – Children by Manner of Death (Undetermined)

Figure 45. Children / Undetermined Deaths (2010 – 2019)

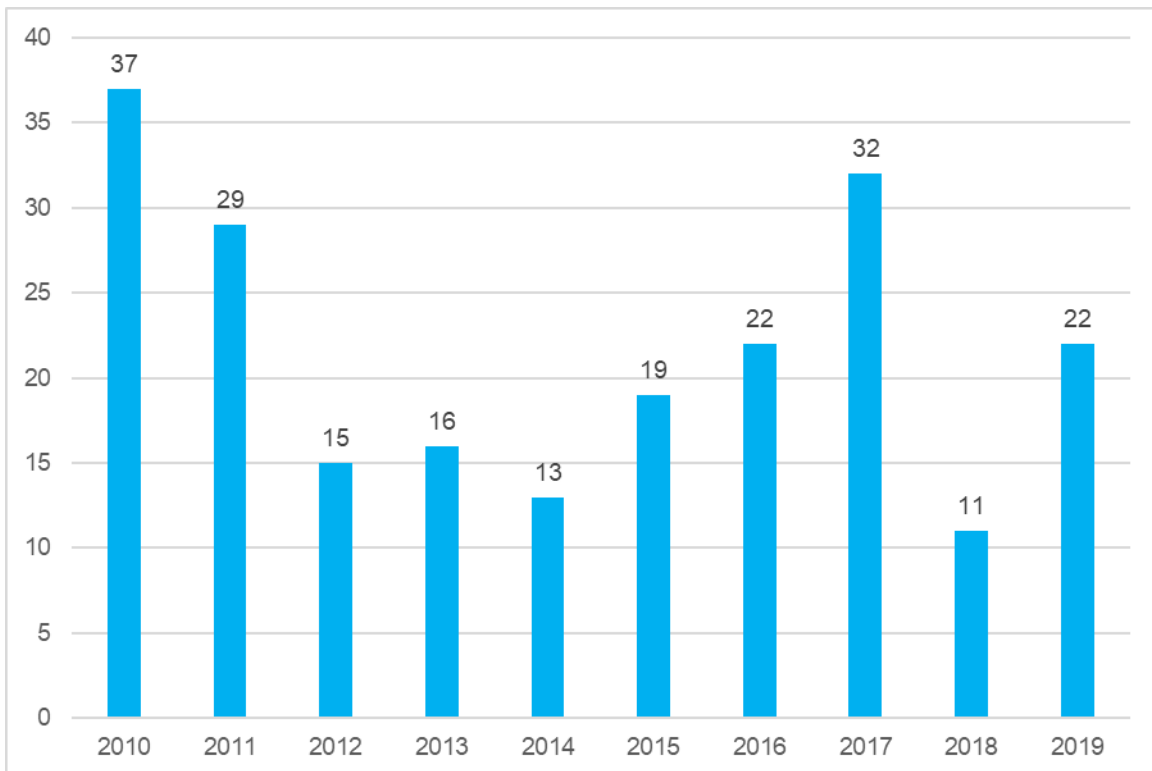


Figure 46. Children / Undetermined Deaths by Race / Ethnicity 2019

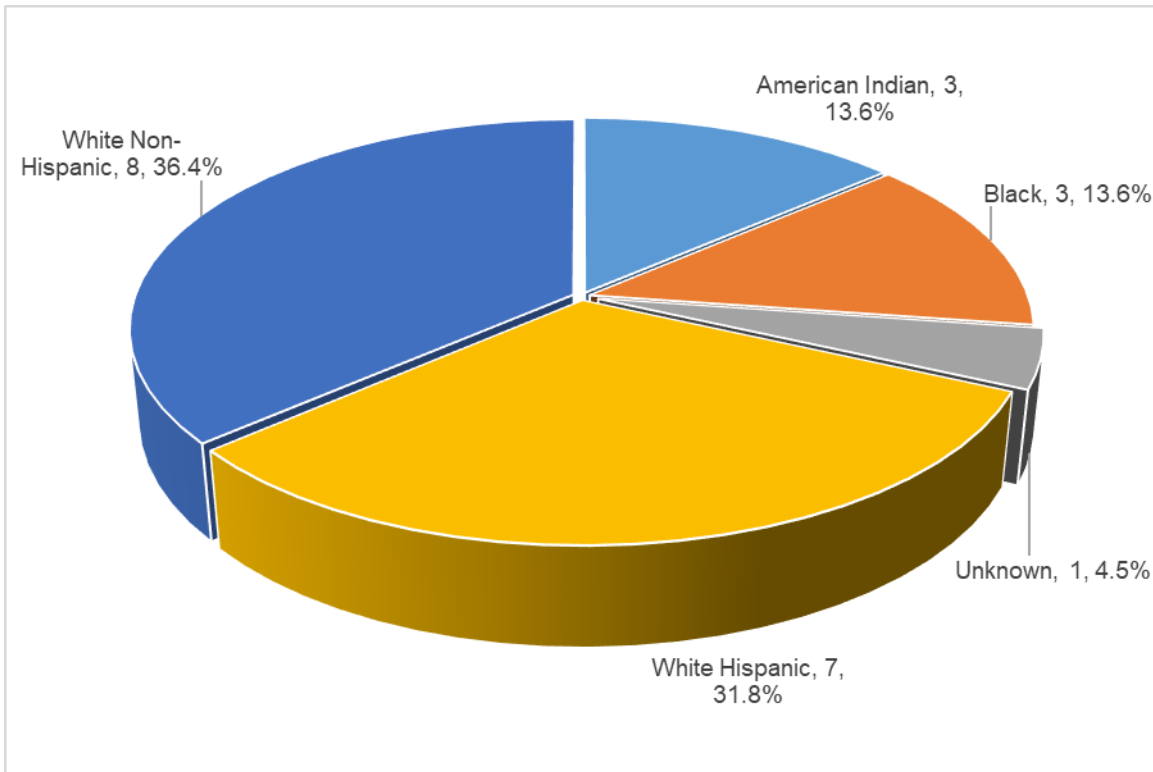


Figure 47. Children / Undetermined Deaths by Age and Gender 2019

