



Office of the Medical Examiner 2010 Calendar Year Annual Report



Prepared by: Mandy Combest, MS Staff Assistant

Reviewed by: Tracey S. Corey, MD Chief Medical Examiner





**Office of the Medical Examiner
State of Kentucky
Physician/Doctorate Staff**

Tracey S. Corey, MD
Chief Medical Examiner

John C. Hunsaker III, MD
Associate Chief Medical Examiner

Office of the Chief Medical Examiner Louisville, KY

Donna Stewart, MD
Amy Burrows-Beckham, MD
Michael Johnson, PhD MD
Darius Arabadjief, MD
Rameen Starling-Roney, MD

Office of the Associate Medical Examiner Frankfort, KY

Cristin Rolf, MD
Victoria Graham, MD

Office of the Medical Examiner Madisonville, KY

DeDe Schluckebier, MD

Office of the Medical Examiner Ft. Thomas, KY

Charles Stephens, MD
Gregory Wanger, MD

**Office of the Medical Examiner
 2010 Annual Report**

Table of Contents

Introduction.....5

Overview – Office of the Medical Examiner–5

Basic Functions of the Office of the Medical Examiner.....5

Reportable Deaths.....6

Statutory Duty.....7

Training and Education.....8

Forensic Pathologist Fellowship Program.....8

 Organizational Chart-Office of the Medical Examiner9

Total Cases.....10

Figure 1-Statewide Medical examiner Case Totals 201011

Louisville Totals by Specific Fatal Event.....12

Frankfort Totals by Specific Fatal Event.....13

NKY Totals by Specific Fatal Event.....14

WKY Totals by Specific Fatal Event15

Figure 2-Total Statewide Cases Sent for Autopsy by Locality of Death.....16

Figure 3-Total Statewide Overdoses Sent for Autopsy by Locality of Death17

Figure 4-Statewide Cases by Year of Autopsy18

Figure 5-Statewide Cases by Month of Autopsy19

Figure 6-Statewide Cases by Age and Gender20

Figure 7-Statewide Autopsy Exams.....21

Figure 8-Statewide Cases by Manner of Death21

Figure 9-Statewide Accidents by Cause of Death22

Figure 10-Statewide Homicides by Cause of Death.....23

Figure 11-Statewide Suicides by Cause of Death.....24

Figure 12-Statewide Drugs Most Frequently Detected25

Cause and Manner of Death26

Figure 13-Louisville Cases by Manner of Death.....26

Figure 14-Frankfort Cases by Manner of Death26

Figure 15-Northern Kentucky Cases by Manner of Death27

Figure 16-Western Kentucky Cases by Manner of Death27

Figure 17-Louisville Cases by Type.....28

Figure 18-Frankfort Cases by Type28

Figure 19-Western Kentucky Cases by Type29

Figure 20-Northern Kentucky Cases by Type29

Louisville Medical Examiner Office Data.....30
 Figure 21-MVC by Manner of Death30
 Figure 22-GSW by Manner of Death.....30
 Figure 23-Drowning by Manner of Death31
 Figure 24-Fire by Manner of Death.....31
 Figure 25-Overdose by Manner of Death32
 Figure 26-Most Frequently Detected Drugs32

Frankfort Medical Examiner Data.....33
 Figure 27-Drowning by Manner of Death33
 Figure 28- Fire by Manner of Death.....33
 Figure 29- GSW by Manner of Death.....34
 Figure 30- MVC by Manner of Death34
 Figure 31- Overdose by Manner of Death35
 Figure 32- Most Frequently Detected Drugs35

Northern Kentucky Medical Examiner Data.....36
 Figure 33- MVC by Manner of Death36
 Figure 34- GSW by Manner of Death.....36
 Figure 35- Drowning by Manner of Death37
 Figure 36- Fire by Manner of Death.....37
 Figure 37- Overdose by Manner of Death38
 Figure 38- Most Frequently Detected Drugs38

Western Kentucky Medical Examiner Data.....39
 Figure 39- MVC by Manner of Death39
 Figure 40- GSW by Manner of Death.....39
 Figure 41- Drowning by Manner of Death40
 Figure 42- Fire by Manner of Death.....40
 Figure 43- Overdose by Manner of Death41
 Figure 44- Most Frequently Detected Drugs41

Glossary42

Medical Examiner Districts43

Regional Offices Contact Information44

Introduction

The Office of the Medical Examiner investigates deaths occurring in the state of Kentucky, as authorized by Kentucky's elected coroners. The staff assists Kentucky coroners and law enforcement agencies in all aspects of death investigations by determining the cause and manner of death, identification of the deceased, and collection and interpretation of trace evidence. The Medical Examiner Division performed services for approximately 2,373 deaths. A detailed summary of the case distribution is delineated in this report. **It should be noted that this annual report does not include all deaths occurring in Kentucky, but rather those cases investigated by the Kentucky Medical Examiner Program.** For total numbers of deaths occurring in the state, please contact:

Office of Vital Statistics
275 E. Main St. 1EA
Frankfort, KY 40621
(502) 564-4212

The following report is presented in two sections. The first section summarizes the activity of the Medical Examiner's Office. The second section presents data routinely collected by the Medical Examiner's Office in regards to medicolegal death investigations performed. The graphs and figures presented are designed to be self-explanatory and provide the reader with a brief understanding of the types of cases completed within this Division.

Overview—Office of the Medical Examiner—2010

The Medical Examiners Office performs death investigations and postmortem examinations at four separate regional offices around the state:

- The Office of the Chief Medical Examiner in Louisville, KY
- The Office of the Associate Chief Medical Examiner in Frankfort, KY
- The Western Kentucky Regional Medical Examiners Office in Madisonville, KY
- The Northern Kentucky Regional Medical Examiners Office in Ft. Thomas, KY

There are six basic functions of the Office of the Medical Examiner:

- determine the cause and manner of death of individual decedents in a timely fashion
- identify the dead with a high degree of certainty and written documentation
- prepare and maintain accurate, thorough and timely reports regarding examinations and opinions
- safeguard and account for evidence and personal property
- maintain confidentiality of case information
- base expert opinions on logical conclusions after considering all historical and physical evidence available, in light of current scientific and medical knowledge

All medical examiner offices in Kentucky are staffed by board certified and/or board eligible forensic pathologists. These forensic pathologists are physicians who have undergone at least five years of postgraduate training to become proficient in the subspecialty of forensic pathology. The forensic pathologists routinely perform postmortem examinations; consult with law enforcement officials and attorneys regarding aspects of investigations including blood spatter analysis, crime scene investigation and toxicology interpretation; meet with decedents' families; and provide expert testimony in courts throughout Kentucky.

OUR MISSION

The mission of the Kentucky Medical Examiners Office is to serve the public by:

- providing accurate, thorough and efficient medical legal investigations of death, thereby,
- insuring justice, and
- providing solace, comfort and protection to the living

Reportable Deaths

KRS 72.025 Circumstances requiring post-mortem examination to be performed by coroner.

Coroners shall require a post-mortem examination to be performed in the following circumstances:

- (1) When the death of a human being appears to be caused by homicide or violence;
- (2) When the death of a human being appears to be the result of suicide;
- (3) When the death of a human being appears to be the result of the presence of drugs or poisons in the body;
- (4) When the death of a human being appears to be the result of a motor vehicle accident and the operator of the motor vehicle left the scene of the accident or the body was found in or near a roadway or railroad;
- (5) When the death of a human being occurs while the person is in a state mental institution or mental hospital when there is no previous medical history to explain the death, or while the person is in police custody, a jail or penal institution;
- (6) When the death of a human being occurs in a motor vehicle accident and when an external examination of the body does not reveal a lethal traumatic injury;
- (7) When the death of a human being appears to be the result of a fire or explosion;
- (8) When the death of a child appears to indicate child abuse prior to the death;
- (9) When the manner of death appears to be other than natural;
- (10) When human skeletonized remains are found;
- (11) When post-mortem decomposition of a human corpse exists to the extent that external examination of the corpse cannot rule out injury or where the circumstances of death cannot rule out the commission of a crime;
- (12) When the death of a human being appears to be the result of drowning;
- (13) When the death of an infant appears to be caused by sudden infant death syndrome in that the infant has no previous medical history to explain the death;

- (14) When the death of a human being occurs as a result of an accident;
- (15) When the death of a human being occurs under the age of forty (40) and there is no past medical history to explain the death;
- (16) When the death of a human being occurs at the work site and there is no apparent cause of death such as an injury or when industrial toxics may have contributed to the cause of death;
- (17) When the body is to be cremated and there is no past medical history to explain the death;
- (18) When the death of a human being is sudden and unexplained; and
- (19) When the death of a human being occurs and the decedent is not receiving treatment by a licensed physician and there is no ascertainable medical history to indicate the cause of death.

Effective: July 15, 1998

1. The coroner determines whether the case becomes a medical examiner case.
2. The medical examiner and the coroner may discuss whether a complete autopsy, a focused examination, or external inspection with toxicology specimen acquisition is warranted on certain cases. The Medical Examiner makes a MEDICAL DECISION regarding the type and amount of examination done to render a medicolegal opinion and thus provide assistance to the coroner. In all cases submitted by a coroner with an authorization, a report including a final opinion is generated.
3. In the rare event that the coroner declines to authorize an examination by the Medical Examiner's office in a case in which law enforcement investigators conclude that ME involvement is crucial, then law enforcement may obtain and authorize an examination by the ME office by procuring a court order through the Commonwealth Attorney's Office.

Statutory Duty

72.210 Purpose of Division of Kentucky State Medical Examiners Office.

In enacting legislation establishing a Division of Kentucky State Medical Examiners Office for the Commonwealth of Kentucky, it is not the intention of the General Assembly to abolish or interfere with the coroner in his role as a constitutionally elected peace officer. It is the intention of the General Assembly for the office to aid, assist, and complement the coroner in the performance of his duties by providing medical assistance to him in determining causes of death.

Effective: July 15, 1998

History: Amended 1998 Ky. Acts ch. 65, sec. 4, effective July 15, 1998. -- Created 1968 Ky. Acts ch. 114, sec. 1.

Summary Highlights

Aforementioned above, the four regional medical examiner offices together performed 2,452 postmortem examinations in 2010. In addition, there were 50 forensic anthropology consults (15 identified: 27 not applicable: 2 unidentified: 19 non-human).

