12005-00172

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CHIEF MEDICAL EXAMINER
Chapel Hill, North Carolina 27599-7580

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY
05-0145
Case number
JAN 03 2005
Date received
☐ Res ☐ NR

DECEDENT: Russell (First) B (Middle) Underhill (Last) Mr. (Suffix)

RESIDENCE: 301 S Aspen St. Apt 27. Lincolnton (Number and Street, City, State) Lincoln (County)

AGE: 56 SEX: ☒ Male ☐ Female ☐ Unknown

RACE: ☐ Black ☐ Native American ☐ Oriental ☒ White ☐ Unknown

HISPANIC ORIGIN: ☐ Yes ☒ No ☐ Unknown

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	Est 12/27/04	Est 1155 pm	301 S Aspen St. Lincolnton	Lincoln
DEATH	Est 12/27/04	Est 1200pm	301 S Aspen St. Lincolnton	Lincoln
VIEW OF BODY	12/27/04	2000	☒ Scene of death ☐ Hospital ☐ Funeral home ☐ Other _____ ☐ Not viewed	
M.E. NOTIFIED	12/27/04	1830		
LAST KNOWN TO BE ALIVE	12/25/04	1800pm		

LAW ENFORCEMENT AGENCY: Lincolnton P.D.
OFFICER: Det. Brian Greene TELEPHONE: 736-8900
Death occurred while in custody: ☐ Yes ☒ No ☐ Unknown

AUTOPSY: ☐ None ☒ M.E. Authorized ☐ Non-M.E. Autopsy facility: Baptist Hospital
BLOOD SAMPLE: ☐ Mailed ☒ Obtained by pathologist ☐ Reason not obtained: N/A
IF CLINICAL ALCOHOL DONE, RESULT: N/A By whom: N/A

PROBABLE CAUSE OF DEATH: ☒ Pending

1. _____
DUE TO
2. _____
DUE TO
3. _____
DUE TO
4. _____

CONTRIBUTING CONDITIONS

MANNER OF DEATH:
☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☒ Pending

OCME REVIEW

1. Ischemic Heart Disease
DUE TO
2. _____
DUE TO
3. _____
DUE TO
4. _____

CONTRIBUTING CONDITIONS

SDC
☐ None
☑ AL
☐ Dictated
☐ COG

☑ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Undetermined
Reviewer: _____ Date: 03/10/05
Information in this block supersedes that contained in space at left.

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

_____ 12/27/04 Lincoln M5506

Signature of Medical Examiner | Date | County of Appointment | M.E. Number

DHHS 1114 (Revised 10/00)
Medical Examiner (Review 10/02)

meds: Trazodone Seroquel HCTZ Atenolol

MEDICAL HISTORY

☒ Alcoholism ☐ Diabetes ☐ IV drug abuse ☐ Ischemic heart disease ☒ Smoking
☐ Seizure disorder ☐ Cancer ☒ Hypertension ☒ Depression ☐ HIV/ AIDS
☒ Other "Substance Abuse" Attending Physician Dr. Agor City Lincolnton

MEANS OF DEATH

☐ VEHICLE: Type of vehicle associated with this decedent:
☐ Passenger car ☐ Pickup truck ☐ Truck--more than 2 axles ☐ Motorcycle
☐ Bicycle ☐ Farm vehicle ☐ ATV ☐ Moped ☐ Other _____
Position: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Unknown
Devices: ☐ Seat restraints ☐ Air bag ☐ Helmet ☐ Child restraint ☐ None ☐ Unknown
Number of vehicles involved _____

☐ GUN: ☐ Rifle--Caliber _____ ☐ Handgun--Caliber _____ ☐ Shotgun--Gauge _____
☐ Other _____ ☐ Unknown

☐ INSTRUMENT: ☐ Blunt ☐ Sharp Description: _____
☐ TOXIC AGENT(S) SUSPECTED: ☐ Alcohol ☐ Others _____
☐ DROWNING: ☐ Pond ☐ Lake or river ☐ Ocean ☐ Pool ☐ Bathtub ☐ Other _____
Life preserver: ☐ Yes ☐ No ☐ Unknown Able to swim: ☐ Yes ☐ No ☐ Unknown
Activity _____

☐ FIRE: Suspected cause _____ Smoke detector: ☐ Yes ☐ No ☐ Unknown
☐ FALL: From _____ to _____ Approximate distance _____ feet

ACTIVITY OF DECEDENT AND PREMISES

FATAL INJURY OR ILLNESS: Activity Unknown
Type of place Apartment Specific location ~~Laying over Couch~~ Living Room

Fatal injury or illness occurred on a job: ☐ Yes ☒ No ☐ Unknown
If yes, was employment: ☐ Primary job ☐ Secondary ☐ Volunteer work ☐ Unknown N/A
Name of this employing firm or agency N/A
Type of business or industry N/A Decedent's occupation Unknown

DEATH: Type of place Apartment Specific location Laying over couch

Examples:
Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, *etc.*
Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, *etc.*
Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, car, *etc.*
On a job: Any activity that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

DESCRIPTION OF BODY

CONDITION: ☒ Intact ☐ Decomposition ☐ Skeletonized
☐ Embalmed ☐ Charred ☐ Prolonged immersion ☐ Exhumed