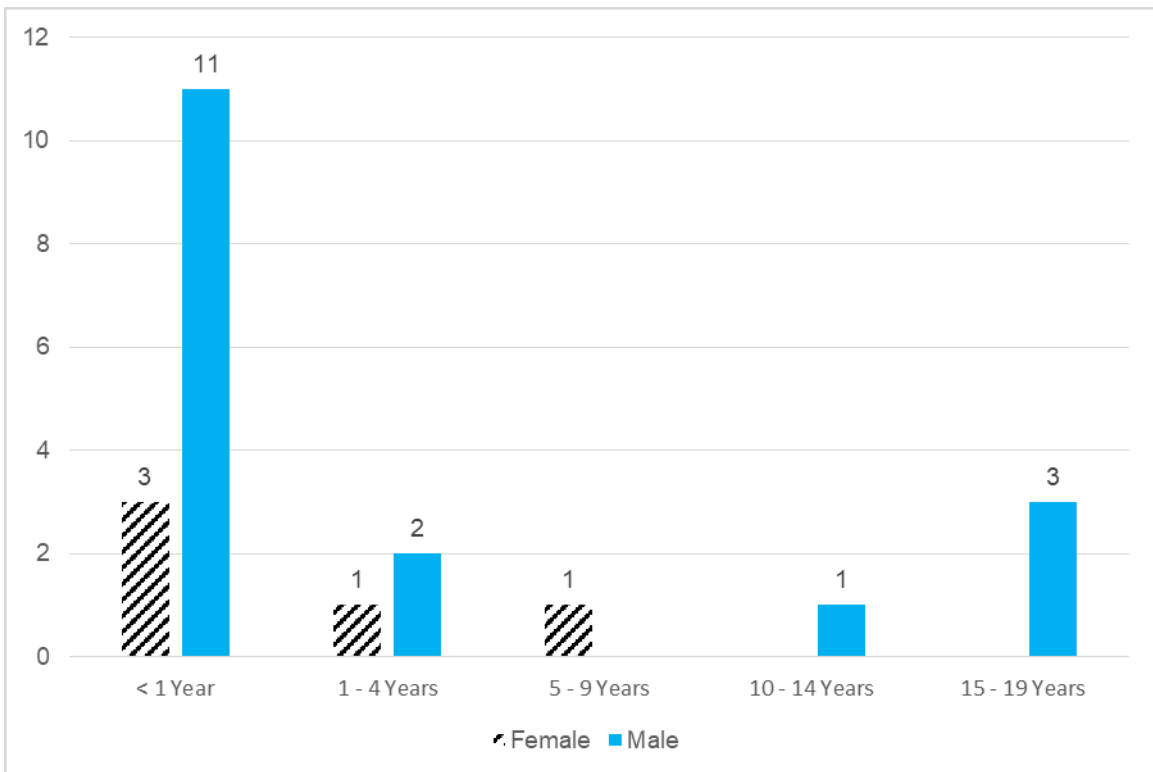


Table 15. Children / Undetermined Deaths by Cause 2019

Cause of Death	Total
Undetermined	15
Substance intoxication	2
Inhalation of toxic substance(s)	1
Gunshot wound(s)	1
Thermal injuries	1
Prematurity	1
Diabetes insipidus	1
Total	22

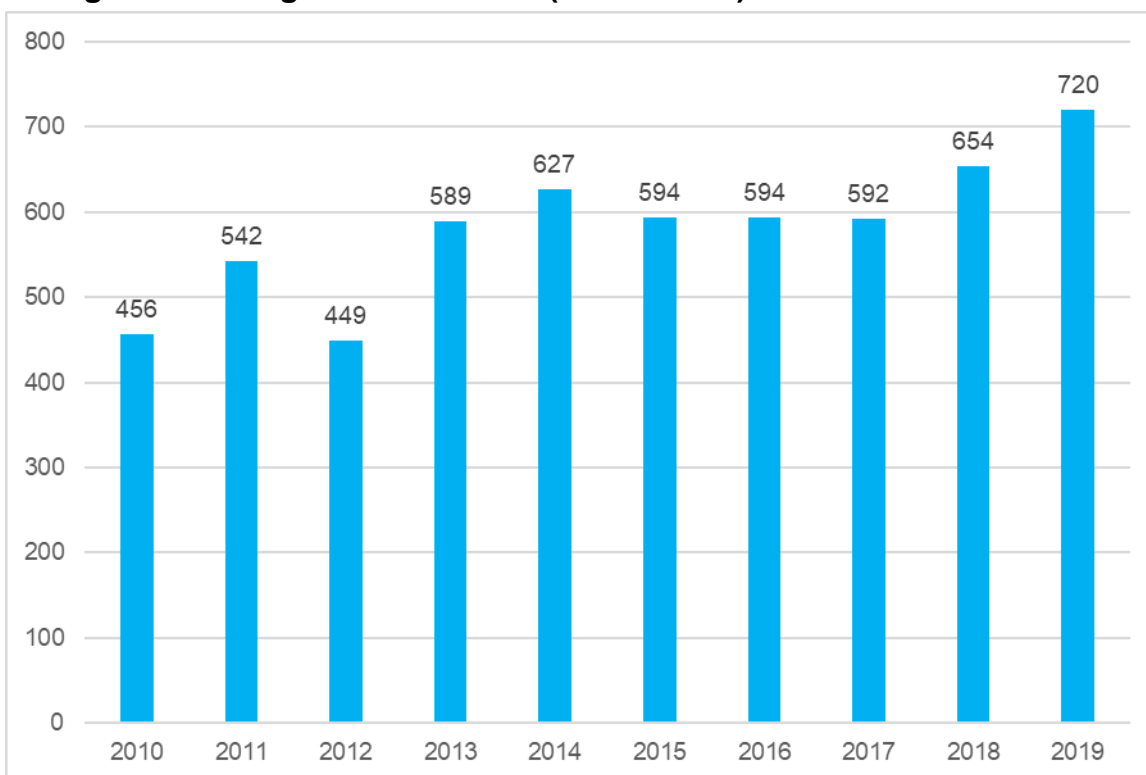
Deaths of Children in New Mexico – Summary

