

Wayne County, Pennsylvania

Office of the Coroner

Dr. Edward R. Howell, Coroner



2023 Annual Report

Coroner's Statutes and Laws
Coroner's Act
Article XII-B-Coroner (Subarticle A)
Excerpted from Act 154 of 2018; A Codification of the County Code

SECTION 1201-B – APPLICABILITY

Except as otherwise expressly provided under this article, this article shall apply to counties of the second class, second class A and third through eighth class.

SECTION 1202-B – DEFINITION

The following words and phrases when used in this article shall have the meanings given to them in this section unless the context clearly indicates otherwise:

“Autopsy.” The external and internal examination of the body of a deceased person, including, but not limited to:

- (1) Gross visual inspection and dissection of the body and its internal organs.
- (2) Photographic or narrative documentation of findings, including microscopic, radiological, toxicological, chemical, magnetic resonance imaging or other laboratory analysis performed upon tissues, organs, blood, other bodily fluids, gases or other specimens.
- (3) The retention for diagnostic and documentary purposes of the following which are necessary to establish and defend against challenges to the cause and manner of death of the deceased person:
 - (i) Tissues, organs, blood, other bodily fluids or gases.
 - (ii) Any other specimen.

“Coroner.” An elected or appointed coroner or an elected or appointed medical examiner.

“Staff.” The term includes an individual in the coroner's office who engages in activities relating to death investigation. The term may refer to a medical investigator, forensic technician, laboratory director, forensic supervisor, forensic investigator, scientist or autopsy or histology technician.

SECTION 1211-B – DEPUTIES

The coroner may appoint a deputy to act in the coroner's place and may appoint staff to positions established in accordance with section 1623 as the coroner determines. A deputy shall have the same powers as the coroner.

SECTION 1212-B – DUTIES REGARDING COUNTY MORGUE

- (a) *Coroner.* The coroner of a county in which a county morgue is established shall:

- (1) Make general rules and regulations for the morgue's operation and control.
- (b) (2) Appoint a suitable individual in charge of the morgue. An individual appointed under this paragraph may be removed at the pleasure of the coroner.

(b) Salary board. The salary board shall determine the number of individuals appointed under subsection (a)(2) and the individual's salaries.

SECTION 1213-B – REMOVAL OF BODIES TO THE MORGUE

(a) Unidentified or unclaimed body. –When the body of a deceased person is unidentified or unclaimed by a proper person found within the county, the body shall be removed to the county morgue or, in a county of the third through eighth class, to a facility serving in lieu of the county morgue. If necessary, the coroner shall have the body properly embalmed or prepared for preservation for the length of time the coroner determines is required to determine the deceased's identity, the identity of a party responsible for the deceased and the cause and manner of death. The body may only be examined or inspected by an individual authorized by the coroner or who is admitted in the coroner's presence.

(b) Removal from morgue. –A body may not be removed from a morgue except upon the authorization of the coroner.

SECTION 1214-B – REMOVAL OF BODY, BURIAL and VEHICLE

(a) Removal and burial. –The county commissioners shall, in consultation with the coroner, provide for the removal of a body of a deceased individual to and from the morgue and for the burial of an unclaimed body.

(b) Vehicle. –The county commissioners may provide an ambulance or other vehicle for the purpose under subsection (a) and for other official duties of the coroner, including administrative, investigative or educational activities. The coroner may provide rules and regulations for the use and maintenance of the ambulance or other vehicle.

SECTION 1215-B – UNCLAIMED PROPERTY AND SALES

(a) The coroner shall keep safely in the coroner's charge:

(1) The personal effects and property that appear to have been on or about the person at the time of death or have been found on a decedent whose body is received at the county morgue or at any other facility serving in lieu of the county morgue.

(2) The effects and property that are delivered to the coroner according to law.

(b) Required holding period. The coroner shall hold the property for one year, unless the property is claimed by a legal representative of the deceased or is duly and lawfully disposed of or claimed.

(c) Property unclaimed after one year. After one year, the coroner shall direct the unclaimed or undisposed property to the commissioners to be sold at public sale. Money and property as security that may not be subject to a public sale shall be turned over to the commissioners for proper disposition or use.

(d) Notice. Notice of a public sale under Subsection (C) shall be published in at least one newspaper of general circulation in the county once a week for three successive weeks. The proceeds of each sale shall be paid immediately into the county treasury. The provisions of this subsection shall be in lieu of escheating to the Commonwealth.

SECTION 1216-B – PRIVATE MORGUE

In a county of the third through eighth class in which a county morgue is not maintained, the coroner may have a body that the coroner is authorized to admit to a county morgue removed to a private facility. The county commissioners shall procure by contract, as provided under Article XVIII, the use of a private facility in consultation with the coroner.

SECTION 1217-B – REQUESTS FOR EXAMINATIONS and REPORTS

(a) Requests. A request for an examination or other professional service by another county or person may be complied with at the discretion of the coroner under guidelines established by the county commissioners.

(b) Fees and charges. A fee and charge for an examination or professional service shall be established by the coroner, subject to approval by the county commissioners, and shall be accounted for and paid to the county treasurer as provided under section 1760. Payment for an examination or professional service shall be the responsibility of the county or person requesting the service.