Training and Education

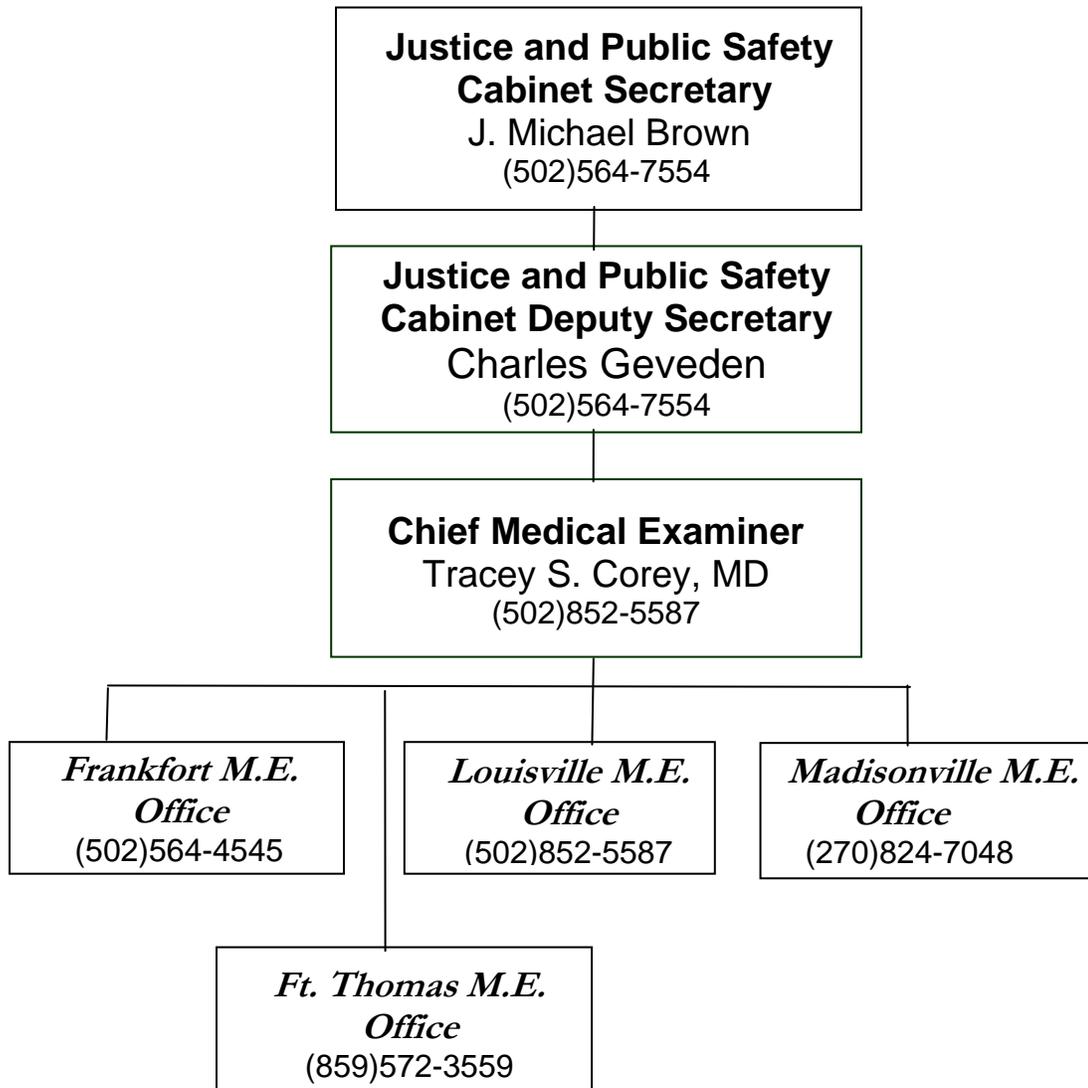
The Medical Examiner's Division provides educational instruction in death investigation to coroners, law enforcement, medical, and social service agencies throughout the state. The Office of the Chief Medical Examiner plays an active role in the University of Louisville Department of Pathology educational programs and activities. Staff pathologists participate in the training of medical students, residents and fellows.

Forensic Pathologist Fellowship Program

The University of Louisville Division of Forensic Pathology Fellowship program is a one-year extensive training program in the subspecialty of forensic pathology. The trainee works with all of the attending physicians, gaining exposure to a wide spectrum of cases with various histories, causes, manners and mechanisms of death. The trainee is always staffed by one of the attending physicians in the autopsy room. The gross findings are discussed during the dissection, dictated at the table, and are signed out at the end of dissection. Case discussions are initiated prior to autopsy, and continued with staff and investigators through the multi-step process to the final report. The trainee is supervised throughout the process of interpretation of radiographs, microscopic slides, and toxicologic analysis. The trainees' dictations are critiqued and modified as needed by the attending physicians. Early in training, the trainee accompanies the attending physician to death scenes as requested by coroners. As the training year progresses, the fellow may accompany coroners to death scenes without an attending physician; even when the fellow conducts a scene visit without an attending physician, an attending physician remains available to provide telephone consultation regarding scene findings, or go to the scene as circumstances indicate.

Office of the Medical Examiner Organizational Chart

Figure 1



Total Cases

The remainder of this report will present data routinely collected by the Medical Examiner Offices. The graphs summarize data collected on all cases performed throughout the four regional offices.

Statewide Medical Examiner Case Totals 2010

The totals listed below do not represent all deaths occurring in Kentucky but rather the total cases undergoing autopsy by the Kentucky Medical Examiner Offices.

TOTAL STATEWIDE CASES UNDERGOING AUTOPSY BY KENTUCKY MEDICAL EXAMINER OFFICES = 2,452

SUMMARY OF TOTAL STATEWIDE CASES UNDERGOING AUTOPSY BY KENTUCKY MEDICAL EXAMINER OFFICES		
Manner	Total	Percentage
Accidents	1,008	41.11%
Homicides	198	8.08%
Naturals	664	27.08%
Suicides	302	12.32%
Undetermined	229	9.34%
Unclassified	7	0.29%
Insufficient Information	20	0.82%
Pending	24	0.98%
	2,452	
SUMMARY OF TOTAL STATEWIDE OVERDOSES UNDERGOING AUTOPSY BY KENTUCKY MEDICAL EXAMINER OFFICES		
Manner	Total	Percentage
Accidents	546	81.01%
Suicides	42	6.23%
Undetermined	55	8.16%
Pending	10	1.48%
Insufficient Information	3	0.45%
Complications of Chronic Use	18	2.67%
	674	

Louisville Totals by Specific Fatal Event

Fatal Event	Total Cases	Percentage
<i>Overdoses</i>	267	
Accidental	170	63.67%
Suicide	30	11.24%
Complications of Chronic Use	9	3.37%
Insufficient Information	3	1.12%
Pending	10	3.75%
Undetermined	45	16.85%
<i>MVC</i>	129	
Accident	128	99.22%
Pending	1	0.78%
<i>GSW</i>	153	
Accident	1	0.65%
Homicide	53	34.64%
Suicide	89	58.17%
Undetermined	6	3.92%
Pending	4	2.61%
<i>DROWNING</i>	22	
Accident	17	77.27%
Suicide	1	4.55%
Undetermined	4	18.18%
<i>FIRE</i>	10	
Accident	9	90.00%
Undetermined	1	10.00%
<i>SUID</i>	24	
Undetermined	24	100%
<i>All other Louisville Accidents</i>	32	

Frankfort Totals by Specific Fatal Event

Fatal Event	Total	Percentage
<i>Overdoses</i>	216	
Accidental	206	95.37%
Complications of Chronic Use	5	2.31%
Undetermined	5	2.31%
<i>MVC</i>	50	
Accidental	50	100%
<i>GSW</i>	103	
Accident	2	1.94%
Homicide	57	55.34%
Suicide	42	40.78%
Undetermined	2	1.94%
<i>Drowning</i>	19	
Accidental	16	84.21%
Suicide	1	5.26%
Undetermined	2	10.53%
<i>Fire</i>	22	
Accidental	21	95.45%
Suicide	1	4.55%
<i>SUID</i>	40	
Undetermined	40	100%
<i>All other FFT Accidents</i>	49	

NKY Totals by Specific Fatal Event

Fatal Event	Total	Percentage
<i>Overdoses</i>	151	
Accidental	142	94.04%
Complications of Chronic Use	2	1.32%
Suicide	6	3.97%
Undetermined	1	0.66%
<i>MVC</i>	42	
Accidental	41	97.62%
Suicide	1	2.38%
<i>GSW</i>	29	
Accident	1	3.45%
Homicide	3	10.34%
Suicide	25	86.21%
<i>Drowning</i>	3	
Accident	2	66.67%
Suicide	1	33.33%
<i>Fire</i>	5	
Accident	5	100%
<i>SUID</i>	2	
Undetermined	2	100%
<i>All other NKY Accidents</i>	13	

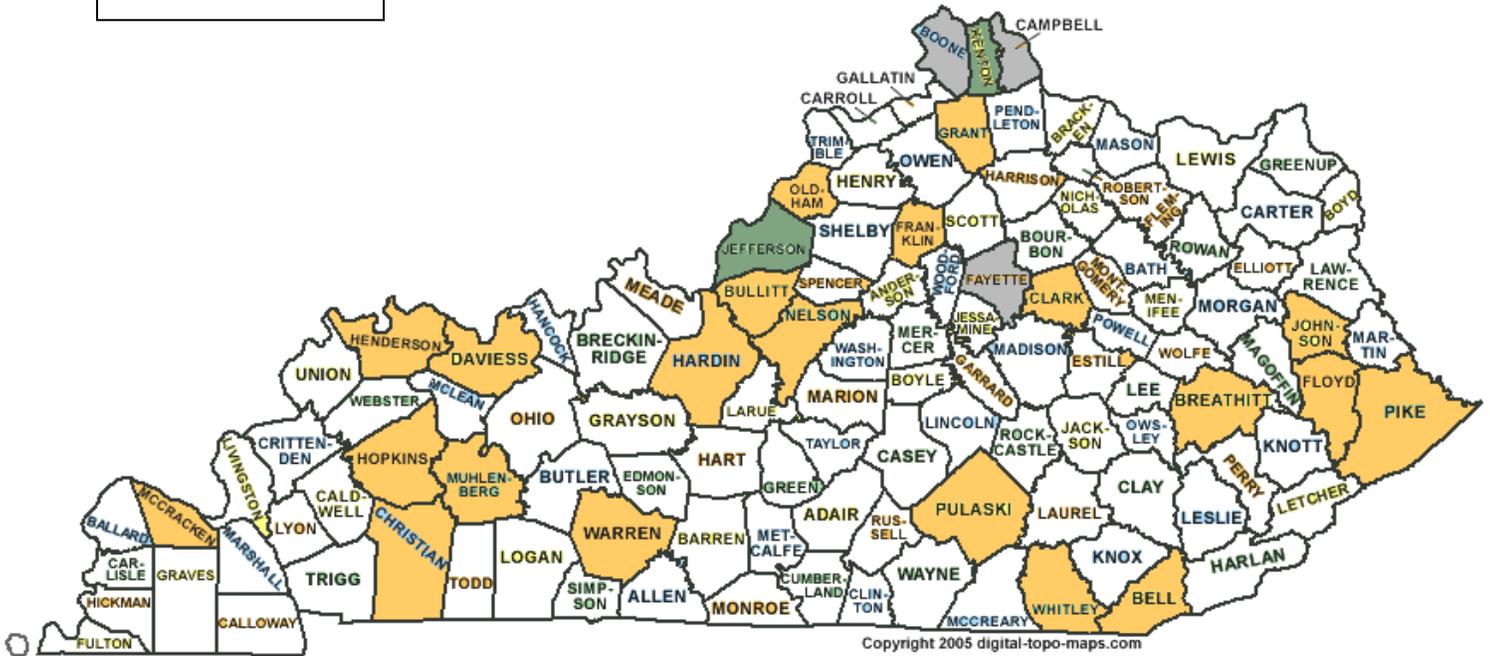
WKY Totals by Specific Fatal Event

Fatal Event	Total	Percentage
<i>Overdoses</i>	42	
Accidental	28	66.67%
Complications of Chronic Use	4	9.52%
Suicide	6	14.29%
Undetermined	4	9.52%
<i>MVC</i>	31	
Accidental	30	96.77%
Suicide	1	3.23%
<i>GSW</i>	24	
Homicide	8	33.33%
Suicide	16	66.67%
<i>Drowning</i>	16	
Accident	14	87.50%
Suicide	2	12.50%
<i>Fire</i>	8	
Accident	6	75.00%
Undetermined	2	25.00%
<i>SUID</i>	9	
Undetermined	9	100%
<i>All other WKY Accidents</i>	24	

