2004 Annual Report
Office of the Medical Investigator
State of New Mexico

Ross E. Zumwalt, MD
Chief Medical Investigator

Patricia J. McFeeley, MD
Kurt Nolte, MD
Assistant Chief Medical Investigators

Jeffery Nine, MD
Rebecca Irvine, MD
R. Ross Reichard, MD
Medical Investigators

Board of Medical Investigations

Paul B. Roth, Dean
University of New Mexico
School of Medicine

Patricia Montoya, Secretary
New Mexico Department of Health

Carlos Maldonado, Chief
New Mexico State Police

Tommy LaGrone & Russel Muffley, Chairman
New Mexico Board of Thanatopractice

Bernie Teba, Chairman
State of New Mexico Indian Affairs Commission

Office of the Medical Investigator
University of New Mexico School of Medicine
Health Sciences Center
Albuquerque, New Mexico 87131-5091
Telephone: (505) 272-3053
Fax: (505) 272-0727
http://omi.unm.edu
Email: gdurka@salud.unm.edu

Office of the Medical Investigator
2004 Annual Report

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Homer R. Campbell, Jr. DDS

OMI bid a fond farewell to Dr. Homer Campbell in March 2005 after his 30-plus years of service as a forensic odontology expert. After graduating from the Baylor University's College of Dentistry, Dr. Campbell honed his dental skills in the U.S. Navy, serving in locations from California to the Marshall Islands. He continued to teach and conduct research even as he was building a private dental practice in Albuquerque, gaining expertise in forensic odontology and bite mark identification. Countless students, residents, death scene investigators and law enforcement agents have benefited from Dr. Campbell's teaching and experience. Dr. Campbell's high profile work included investigating the 1980 New Mexico Penitentiary riot and directing ancillary services for the investigation of the crash of a USAF C130 in 1986. Dr. Campbell was recognized nationally not only as a leader in forensic odontology but also as a leader in the establishment of the forensic sciences as legitimate professional specialties. He served as President of the American Academy of Forensic Sciences, the largest professional forensic organization in the world. Many thanks to this remarkable man for his long and distinguished service to the Office of the Medical Investigator and the state of New Mexico.

Patricia McFeeley, MD

Dr. Patricia J. McFeeley, Assistant Chief Medical Investigator for the state of New Mexico and professor of pathology at the University of New Mexico Health Sciences Center, will be partially retiring in 2005, continuing to serve the state of New Mexico after a long and distinguished career. The University of New Mexico School of Medicine is justifiably proud of Dr. McFeeley, as she earned her M.D. and completed her pathology residency there, returning to New Mexico after a year of specialty training in pediatric pathology at Denver Children's Hospital to complete post-doctoral fellowship training in forensic pathology at the Office of the Medical Investigator. Certified in anatomic and forensic pathology, Dr. McFeeley is Past President of the American Academy of Forensic Sciences and a member of the National Association of Medical Examiners, the American Medical Association and New Mexico medical and pathology societies. Her research and consulting work included Sudden Infant Death Syndrome (SIDS) risk factors, elder abuse and neglect, pediatric forensic pathology, Maternal Mortality Review (MMR) and Child Fatality Review (CFR). Dr. McFeeley has been a consultant to the Centers for Disease Control and Prevention Medical Examiner/Coroner Information Sharing Project and is currently a member/chair of the United Network for Organ Sharing (UNOS) Medical Examiner and Coroner Task Force. In 2000 she was an invited Participant/Presenter at Attorney General Janet Reno's Round Table Discussion, "Elder Justice: Medical Forensic Issues Relating to Elder Abuse and Neglect," Washington, DC. The State of New Mexico is indeed indebted to Dr. McFeeley for her years of service and especially her work to ensure the safety of New Mexico's most vulnerable residents, its children and elders.

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 4,943 deaths. 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 presents 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 Computer and Information Services Section of the OMI. Additionally, we encourage interested researchers to contact the Bureau of Vital Statistics for complete mortality statistics.

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

Preparation for the Annual Report

The OMI data from which this report was compiled are maintained on a Digital Equipment Corporation AlphaStation 400 computer, running DEC standard MUMPS language and database management system and is located at the University of New Mexico Health Sciences Center in Albuquerque. OMI staff Sarah Lathrop, DVM, PH.D., Jean Durka, and Wayland Davis using MUMPS and Microsoft Office 2000 Professional prepared this report. UNM Health Sciences Center – Digital Printing and Document Services printed and bound the final distribution copies.

Overview – Office of the Medical Investigator – 2004

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 tasked[1] 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 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 establish 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 statue, 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 Office of the Medical Investigator.
- Define procedures to reimburse all parties providing services to the Office of the Medical Investigator.
- 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 Investigation (FBI), Tribal 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 Health and Environment Department, the Chairman of the New Mexico Thanatopractice and the Chairman of the New Mexico Indian Affairs Commission 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 count in New Mexico has FDMI's 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 FDMI's contact the Central Office and present the results of each investigation to Central Office Deputy Medical Investigators who 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 services. The New Mexico State Laboratory provides the majority of toxicology services with some specialized tests sent to other laboratories. 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 (Ex. 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 preventative measures (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 2004

Investigative Activity:

In 2004, New Mexico had 4,259 deaths that met the criteria to become a reportable death. The OMI provided investigative services for each of these 4,259 deaths. Following these investigations, OMI retained jurisdiction of 2,861 deaths and relinquished jurisdiction of 1,398 deaths to private physicians. An additional 684 deaths were investigated as a consultation services resulting in a total caseload of 4,943 medicolegal investigations. A granular examination of the case distribution is presented in the section Overview – Total Cases – 2004 beginning on page 8.

Additional Investigation Facts:

Deputy Medical Investigators throughout New Mexico

- Traveled 59,470 miles (one way) responding to 4,635 deaths

OMI Toxicology:

- 2,386 OMI cases with toxicology requests
- 6,073 test requests
- 14,492 specimens submitted for analysis

"Doe" and/or missing person cases:

- 117 "Doe" cases, of which 17 were non-human or ancient remains
- 96 "Doe" cases identified (96%)
- 139 Forensic Anthropology examinations
- 10 Forensic Odontology examinations
- 1 Case identified by DNA
- 4 "Doe" cases unidentified
- 30 Missing person reports

Training and Education

At the OMI, 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 staff pathologists are faculty members with 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 Pathologist 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 to three years in advance.

Certification Training

All OMI deputy medical investigators are required to become certified to perform a death investigation. The OMI provides this training for the deputy medical investigators throughout New Mexico and in the past year, 18 individuals successfully completed the training and received certification as new Field Investigators. 50 current Field Investigators participated in training and were recertified. 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. (Ex. Native American police officers)

Death Investigation Training

In 2004, a significant change was made in how Death Investigation Training was conducted by the OMI. Training was restructured to a regional format with workshops held in different locales and dates throughout New Mexico, rather than conducting a single training session in Albuquerque. 334 representatives from the medical examiner, law enforcement and health care professions from throughout the nation participated in the training with a curriculum designed to present the most current facets of death investigations. 42 completed the Basic Death Investigation School and 292 attended the Regional OMI schools. Participants were from Arizona, Colorado, Florida, Illinois and Michigan as well as those from New Mexico such as personnel from the New Mexico Department of Public Safety, Bureau of Vital Statistics, Albuquerque Fire Department, EMS Academy, Tijeras EMS and through Career Fairs for Elementary, Middle and High Schools.

Law Enforcement Education

Death investigation training is provided at the New Mexico State Police Academy, the New Mexico Law Enforcement Academy, the Bernalillo County Sheriff's Office Training 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 Department of Health, funeral homes, hospitals, correction facilities, the EMS training site, state search and rescue groups and professional/advanced degree classes at New Mexico Universities. Approximately 1000 individuals participated in the in-service training program in 2004 in many locations at various agencies throughout New Mexico.

Additionally, OMI staff provided tours and presentations to over 1,500 students from middle and high schools throughout New Mexico; the Albuquerque Technical Vocation Institute; and UNM medical and health programs.

OMI Newsletter and website

The OMI Newsletter is published quarterly and sent to OMI field and central office staff, funeral homes and hospice and home health care . The newsletter conveys information regarding updates in legislation and/or investigation and personnel issues.

The OMI website at //omi.unm.edu provides instant access to information concerning OMI and it staff, operating procedures and services offered. Through the website, users can download forms needed for requesting OMI documents.

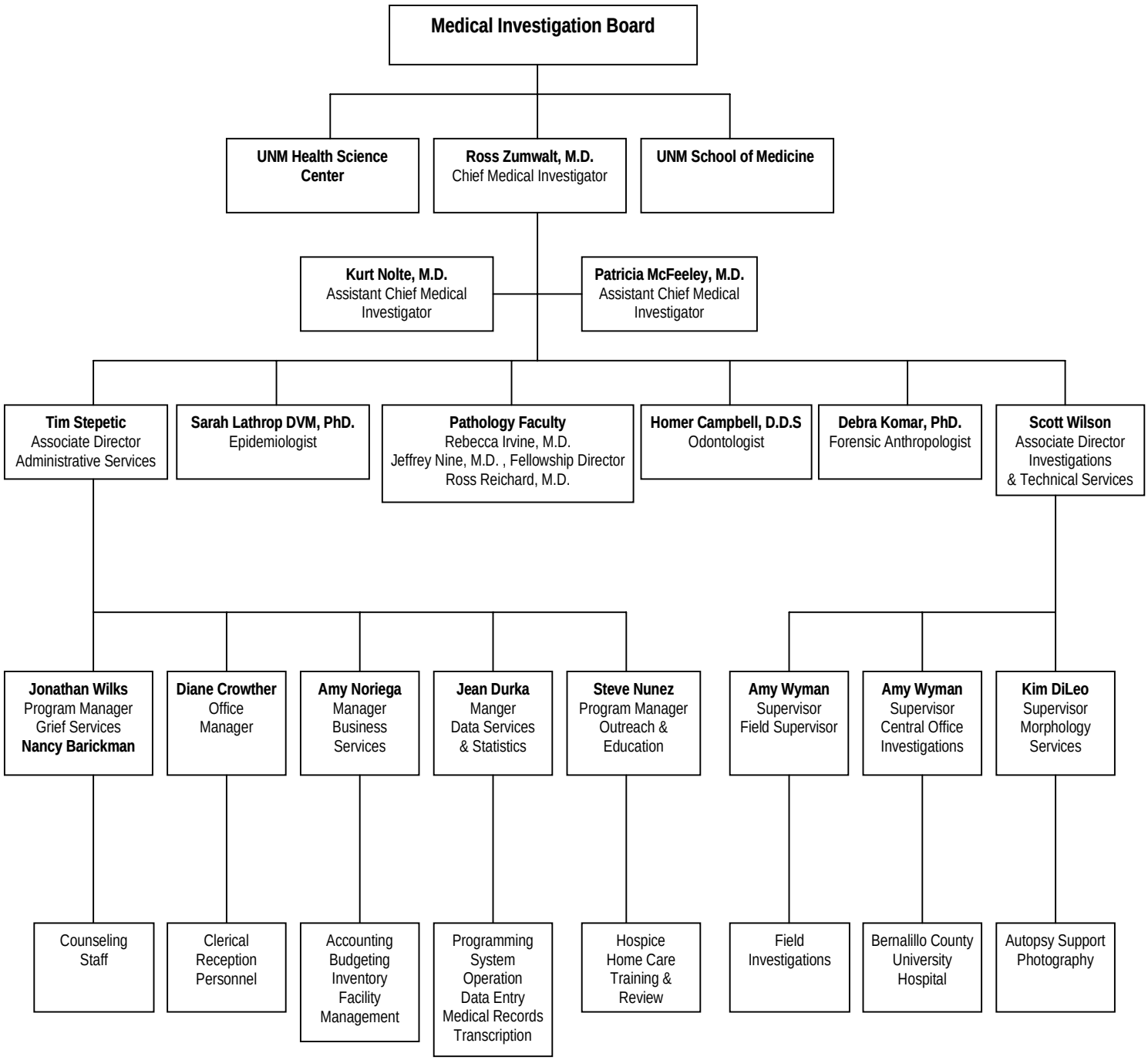
Grief Services Program

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 continually expanded its mission and now provides its services to all New Mexico families following pregnancy loss or the sudden and unexpected death of a young person under 25 years of age. Additionally, the GSP provides grief education and training throughout New Mexico for agencies such as law enforcement, emergency responders, nurses, mental health providers, teachers and other groups who request such training. In 2004, the GSP provided:

- Intervention for 950 clients
- Facilitated 190 support groups
- Training for 975 professional associates

Office of the Medical Investigator Organizational Chart

Figure 1



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 – Office of New Mexico Vital Records and Health Statistics, New Mexico Department of Health.