1218-B CORONER'S INVESTIGATION

(a) Duty. The coroner having a view of the body shall investigate the facts and circumstances concerning a death that appears to have happened within the county, notwithstanding where the cause of the death may have occurred, for the purpose of determining whether or not an autopsy or inquest should be conducted in the following cases:

- (1)** A sudden death not caused by a readily recognizable disease or, if the cause of death cannot be properly certified, by a physician on the basis of prior recent medical attendance.
- (2)** A death occurring under suspicious circumstances, including if alcohol, a drug or another toxic substance may have had a direct bearing on the outcome.
- (3)** A death occurring as a result of violence or trauma, whether apparently homicidal, suicidal or accidental, including, but not limited to, a death due to mechanical, thermal, chemical, electrical or radiational injury, drowning, cave-in or subsidence.
- (4)** A death in which trauma, chemical injury, drug overdose or reaction to a drug or medication or medical treatment was a primary or secondary, direct or indirect, contributory, aggravating or precipitating cause of death.
- (5)** A perioperative death in which the death is not readily explainable on the basis of prior disease.
- (6)** A death in which the body is unidentified or unclaimed.
- (7)** A death known or suspected to be due to contagious disease and constituting a public hazard.
- (8)** A death occurring in prison or a penal institution or while in the custody of the police.
- (9)** A death of an individual whose body is to be cremated, buried at sea or otherwise disposed of so as to be unavailable for examination thereafter.
- (10)** A sudden and unexplained infant death.
- (11)** A stillbirth.

(B) Purpose. The purpose of an investigation under subsection (a) shall be to determine:

- (1)** The cause and manner of the death.
- (2)** Whether or not there is sufficient reason for the coroner to believe that the death may have resulted from a criminal act or criminal neglect of a person other than the deceased.

(C) Requirements. As part of an investigation under subsection (a), the coroner shall determine the identity of the deceased and notify the next of kin of the deceased.

SECTION 1219-B – AUTOPSY; INQUEST; RECORDS

(a) Autopsy. If, after investigation, the coroner is unable to determine the cause and manner of death, the coroner shall perform or order an autopsy on the body.

(b) Inquest. If the coroner is unable to determine the cause and manner of death following an autopsy, the coroner may conduct an inquest upon a view of the body as provided by law. At the inquest, the coroner's duty shall be to:

(1) Ascertain the cause of death

(2) Determine whether an individual other than the deceased was criminally responsible by act or neglect and the identity of the individual who may be responsible.

(3) Examine further evidence and witnesses regarding the cause of death.

(c) Recording. The proceedings at the inquest shall be recorded, at the expense of the county, in a manner to be provided by the county commissioners.

(d) Retention and Disposal

(1) The coroner may retain a deoxyribonucleic acid (DNA) specimen for diagnostic, evidentiary or confirmatory purposes.

(2) Retained tissue, organs, blood, other bodily fluid, gas or another specimen from an autopsy are medical waste and shall be disposed of in accordance with applicable Federal and State laws.

(e) Liability. A coroner who, in good faith, orders or performs a medical examination or autopsy under statutory authority shall be immune from civil liability for damages for ordering or performing the examination or autopsy.

SECTION 1220-B – CHILD DEATHS

(a) General Rule. A coroner shall perform or order an autopsy to be conducted in the case of the sudden and unexplained death of a child who is not more than three years. If an autopsy is required, the autopsy shall be conducted in the manner the coroner determines is the least invasive manner appropriate.

(b) Investigation

(1) For a death of a child who is not more than three years of age where the coroner has determined that an investigation is appropriate, the investigation shall include the following information:

(i) Demographic information on the child and the child's primary caregivers.

(ii) Witness interview.

(iii) Infant medical history.

(iv) Biological mother's prenatal history.

(vi) Scene and body diagrams.

(2) In conducting the investigation under paragraph (1), the coroner shall consider nationally recognized standards for pediatric death review.

(c) Deoxyribonucleic acid.—A deoxyribonucleic acid (DNA) sample shall be collected for the purpose of aiding in the research of the causes of sudden and unexplained infant deaths and to provide genetic information as to the manner of death.

SECTION 1221-B – SUDDEN DEATH

(a) *General rule.*

The coroner shall regard a death as sudden if:

(1) The death occurs without prior medical attendance by an individual who may lawfully execute a certificate of death in this Commonwealth.

(2) Within 24 hours of death the decedent:

(i) was discharged from medical attendance;

(ii) had a change of medical attendance occur; or

(iii) had medical attendance and the medical attendant refuses or is unable to certify the cause of death.

(b) *Construction.*—This section shall not be construed to affect the coroner's discretion as to whether or not a death was suspicious or to authorize a coroner to investigate a sudden death further than necessary to determine the cause and manner of death.

(c) *Definition.* As used in this section, the phrase "medical attendance" shall include treatment or care at a facility providing medical services, including a hospital, nursing home and hospice service.

SECTION 1222-B – PROHIBITION ON MOVING A BODY

(a) *General rule.*—Except as provided under subsection (b), if a coroner has jurisdiction to investigate the facts and circumstances of death, the body and the surroundings of the body shall be left untouched until either:

(1) The coroner has conducted an initial investigation of the scene of death, including viewing and photographing the scene in the manner that most fully discloses how the individual died.

(2) The coroner directs or authorizes the touching of the body and the surroundings of the body, except as provided by law or as

circumstances may require.

(b) Exception.—A body on a public thoroughfare or other place may be moved if necessary for the administration of emergency care and as a precaution against a traffic accident or another serious consequence that might reasonably be anticipated if the body was left in place. The removal of the body shall be done so as to not substantially destroy or alter possible evidence.

SECTION 1223-B – RELEASE OF CORONER’S JURISDICTION

If a coroner assumes jurisdiction of a body under the provisions of this article or another law, the body may not be released or removed from the coroner’s jurisdiction except upon the coroner’s directions and consent, in accordance with law.

SECTION 1224-B – COOPERATION WITH DISTRICT ATTORNEY

In the exercise of duties under this article, the coroner shall consult with and advise the district attorney as may be practicable. The district attorney may act as counsel to the coroner in matters relating to inquests.