The 10-year summaries presented in this report for childhood deaths all include ages 19 and younger. The 308 deaths of people aged 19 and younger represented 3.9% of all deaths investigated by the OMI in 2019. Male decedents comprised 64.0% of the total deaths in children. The most common manner of death among children was natural, contributing 28.6% of the total. There were 33 suicides among children in 2019. Suicide deaths were more common among young males (72.2%) than females (27.8%), and gunshot wounds and hanging were the most common method of suicide in children. The total number of childhood homicides increased from 27 homicides in 2018 to 30 in 2019. Homicide deaths among children tended to be male (66.7%), White Hispanic (36.7%) and killed by a firearm (66.7%). The majority of childhood homicide victims (73.3%) were between the ages of 15 and 19. Firearms played a role in 16 suicides (44.4%) and 20 homicides (66.7% of child homicides). Homicide rates increased by 11.1% from 2018 to 2019 with the largest homicide population impacting the age group 15–19 years.

An excellent resource for additional information about the deaths of children in New Mexico, their circumstances, risk factors, and opportunities for prevention is the Annual Report of the New Mexico Child Fatality Review (NMCFR), published by the New Mexico Department of Health Public Health Division, Maternal and Child Health Epidemiology Program. NMCFR consists of volunteers from many state and local agencies organized into four panels: Suicide, Sudden Unexplained Infant Death (SUID), Unintentional Injury, and Child Abuse and Neglect. The experts on these panels review the circumstances of childhood deaths in order to identify risk factors and develop prevention strategies, and their findings are presented in their annual report.

Drug Caused Deaths

Figure 48. Drug Caused Deaths (2010 – 2019)



Drug Caused Deaths – Overview

Drug overdose deaths continue to be a problem in New Mexico. A wide variety of drugs, both illegal and prescription, contributed to the 720 drug-caused deaths. There was a 10.1% increase in overall drug caused deaths from 2018 to 2019. Many decedents had more than one drug present at the time of death. The most drug-caused deaths being seen in males ages 35-44 years (17.1%). The OMI designation of 'drug-caused deaths' includes both intentional (suicide, homicide) and unintentional (accidental) drug overdoses.

Additional information regarding unintentional drug overdose deaths in New Mexico is available annually in the newsletter New Mexico Epidemiology, published by the New Mexico Department of Health.