Figure 2 – Total Cases – 1995 - 2004

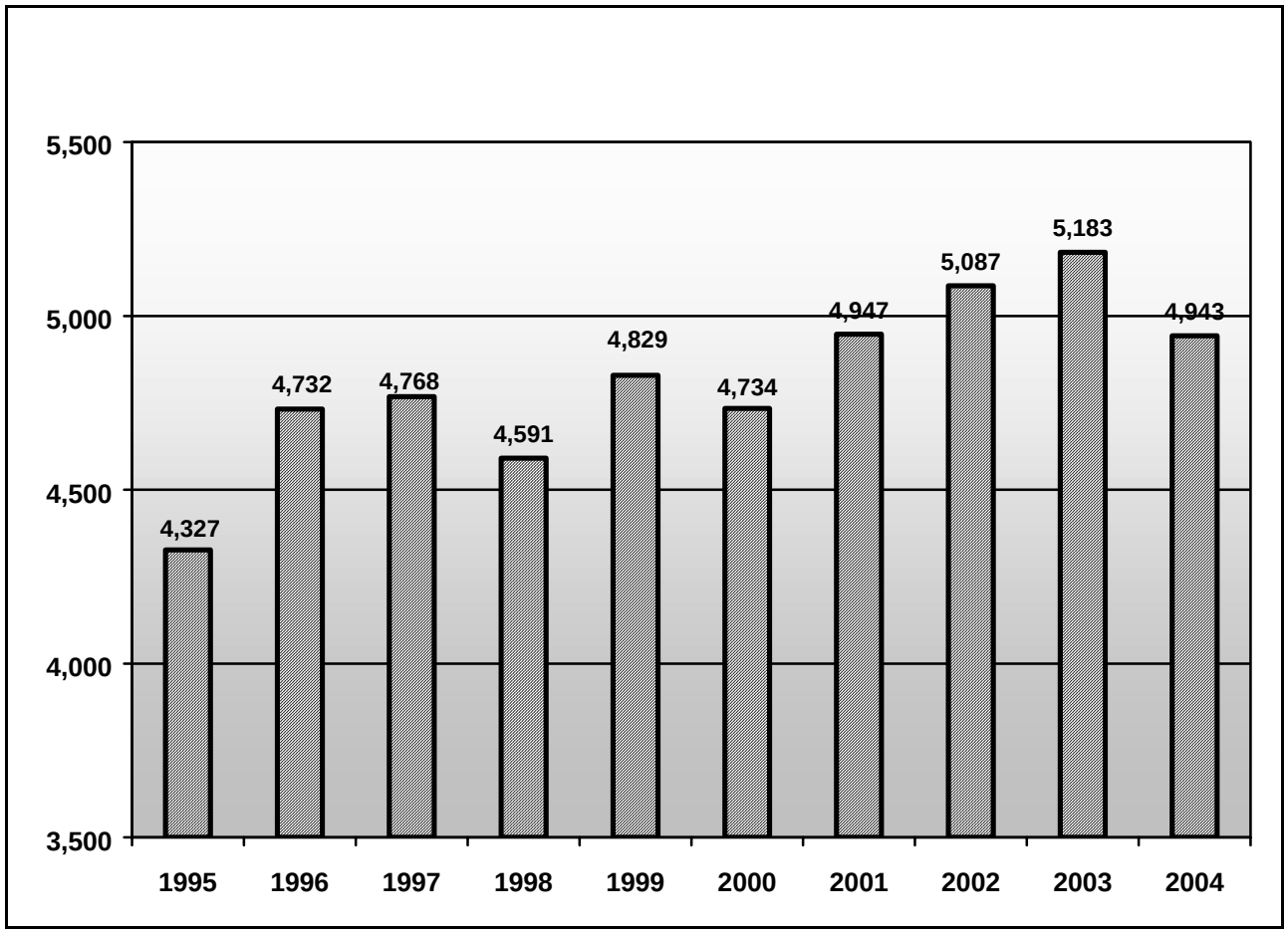


Figure 3 – Total Cases by Month – 2004

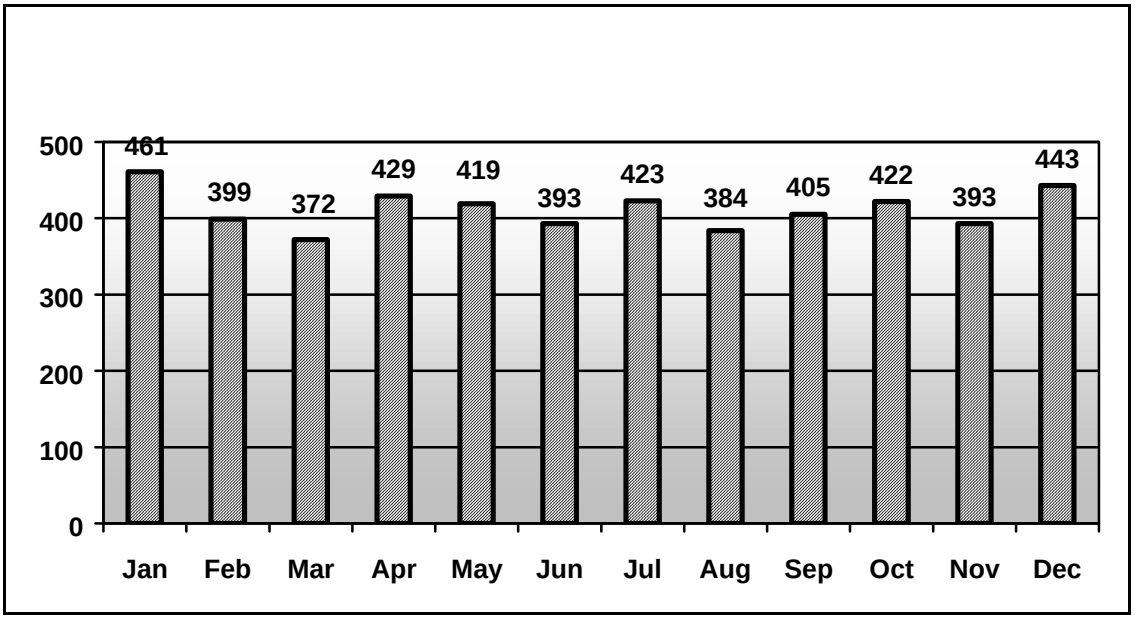


Figure 4 – Total Cases by Day – 2004

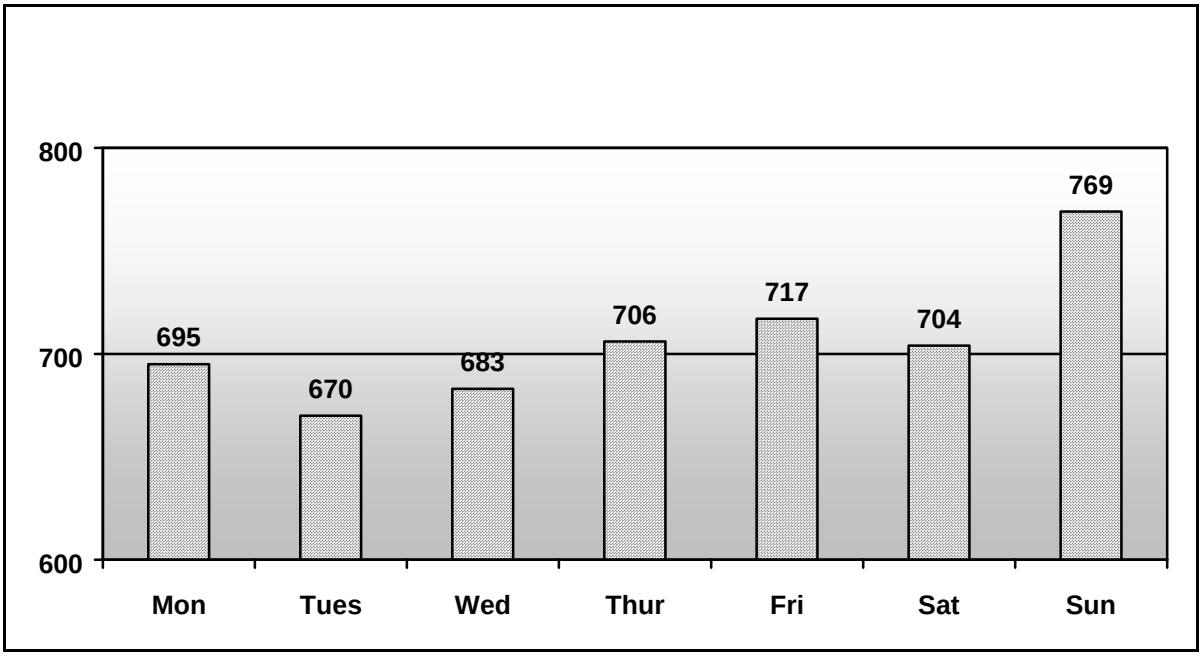


Figure 5 – Total Cases by Race / Ethnicity – 2004

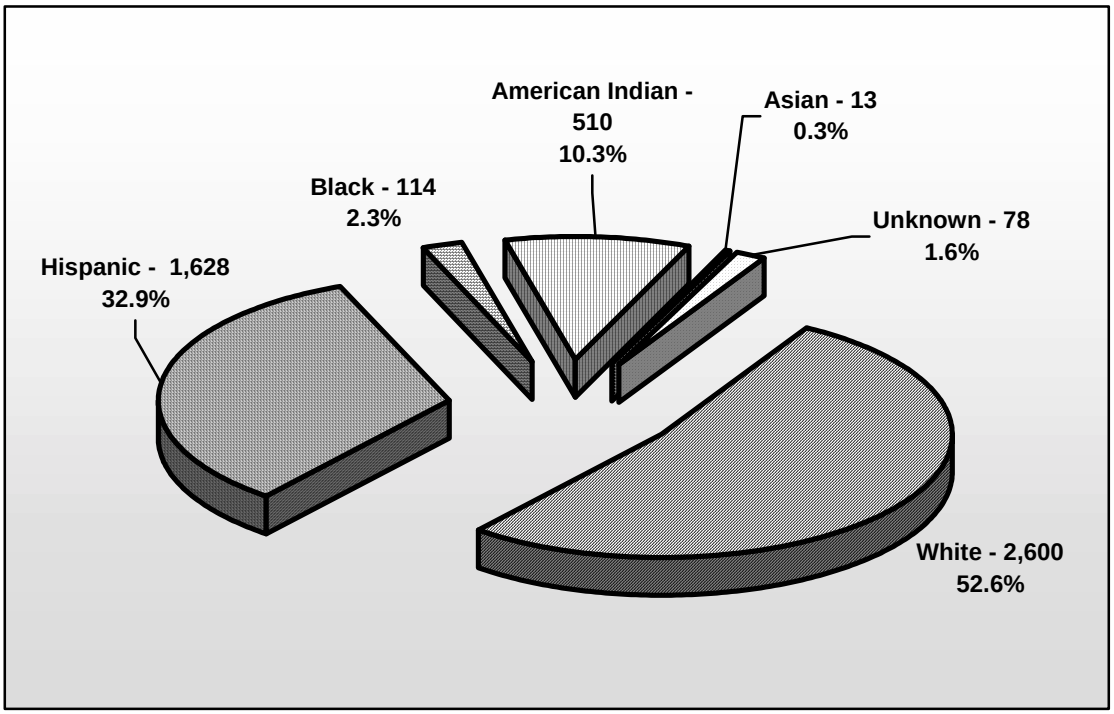


Figure 6 – Total Cases by Age and Gender – 2004

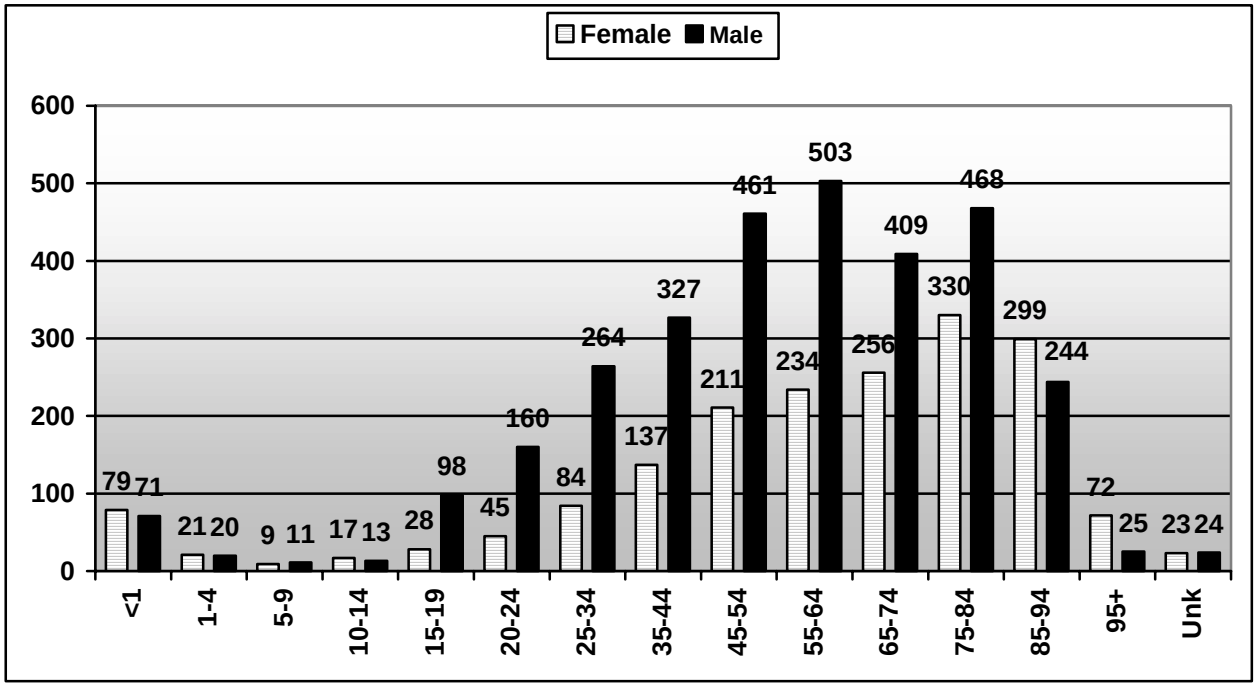


Table 1 – Total Cases – Autopsy Status – 2004
Autopsy Status -- 2004

	Manner of Death					
Autopsy	**Natural**	**Accident**	**Suicide**	**Homicide**	**Undetermined***	**Total**
Yes	615	733	281	190	130	**1,949**
No	2,251	588	75	3	77	**2,994**
Total	**2,866**	**1,321**	**356**	**193**	**207**	**4,943**

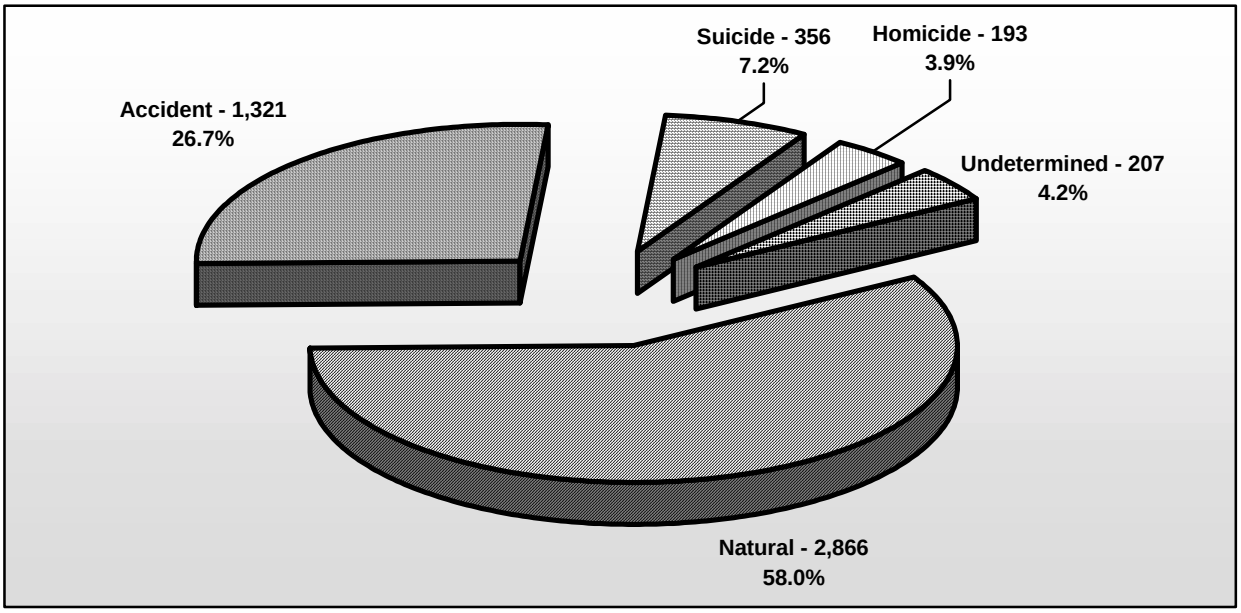
* 50 Uncoded, 2 Certified included in Undetermined

Table 2 – Total Cases – Case Distribution – 2004

		Autopsy			
Type of Case	**Manner of Death**	**Yes**	**No**	**Percent Autopsied**	**Total**
Medical Investigator	Natural	455	505	47.3%	960
	Accident	669	561	54.4%	1230
	Suicide	274	61	81.8%	335
	Homicide	169	3	98.2%	172
	Undetermined	112	52	68.3%.	164
	Subtotal	**1,679**	**1,182**	**58.7%**	**2,861**
Terminated Jurisdiction	Natural	0	1397	0.0%	1397
	Accident	0	0	0.0%	0
	Suicide	0	0	0.0%	0
	Homicide	0	0	0.0%	0
	Undetermined	0	1	0.0%	1
	Subtotal	**0**	**1,398**	**0.0%**	**1,398**
Reported Deaths		**1,679**	**2,580**		**4,259**
Consultation Cases	Natural	160	349	31.4%	509
	Accident	64	27	70.4%	91
	Suicide	7	14	33.3%	21
	Homicide	21	0	100%	21
	Undetermined	18	24	42.8%	42
	Subtotal	**270**	**414**	**39.4%**	**684**
Total		**1,949**	**2,994**		**4,943**

Cause and Manner of Death