Total Statewide Cases Sent for Autopsy by Locality of Death, 2010

Figure 2

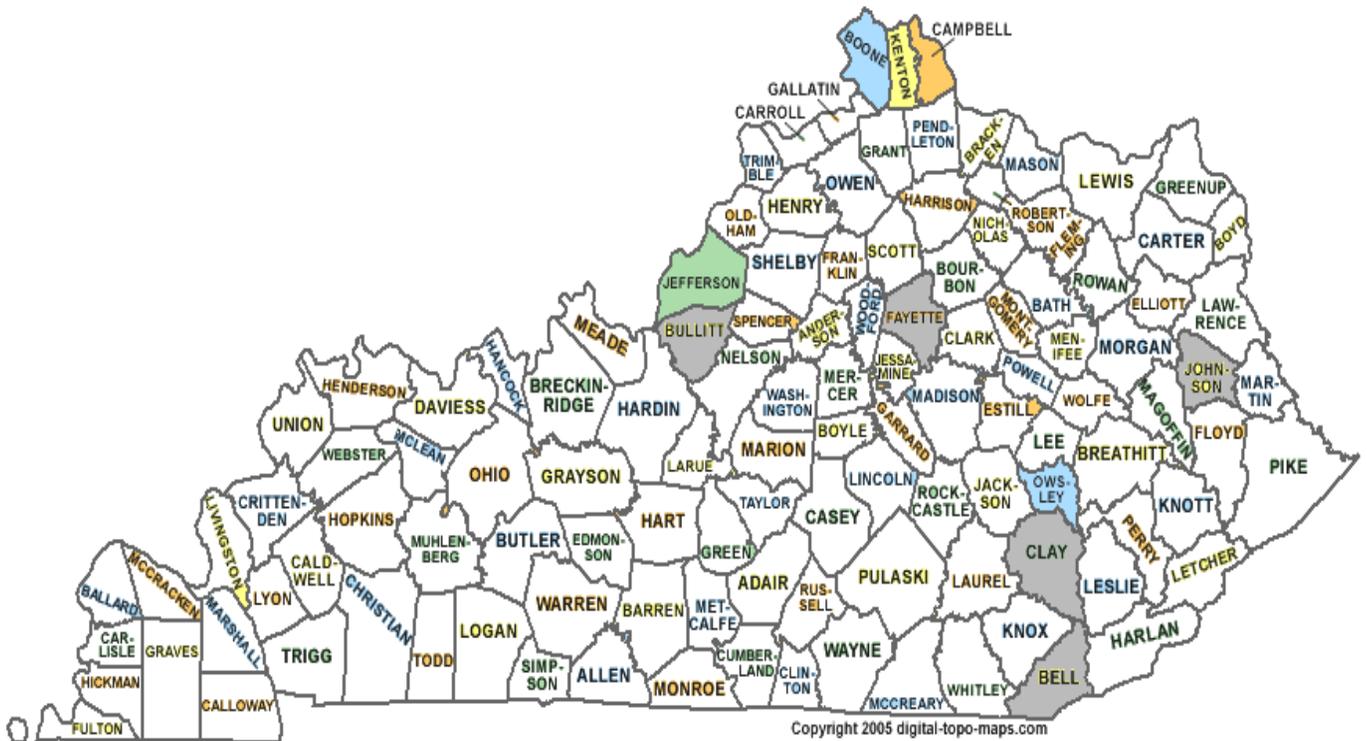
WHITE	0-20
ORANGE	21-50
GREY	51-100
BLUE	101-160
GREEN	161-500



Total Statewide Overdoses Sent for Autopsy by Locality of Death, 2010

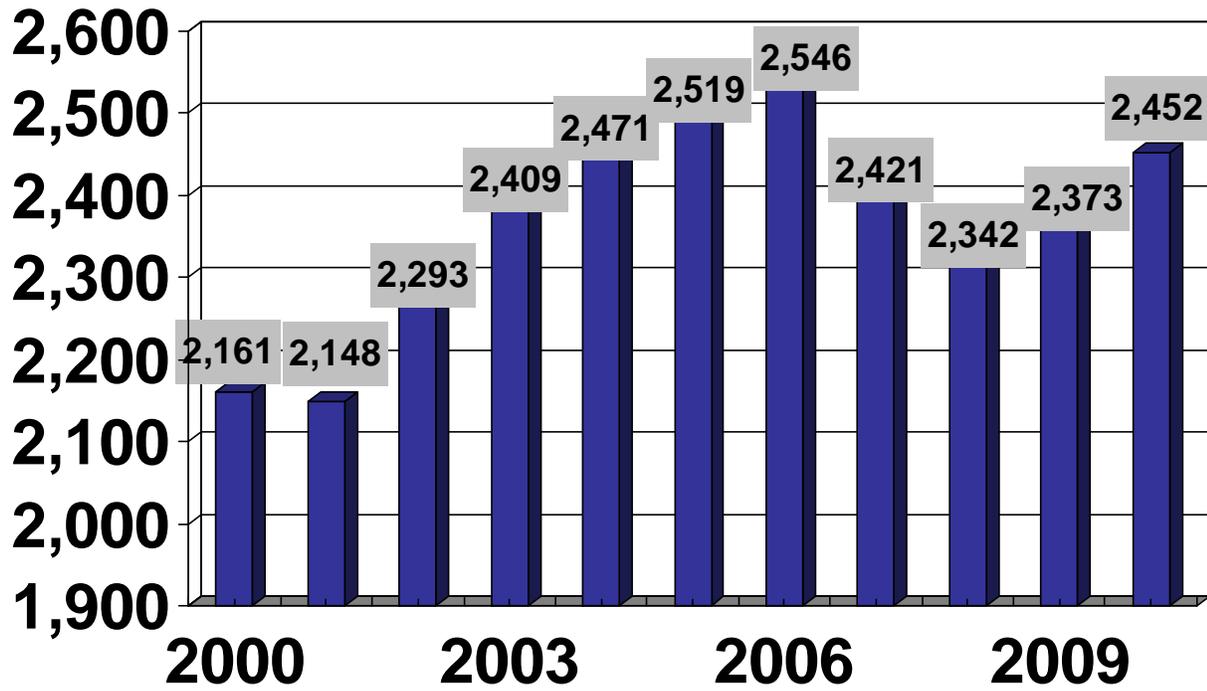
Figure 3

WHITE	0-10
GREY	11-20
ORANGE	21-30
BLUE	31-40
PURPLE	41-50
YELLOW	51-100
GREEN	101-130
130 is Highest	



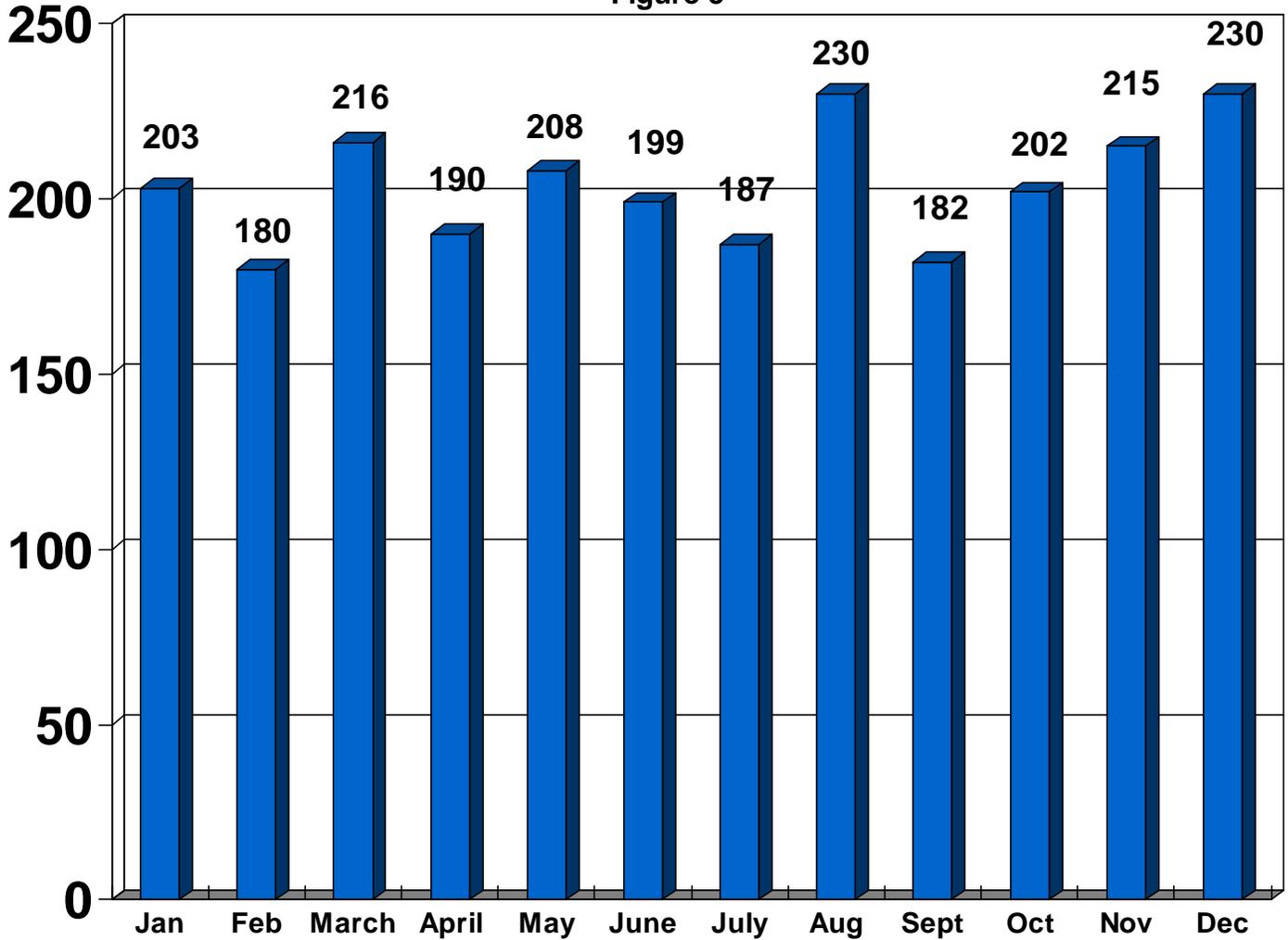
Total Statewide Cases by Year of Autopsy 2000-2010

Figure 4



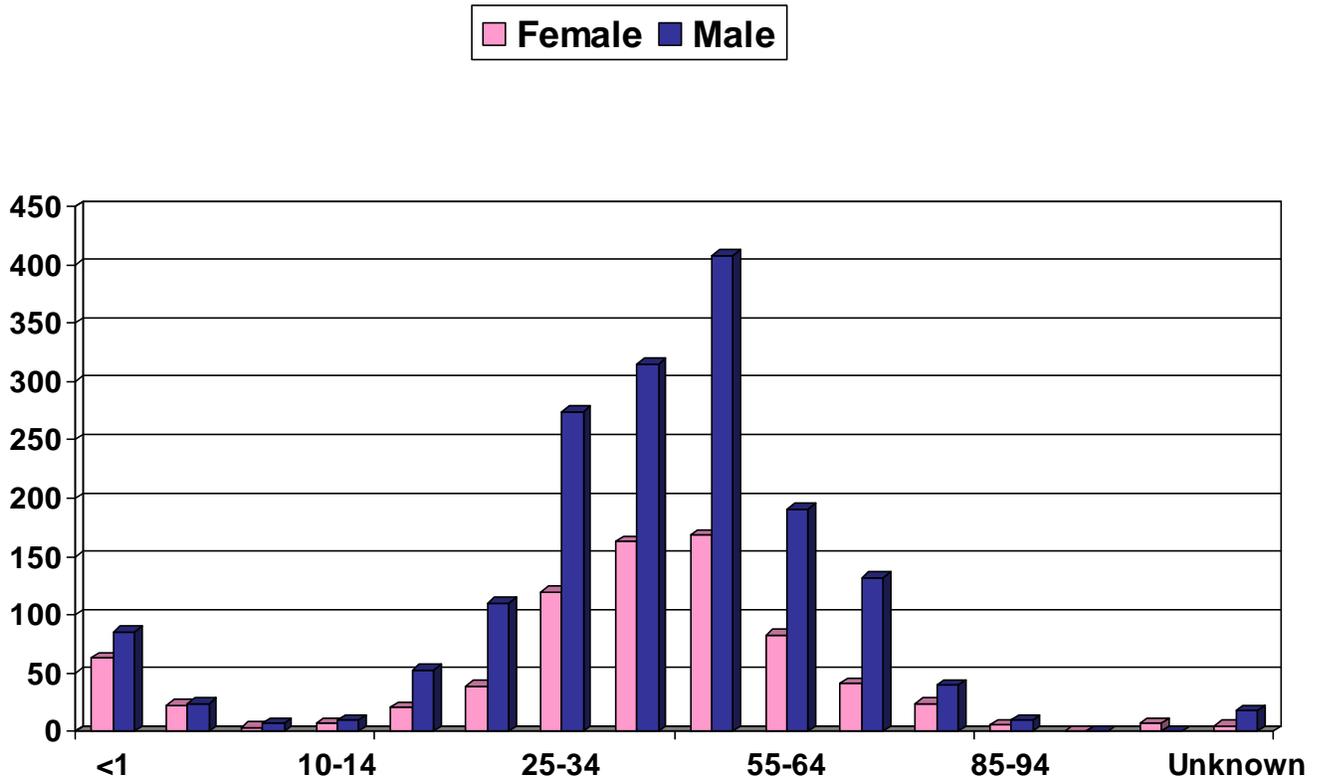
Total Statewide Cases by Month of Autopsy, 2010