Figure 49. Drug Caused Deaths by Race / Ethnicity 2019

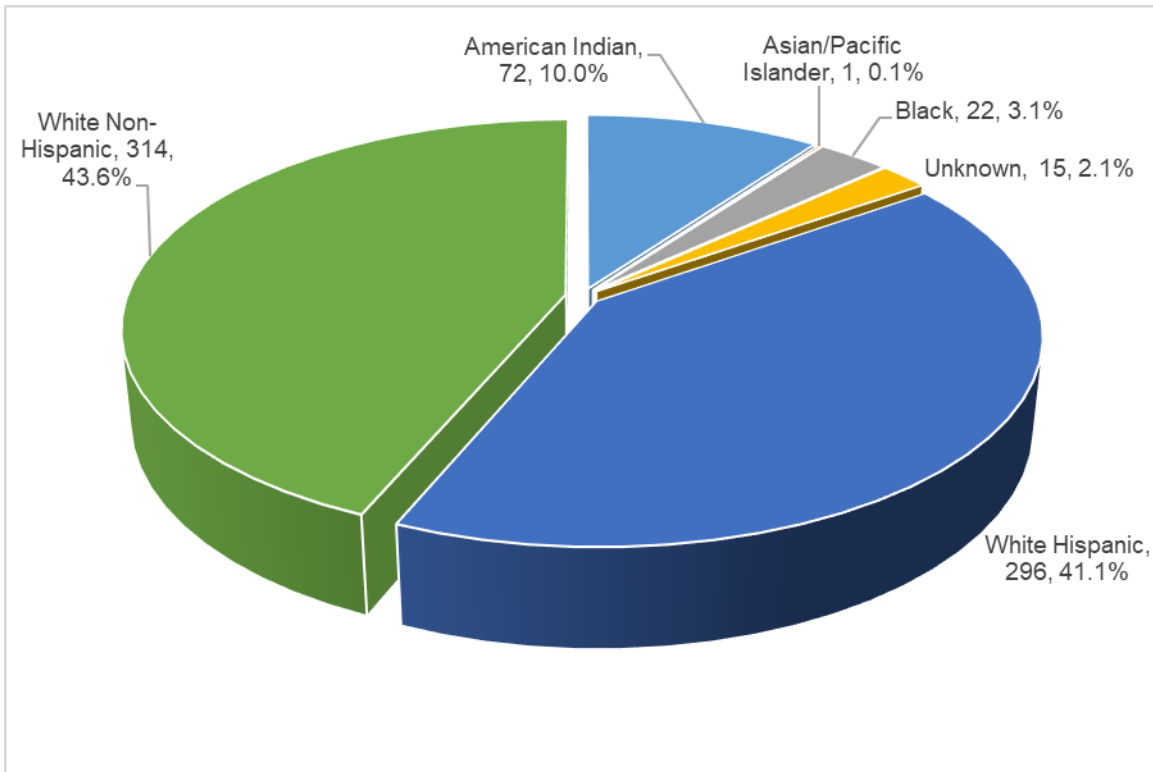


Figure 50. Drug Caused Deaths by Age and Gender 2019

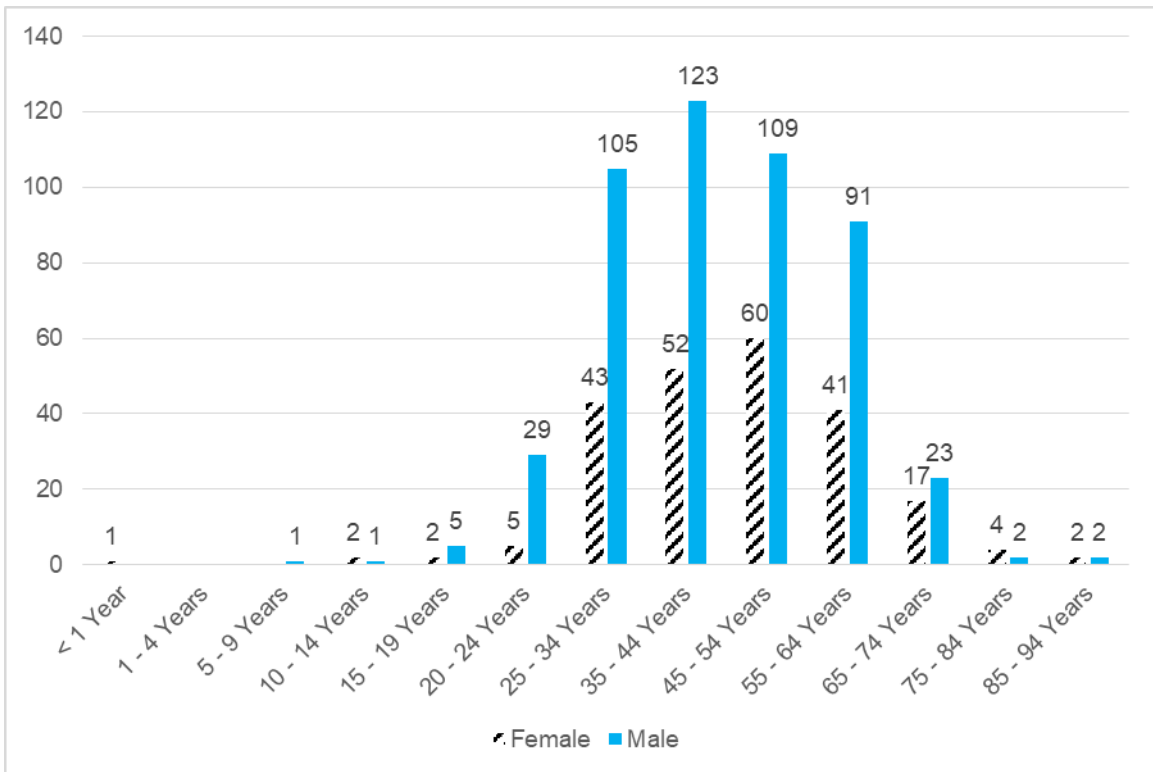
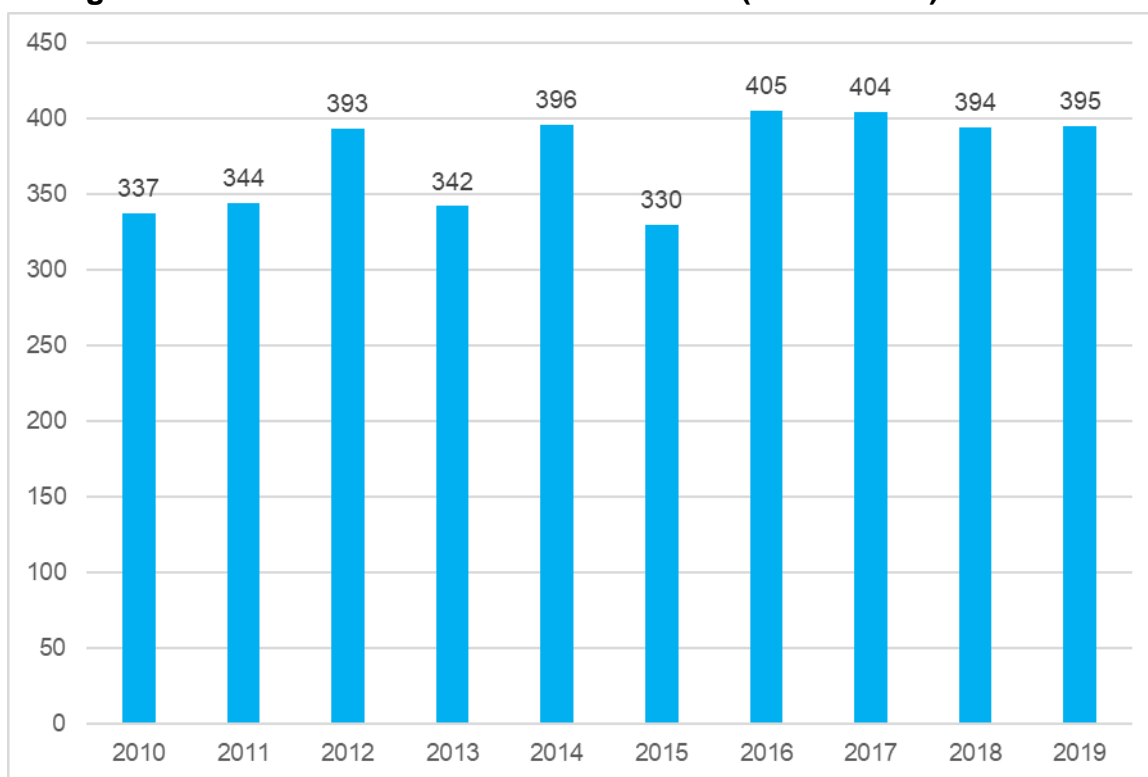