Figure 7 – Total Cases – Manner of Death – 2004



In 2004, OMI investigated 4,943 deaths, representing 35% of the estimated total deaths in New Mexico in 2004. Of the deaths investigated by OMI in 2004:

The total number of deaths investigated represents a 4.6% decrease from the 2003 total, and a 14.2% increase since 1994.

The highest total number of deaths occurred in January and the fewest in March. More deaths occurred on Sunday than any other day of the week and the least number of deaths occurred on Tuesday.

The ratio of male to female deaths, when gender was clearly determined, was 1.69. Decedents classified as non-Hispanic white represented 52.6% of the total, Hispanic 32.9%, American Indian 10.3%, African American 2.3% and Asian 0.3%. The racial-ethic composition of New Mexico was listed in the 2000 census as: 45% non-Hispanic white, 42% Hispanic, 10% American Indian, 2% African American and 1% Asian.

Of all New Mexico counties, Bernalillo had the highest total number of deaths investigated (1,823). While natural deaths contributed the largest portion of OMI deaths investigated (58%), most natural deaths did not fall under the jurisdiction of OMI. Data presented regarding natural deaths should not be interpreted as representative of all natural deaths in New Mexico.

Figure 8 - Total Cases – Manner of Death –Ten Year Summary 1995 – 2004

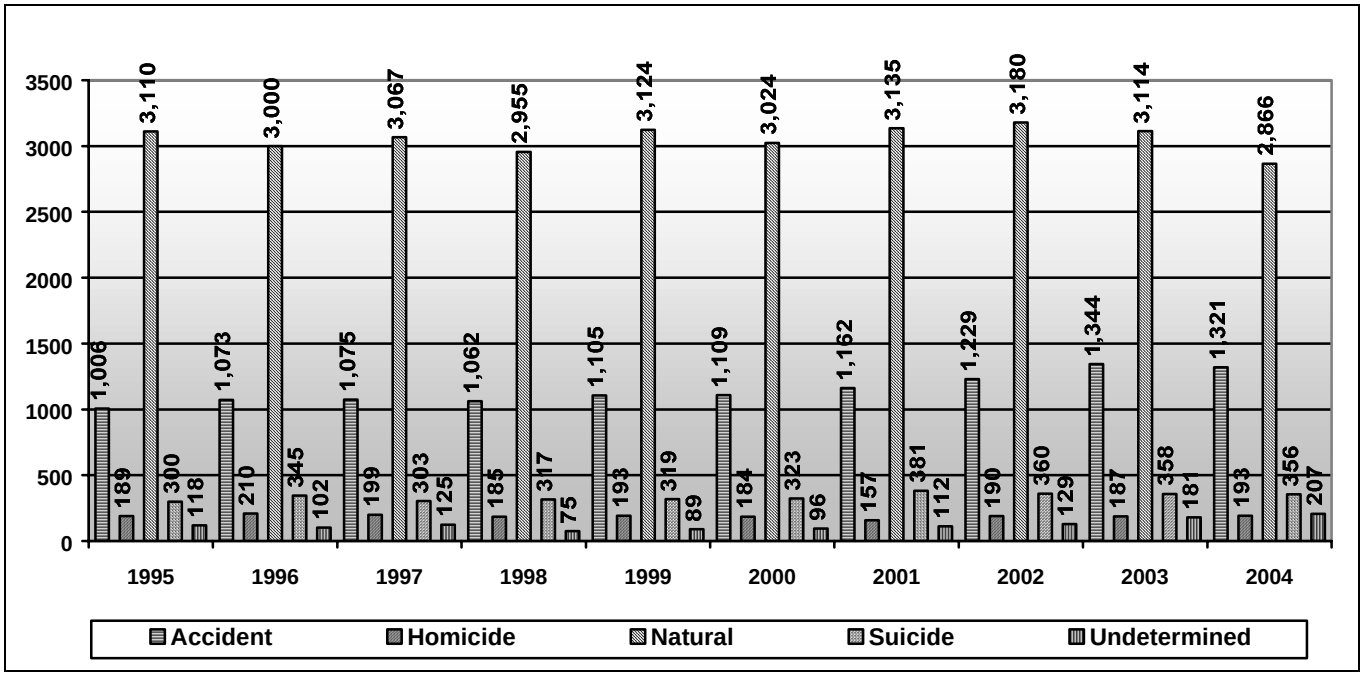


Table 3 - Total Cases – Manner of Death by Gender – 2004

Gender	Natural	Accident	Suicide	Homicide	Undetermined	Total
Female	1,150	485	68	51	71	**1,825**
Male	1,713	836	288	141	98	**3,076**
Unknown	3	0	0	1	38	**42**
Total	**2,866**	**1,321**	**356**	**193**	**207**	**4,943**