SECTION 1225-B – COOPERATION WITH OTHER COUNTIES

If one or more coroners deem it necessary to establish a facility for conducting forensic testing and autopsies, a county may establish and operate the facility.

SECTION 1226-B – COOPERATION WITH OTHER COUNTIES

A coroner shall issue a certificate of cause of death in each case:

(1) Referred to the coroner by the local registrar of vital statistics under the act of June 29, 1953 (P.L.304, No.66), known as the Vital Statistics Law of 1953.

(2) In which the coroner has jurisdiction and no individual duly authorized by law certifies the cause of death.

SECTION 1227-B – SUBPOENA AND ATTACHMENT

The coroner may issue a subpoena and attachment, which shall be served and executed by the sheriff, coroner or coroner’s deputy, for the following purposes:

(1) A death investigation.

(2) To obtain the attendance of an individual who may be necessary to examine as a witness at an inquest.

(3) To compel attendance by attachment in a similar manner and extent as a court of common pleas may do in a case pending before the court.

(4) To compel the production of the following:

(i) A paper.

(ii) A document in any form or media, including a medical and mental health record.

(iii) Another thing relative to the investigation or inquest.

SECTION 1228-B – JURY

(a) *Jury.* The coroner may summon a jury of six individuals and two alternates to be selected from the jury panels of the court of common pleas.

(b) *Function.* The function of the jury shall be to determine the manner of death and whether a criminal act or neglect of a known or unknown individual caused the death. The jury shall be paid as provided by law as if the jury members were serving the court of common pleas.

SECTION 1229-B – OATHS

The coroner may administer an oath and affirmation to an individual brought or appearing before the coroner. An individual swearing or affirming falsely on the examination commits perjury.

SECTION 1230-B – COMMITMENT TO COUNTY PRISON

(a) *Warrant.*—An individual may be committed by a coroner to the county jail by warrant directed to the sheriff or a constable of the county if the individual does either of the following while appearing before the coroner for examination:

(1) Refuses to take an oath or affirmation.

(2) Refuses to answer a question asked by the coroner on the matter of the inquest after having been sworn or affirmed.

(b) *Case required.*—The warrant under subsection (a) must set forth particularly the cause of the commitment.

(c) *Length.*—The individual shall remain committed until the individual submits to be sworn or affirmed, answers the questions of the coroner or is otherwise legally discharged.

SECTION 1231-B – INQUESTS

The following shall apply:

(1) In counties of the second through eighth classes, the coroner may:

(i) Admit or exclude a member of the public from an inquest or a part of an inquest.

(ii) Admit or exclude an individual interested or suspected from the inquest or a part of an inquest.

(2) An excluded individual may not appear by attorney.

(3) An individual required to attend may have counsel at the attendance.

(4) In counties of the third through eighth class, representatives of the media may not be excluded from an inquest or part of an inquest unless the representatives are personally interested or suspected from the inquest or part of the inquest.

SECTION 1232-B – VACANCY

- (a) *Legal removal, death or resignation.* If a coroner is legally removed from office, dies or resigns before the expiration of the term for which the coroner was elected or appointed, the chief deputy coroner shall execute the office of coroner, perform related duties and receive and retain the compensation provided by law for the coroner until another coroner is appointed.
- (b) *Neglect or refusal.* Except as otherwise provided under subsections (d) and (e), if an individual who is elected to the office of coroner neglects or refuses, for the two months after the election, to assume the duties of the office and to comply with the requirements of the law, the office shall be deemed vacant. The Governor shall notify the recorder of deeds and appoint and commission a suitable individual to fill the vacancy during the remainder of the term.
- (c) *Fees.* A fee may not be charged on a commission issued to the coroner.
- (d) *Exception in certain counties.* In counties of the second-class A, the appointee of the Governor shall serve until the first Monday of January next succeeding the first municipal election which occurs at least two months after the vacancy, at which time a new coroner shall be elected. The appointee shall be confirmed by the Senate if the Senate is in session.
- (e) *Medical examiner.* In counties of the second class, the appointee to the office of medical examiner shall serve and the term of office shall be as provided by county ordinance.

SECTION 1233-B – SALARY OF SOLICITOR AND COSTS IN COUNTIES OF THE SECOND CLASS

In counties of the second class, the following shall apply:

- (1) The salary of the solicitor to the medical examiner shall be determined by the salary board. The salary shall be paid out of the fees received and paid into the office of the coroner.
- (2) Costs and expenses incurred by the coroner in a manner connected with litigation or claims arising out of or relating to the coroner's office shall be paid by the county out of fees received by the coroner's office.

SECTION 1234-B – ANATOMICAL GIFTS

The coroner may order the removal of parts of a decedent's body for donation purposes in accordance with 20 Pa.C.S. Ch. 86 (relating to anatomical gifts).

SECTION 1235-B – EXECUTION OF OFFICE

An individual elected or appointed to the office of coroner may not execute any of the duties of office before a commission has been duly granted to the coroner by the Governor and properly recorded. An individual who violates this section may be sentenced to imprisonment for a term of not more than six months. The individual shall be liable to a person injured by an act done by the individual under authority of the office.