Table 16. Drug Caused Deaths by County of Pronouncement 2019

County	Total
Bernalillo	305
Santa Fe	62
Dona Ana	43
San Juan	41
Rio Arriba	39
Valencia	26
Lea	24
Chaves	21
Eddy	21
Sandoval	20
Otero	14
McKinley	13
Curry	10
San Miguel	10
Cibola	9
Lincoln	8
Taos	8
Sierra	7
Grant	6
Out of State	6
Roosevelt	5
Socorro	5
Colfax	3
Hidalgo	3
Los Alamos	3
Luna	2
Quay	2
Torrance	2
De Baca	1
Guadalupe	1
Total	720

Motor Vehicle-Associated Deaths

Figure 51. Motor Vehicle Associated Deaths (2010 – 2019)



Motor Vehicle-Associated Deaths – Overview

In 2019, OMI investigated 395 motor-vehicle associated deaths, 22.5% of all accidental deaths investigated by OMI in 2019. Included in this classification are deaths of drivers and passengers of cars, trucks, and motorcycles, as well as deaths occurring when a motor vehicle struck a pedestrian or a bicyclist. American Indian decedents were over-represented, with 21% of motor-vehicle accidental deaths. Males ages 35 – 44 and 55 - 64 years had the highest number (12.9% each) of motor vehicle-associated accidental deaths. July saw the highest number of motor vehicle deaths (10.9%), while April and November had the lowest number (5.8% each). More motor vehicle deaths occurred on a Saturday (18.5%) than any other day of the week.