Table 4 - Total Cases – Manner of Death by Race / Ethnicity – 2004

Race / Ethnicity	Natural	Accident	Suicide	Homicide	Undetermined	Total
White	1,653	627	191	59	70	**2,600**
Hispanic	909	457	122	90	50	**1,628**
American Indian	208	198	34	29	41	**510**
Black	67	26	6	10	5	**114**
Asian	10	2	0	1	0	**13**
Unknown	19	11	3	4	41	**78**
Total	**2,866**	**1,321**	**356**	**193**	**207**	**4,943**

Table 5 - Total Cases – Manner of Death by Age 2004

Age at Death 2004

Gender	Age	Natural	Accidents		Suicide	Homicide	Undetermined	Total
			MVA*	non-MVA				
Female	<1	63	2	1	0	3	10	**79**
	1-4	9	4	5	0	3	0	**21**
	5-9	3	5	0	0	0	1	**9**
	10-14	2	8	3	1	2	1	**17**
	15-19	3	17	3	4	1	0	**28**
	20-24	3	15	7	5	9	6	**45**
	25-34	21	24	13	10	5	11	**84**
	35-44	38	20	41	14	11	13	**137**
	45-54	116	24	36	16	6	13	**211**
	55-64	177	15	21	11	3	7	**234**
	65-74	207	23	20	2	4	0	**256**
	75-84	249	14	57	3	2	5	**330**
	85-94	207	6	81	2	2	1	**299**
	95+	52	0	19	0	0	1	**72**
	Unknown	0	1	0	0	0	2	**3**
	Subtotals	**1,150**	**178**	**307**	**68**	**51**	**71**	**1,825**
Male	<1	63	1	0	0	3	4	**71**
	1-4	7	3	7	0	3	0	**20**
	5-9	3	6	2	0	0	0	**11**
	10-14	3	3	0	4	2	1	**13**
	15-19	5	37	10	30	11	5	**98**
	20-24	10	52	29	36	25	8	**160**
	25-34	37	65	54	56	39	13	**264**
	35-44	106	57	77	44	25	18	**327**
	45-54	226	55	93	47	20	20	**461**
	55-64	350	43	58	30	8	14	**503**
	65-74	330	27	24	18	4	6	**409**
	75-84	375	15	57	14	0	7	**468**
	85-94	177	4	53	8	1	1	**244**
	95+	20	0	4	1	0	0	**25**
	Unknown	1	0	0	0	0	1	**2**
	Subtotals	**1,713**	**368**	**468**	**288**	**141**	**98**	**3,076**
Unknown	0	3	0	0	0	1	38	**42**
Total		**2,866**	**546**	**775**	**356**	**193**	**207**	**4,943**

* Motor Vehicle Accidents

Table 6 – Total Cases – County of Injury – 2004

Manner of Death by County of Injury					
County of Injury	**Accident**	**Suicide**	**Homicide**	**Undetermined**	**Total**
Bernalillo	392	101	62	22	**577**
Catron	2	3	0	0	**5**
Chaves	39	17	8	2	**66**
Cibola	25	3	2	2	**32**
Colfax	9	7	0	0	**16**
Curry	15	5	11	3	**34**
De Baca	1	0	1	0	**2**
Dona Ana	80	26	8	7	**121**
Eddy	31	8	5	5	**49**
Grant	24	6	1	3	**34**
Guadalupe	15	0	0	0	**15**
Harding	0	1	1	0	**2**
Hidalgo	6	0	0	1	**7**
Lea	21	9	6	0	**36**
Lincoln	14	7	5	0	**26**
Los Alamos	5	3	1	0	**9**
Luna	22	7	4	2	**35**
McKinley	97	18	7	7	**129**
Mora	8	0	0	0	**8**
Otero	28	15	9	3	**55**
Quay	14	0	1	2	**17**
Rio Arriba	54	9	8	2	**73**
Roosevelt	7	3	1	0	**11**
San Juan	76	13	7	5	**101**
San Miguel	34	9	2	2	**47**
Sandoval	47	13	8	3	**71**
Santa Fe	73	29	6	2	**110**
Sierra	12	4	1	0	**17**
Socorro	20	6	1	3	**30**
Taos	29	7	6	0	**42**
Torrance	19	4	0	1	**24**
Union	4	1	1	0	**6**
Valencia	38	16	12	5	**71**
Non-Resident/Unk	60	6	8	125	**199**
Natural Deaths	0	0	0	0	**2,866**
Total	**1,321**	**356**	**193**	**207**	**4,943**

Figure 9 - Deaths by County of Injury – 2004
Includes Accidents, Suicides, Homicides and Undetermined Deaths

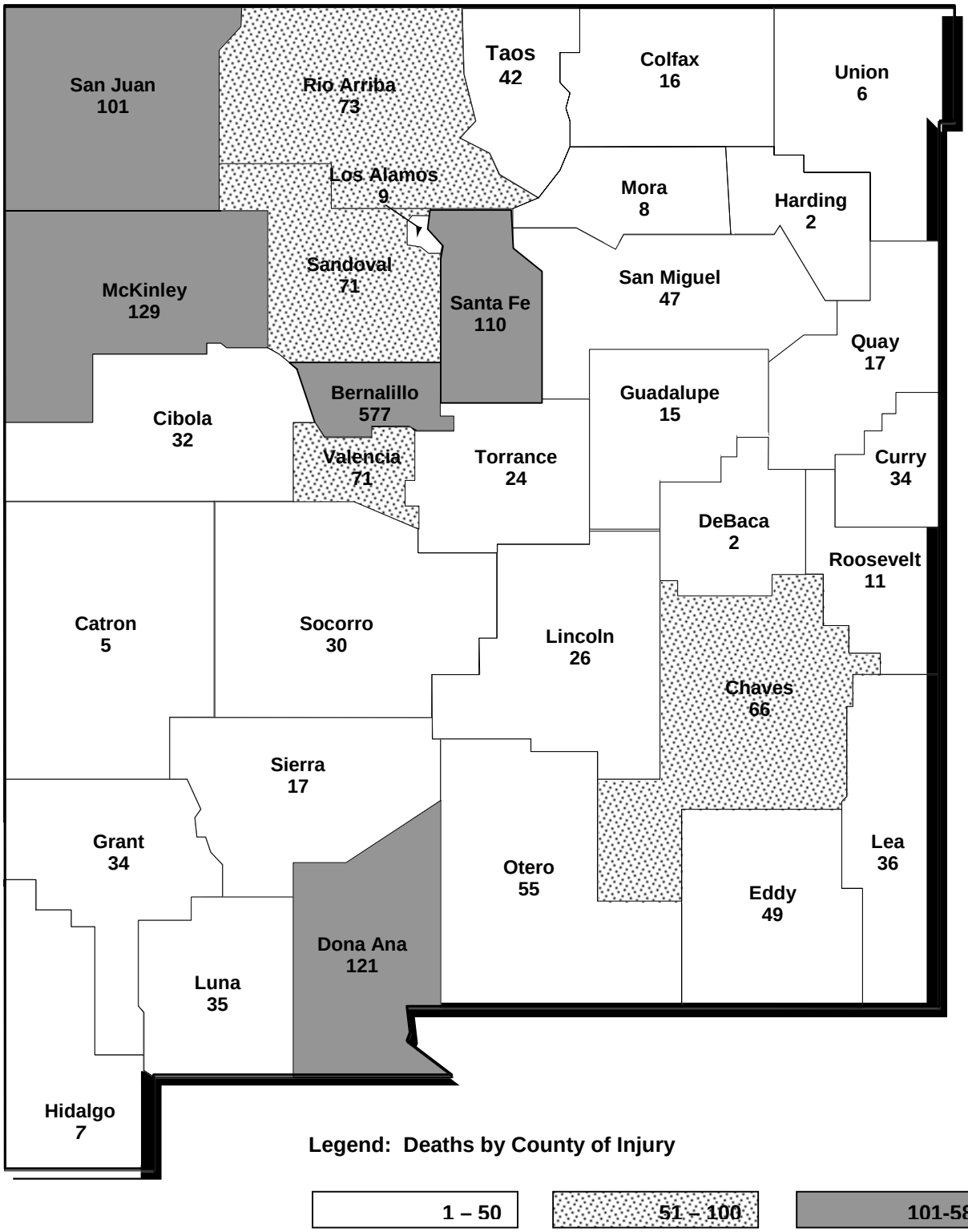


Table 7 – Total Cases – County of Residence – 2004

	Manner of Death by County of Residence					
County of Residence	**Natural**	**Accident**	**Suicide**	**Homicide**	**Undetermined**	**Total**
Bernalillo	815	390	105	53	63	**1,426**
Catron	19	3	2	0	0	**24**
Chaves	98	41	16	8	3	**166**
Cibola	47	21	2	3	3	**76**
Colfax	26	5	7	0	0	**38**
Curry	58	17	5	10	6	**96**
De Baca	4	1	0	1	0	**6**
Dona Ana	201	72	23	9	6	**311**
Eddy	56	27	8	6	9	**106**
Grant	113	22	6	4	4	**149**
Guadalupe	12	8	0	0	1	**21**
Harding	3	0	1	1	0	**5**
Hidalgo	15	1	0	0	1	**17**
Lea	79	17	8	6	0	**110**
Lincoln	19	14	6	5	1	**45**
Los Alamos	17	3	3	1	2	**26**
Luna	51	14	7	3	1	**76**
McKinley	95	62	16	6	12	**191**
Mora	4	5	0	0	2	**11**
Otero	91	20	15	9	5	**140**
Quay	16	8	0	1	3	**28**
Rio Arriba	77	52	10	9	9	**157**
Roosevelt	25	4	3	1	0	**33**
San Juan	107	76	14	7	14	**218**
San Miguel	72	33	7	2	3	**117**
Sandoval	105	36	10	7	7	**165**
Santa Fe	158	68	27	6	6	**265**
Sierra	71	8	4	1	0	**84**
Socorro	33	18	6	1	6	**64**
Taos	75	21	6	6	2	**110**
Torrance	27	13	3	0	1	**44**
Union	5	1	1	1	0	**8**
Valencia	110	42	18	12	11	**193**
Unknown/Out of State	**162**	**198**	**17**	**14**	**26**	**417**
Total	**2,866**	**1,321**	**356**	**193**	**207**	**4,943**