SECTION 1236-B – RECORDS

In counties of the third, fourth, fifth, sixth, seventh and eighth classes, every coroner, within 30 days after the end of each year, shall deposit all official records and papers for the preceding year in the Office of the Prothonotary for the inspection of all persons interested ther

SUBARTICLE – FEES AND COST RECOVERY

SECTION 1251-B- DISPOSITION COSTS

(a) *Cost of disposition.* If legal representatives make claim to property after disposition of the deceased has occurred at county expense, any property retained from the deceased by the coroner in accordance with 1215-B shall be subject to sale to cover the cost of disposition with the balance, if any, going to the representatives. No property shall be sold under this subsection unless the coroner has provided written notice to the representative of the all of the following:

- (1)** The costs of disposition.
- (2)** A list of the property held in accordance with section 1215-B.
- (3)** An opportunity to pay the costs of disposition within 60 days of the notice.

(b) *Costs of securing.*—In cases where the coroner secures the premises of the deceased, the costs of securing may be charged against the estate of the deceased.

(c) *Civil liability.*—A coroner who reasonably attempts to secure or safeguard any real property where the deceased is found and any personal property on or around the deceased is immune from civil liability for damage to or loss of the property or its contents.

SECTION 1252-B – FEES FOR REPORTS

The coroner shall charge and collect a fee of \$500 for an autopsy report, \$100 for a toxicology report, \$100 for an inquisition or coroner's report, \$50 for a cremation or disposition authorization and other fees as may be established from time to time for other reports or documents requested by nongovernmental agencies in order to investigate a claim asserted under a policy of insurance or to determine liability for the death of the deceased. The fees collected under this section shall be accounted for and paid to the county treasurer in accordance with section 1760 and shall be used to defray the expenses involved in the county complying with the training of coroners or coroner office personnel, as may be required or authorized by this or any other act.

Further Reading: Act 154: Codification of the County Code (in its entirety.)

GUIDELINES TO BE FOLLOWED IN DEATH CASES

- A. The Coroner or Deputy Coroner having view of the body, shall investigate the facts and circumstances concerning deaths WHICH APPEAR TO HAVE OCCURRED WITHIN THE COUNTY, REGARDLESS WHERE THE CAUSE THEREOF MAY HAVE OCCURRED, for the purpose of determining whether or not an autopsy should be conducted or an inquest thereof should be had in the following cases:
 - (1) Sudden death not caused by readily recognizable disease, or wherein a physician on the basis of prior medical attendance cannot properly certify the cause of death.
 - (a) **SUDDEN DEATH DEFINED:** The Coroner shall regard any death as sudden if it occurs without prior medical attendance by a person who may lawfully execute a certificate of death in this Commonwealth, or if, within twenty-four hours of death, the decedent was discharged from such medical attendance or a change of such medical attendance had occurred, or if any such medical attendance began within twenty-four hours of death and the medical attendant refuses or is unable to certify the cause of death. Medical attendance includes hospitalization. (The provisions stated above regarding sudden death shall not be construed to affect the Coroner's discretion as to whether or not any death was suspicious, nor shall they be construed to authorize a Coroner to investigate a sudden death any further than necessary to determine cause and manner of death).
 - (2) Death occurring under suspicious circumstances including those where alcohol, drugs or other toxic substances may have a direct bearing on the death.
 - (3) Death occurring as a result of violence or trauma, whether apparently homicidal, suicidal or accidental (including but not limited to, those due to mechanical, thermal, chemical, electrical or radiation injury, drowning, cave-ins and subsidence).
 - (4) Any death in which trauma (falls or fractures), chemical injury, asphyxia, exposure, fire related, drug overdose or reaction to drugs or medical treatment was a **PRIMARY or SECONDARY, DIRECT or INDIRECT, CONTRIBUTORY, AGGRAVATING or PRECIPITATING** cause of death.
 - (5) Operative and peri-operative death in which the death is not readily explainable on the basis of prior disease.
 - (6) Any death wherein the body is unidentified or unclaimed.
 - (7) Deaths known or suspected as due to contagious disease and constituting a public health hazard.
 - (8) Deaths occurring in a prison or penal institution or while in the custody of the police.
 - (9) Deaths of persons whose bodies are to be cremated, buried at sea or otherwise disposed of so as to be thereafter unavailable for examination.
 - (10) Any sudden, infant death.
 - (11) Stillbirth.
 - (12) **ALL** emergency room deaths, and deaths occurring at a medical facility within less than 24 hours of admission; and residential deaths unless the decedent is under hospice services for a death occurring from a natural etiology.
- B. The purpose of an investigation shall be to determine the cause of any such death and to determine whether or not there is sufficient reason for the Coroner to believe that any such death may have resulted from criminal acts or criminal neglect of persons other than the deceased.
- C. **UNCLAIMED BODY** – Hospitals, nursing homes and personal care homes are required to contact the Humanity Gifts Registry as soon as they realize they have an unclaimed body, but not longer than 36 hours after the death. The County will not accept an unclaimed body because the healthcare or personal care facility failed to notify Humanity Gifts Registry on time and failure to do so makes that facility responsible for all arrangements for the disposition of the remains.
- D. In all cases where the Coroner has jurisdiction to investigate the facts and circumstances of a death, **THE BODY AND ITS SURROUNDINGS SHALL REMAIN UNTOUCHED** until the Coroner or Deputy Coroner has had a view thereof or until he shall otherwise direct or authorize (Section 120, County Code, Amended 11/29/90, P.L. 602, No. 152) and the laws of the Commonwealth provide that the Coroner shall take custody of all personal effects which appear to have been **ON** or **ABOUT** the person at the time of death until lawfully claimed by proper persons. Care should be taken in gathering of these effects in order to facilitate identification of the deceased and further any police investigation that may be in progress.

TO REPORT A DEATH

24 HOURS A DAY – 7 DAYS A WEEK CALL

(570) 253-3109

A dispatcher will contact the Coroner directly.