Figure 52. Motor Vehicle Accident vs. Non-Motor Vehicle Accidents 2019

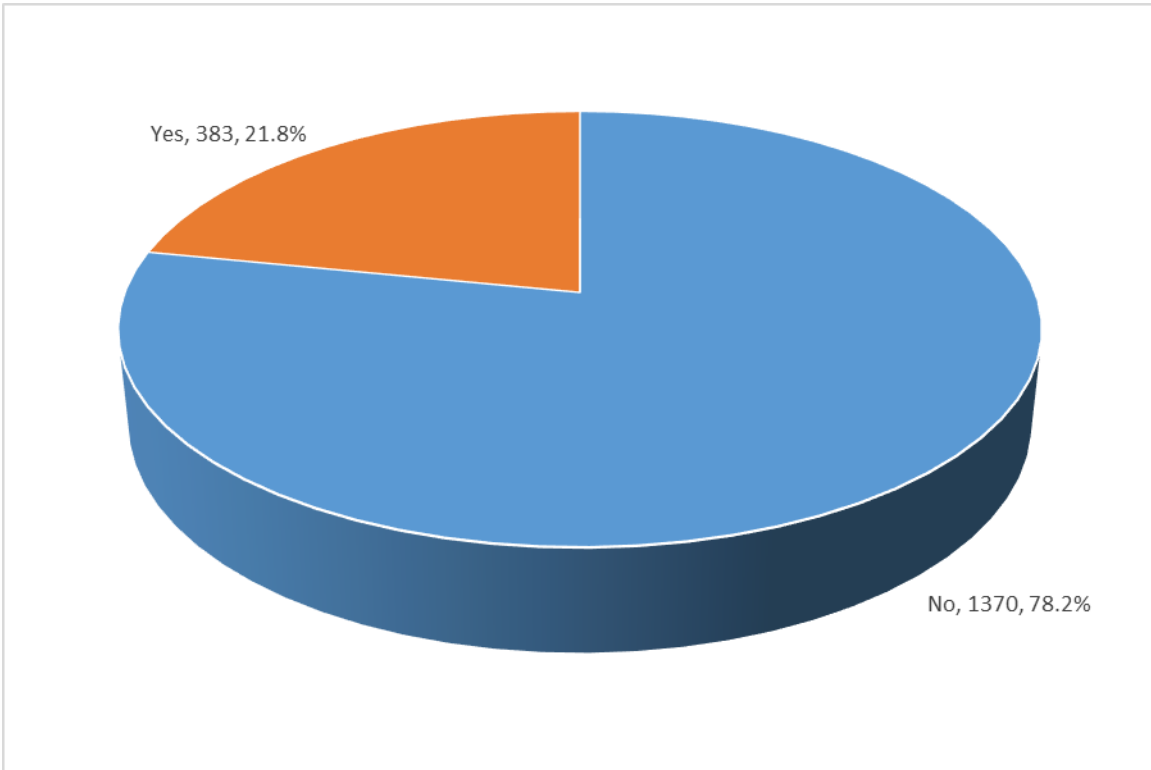


Figure 53. Motor Vehicle-Associated Deaths by Race / Ethnicity 2019

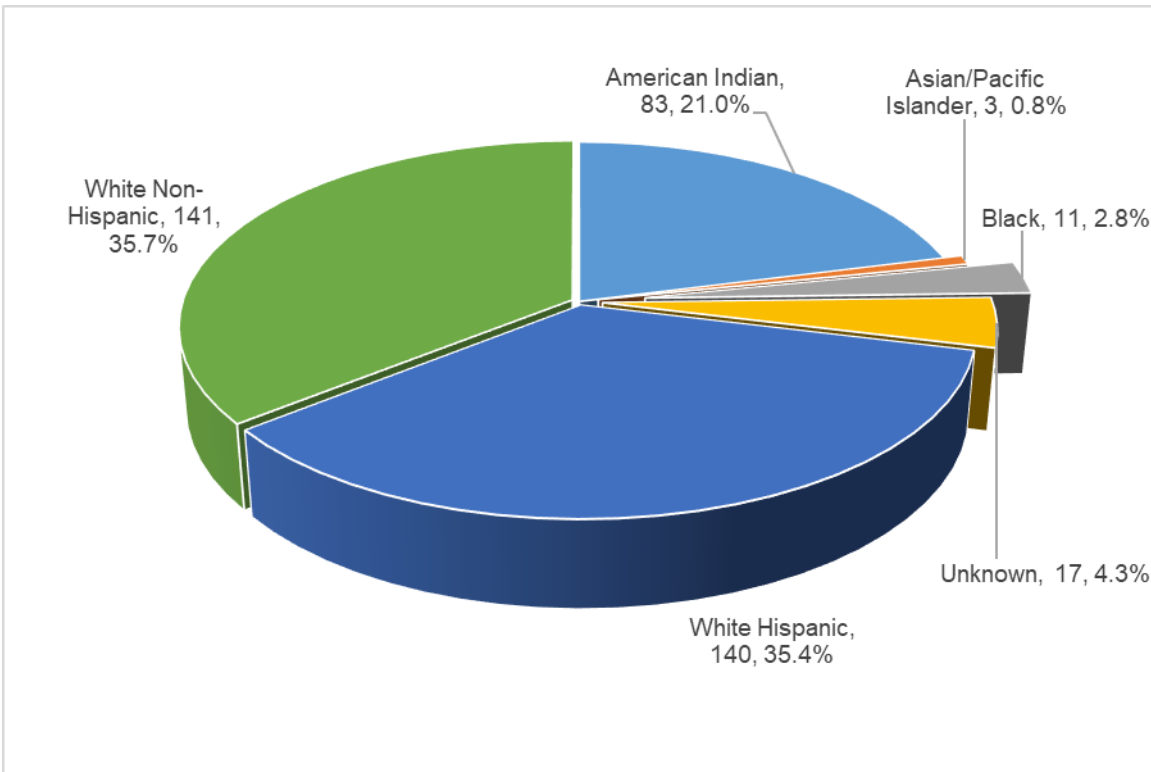


Figure 54. Motor Vehicle-Associated Deaths by Age and Gender 2019

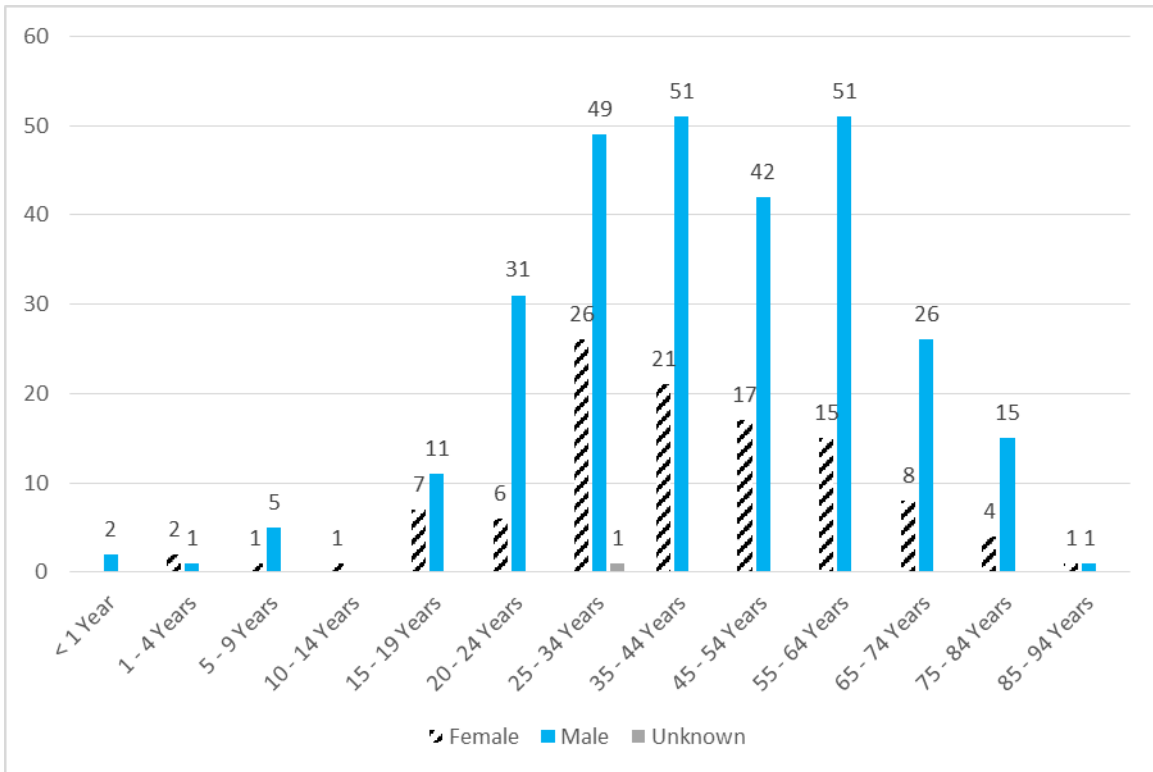


Figure 55. Motor Vehicle-Associated Deaths by Month 2019

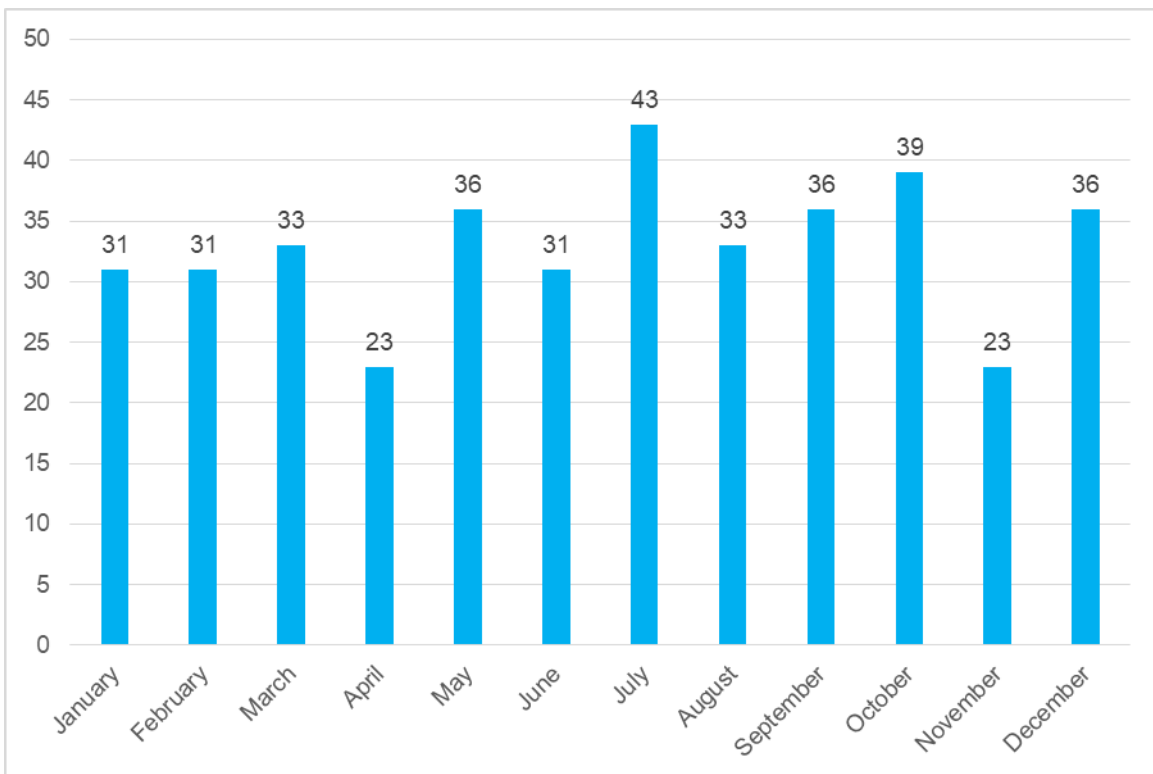


Figure 56. Motor Vehicle-Associated Deaths by Day of Week 2019

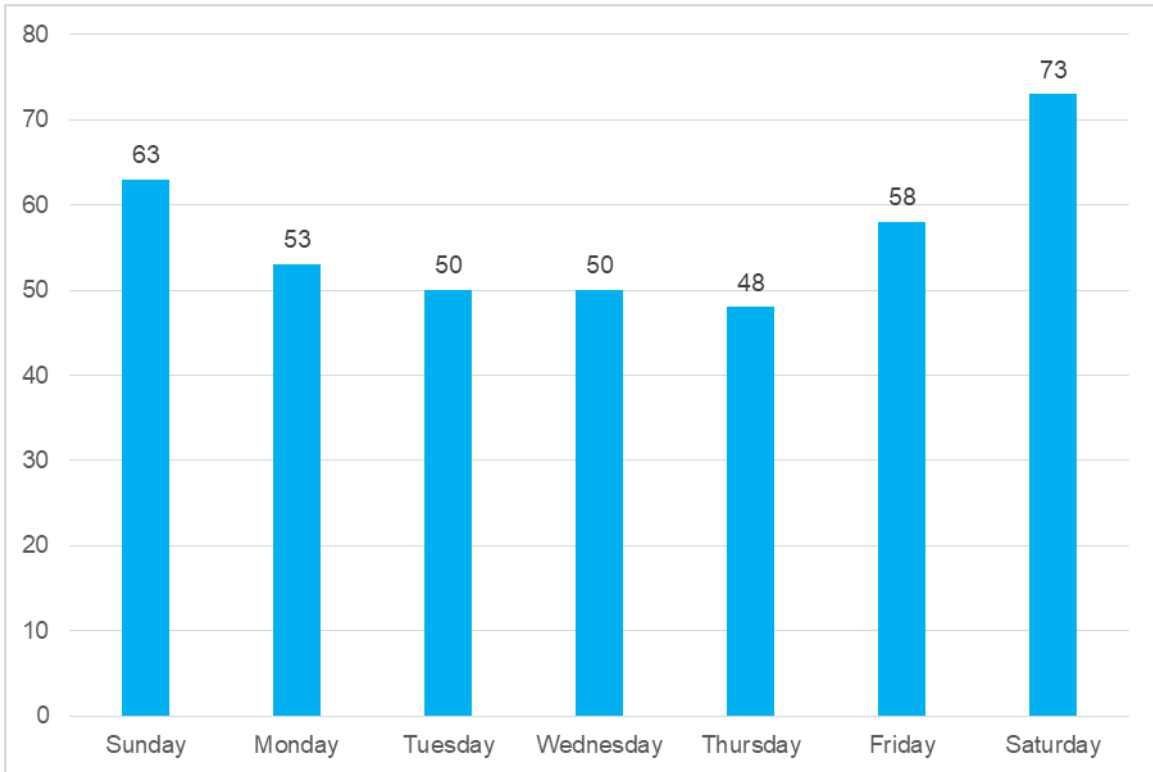


Table 17. Motor Vehicle-Associated Deaths by County of Pronouncement 2019

County	Total
Bernalillo	120
McKinley	29
Lea	24
San Juan	23
Dona Ana	21
Santa Fe	15
Cibola	14
Eddy	13
Sandoval	13
Out of State	12
Valencia	11
Guadalupe	10
Luna	9
Curry	8
Rio Arriba	8
Taos	8
Torrance	8
Chaves	7
Otero	7
Hidalgo	6
Socorro	5
Lincoln	4
Mora	4
San Miguel	4
Colfax	3
Grant	2
Roosevelt	2
De Baca	1
Los Alamos	1
Quay	1
Sierra	1
Union	1
Total	395

Glossary

Accident – The *manner of death* used when, in other than *natural deaths*, there is no evidence of intent.

Autopsy – A detailed postmortem external and internal examination of a body to determine *cause of death*. An autopsy may be either ‘full’, with complete dissection and examination of internal structures, or ‘partial’, dissecting only a select portion of the body, such as the brain or abdomen.

Cause of Death – The agent of effect that results in a physiological derangement or biochemical disturbance that is incompatible with life. The results of postmortem examination, including autopsy and toxicological findings, combined with information about the medical history of the decedent serves to establish the cause of death. The cause of death can result from different circumstances and manner of death. For example, the same cause of death, drowning, can result from the accidental immersion of a child in a swimming pool or from the homicidal immersion of a child in a bathtub.

Children – Individuals 19 years of age or younger. (Normally this is 18 years of age or younger, but to keep with industry standard age divisions, 19 year-olds are included in our tables.)