Figure 10 – Deaths by County of Residence
All Manners of Death

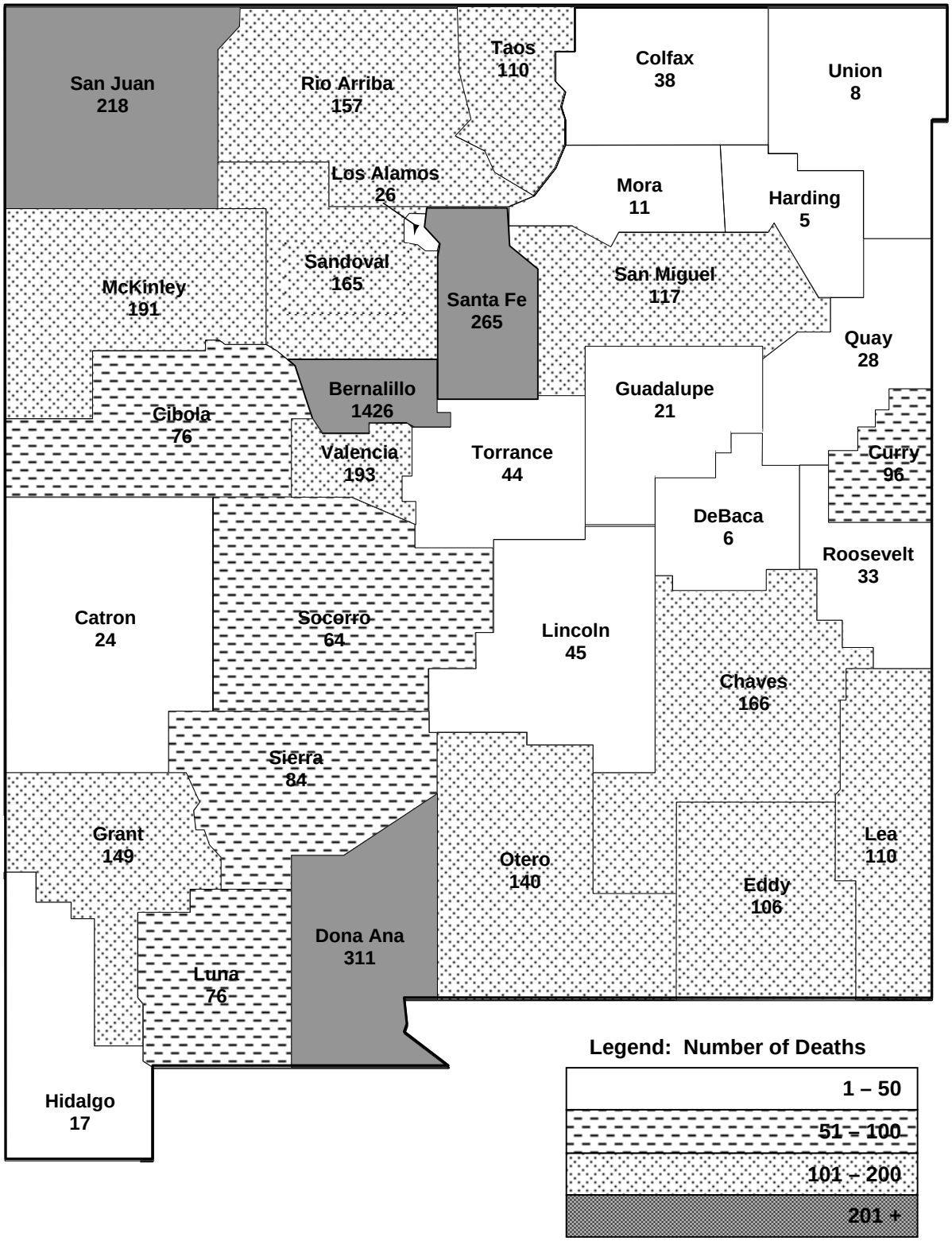


Table 8 – Overview – Cause of Death – 2004

by Highest Value

Natural Deaths Cause of Death	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Heart Disease	**1,310**	203	88	1,019
Carcinoma	**273**	25	11	237
Hypertension	**215**	77	38	100
Pneumonia	**147**	60	9	78
Chronic obstructive pulmonary disease	**142**	5	11	126
Ethanolism	**96**	51	10	35
Cerebrovascular	**85**	12	6	67
Natural-Other	**78**	33	1	44
Sepsis	**72**	32	2	38
Gastrointestinal hemorrhage	**66**	28	5	33
Alzheimers	**63**	2	1	60
Diabetes	**60**	16	1	43
Hepatic failure	**56**	7	3	46
Renal failure	**53**	5	3	45
Emboli	**45**	36	2	7
Respiratory Distress Syndrome	**36**	7	3	26
Intrauterine fetal death	**36**	17	0	19
Prematurity	**29**	4	0	25
Emphysema	**28**	2	0	26
Congenital defect	**24**	10	0	14
Sudden Infant Death Syndrome	**20**	20	0	0
Aneurysm	**19**	10	1	8
Epilepsy	**18**	16	1	1
Spontaneous hemorrhage	**11**	7	2	2
Parkinson's disease	**11**	0	1	10
Leukemia	**9**	0	0	9
Asthma	**8**	3	1	4
Obesity	**8**	2	2	4
Dehydration	**6**	4	1	1
Exsanguination	**6**	5	1	0
Subdural hematoma	**6**	2	1	3
Medical treatment	**5**	1	0	4
Blood disorders	**5**	1	1	3
Acquired Immune Deficiency Syndrome	**4**	1	0	3
Arthritis	**4**	0	0	4
Meningitis	**3**	2	0	1
Multiple organ failure	**2**	0	0	2
Tuberculosis	**2**	1	0	1
Pulmonary edema	**2**	0	0	2
Pathologic injuries	**2**	0	1	1
Pancreas	**2**	1	0	1
Maternal and fetal complications of birth	**2**	0	0	2
Malnutrition	**2**	0	0	2
History of illness or injury	**2**	0	1	1
Insanguination	**1**	1	0	0
Hodgkin's disease	**1**	0	1	0
Presumably natural disease	**1**	0	1	0
Amyotrophic lateral sclerosis	**1**	1	0	0
Obstruction (blockage)	**1**	0	0	1
Subtotal	**3,078**	**710**	**210**	**2,158**

Unnatural Deaths Cause of Death	Total Cases	Autopsy	Dictated External	Investigation/Field Examination
Multiple injuries	**592**	252	126	214
Substance intoxication	**299**	293	1	5
Gunshot wound	**292**	263	16	13
Head and neck injuries	**203**	91	49	63
Hanging	**78**	52	8	18
Asphyxia	**57**	49	5	3
Stab wound	**42**	41	1	0
Drowning	**33**	32	0	1
Carbon monoxide intoxication	**32**	20	9	3
Exposure	**26**	25	1	0
Ethanol (alcohol) intoxication	**15**	14	1	0
Thermal injuries (burns)	**12**	4	8	0
Unnatural – Other	**11**	6	3	2
Aspiration	**7**	5	1	1
Electrocution	**1**	0	1	0
Child abuse	**1**	1	0	0
Subtotal	**1,701**	**1,148**	**230**	**323**
Undetermined Deaths				
Undetermined after autopsy and/or toxicology	**27**	25	0	2
Skeletal/mummified remains	**13**	12	1	0
Undetermined-specify	**4**	4	0	0
Certification for record purposes only	**2**	0	0	2
Cremains	**1**	0	1	0
Subtotal	**47**	**41**	**2**	**4**
Uncertifiable Cases				
Consult Request Withdrawn	**39**	6	0	33
Non-human remains	**20**	0	0	20
Skeletal remains – Ancient	**8**	3	0	5
Uncoded	**50**	43	0	7
Subtotal	**117**	**52**	**0**	**65**
Total	**4,943**	**1,951**	**442**	**2,550**

Cause of Death Summary

Five manners of death are used to classify deaths at OMI: Natural, accident, homicide, suicide and undetermined. Deaths are further classified by the actual cause of death, as presented in Table 8. Causes of death, sorted by natural, unnatural, undetermined, and uncertifiable deaths are listed in descending order of occurrence in 2004. As this table lists death by cause, rather than manner, the total number of natural deaths in this table (3,078) is not the same as the total number of natural deaths by manner (2,866) in Table 1. In some cases, the manner of death may be accidental or suicide, but the cause itself may be classified as natural. In a very small percentage of the cases (44/4943, 0.9%), neither the manner nor cause of death could be determined, even after extensive investigation, autopsy, and toxicological testing. In uncertifiable cases, the request for an autopsy was withdrawn, ancient skeletal remains were discovered, or OMI investigators were contacted about remains that were subsequently identified as animal in origin. Fifty of these uncertified cases (listed as "uncoded") were still pending

results at the time of publication, but will be coded once all toxicology, microbiology and other types of tests are completed and analyzed.

The remainder of the annual report will present information on specific manners of death (natural, accidental, homicide, suicide and undetermined) as well as certain categories of deaths investigated by OMI, including deaths of children, ethanol (alcohol) related deaths, and drug involved deaths. Ten-year summaries will be followed by presentations of the current cases by race/ethnicity, and age/gender, then a breakdown by method of death and county of residence.