Figure 5



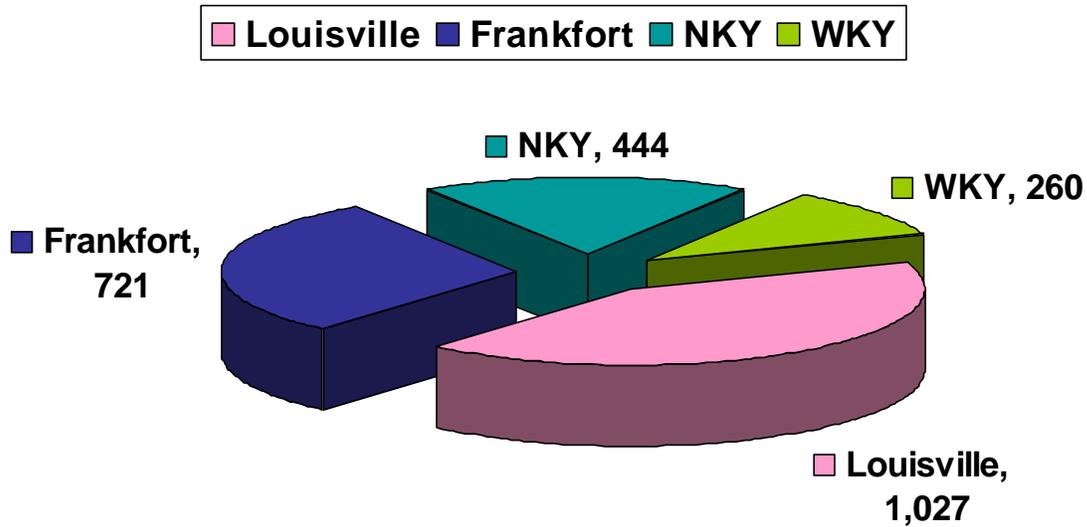
2010 Statewide Cases by Age and Gender

Figure 6



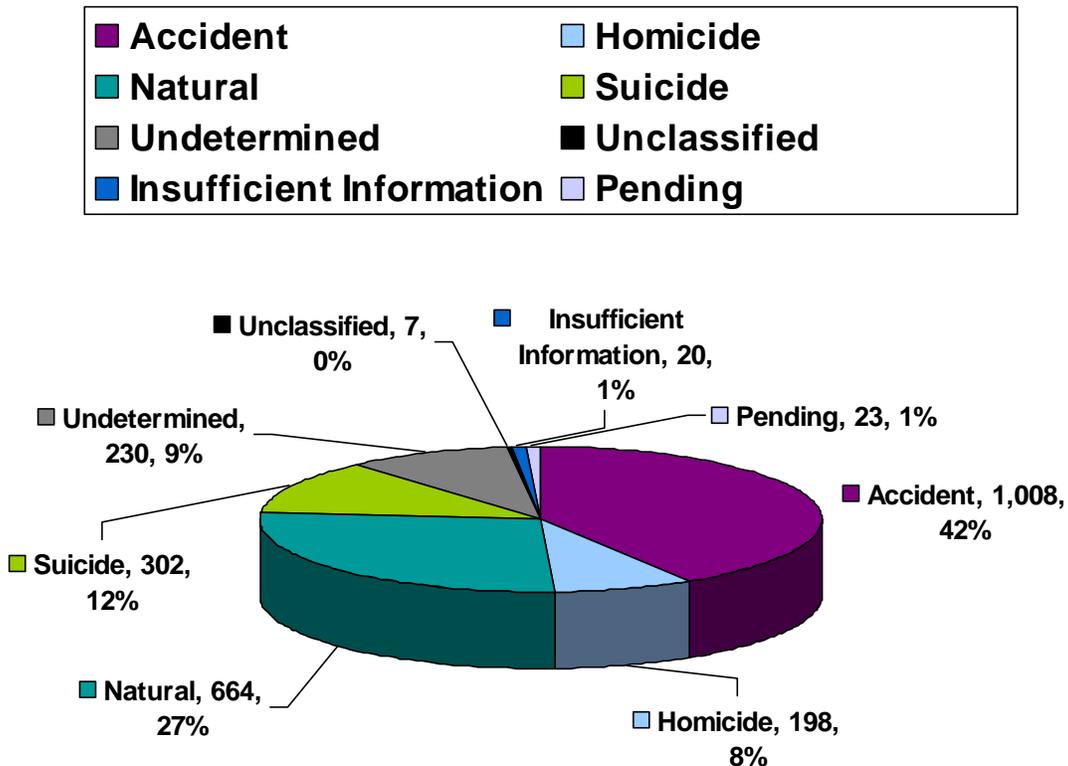
2010 Statewide Autopsy Examinations

Figure 7



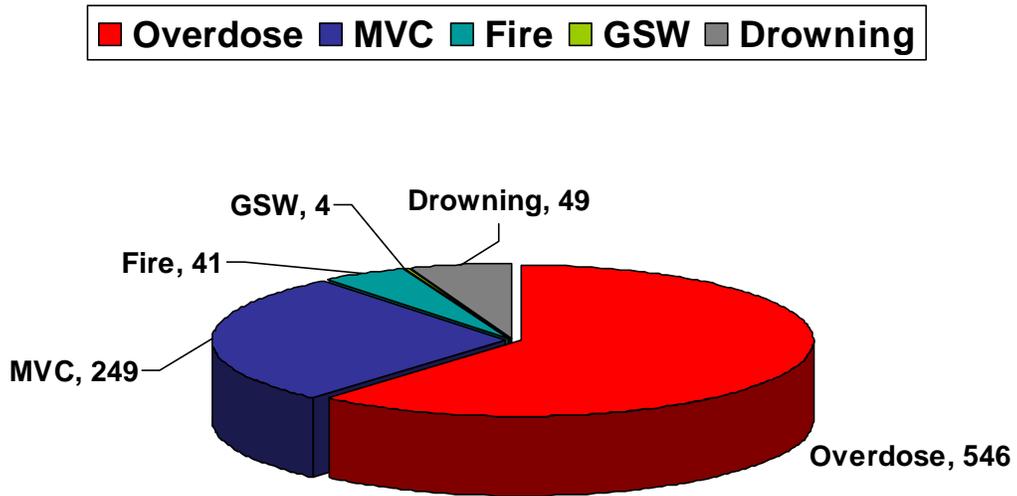
2010 Statewide Cases by Manner of Death

Figure 8



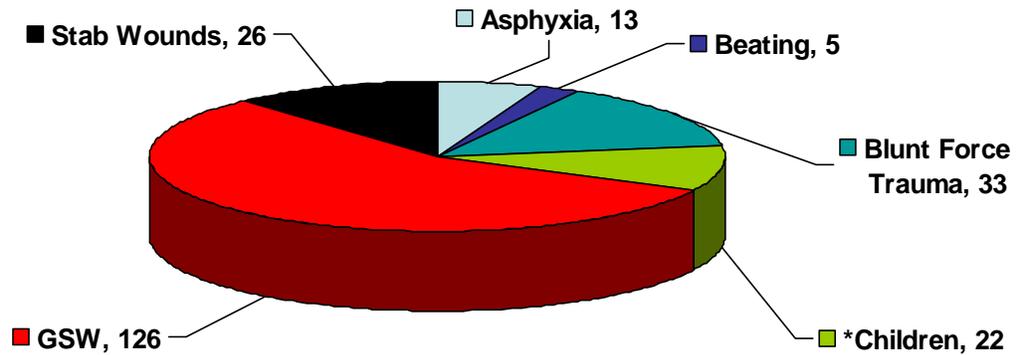
2010 Statewide Accidents by Cause of Death

Figure 9



2010 Statewide Homicides by Cause of Death

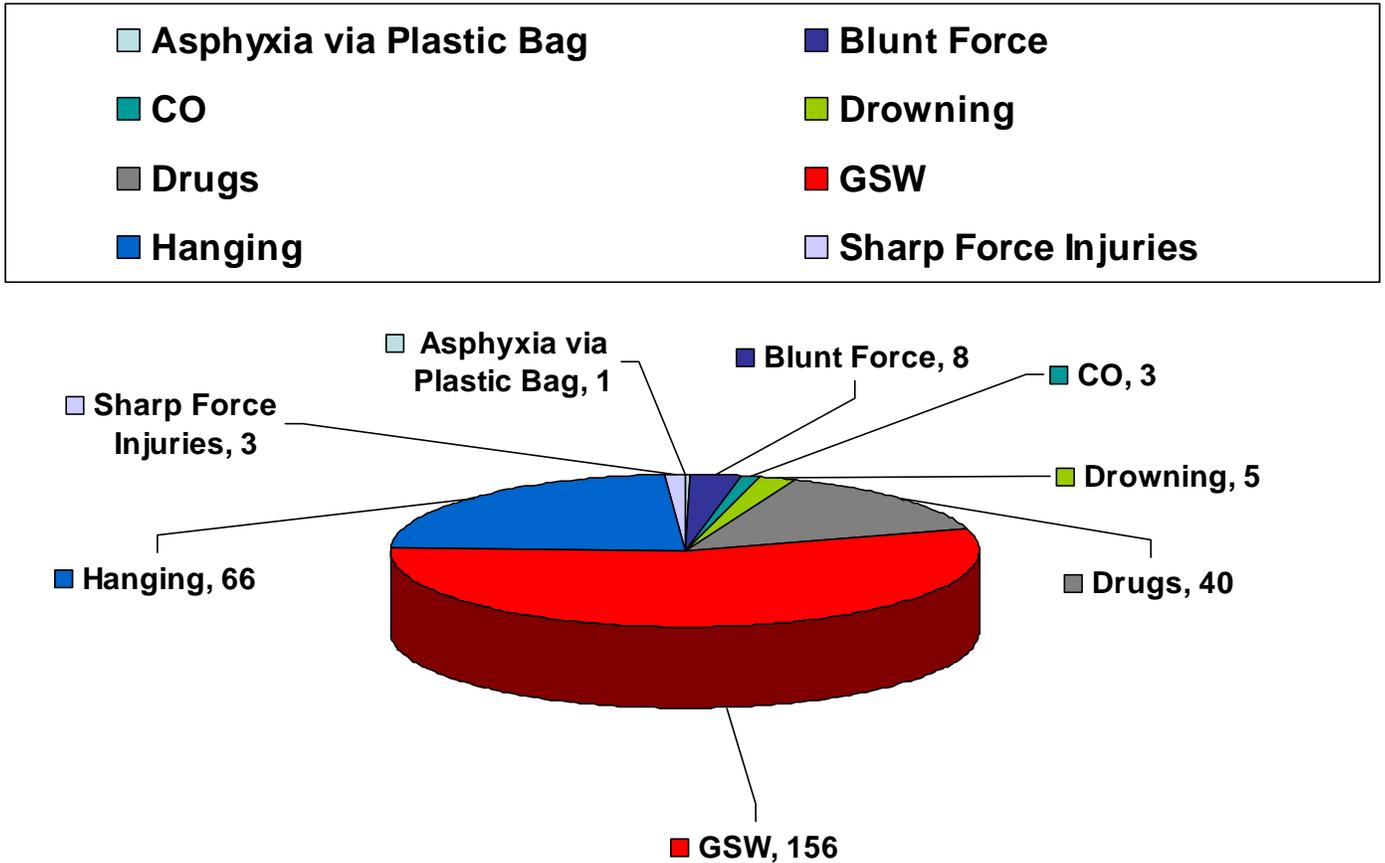
Figure 10



*Children = ages 18 and younger

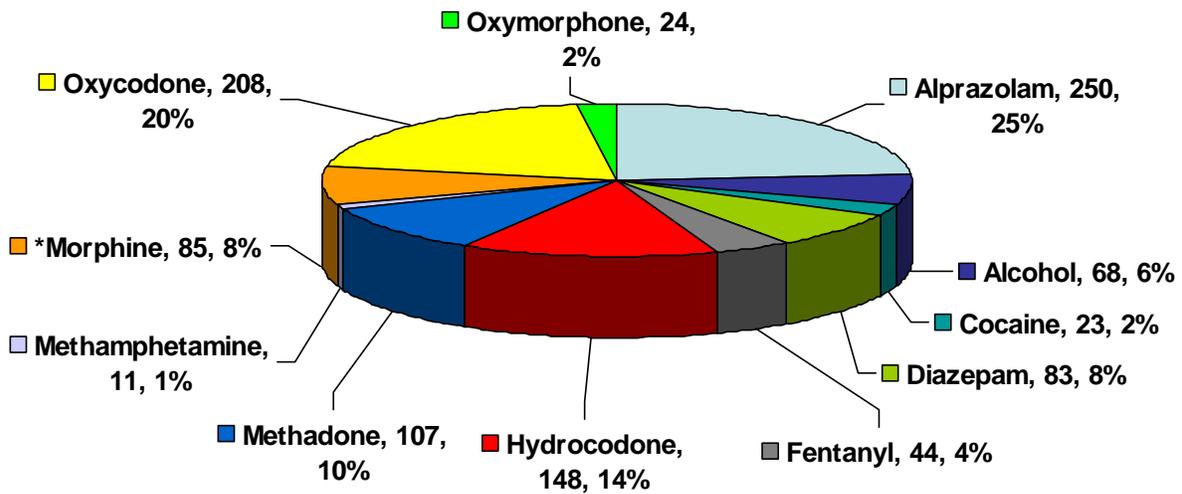
2010 Statewide Suicides by Cause of Death