Circumstances of Death – The situation, setting, or condition present at the time of injury or death.

Consultation – Autopsies paid for by families, hospitals or investigating agencies, such as the Federal Bureau of Investigations (FBI); these autopsies are not under OMI jurisdiction and are done by request and payment.

County of Pronouncement – The county where the decedent was pronounced dead.

Deputy Medical Investigator – An investigator, not necessarily a physician, appointed by the *State Medical Investigator* to assist in the investigation of deaths in the *jurisdiction* of the OMI. There is at least one deputy medical investigator in each county in New Mexico.

Exhumation – To remove a deceased body from a pre-existing grave site in order to examine the body and assign a *cause and manner of death* or to identify the remains using current information and/or technology.

External Examination – A detailed postmortem external examination of a body, conducted when a full or partial autopsy is determined to not be required.

Drug Caused Death – A death caused by a drug or combination of drugs. Deaths caused by *ethanol*, poisons and volatile substances are excluded.

Ethanol – An alcohol, which is the principal intoxicant in liquor, beer, and wine. A person with an alcohol concentration in blood of 0.08 grams/100 milliliters (0.08 g/100mL) is legally intoxicated in New Mexico.

Ethanol Present – Deaths in which toxicological tests reveal a reportable level of *ethanol* (0.005% or greater) at the time of death.

Homicide – The *manner of death* in which death results from the intentional harm of one person by another.

Jurisdiction – The extent of the Office of the Medical Investigator’s authority over deaths. The OMI authority covers reportable deaths that occur in New Mexico, except for those occurring on federal reservations (American Indian and military) and in hospitals. New Mexico Statute 24-11-5NMSA 1978 and descriptions in the OMI policy manual define reportable deaths. The OMI may be invited to consult or investigate cases over which it has no jurisdiction.