Historical Record of Coroners of Wayne County, PA

Jabez Rockwell, 1804
Jonathan Jennings, 1813
Matthias Keen, 1816
Benjamin F. Woodward, 1828
Thomas Lillibridge, 1831
Thomas H. Bass, 1839
Jacob L. Keen, 1840
Maitland A. Bidwell, 1843-1858
Amzi L. Woodward, 1846
Horace Buckland, 1849
Ruel Headley, 1852
Elkanah Patmor, 1855
George Schlager, 1861
Jacob B. Snyder, unexpired term, 1862
James B. Eldred, unexpired term, 1846-1868-1870
Jacob C. Vetter, 1867
Jacob J. Ohmer, 1871
Elkanah Patmor, 1872-1875-1878-1881-1884
William H. Cummings, 1886-1892
Clarence E. Foster, 1896
Dr. Frederick W. Powell, 1900
George W. Voight, 1904
Harry B. Searle, 1907
Dr. P. B. Peterson, 1912-1916
A.C. Voight, 1920
Dr. J. A. Baer, 1924-1928
Oliver Osborne, 1932-1936
Vernon B. Walsh, 1940-1944-1948
Frederick Holbert, 1952 (resigned 1953)
Arthur E. Bryant, appointed 1953, resigned 1955
Howard Raught, appointed June 1955-1956
Dr. John Perrige, 1960-1964
Robert F. Jennings, 1968-1972-1976
Dr. Young W. Lee, 1980-1984-1988
Dr. Edward Murray, 1992-1996-2000
Carol Rickard Lienert, 2004-2008
Edward R. Howell, 2012-2016-2020-2024

Elected Coroner

Dr. Edward R. Howell, Psy.D, FD, D-ABMDI
Wayne County Coroner
Serving since 2012

Part-Time Staff

Mark M. James
Chief Deputy Coroner
Serving since 2010

Carol R. Lienert
Deputy Coroner
Senior Death Investigator
Coroner Emeritus
Wayne County Coroner 2004-2011
Serving Since 2004

Robert Morcom
Deputy Coroner
Senior Death Investigator
Serving Since 1993

Etta Day
Deputy Coroner
Senior Death Investigator
Serving Since 2007

Kristyna L. Poska
Deputy Coroner
Death Investigator
Serving Since 2021

Sandra A. Van Luvender
Deputy Coroner
Death Investigator
Serving Since 2022

Full-Time Staff

Laura Szymanski
Deputy Coroner
Death Investigation Sergeant
Serving since 2012

Facilities

Office of the Wayne County Coroner
263 Carbondale Rd., Waymart, PA 18472
570-488-5000

Forensic Services

Forensic autopsies are performed by the Board-Certified Forensic Pathologists at Forensic Pathology Associates at Lehigh Valley Hospital, Cedar Crest, 1200 South Cedar Crest Boulevard, Allentown, PA 18103

Forensic anthropology services are provided by the Forensic Anthropologists and Graduate Program Team at Mercyhurst University, Erie, Pennsylvania.

Forensic toxicology services are performed by HNL Labs of Lehigh Valley Health Network, Allentown, PA & SteelFusion Forensic Toxicology Lab in Monessen, PA

Website

The homepage of the Wayne County Coroner's Office can be found at:

<https://waynecountypa.gov/419/Coroner>

Pennsylvania Coroners' Education Board

The Pennsylvania Coroners' Education Board, housed in the Office of Attorney General, provides the Basic Education Course which all newly elected coroners are required to attend prior to assuming office. The chief deputy and full-time deputies are required to attend the Basic Education Course within six months of appointment. The board also authorizes courses that are acceptable for fulfillment of the eight credit hours of continuing education required annually of all coroners and deputies.

Pennsylvania State Coroners' Association

The object of the PSCA is to hold meetings for the purpose of discussing the various questions which arise in the discharge of the duties of the office of the coroner, and for such other purposes as will conduce to greater efficiency of the operation of the office of the coroner. Additionally, the PSCA holds an annual conference and education seminar addressing various topics, questions, and current events for the coroner's offices located throughout Pennsylvania. The coroner, and all deputies are members of the PSCA.

American Board of Medicolegal Death Investigators

Coroner Howell passed the registry examination in 2020, and has diplomate status of the ABMDI.

The American Board of Medicolegal Death Investigators (ABMDI) is a voluntary national, not-for-profit, independent professional certification board that has been established to promote the highest standards of practice for medicolegal death investigators.

ABMDI certifies individuals who have the proven knowledge and skills necessary to perform medicolegal death investigations as set forth in the National Institutes of Justice 1999 publication Death Investigation: A Guide for the Scene Investigator (2011 updated version available).

ABMDI was created, designed, and developed by veteran, practicing medicolegal death investigators who were involved in the development of Death Investigation: A Guide for the Scene Investigator. It will also assist the courts and public in evaluating competence of the certified individual.

In 2005, the ABMDI was first accredited by the [Forensic Specialties Accreditation Board](#) and reaccredited in 2010.

The goal of the FSAB is to establish a mechanism whereby the forensic community can assess, recognize and monitor organizations or professional boards that certify individual forensic scientists or other forensic specialists.