Figure 11



2010 Statewide Drugs Most Frequently Detected in the Blood of Overdose Victims

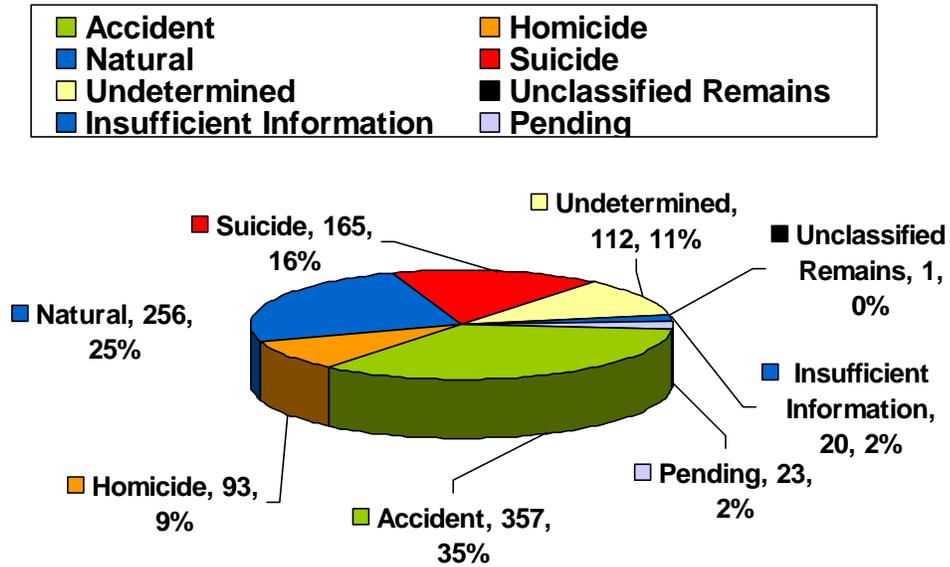
Figure 12



*Morphine represents true drug and/or metabolite of Heroin

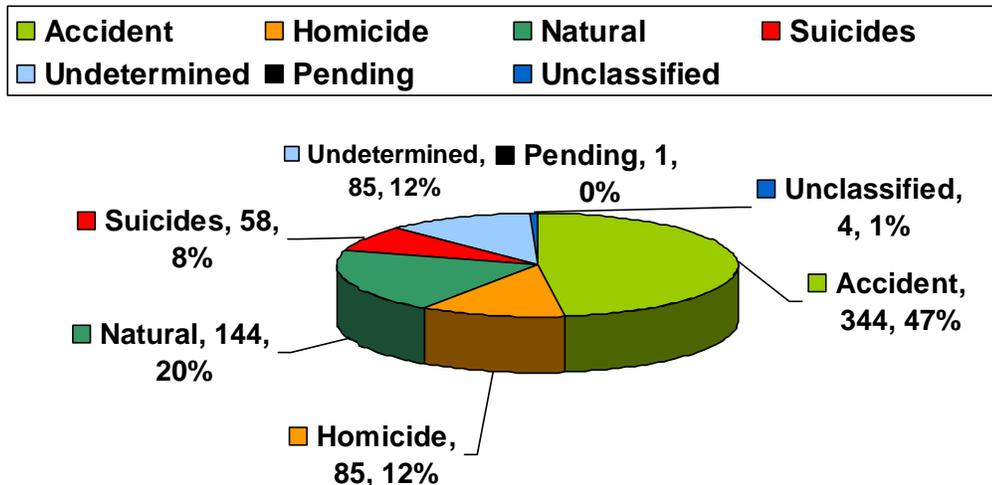
2010 Louisville Cases by Manner of Death

Figure 13



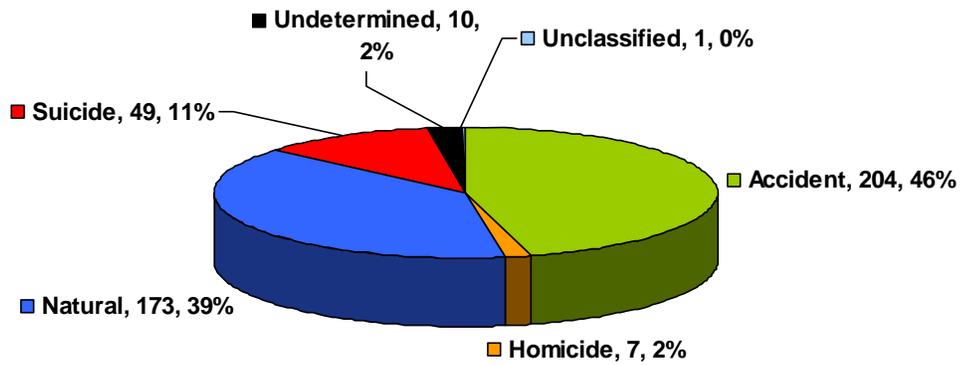
2010 Frankfort Cases by Manner of Death

Figure 14



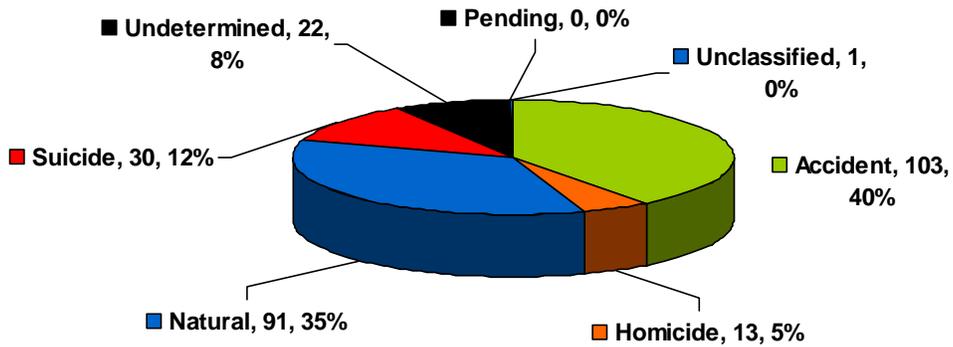
2010 Northern Kentucky Cases by Manner of Death

Figure 15



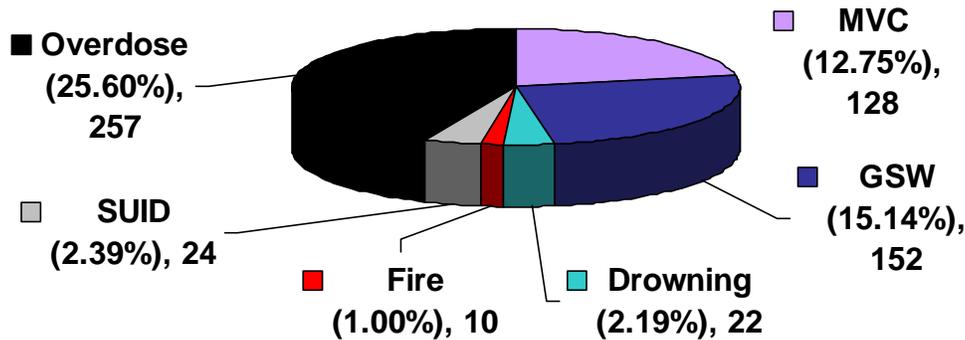
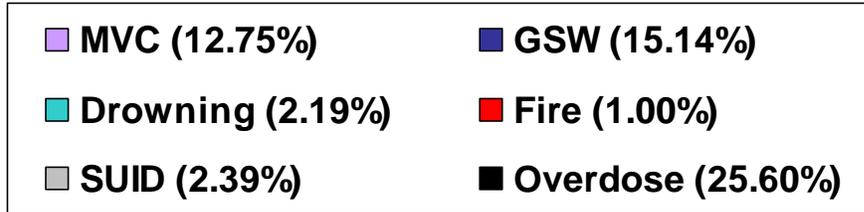
2010 Western Kentucky Cases by Manner of Death

Figure 16



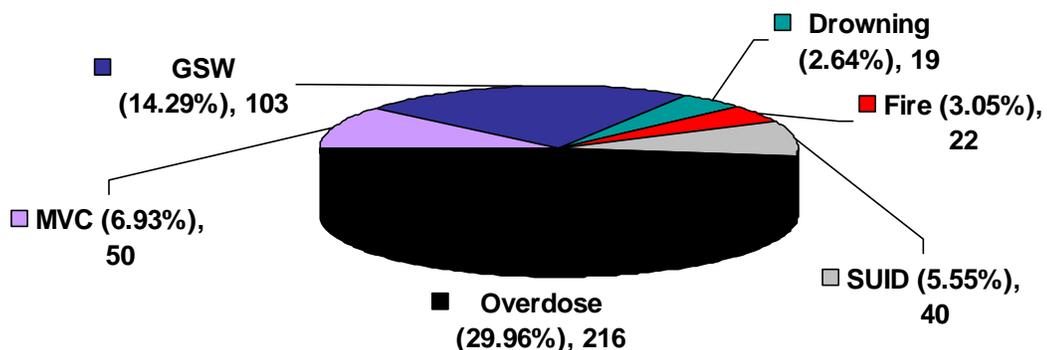
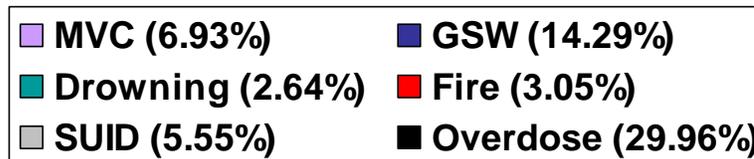
2010 Specific Common Causes of Death: Louisville Cases by Type

Figure 17



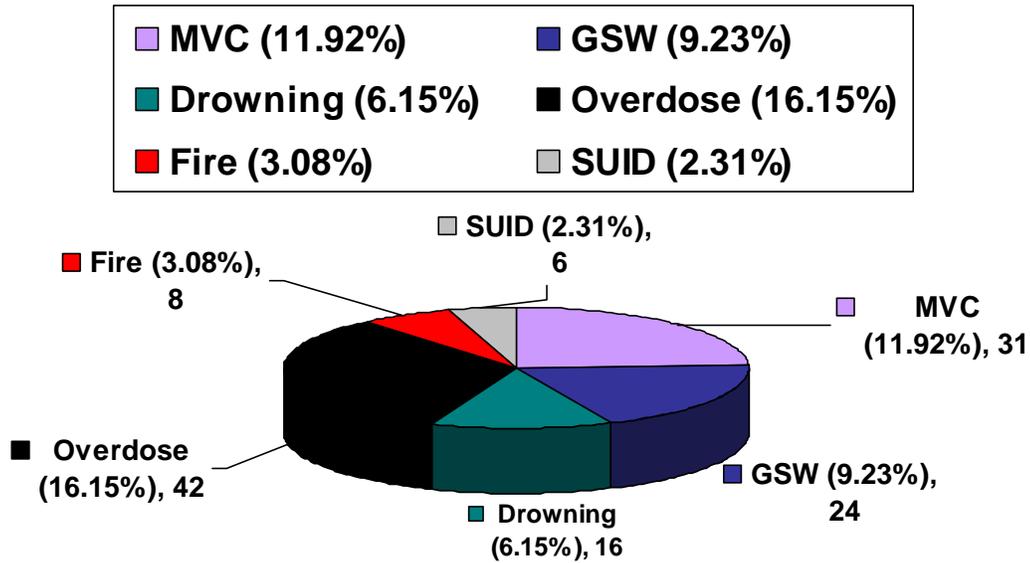
2010 Specific Common Causes of Death: Frankfort Cases by Type