Jurisdiction Terminated – Jurisdiction terminated cases are reported to OMI, which is statutorily obligated to review the cases. However, after review proves that there was no foul play and if the decedent’s physician agrees that the death was an expected natural death, the case is then assigned a *cause and manner of death* by their physician. The OMI is still obligated to make sure the decedent’s remains are properly cared for.

Field External Examination – An investigation and external examination conducted at the scene to determine cause of death, with no autopsy conducted but under OMI jurisdiction.

Manner of Death – The general category of the condition, circumstances or event, which causes the death. The categories are *natural, accident, homicide, suicide and undetermined*.

Natural – The *manner of death* used when solely a disease causes death. If death is hastened by an injury, the *manner of death* is not considered natural.

Non-accept – Non-accept cases are decedents who have died under the care of a physician, but are reported into the OMI to verify that there is no statutory obligation to investigate the case.

Office of the Medical Investigator – The state agency in New Mexico that is responsible for the investigation of sudden, violent or untimely deaths. The Office of the Medical Investigator was created by legislation in 1973 to replace the county coroner system (see also, *Deputy Medical Investigator*).

Pending – The *cause of death* and *manner of death* are to be determined pending further investigation and/or toxicological, histological and/or neuropathological testing at the time of publication.

State Medical Investigator – The head of the *Office of the Medical Investigator*. The State Medical Investigator must be a licensed physician licensed in New Mexico and may appoint Assistant Medical investigators, who must be physicians and *Deputy Medical Investigators*.

Undetermined – The *manner of death* for deaths in which there is insufficient information to assign another manner.