Overview – Manner of Death – Natural Deaths

Figure 11 – Natural Deaths – 1995 – 2004

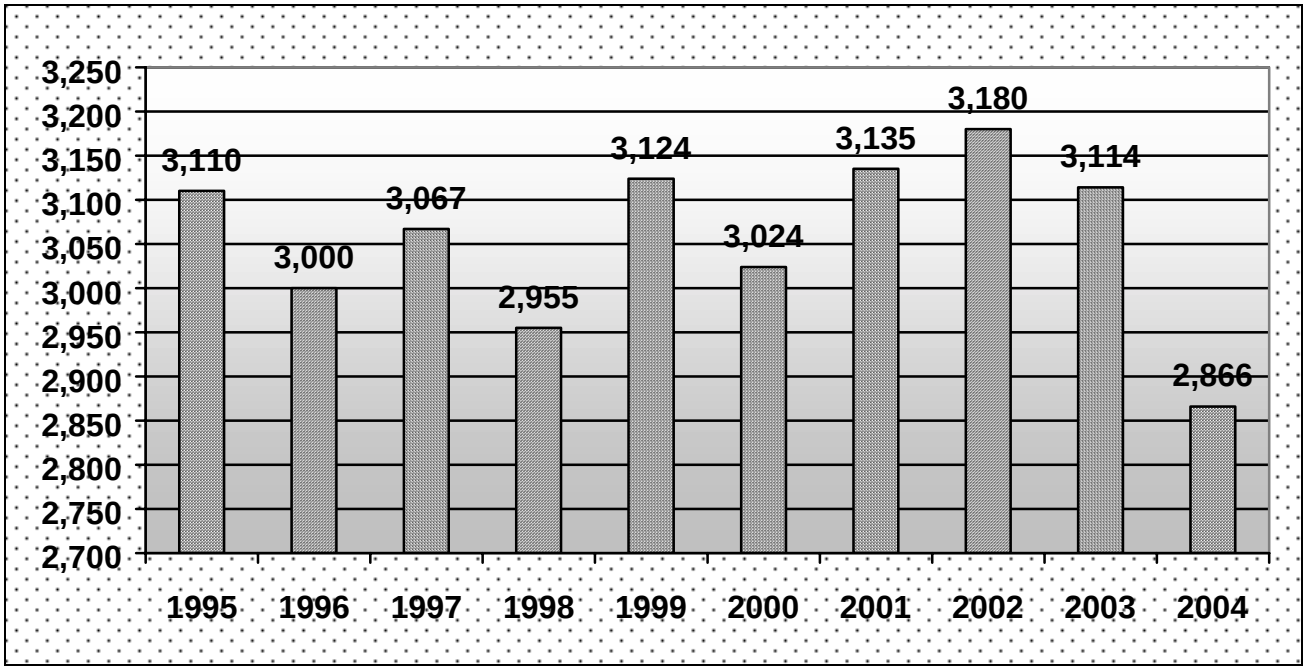


Figure 12 - Natural Deaths by Race/Ethnicity – 2004

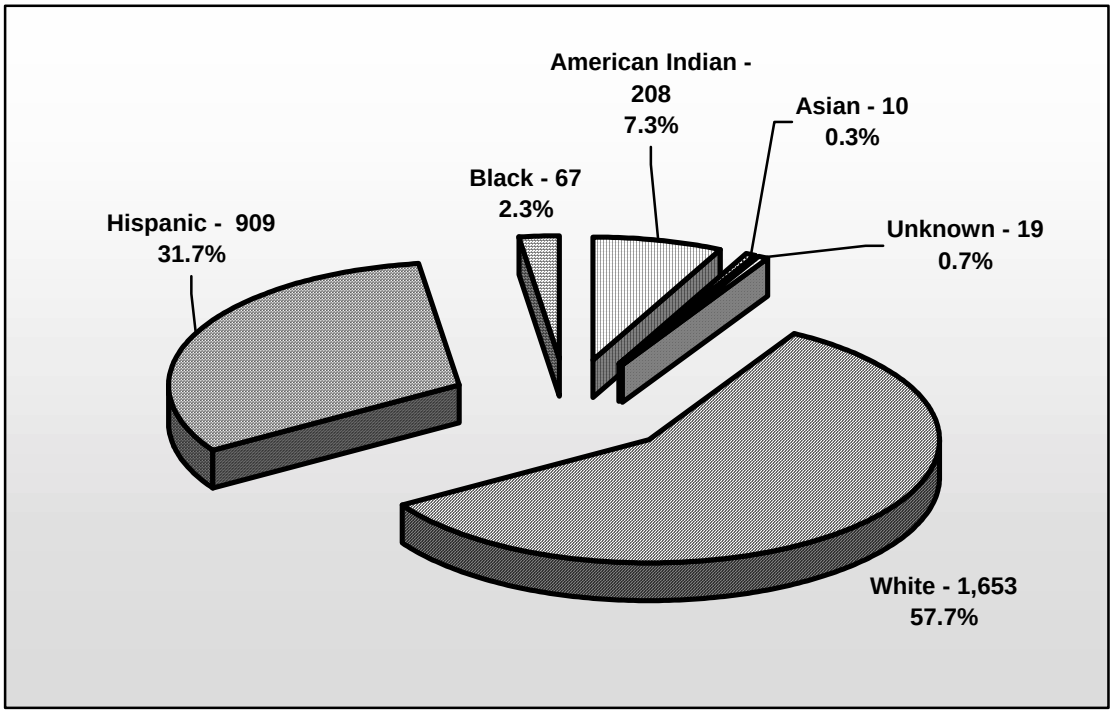
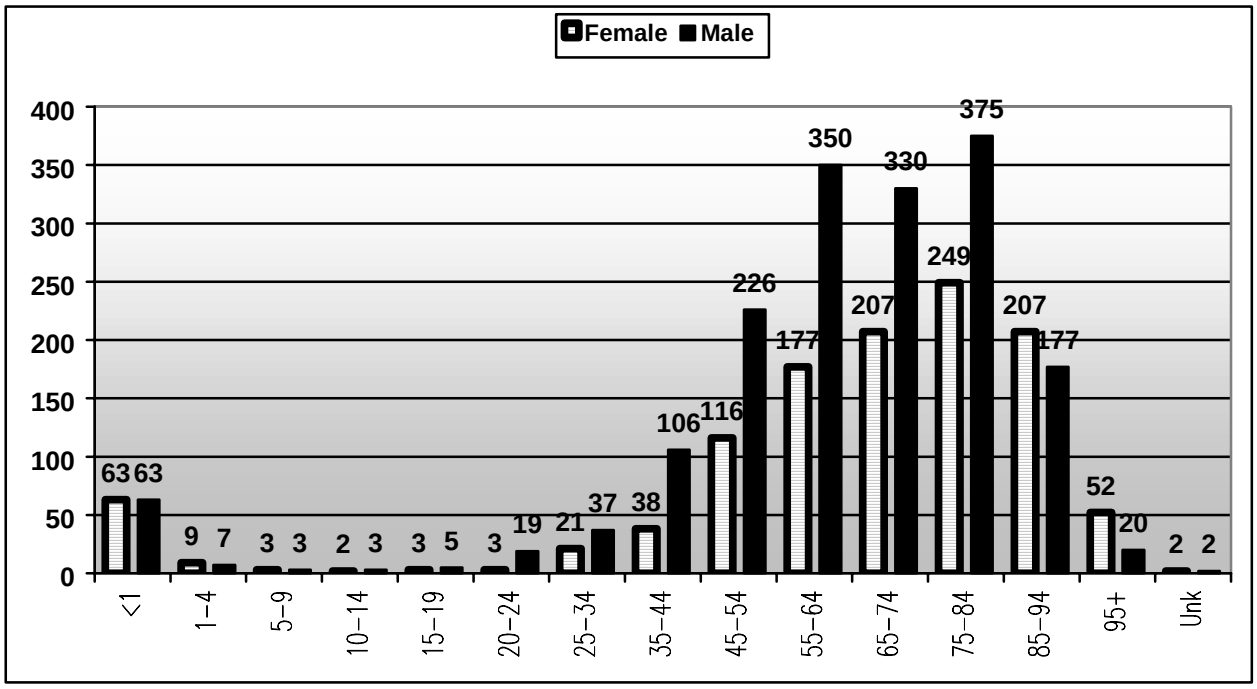


Figure 13 - Natural Deaths by Age and Gender – 2004



Natural Deaths – Summary

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. However, 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.