Figure 18



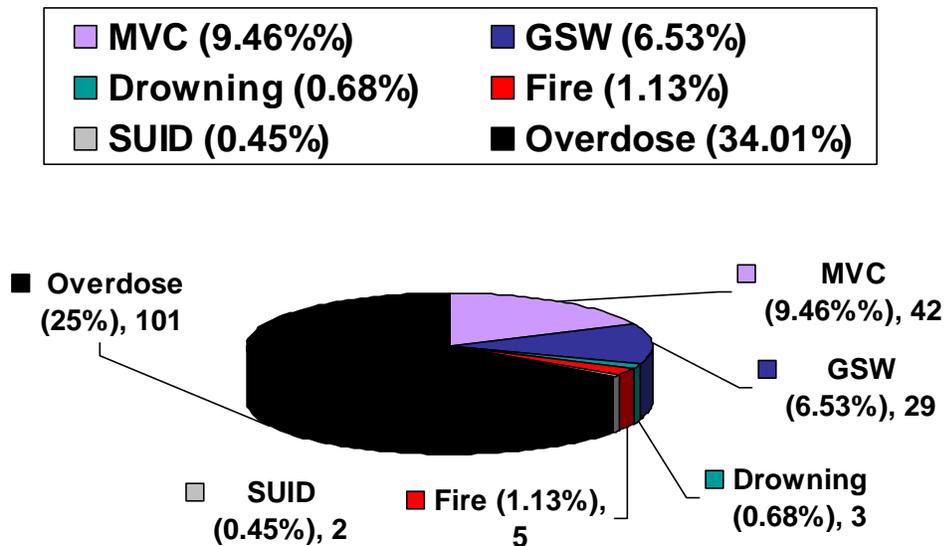
*2010 Specific Common Causes of Death:
 Western Kentucky Cases by Type*

Figure 19



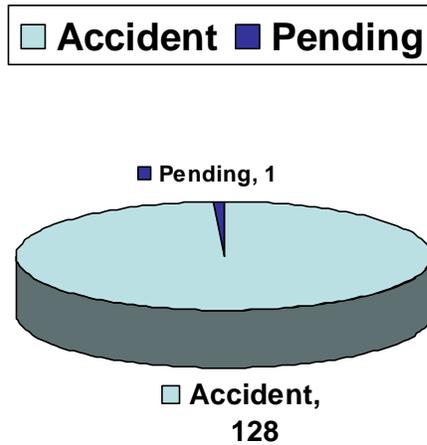
*2010 Specific Common Causes of Death:
 Northern Kentucky Cases by Type*