RIGOR: ☐ None ☐ 1+ ☒ 2+ ☐ 3+ LIVOR: ☐ None ☐ Anterior ☐ Posterior ☐ Lateral

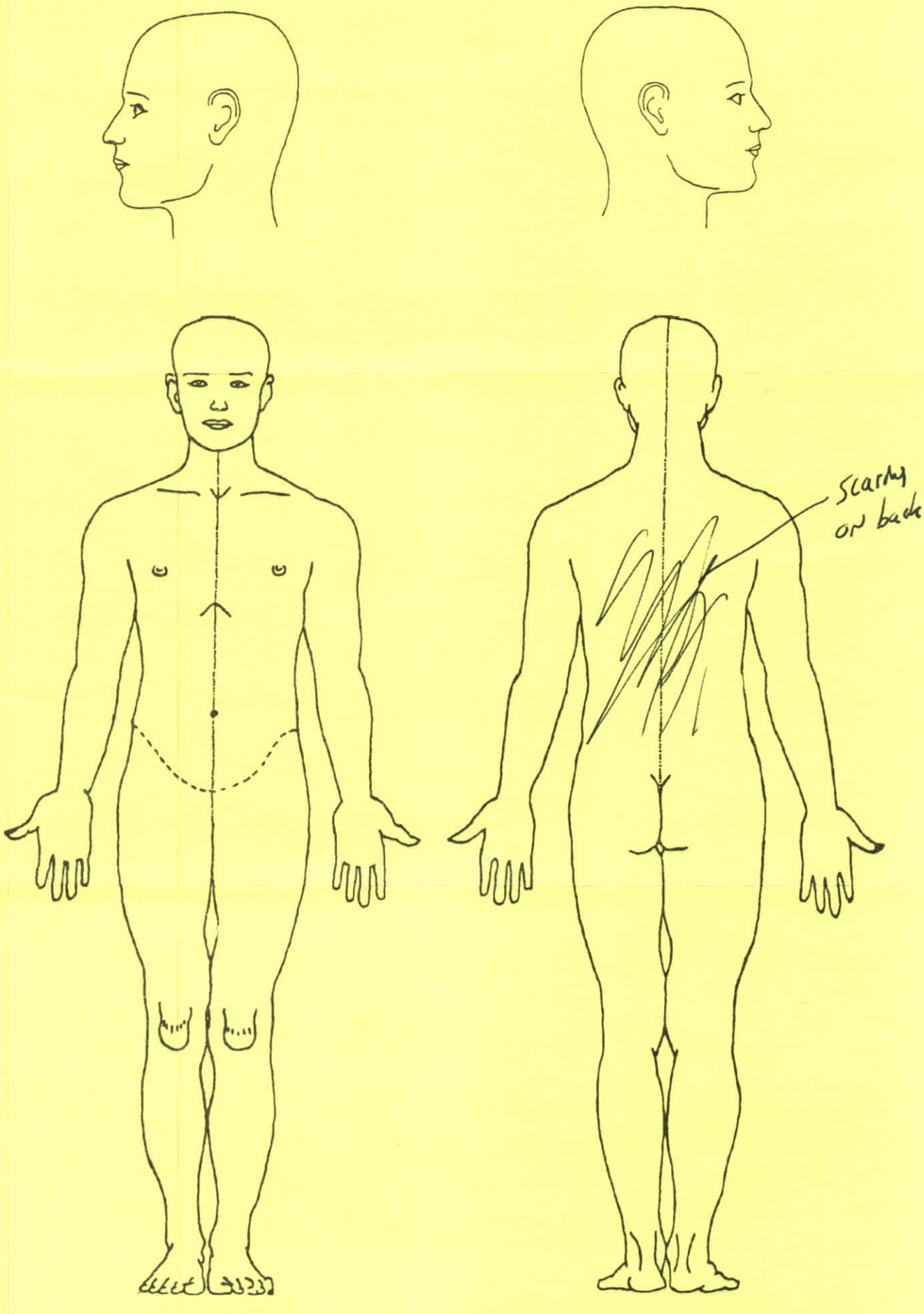
HEIGHT: 71 inches ☒ Estimate WEIGHT: 170 pounds ☒ Estimate

BODY TEMPERATURE: ☐ Warm ☐ Cool ☒ Cold HAIR: Color Brown/Gray ☒ Beard ☒ Mustache
EYES: Color Blue Abnormalities _____

TEETH: Upper ☒ Natural ☐ Dentures ☐ Abnormalities _____
Lower ☒ Natural ☐ Dentures ☐ Abnormalities _____

CLOTHING: Burgundy shorts ☐ Not clothed
VALUABLES: _____ ☒ No valuables

BODY DIAGRAMS



Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, *etc.*) on these diagrams.

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

This case involves a 56 yr old w/m - subject was last seen on 12/25 at approx 6PM. Subject lived in an Apartment and had several caregivers and counselors that kept in contact w/ subject. due to past substance abuse problems. subject was also a ~~fo~~ Vietnam veteran. subjects caregivers reported that subject had been threatened by another client in previous days. "said he was going to kill him". subject was found slumped over his couch. Large Amt of blood was noted from nose. No other injuries were noted except for old scars (Vietnam injuries - per counselor). Police did not find any evidence of homicide or "unusual circumstances" spoke w/ Dr. Jason at Baptist Hospital - will do M.E. Autopsy - will sign out as pending until results are Available — John ME

PURPOSE: To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a).
PREPARATION: The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.
DISTRIBUTION: Mail *original* copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.
DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.
COPIES: Additional copies may be ordered from the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.