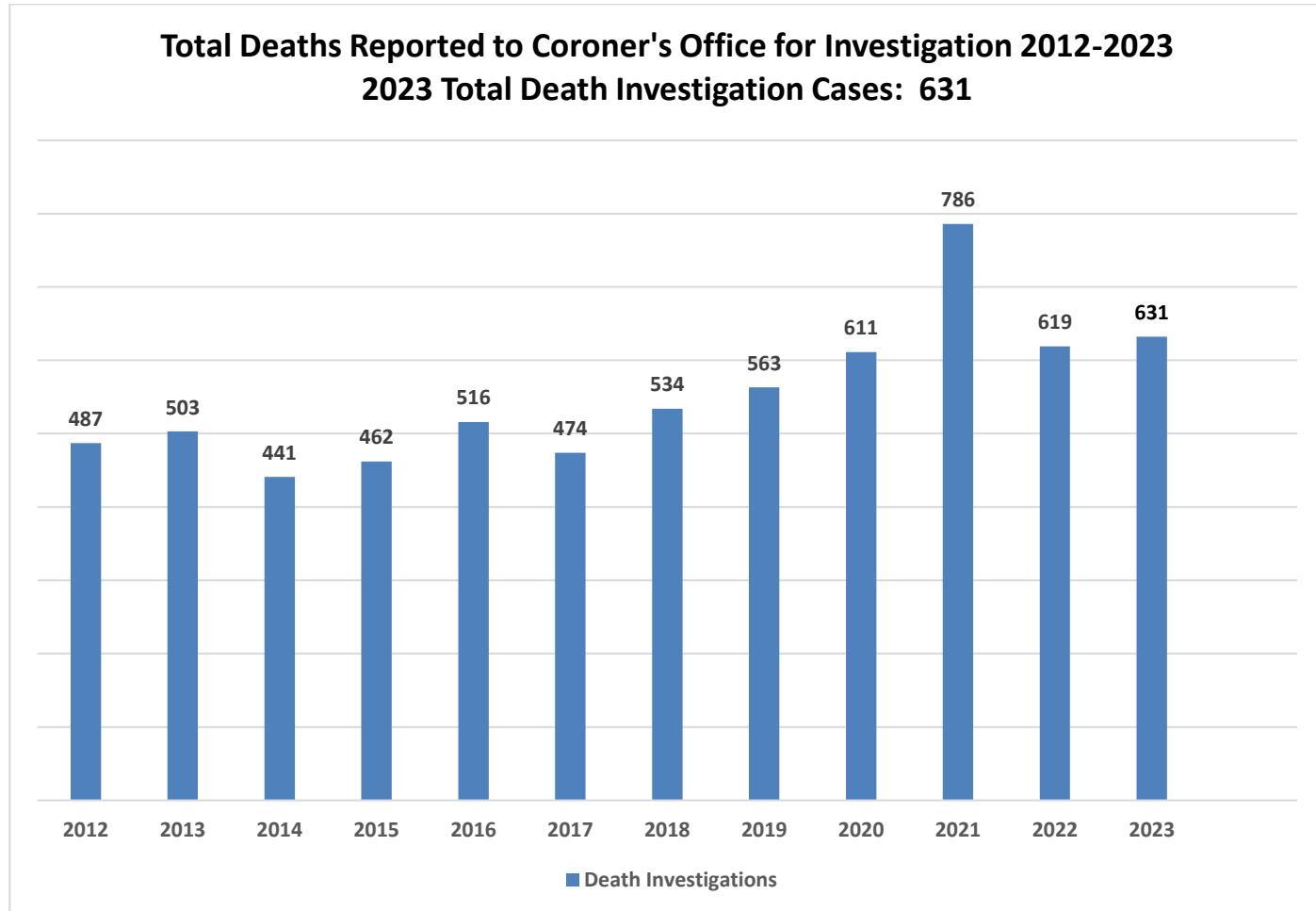
Purpose of the American Board of Medicolegal Death Investigators®

- To encourage adherence to high standards of professional practice and ethical conduct when performing medicolegal death investigations.
- To recognize qualified individuals who have voluntarily applied for basic and advanced levels of professional certification.
- To grant and issue certificates to individuals who have demonstrated their mastery of investigational techniques and who have successfully completed rigorous examination of their knowledge and skills in the field of medicolegal death investigation.
- To maintain a listing of individuals granted ABMDI certification.
- To recertify individuals every five years according to established professional recertification criteria, including continuing education requirements and work verification.

Benefits of Certification

Official guidelines for medicolegal death investigators had not been established until publication of the National Guidelines for Death Investigation by the National Institute of Justice in December 1997. Twenty-nine tasks were identified that may need to be performed to properly conduct a medicolegal death investigation. The guidelines were renamed and published in 1999 as Death Investigation: A Guide for the Scene Investigator. These national guidelines were validated by the Technical Working Group for Death Investigation (TWGDI), the National Medicolegal Review Panel (NMRP) and 146 members of the TWGDI national reviewers' network. Certification provides official recognition by an independent professional certification body that an individual has acquired specialized knowledge and demonstrated proficiency in the standards and practice necessary to properly conduct medicolegal death investigations. The individual agrees to adhere to the highest standards of professional practice and ethical conduct when serving the public and when representing the profession.

- ABMDI Website – www.abmdi.org



DR. EDWARD R. HOWELL
Coroner

CAROL R. LIENERT
Coroner Emeritus
Deputy Coroner

TELEPHONE: 570-488-5000



MARK M. JAMES
Chief Deputy Coroner

LAURA SZYMANSKI
Death Investigation Sergeant
Deputy Coroner

FAX: 570-488-9999

WAYNECORONER@WAYNECOUNTYPА.GOV
Office of the Wayne County Coroner
263 Carbondale Road
Waymart, PA 18472