Figure 20



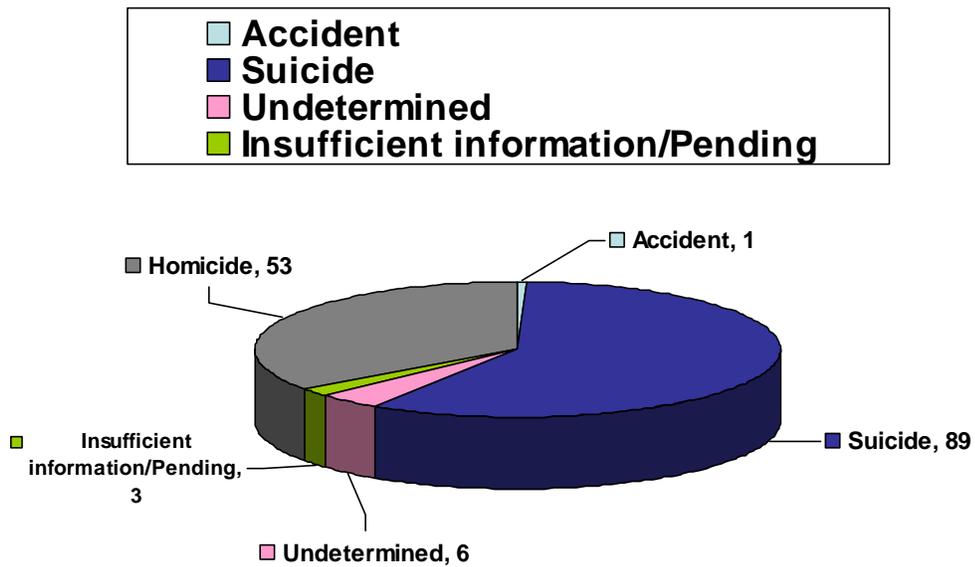
Louisville MVC by Manner of Death

Figure 21



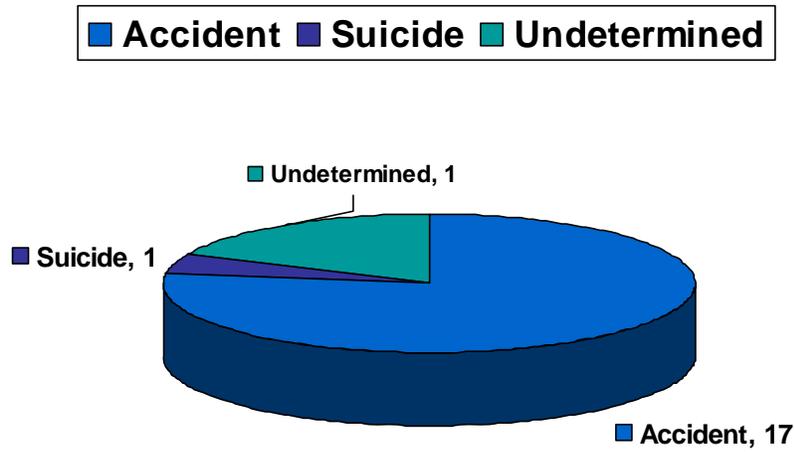
Louisville GSW by Manner of Death

Figure 22



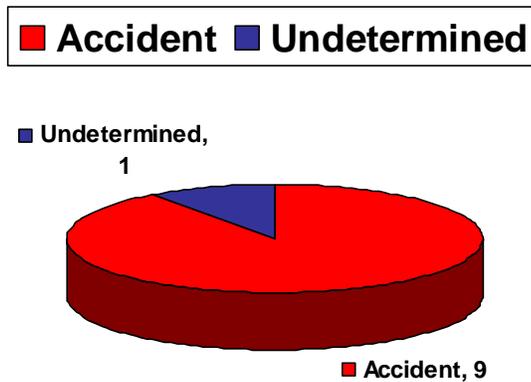
Louisville Drowning by Manner of Death

Figure 23



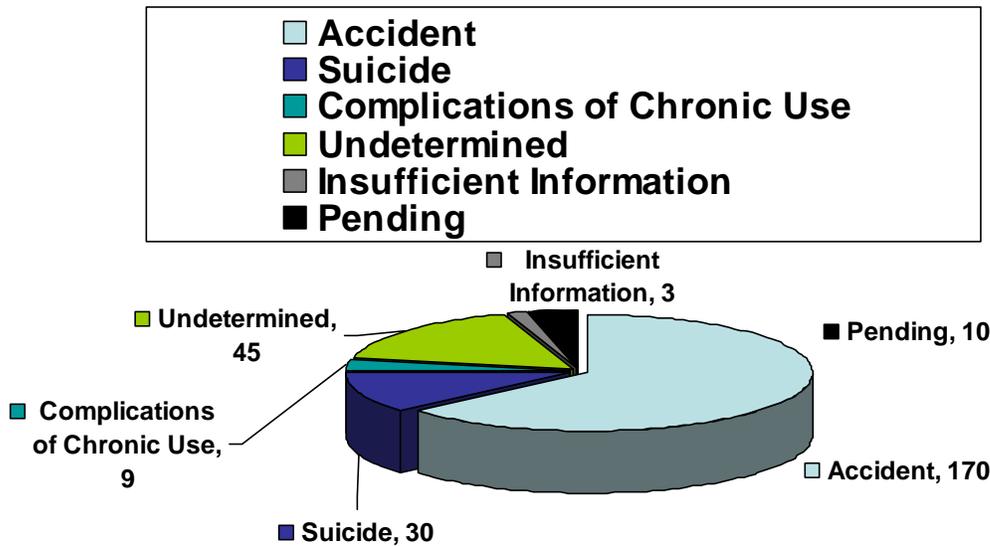
Louisville Fire by Manner of Death

Figure 24



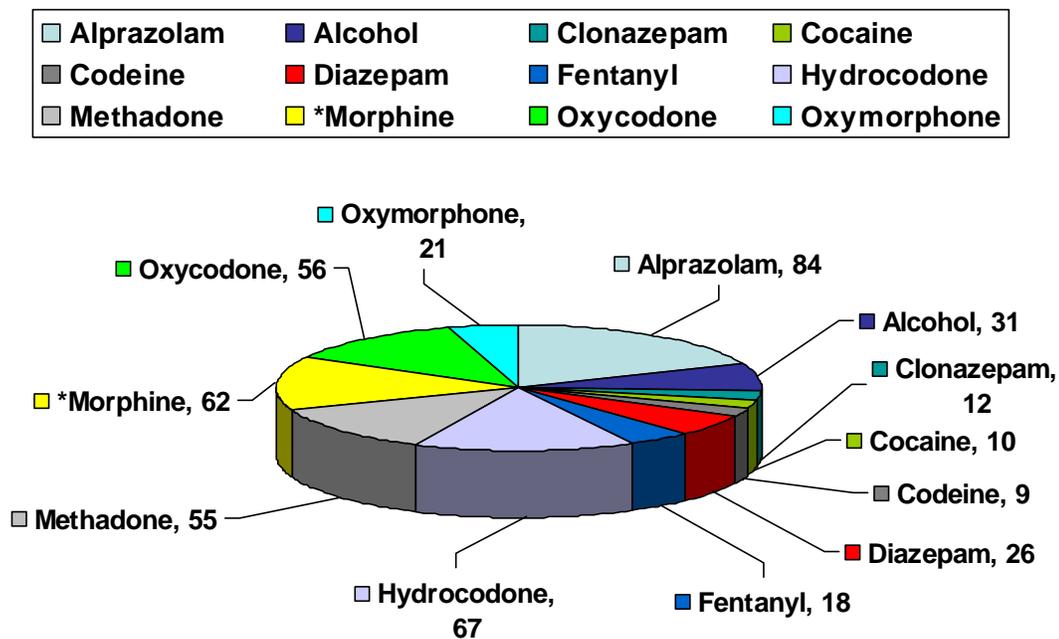
Louisville Overdose by Manner of Death

Figure 25



Louisville Most Frequently Detected Drugs in the Blood of Overdose Victims

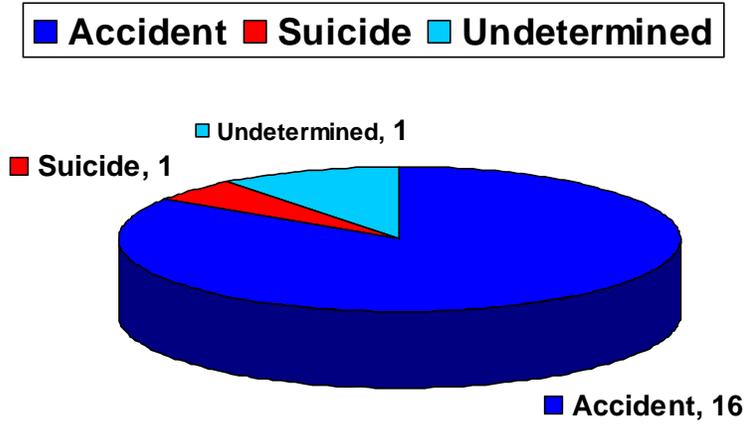
Figure 26



*Morphine represents true drug and/or metabolite of Heroin

Frankfort Drowning by Manner of Death

Figure 27



Frankfort Fire by Manner of Death

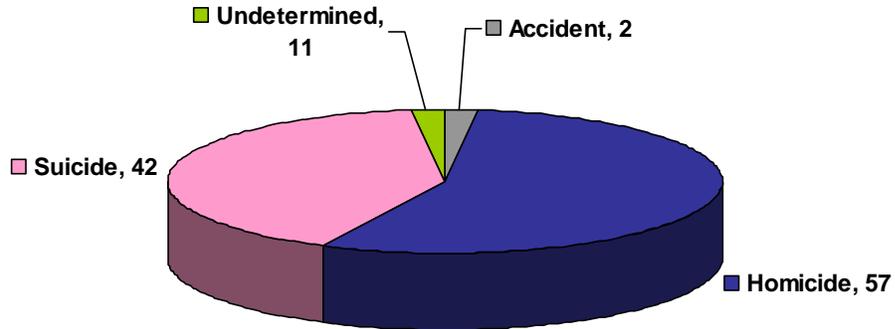
Figure 28



Frankfort GSW by Manner of Death

Figure 29

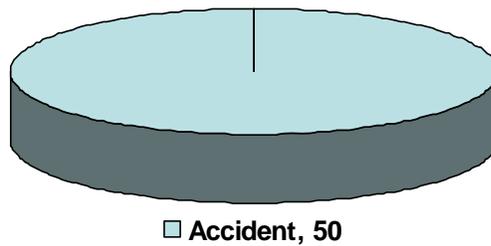
■ Accident ■ Homicide ■ Suicide ■ Undetermined



Frankfort MVC by Manner of Death

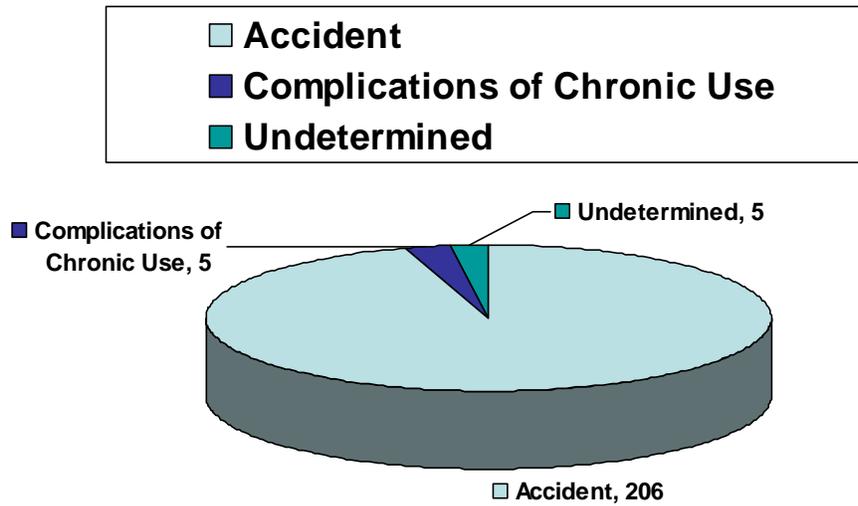
Figure 30

■ Accident



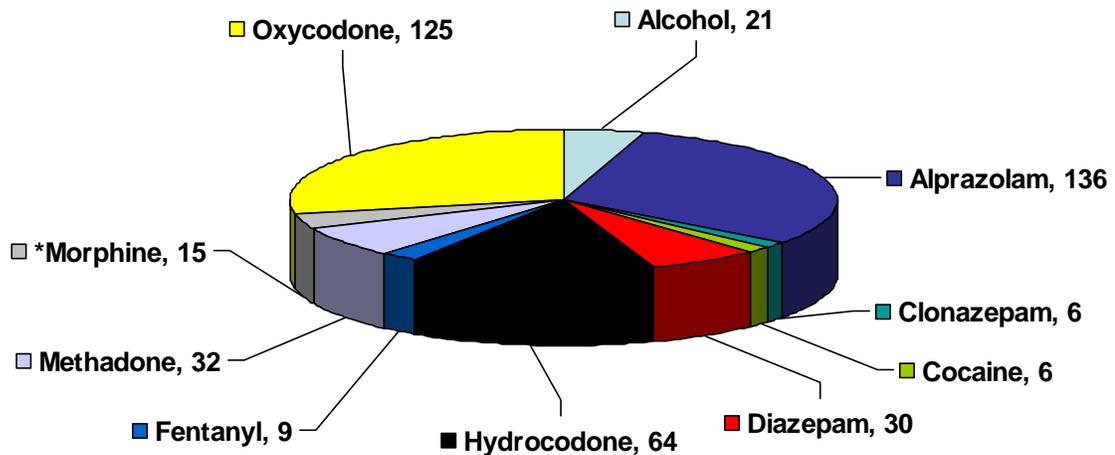
Frankfort Overdose by Manner of Death

Figure 31



Frankfort Most Frequently Detected Drugs in the Blood of Overdose Victims

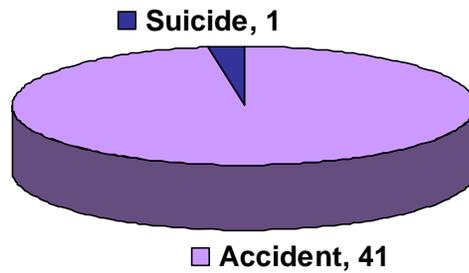
Figure 32



*Morphine represents true drug and/or metabolite of Heroin

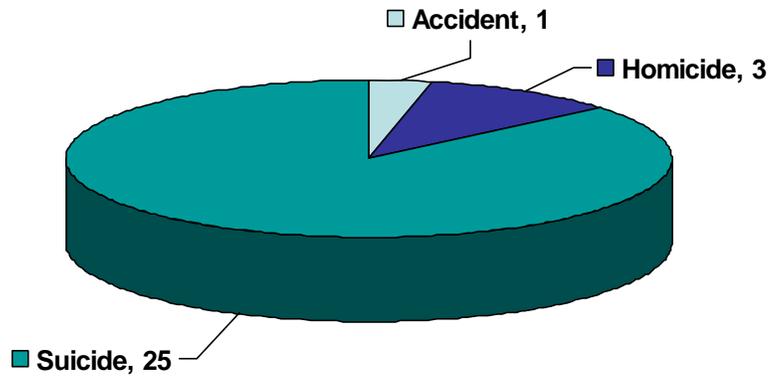
Northern Kentucky MVC by Manner of Death

Figure 33

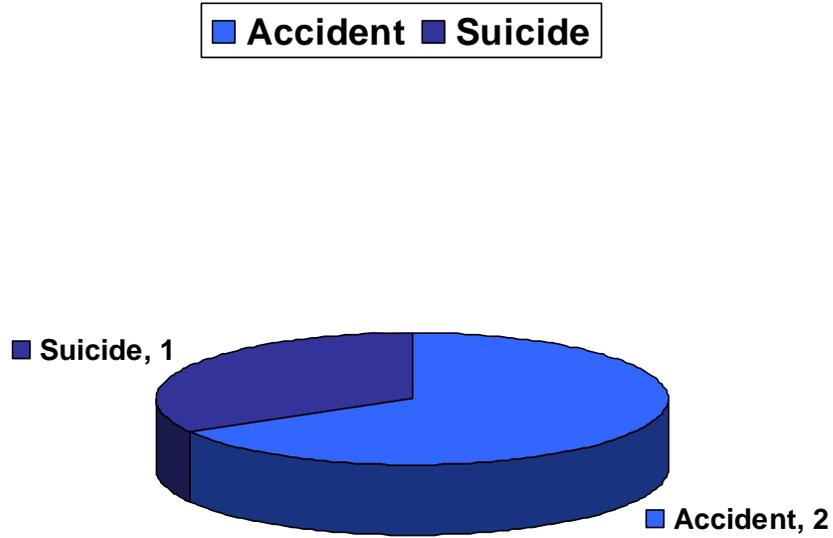


Northern Kentucky GSW by Manner of Death

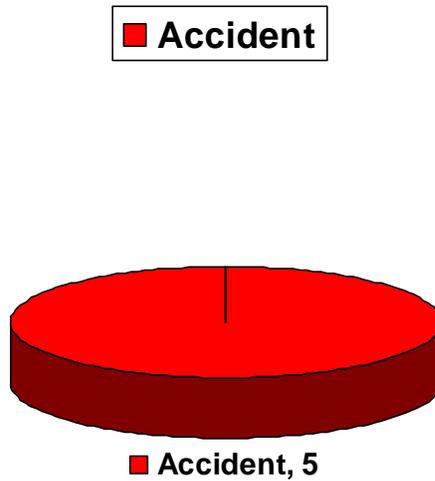
Figure 34



Northern Kentucky Drowning by Manner of Death
Figure 35

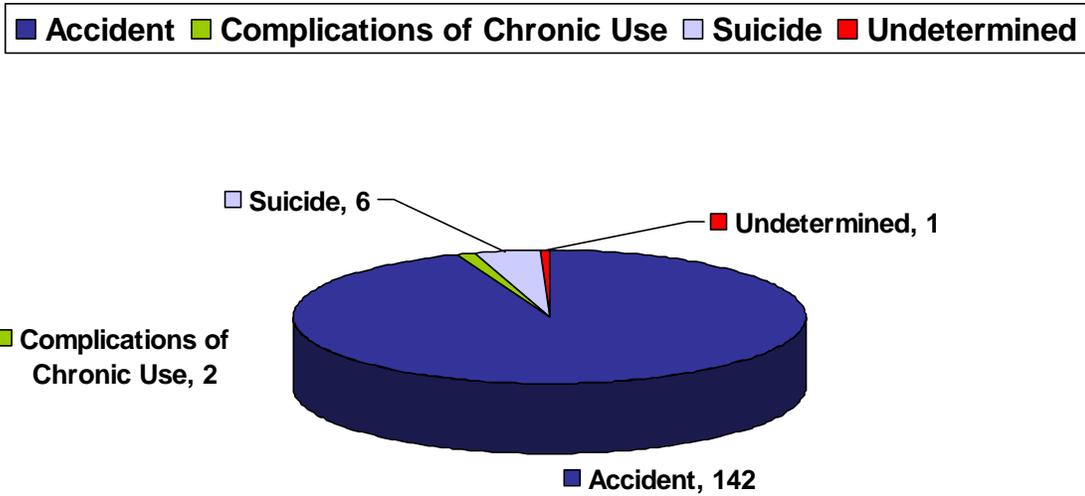


Northern Kentucky Fire by Manner of Death
Figure 36



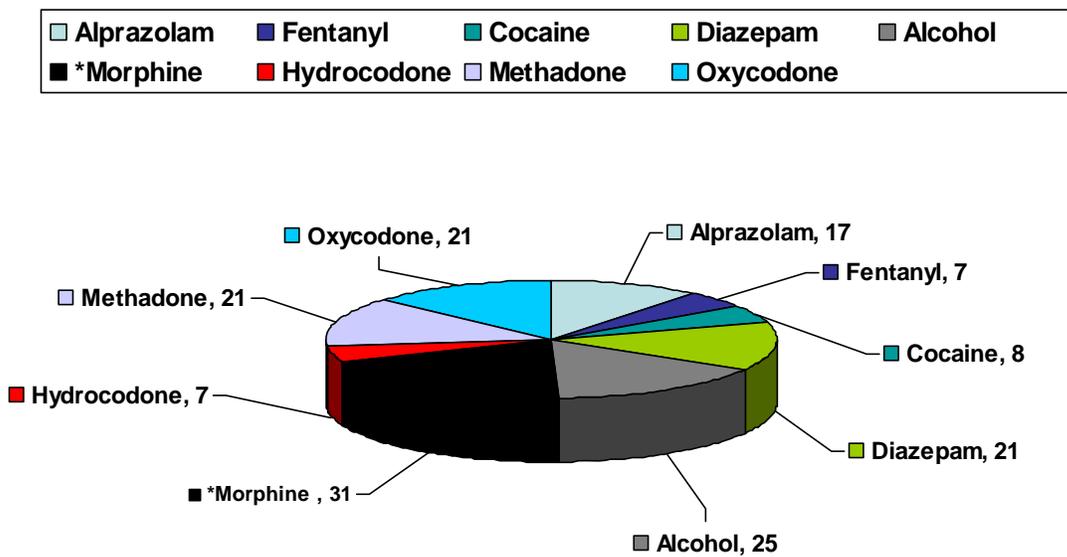
Northern Kentucky Overdose by Manner of Death