Overview – Manner of Death – Accidental Deaths

Figure 14 - Accidental Deaths – 1995 – 2004

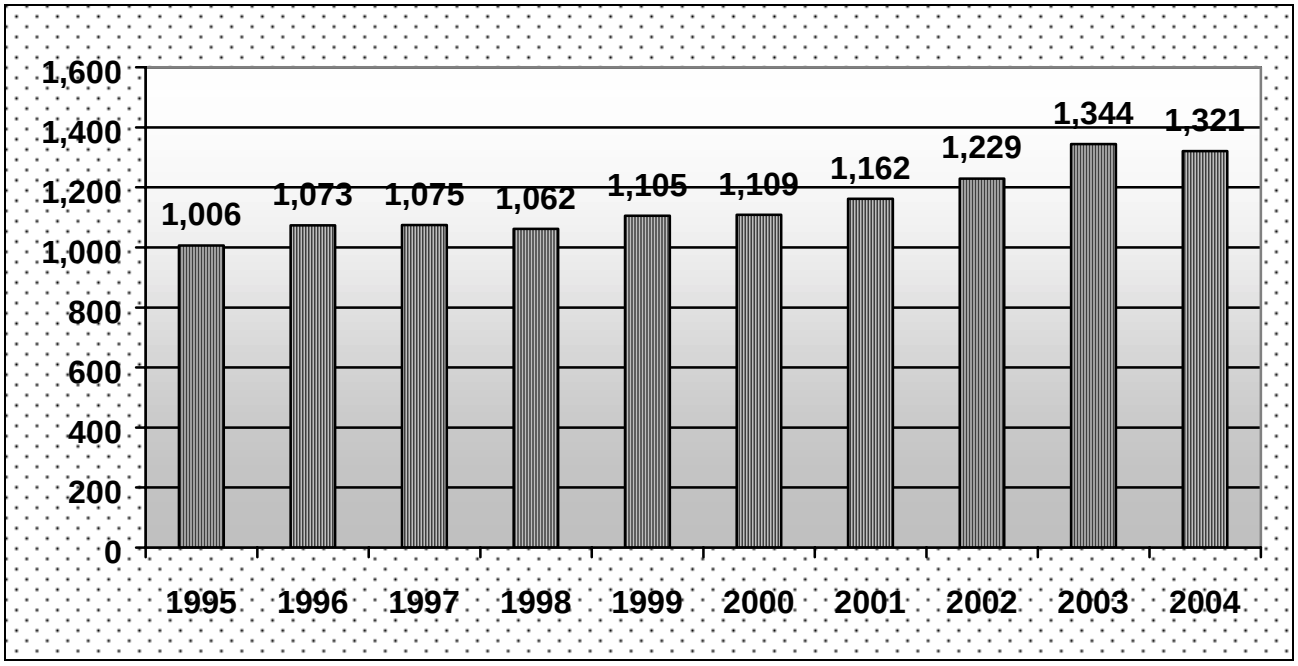


Figure 15 - Accidental Deaths by Race/Ethnicity – 2004

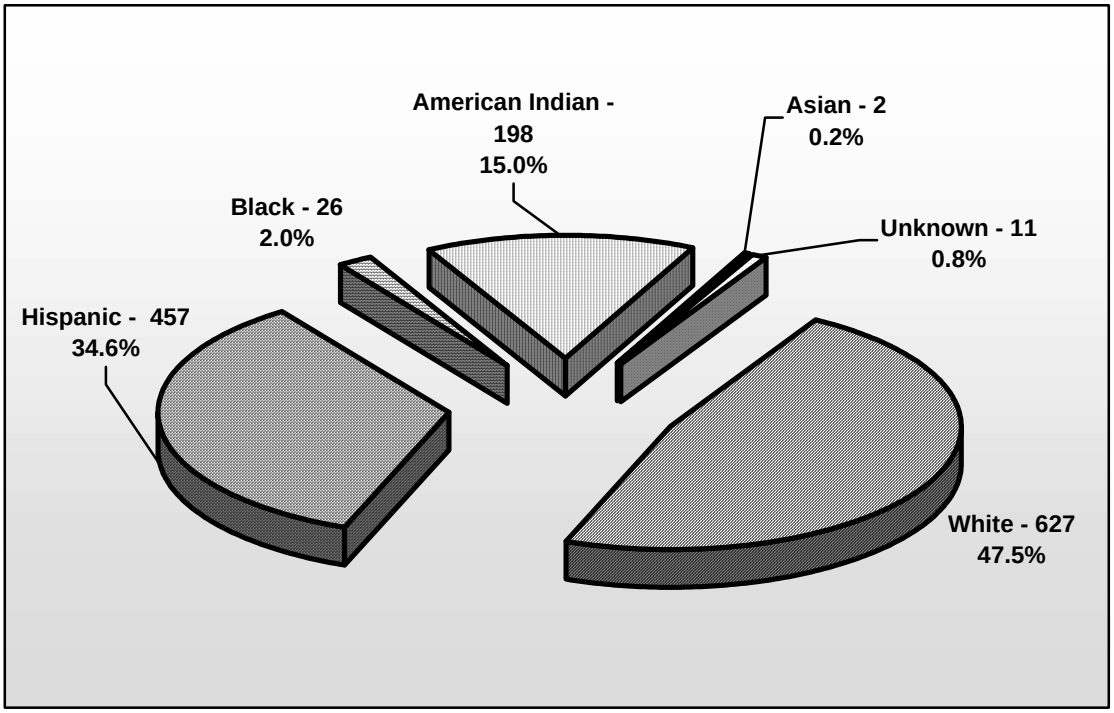


Figure 16 - Accidental Deaths by Age and Gender – 2004

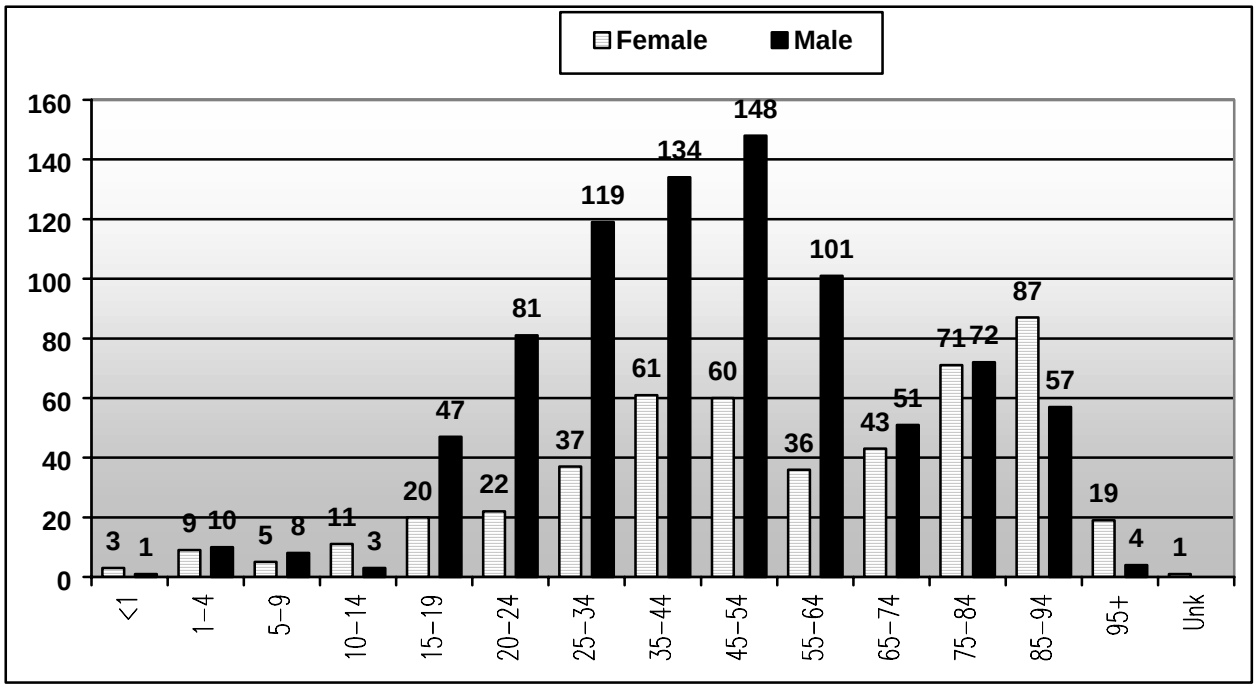


Table 9 - Accidental Deaths – Method – 2004

Method of Death	Total Cases	Autopsied	Dictated External	Investigation Field Exam
Fall from standing height	**254**	24	79	151
Ingested and/or injected illict drug(s)	**168**	164	2	2
Ingested and/or injected prescription medications	**98**	94	1	3
Driver of auto in collision	**96**	51	19	26
Driver of auto that left roadway	**74**	43	13	18
Passenger in auto in collision	**71**	37	18	16
Pedestrian struck by motor vehicle	**63**	34	16	13
Passenger in auto that left roadway	**54**	32	10	12
Fall from height	**51**	13	13	25
Exposure to cold or heat	**29**	28	0	1
Accident – Other	**28**	14	7	7
Drowned in (non-recreational water accidents)	**27**	24	2	1
Driver of motorcycle that left roadway	**27**	7	7	13
Ingested alcohol (ethanol)	**26**	25	1	0
Driver of pickup in collison with another motor vehicle	**22**	10	3	9
Passenger in pickup that left roadway	**21**	14	3	4
Victim of fire	**21**	10	10	1

Method of Death	Total Cases	Autopsied	Dictated External	Investigation Field Exam
Driver of pickup that left roadway	**18**	7	5	6
Driver of auto in collision with fixed object	**18**	8	2	8
Driver of motorcycle in collision with another motor vehicle	**15**	8	2	5
Choked on foreign object	**14**	8	3	3
Passenger in pickup in collision with (motor vehicle type)	**13**	6	2	5
Driver of truck that left roadway	**11**	8	0	3
Crushed/suffocated	**9**	7	0	2
Passenger in auto in collision with fixed object	**8**	3	1	4
Pilot of aircraft that crashed	**7**	6	0	1
Inhaled toxic agent. Inhation was accidental.	**6**	5	1	0
Driver of truck in collision	**5**	4	0	1
Passenger in truck in collision	**5**	3	0	2
Farm or Industrial machinery accident	**5**	4	1	0
Cyclist struck by motor vehicle	**4**	1	1	2
Pedestrian struck by non-motor vechicle	**4**	2	1	1
Passenger in pickup in collision with fixed object	**4**	2	1	1
Passenger on motorcycle	**4**	0	3	1
Medical treatment	**4**	2	0	2
Drowned while swimming (recreational and rescue attempts)	**4**	4	0	0
Accidental ligature strangulation	**3**	2	1	0
Fell/thrown from (horse, brahma bull, other riding animal)	**3**	1	2	0
Cyclist non-motor vehicle accident	**3**	2	0	1
Driver of pickup in collision with fixed object	**3**	3	0	0
Bitten/mauled/stung/kicked by animal	**2**	2	0	0
Cut self with sharp instrument	**2**	2	0	0
Passenger in motor vehicle struck by train	**2**	1	1	0
Accidental discharge of firearm	**2**	2	0	0
Driver of motor vehicle struck by train	**2**	1	1	0
Inhaled toxic agent. Substance abuse	**2**	2	0	0
Struck by flying/falling object	**1**	1	0	0
Contacted electrical current	**1**	0	1	0
Passenger who fell from moving motor vehicle	**1**	0	1	0
Passenger on motorcycle in collision with motor vehicle	**1**	0	0	1
Passenger in truck in collision with fixed object	**1**	1	0	0
Non-collision motor vehicle accident	**1**	0	0	1
Driver of truck in collision with fixed object	**1**	0	0	1
Motor vehicle accident, etiology unknown	**1**	0	0	1
Passenger in truck that left roadway	**1**	1	0	0
Total	**1,321**	**733**	**234**	**354**

Table 10 - Accidental Deaths – County of Injury – 1995 – 2004

County of Injury	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Bernalillo	251	261	277	311	292	284	318	359	406	392
Catron	7	4	2	4	4	7	5	3	6	2
Chaves	26	29	43	28	43	30	36	29	42	39
Cibola	19	31	23	19	23	37	16	19	27	25
Colfax	7	13	7	6	8	16	18	12	23	9
Curry	14	15	10	19	15	16	13	13	15	15
De Baca	2	2	4	2	4	2	2	5	3	1
Dona Ana	58	49	67	47	53	52	56	54	62	80
Eddy	33	18	21	38	19	29	22	27	31	31
Grant	16	18	18	17	13	17	9	18	23	24
Guadalupe	11	18	28	17	7	7	14	17	8	15
Harding	1	2	1		1	1	1	2	1	
Hidalgo	6	5	10	9	5	7	9	10	2	6
Lea	17	26	15	16	23	21	24	20	29	21
Lincoln	15	12	18	21	13	11	21	31	14	14
Los Alamos	4	3	6	2	4	6	9	6	10	5
Luna	16	16	30	17	20	15	23	18	25	22
McKinley	50	60	67	66	64	78	57	71	73	97
Mora	7	12	6	2	8	7	4	4	5	8
Otero	29	20	25	12	20	25	24	25	31	28
Quay	8	20	24	8	20	13	13	18	26	14
Rio Arriba	54	55	50	44	67	57	37	54	46	54
Roosevelt	6	4	6	14	6	6	7	9	8	7
San Juan	57	77	56	70	57	61	76	85	79	76
San Miguel	25	26	17	30	16	20	19	26	31	34
Sandoval	40	35	29	29	37	34	39	33	42	47
Santa Fe	56	68	50	63	89	84	72	89	78	73
Sierra	18	14	15	12	16	12	13	15	16	12
Socorro	13	20	16	21	18	17	27	13	18	20
Taos	21	30	19	21	16	21	38	30	26	29
Torrance	27	11	12	9	17	16	19	12	20	19
Union	3	1	2	6	4	3	16	4	3	4
Valencia	35	28	42	32	42	39	35	33	45	38
Out of State / Unknown	54	70	59	50	61	58	70	66	71	61
Totals	**1,006**	**1,073**	**1,075**	**1,062**	**1,105**	**1,109**	**1,162**	**1,229**	**1,344**	**1,321**

Table 11 - Accidental Deaths – County of Pronouncement – 1995 – 2004

County of Pronouncement	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Bernalillo	336	356	373	393	385	387	415	442	505	495
Catron	6	4	2	4	4	7	4	2	6	2
Chaves	28	29	40	26	41	28	36	27	42	39
Cibola	18	25	18	17	20	27	11	20	20	14
Colfax	4	14	6	6	7	16	15	12	20	9
Curry	14	16	15	20	18	24	17	14	17	18
De Baca	2	3	5	1	4	0	1	5	3	0
Dona Ana	60	52	65	53	54	50	58	53	62	82
Eddy	31	19	19	36	20	27	24	28	30	30
Grant	17	19	15	17	11	18	14	13	24	23
Guadalupe	9	17	25	15	6	5	12	14	6	14
Harding	0	0	0	0	0	1	1	2	1	0
Hidalgo	5	4	9	8	5	7	10	9	2	6
Lea	17	25	16	17	22	21	24	20	29	21
Lincoln	14	10	15	20	12	10	19	23	12	13
Los Alamos	2	2	5	0	4	8	9	4	8	4
Luna	13	12	24	15	20	15	17	17	25	23
McKinley	44	58	59	55	59	60	50	65	73	82
Mora	6	8	3	2	6	5	2	1	4	8
Otero	27	18	22	11	16	24	20	25	30	28
Quay	7	18	19	8	17	12	10	17	24	13
Rio Arriba	47	45	50	40	57	49	30	54	40	50
Roosevelt	6	3	4	11	7	2	4	8	8	6
San Juan	63	84	61	75	61	68	90	89	78	86
San Miguel	24	24	19	27	13	17	18	24	26	26
Sandoval	33	23	21	24	23	21	21	27	24	28
Santa Fe	63	69	45	61	91	83	80	93	87	78
Sierra	12	9	11	7	13	11	13	13	14	9
Socorro	10	16	13	16	18	17	23	11	15	14
Taos	17	23	18	20	14	17	33	24	19	26
Torrance	24	7	11	9	11	13	16	9	9	12
Union	3	1	2	6	4	3	15	4	3	2
Valencia	18	20	31	19	31	23	19	21	34	29
Out of State / Unknown	26	40	34	23	31	33	31	39	44	31
Totals	**1,006**	**1,073**	**1,075**	**1,062**	**1,105**	**1,109**	**1,162**	**1,229**	**1,344**	**1,321**

Accidental Deaths – Summary

Accidental deaths accounted for 27% of the deaths investigated by OMI in 2004, second only to natural deaths (58% of OMI-investigated deaths) as a manner of death. This total is similar to that from 2003, where accidental deaths contributed 26% of the total. The highest number of accidental deaths was in males 45-54 years of age, older than the most commonly affected group in 2003, males aged 35-44 years. Motor vehicle accidents were the most common cause of accidental deaths, with motor vehicles involved in 41.3% of all accidental deaths.