2023 Annual Case List

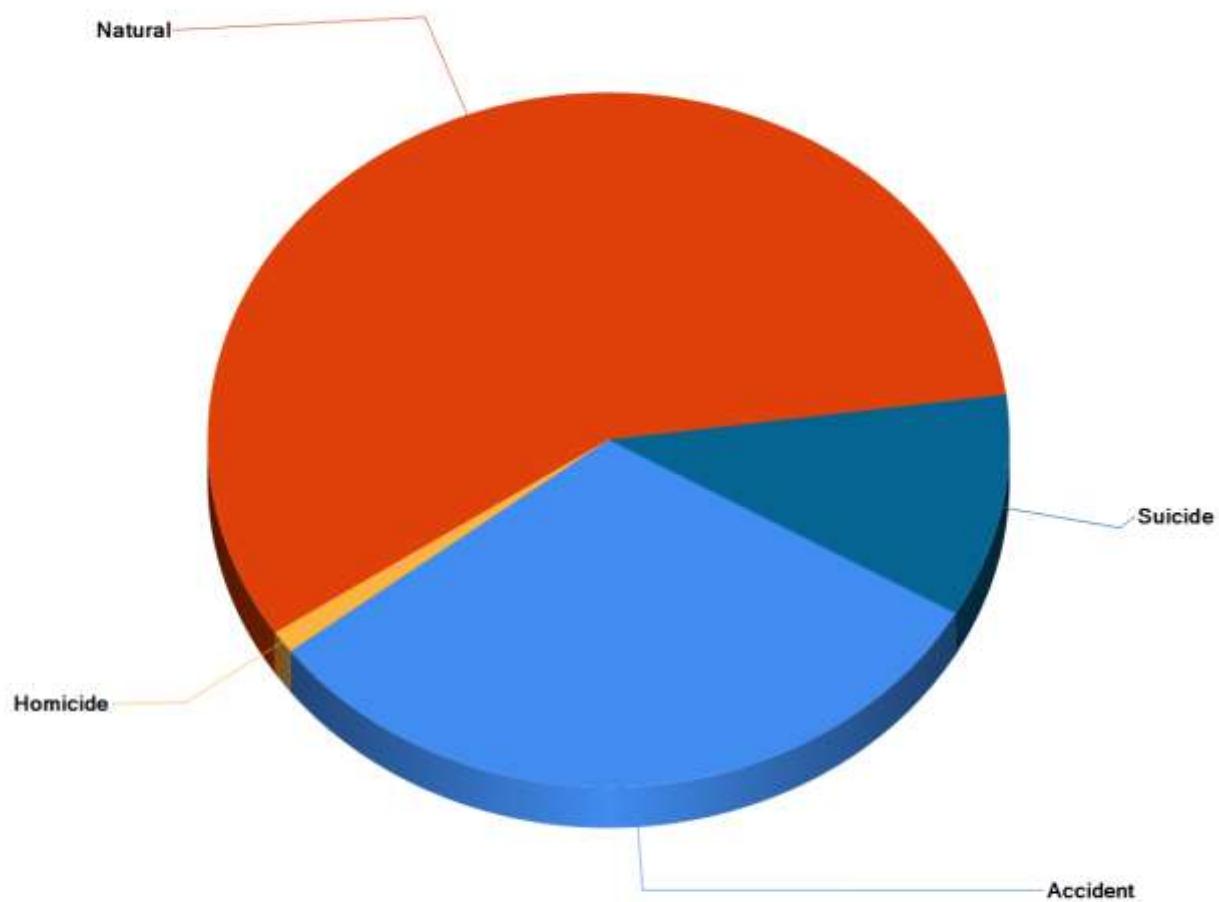
TOTAL CASES REFERRED TO CORONER:	631
DEATHS INVESTIGATED FOR IRREVERSIBLE DISPOSITION (CREMATION/DONATION):	401
DEATHS INVESTIGATED <u>AND</u> CERTIFIED BY CORONER:	96
DEATHS INVESTIGATED BY CORONER AND RELEASED TO ATTENDING MEDICAL PROVIDER FOR CERTIFICATION:	130
PERMISSION GIVEN TO VITAL RECORDS FOR CERTIFICATE SIGNED BY ATTENDING PHYSICIAN:	4
AUTOPSIES - POST MORTEM EXAMINATIONS:	40

While the Coroner's annual report is a statistical review of the year's activities, it is important to keep in perspective the fact that these numbers are not just statistics.

Each number represents an individual whose death may well have touched the lives of many other county residents. The goals and responsibilities of this office include maintaining the dignity of the deceased, providing complete and factual information to the families in a prompt and courteous manner, and making every effort to respect the privacy of the survivors. The information contained in this report is not intended to identify individuals, but rather to inform the public of our activities during the past year.

SUMMARY TO FOLLOW:

Accident (30 cases, 31.3%)	Homicide (1 cases, 1.0%)	Natural (55 cases, 57.3%)	Suicide (10 cases, 10.4%)
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2023 DEATHS INVESTIGATED & CERTIFIED BY THE CORONER**NATURAL:****55**