Figure 37



Northern Kentucky Most Frequently Detected Drugs in the Blood of Overdose Victims

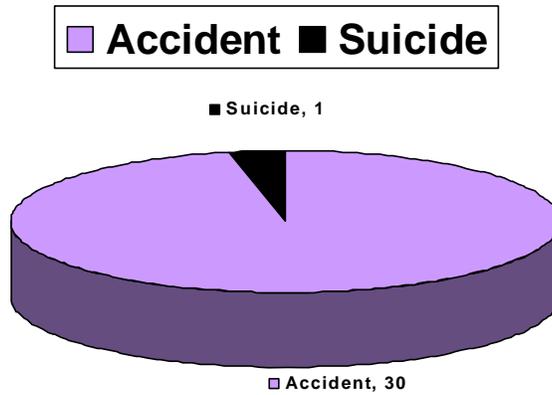
Figure 38



*Morphine represents true drug and/or metabolite of Heroin

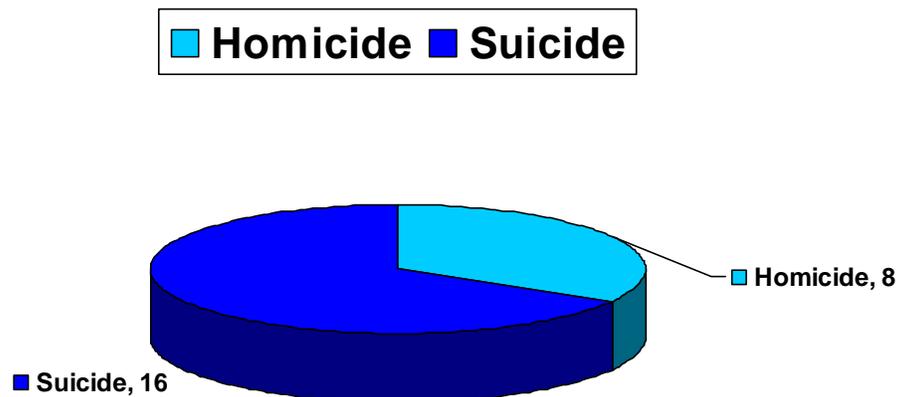
Western Kentucky MVC by Manner of Death

Figure 39



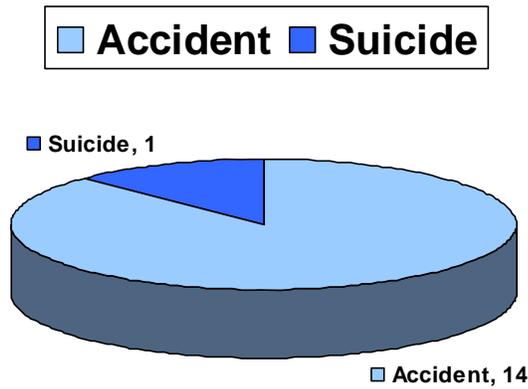
Western Kentucky GSW by Manner of Death

Figure 40



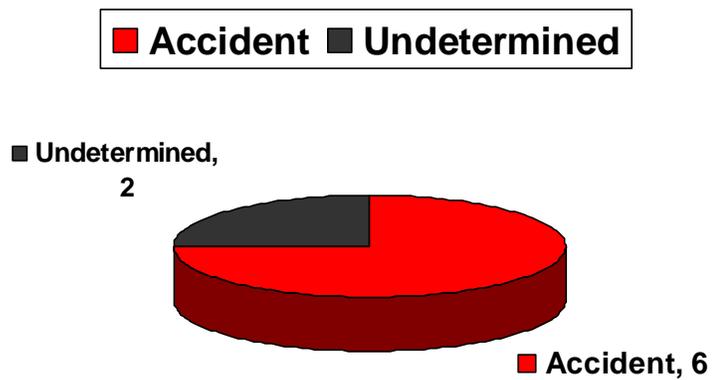
Western Kentucky Drowning by Manner of Death

Figure 41



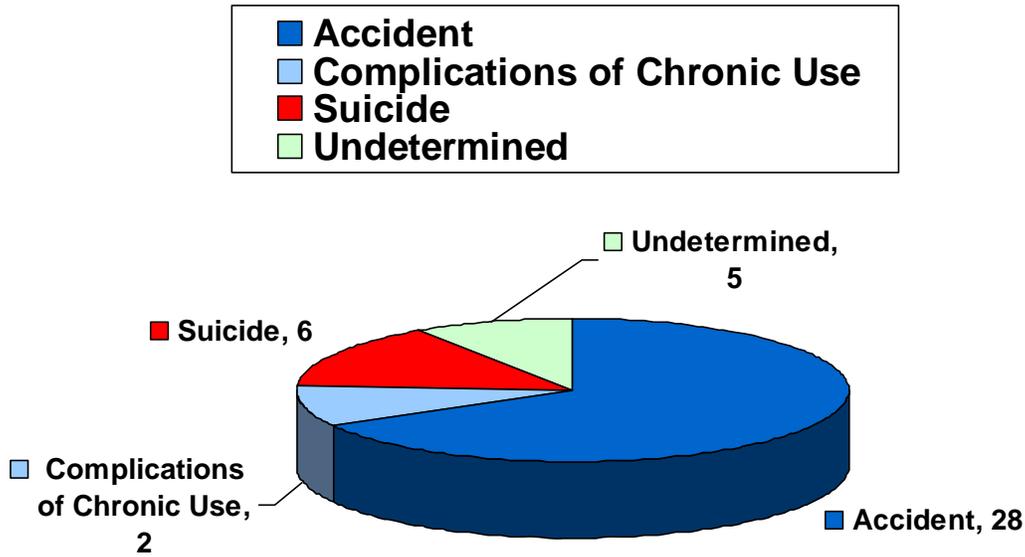
Western Kentucky Fire by Manner of Death

Figure 42



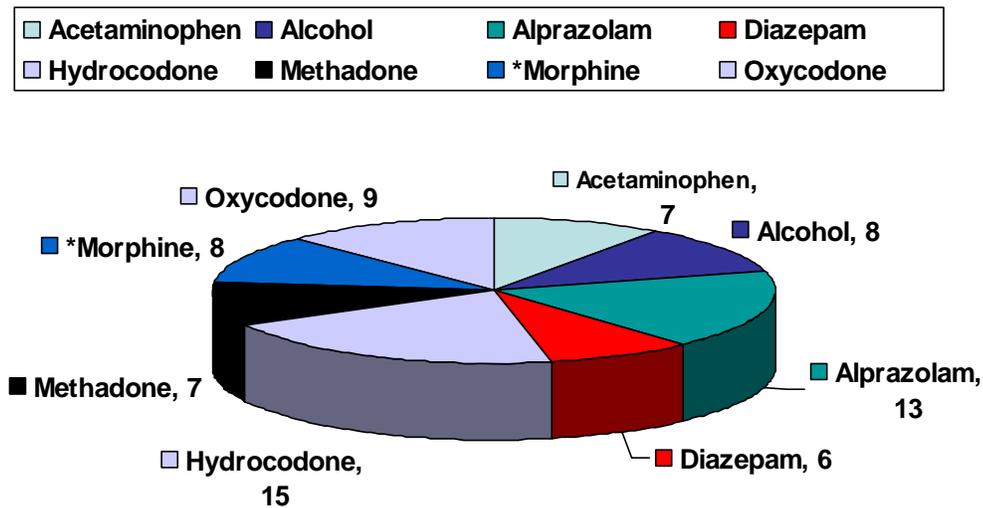
Western Kentucky Overdose by Manner of Death

Figure 43



Western Kentucky Most Frequently Detected Drugs in the Blood of Overdose Victims

Figure 44



*Morphine represents true drug and/or metabolite of Heroin

Glossary

Accident – The *manner of death* used when, in other than *natural deaths*, there is no evidence of intent. The death occurs as a result of an unforeseen event.

Autopsy – A detailed postmortem external and internal examination of a body to determine cause of death.

Homicide – The *manner of death* in which death results from the intentional harm of one person by another. The medical examiner does not determine whether or not a criminal act has occurred.

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.

Office of the Medical Examiner - the Office of the Medical Examiner investigates deaths occurring in the state of Kentucky, as authorized by Kentucky's elected coroners. The staff assists Kentucky coroners and law enforcement agencies in all aspects of death investigations by determining the cause and manner of death, identification of the deceased, and collection and interpretation of trace evidence.

Suicide – The *manner of death* in which death results from intentional act by one's self.

Unclassified – Are cases in which Medical Examiner involvement was for purposes other than for determining the *cause and manner* of death—e.g. tissue where no products of conception were identified; exhumation for DNA sampling only.

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

MEDICAL EXAMINER DISTRICTS

The **Office of the Chief Medical Examiner** in Louisville covers the following **CENTRAL** *counties* in Kentucky and Southern IN:

Adair, Allen, Barren, Breckinridge, Bullitt, Butler, Carroll, Casey, Clinton, Cumberland, Edmonson, Grayson, Green, Hancock, Hardin, Hart, Henry, Jefferson, Larue, Marion, Meade, Metcalfe, Monroe, Nelson, Oldham, Russell, Shelby, Simpson, Spencer, Taylor, Trimbell, and Warren.

Southern Indiana counties: Clark, Crawford, Dearborn, Dubois, Floyd, Harrison, Jackson, Jefferson, Ohio, Orange, Perry, Scott, Spencer, Switzerland, Warrick, and Washington.

*Additionally, the OCME provides weekend, holiday, and vacation coverage for the **Western** counties delineated below.

The **Madisonville** office covers the following **WESTERN** *counties*:

Ballard, Caldwell, Calloway, Carlisle, Christian, Crittenden, Daviess, Fulton, Graves, Henderson, Hickman, Hopkins, Livingston, Logan, Lyon, Marshall, McCracken, McLean, Muhlenberg, Ohio, Todd, Trigg, Union, and Webster.

The **Frankfort** office covers the following **EASTERN** *counties*:

Anderson, Bath, Bell, Bourbon, Boyle, Boyd, Breathitt, Carter, Clark, Clay, Elliott, Estill, Fayette, Floyd, Franklin, Garrard, Harlan, Harrison, Jackson, Jessamine, Johnson, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Letcher, Lincoln, Madison, Magoffin, Martin, McCreary, Menifee, Mercer, Montgomery, Morgan, Nicholas, Owsley, Perry, Pike, Powell, Pulaski, Rockcastle, Rowan, Scott, Washington, Wayne, Whitley, Wolf, and Woodford.

The **Northern Kentucky** office covers the following **NORTHERN** *counties*:

Boone, Bracken, Campbell, Fleming, Gallatin, Grant, Greenup, Kenton, Lewis, Mason, Owen, Pendleton, and Robertson.

Office of the Chief Medical Examiner

810 Barret Avenue
Louisville, KY 40204
Tel: (502)852-5587
Fax: (502)852-1767

Office of the Associate Chief Medical Examiner

Central Laboratory Facility
100 Sower Blvd, STE 202
Frankfort, KY 40601
Tel: (502)564-4545
Fax: (502)564-1699

Northern Kentucky Regional Medical Examiner's Office

85 North Grand Avenue
Ft. Thomas, KY 41075
Tel: (859)572-3559
Fax: (859)572-3558

Western Kentucky Regional Medical Examiner's Office

25 Brown Badgett Loop
Madisonville, KY 42464
Tel: (270) 824-7048
Fax: (270) 824-7092