Acute Bronchopneumonia	1
Acute and Chronic Alcohol Abuse	1
Acute and Chronic Ethanol Toxicity	1
Acute Pneumonia due to Diabetic Ketoacidosis due to SARS-COV-2 (COVID-19) Infection	1
Alcoholic Ketoacidosis	1
Aspiration Pneumonia due to Alzheimer's Disease	1
Atherosclerotic Cardiovascular Disease	2
Atherosclerotic Cardiovascular Disease due to Cardiomegaly	1
Bacterial Lung Superinfection Complicated by Viral Respiratory Infection	1
Cardiopulmonary Arrest due to Atherosclerotic Cardiovascular Disease due to Tobacco and Alcohol Abuse	1
Cardiopulmonary Arrest due to Chronic Obstructive Pulmonary Disease due to Pulmonary Hypertension due to Chronic Kidney Disease	1
Cardiopulmonary Arrest due to Hypertension due to Hyperlipidemia due to Diabetes Mellitus Type II	1
Cardiorespiratory Arrest due to Respiratory Failure due to Chronic Obstructive Pulmonary Disease	1
Cardiopulmonary Arrest due to Vasovagal Syncope	1
Cardiovascular Disease due to Hypertension due to Diabetes Mellitus Type II	1
Chronic Obstructive Pulmonary Disease	1
Complications of Sepsis due to Peritoneal Abscess due to Perforated Diverticulum of Large Intestine	1
Congestive Heart Failure due to Diabetes Mellitus due to Morbid Obesity	1
Diabetic Ketoacidosis	1
Failure to Thrive due to Advanced Dementia	1
Gastrointestinal Hemorrhage due to Duodenal Ulcer	1
Gastrointestinal Hemorrhage due to Esophageal Varices due to Alcoholic Cirrhosis of the Liver	1
Hypertensive Cardiovascular Disease due to Chronic Obstructive Pulmonary Disease	1
Hypertensive Atherosclerotic Cardiovascular Disease	3
Influenza A Infection	1
Malignant Neoplasm of Lung with Metastases	1
Metastatic Lung Carcinoma	1
Metastatic Lung Disease	1
Metastatic Squamous Cell Cancer of the Neck	1
Myocardial Vascular Insufficiency	1
Myocardial Vascular Insufficiency due to Hyperlipidemia due to Atrial Fibrillation due to Coronary Artery Disease	1

Myocardial Infarction	3
Myocardial Insufficiency due to Diabetes Mellitus due to Coronary Artery Disease	1
Myocardial Insufficiency due to Diabetes Mellitus due to Hypertension	1
Myocardial Vascular Insufficiency due to Recent Myocardial Infarctions due to Congestive Heart Failure	1
Myocardial Vascular Insufficiency due to Tobacco Use	1
Pulmonary Thromboemboli due to Deep Venous Thrombosis	1
Peripheral Vascular Disease Complicated by Atrial Fibrillation	1
Presumed Natural Causes	1
Probable Acute Myocardial Infarction due to Coronary Artery Disease due to Chronic Ischemic Heart Disease due to Hypertension	1
Probable Myocardial Infarction due to Hypertension due to Hypercholesterolemia due to Type II Diabetes Mellitus	1
Probable Myocardial Infarction due to Hypertension due to Hyperlipidemia	1
Respiratory Failure due to History of Cerebrovascular Accident with Chronic Debility	1
Ruptured Ascending Aortic Dissection	1
Sarcoidosis due to Hypertensive Cardiovascular Disease	1
Sudden Cardiac Death due to Atherosclerotic Cardiovascular Disease	1
Sudden Cardiac Death due to Chronic Heart Failure due to Coronary Artery Disease Complicated by Urosepsis and Hypercalcemia	1
Sudden Cardiac Death due to Coronary Artery Disease	1
Sudden Cardiac Death due to Coronary Artery Disease due to Hypertension	1
Sudden Cardiac Death due to Dilated Cardiomyopathy due to Chronic Obstructive Pulmonary Disease due to Hypertension	1

ACCIDENT**30**

Acute Head Injury Likely with Concussion due to Fall from Wheelchair	1
Arteriosclerotic Cardiovascular Disease complicated by Blunt Force Trauma and Positional Asphyxia	1
Blunt Force Injuries due to Motorcycle Accident	2
Blunt Force Trauma	1
Blunt Force Trauma due to Motor Vehicle Collision	2
Brain Herniation due to Epidural Hematoma due to Skull Fracture resulting from Fall due to Intracranial Hemorrhage	1
Combined Pharmacologic Effects of Acetaminophen, Hydrocodone, Lorazepam, and O-desmethyl-cis-tramadol	1
Combined Pharmacologic Effects of Benzoylecgonine, Fentanyl, and Methamphetamine	1
Cyclobenzaprine and Gabapentin Toxicity	1
Drowning	1
Fat Emboli due to Acute Respiratory Failure due to Paroxysmal Atrial Fibrillation due to Aspiration Pneumonia	1
Fentanyl, Amphetamine, and Methamphetamine Toxicity	1
Fentanyl and Methamphetamine Toxicity	1
Inhalation of Products of Combustion due to Thermal Injuries due to Structure Fire	2
Metabolic Encephalopathy due to Acute Respiratory Failure and Traumatic Shock due to Hip Fracture due to Fall Down Stairs	1
Mixed Drug Toxicity	1
Mixed Drug Toxicity Clonidine, Hydroxyzine, Lorazepam, and Olanzapine Complicated by Drowning	1
Mixed Drug Toxicity; Chlorpheniramine, Fentanyl, Heroin, Methamphetamine, and Xylazine	1
Mixed Drug Toxicity including Nortriptyline, Benzodiazepines, and Hydrocodone	1
Mixed Drug Toxicity Including Fentanyl and Methamphetamine	1
Mixed Drug Toxicity (Fentanyl, Heroin, and Oxycodone)	1
Mixed Substance Toxicity Including Ethanol, Morphine, and Citalopram/Escitalopram	1
Multiple Blunt Force Injuries due to Motor Vehicle Collision	1
Multiple Blunt Force Injuries due to Motorcycle Accident	1
Oxycodone Toxicity	1
Toxic Effects of Buprenorphine	1
Toxicity due to the Combined Effects of Drugs	1

SUICIDE **10**

Combined Toxic Effects of Metoprolol and Verapamil	1
Gunshot Wound to the Head	9

HOMICIDE **1**

Gunshot Wound to the Head	1
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PENDING **0**

Pending Investigation	0
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COULD NOT BE DETERMINED **0**

Undetermined	0
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