Overview – Manner of Death – Suicide Deaths

Figure 17 - Suicide Deaths – 1995 – 2004

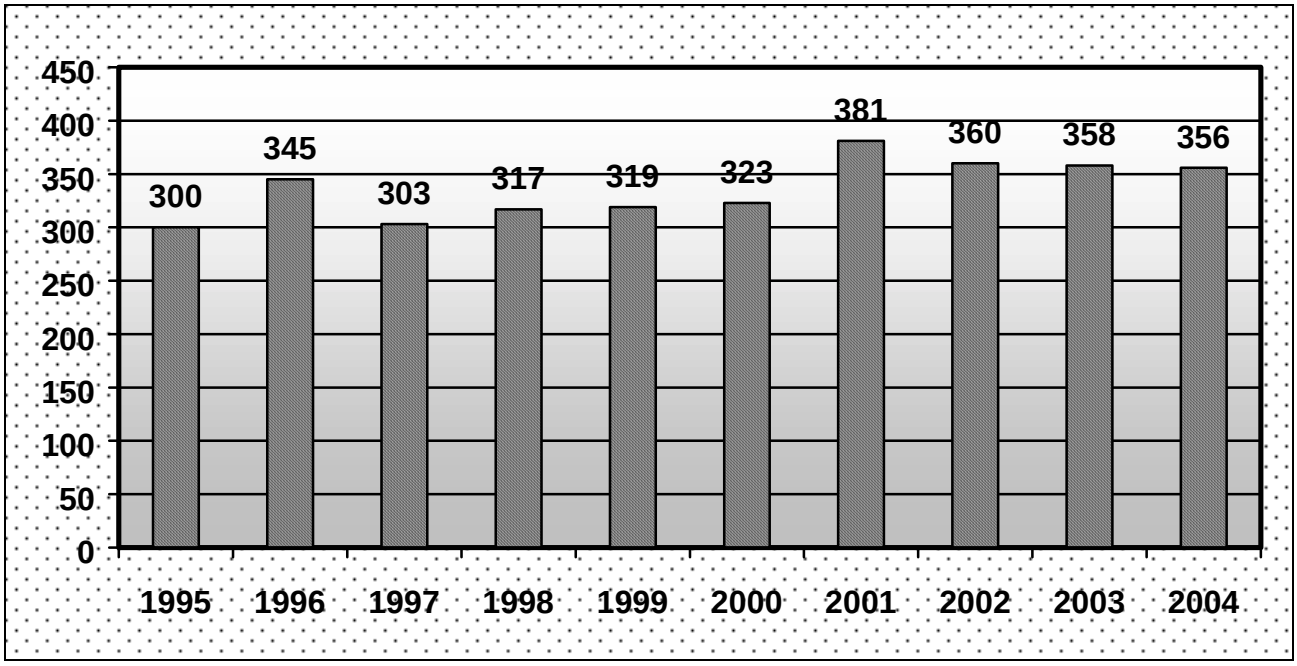


Figure 18 - Suicide Deaths by Race / Ethnicity – 2004

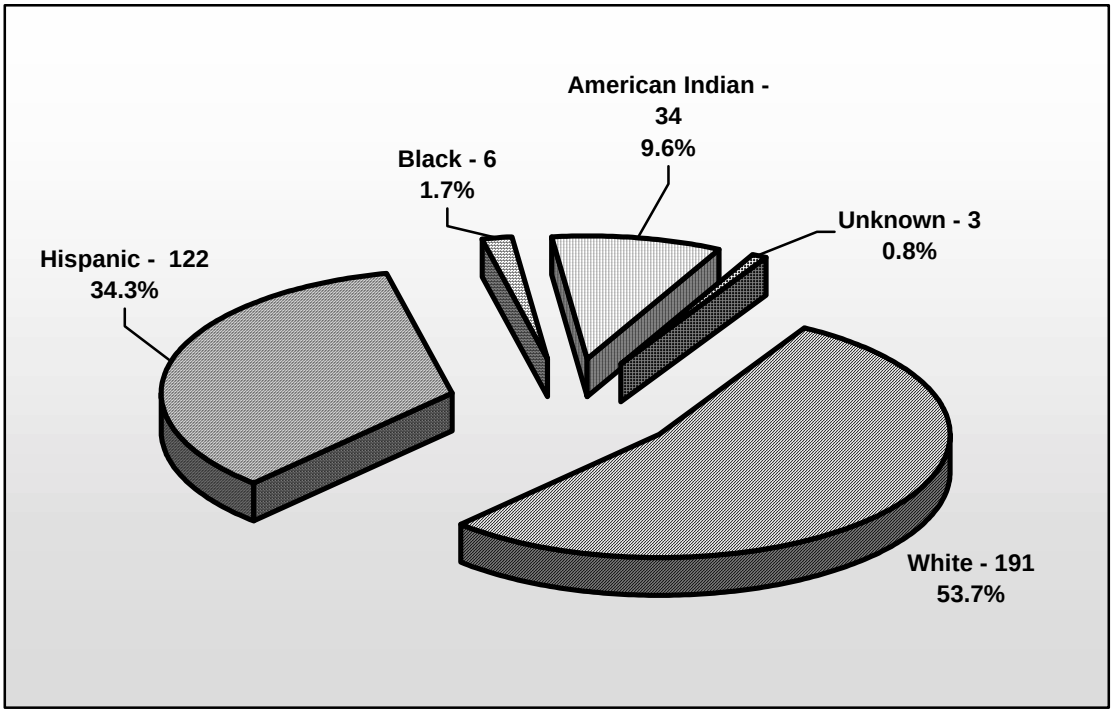


Figure 19 - Suicide Deaths by Age and Gender – 2004

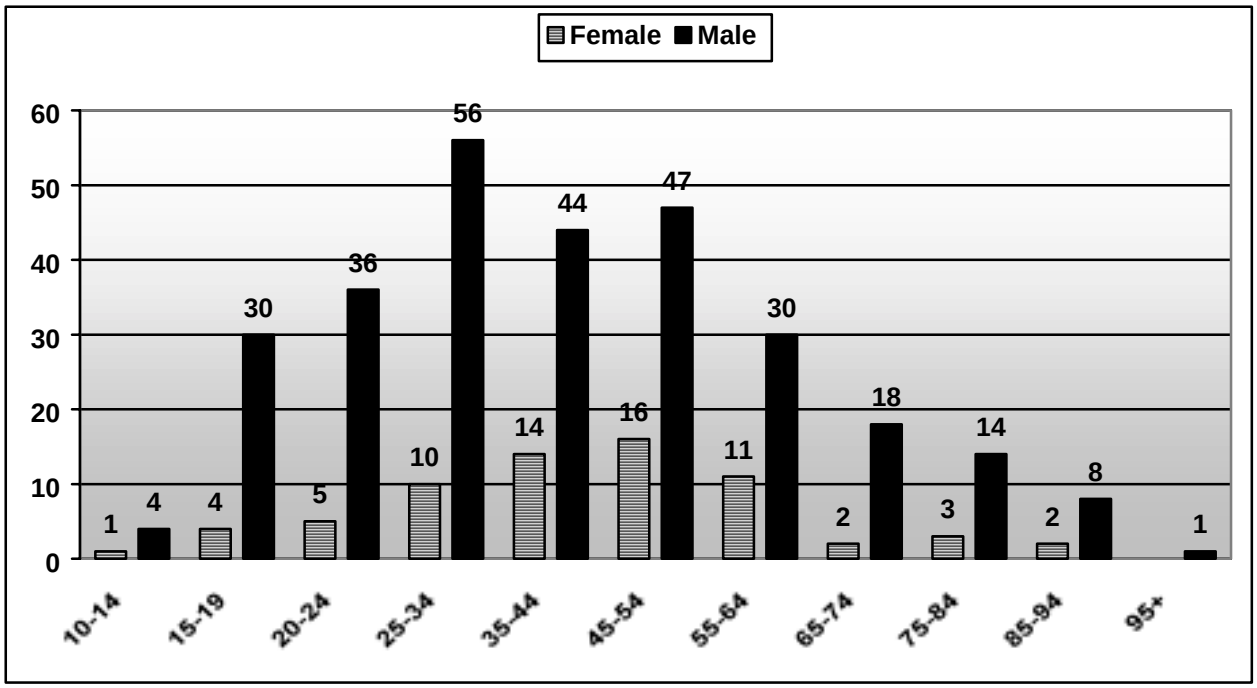


Figure 20 - Suicide Deaths by Month – 2004

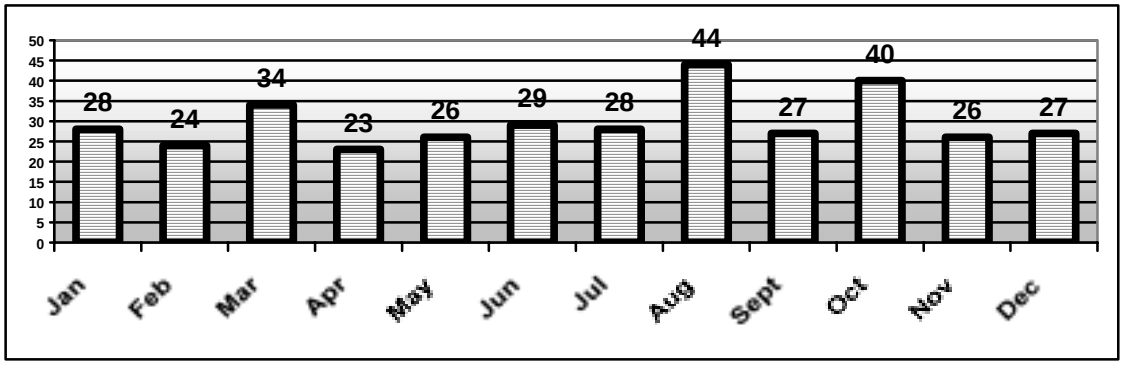


Figure 21 – Suicide Deaths by Day of the Week – 2004

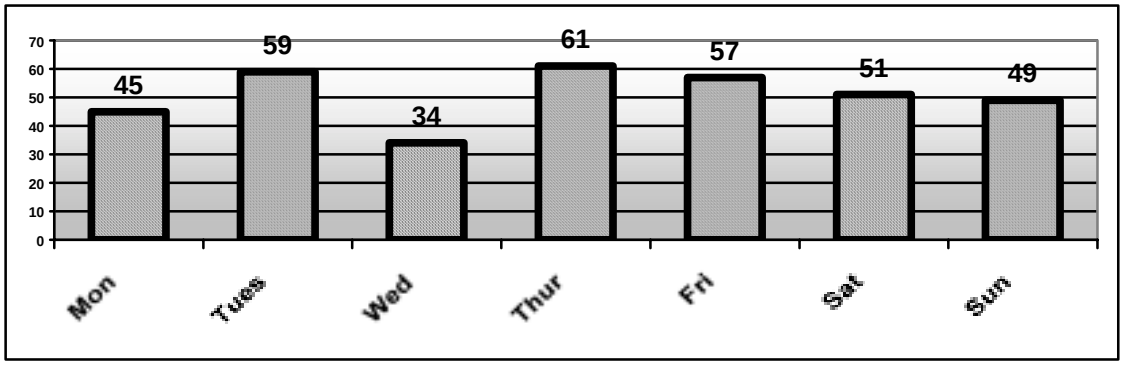


Table 12 – Suicide Deaths by County of Injury – 2004

County of Injury	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Bernalillo	101	113	87	101	96	99	124	112	107	101
Catron	1	3	2	1	1	1	1	2	1	3
Chaves	17	9	9	5	14	13	14	10	17	17
Cibola	4	2	7	5	1	1	8	4	5	3
Colfax	2	9	0	2	5	4	4	6	4	7
Curry	6	8	3	11	6	4	7	3	6	5
De Baca	1	0	2	0	1	1	2	2	0	0
Dona Ana	22	21	18	25	20	30	23	27	13	26
Eddy	7	12	12	8	8	7	5	13	9	8
Grant	5	7	9	5	9	5	4	7	9	6
Guadalupe	1	0	2	1	0	0	2	1	0	0
Harding	0	1	0	0	0	0	2	0	0	1
Hidalgo	2	0	0	1	2	1	2	1	0	0
Lea	7	6	5	6	8	7	9	7	11	9
Lincoln	6	5	6	9	11	7	6	10	3	7
Los Alamos	2	5	2	1	3	0	4	0	3	3
Luna	5	5	12	1	8	3	5	11	9	7
McKinley	9	13	12	14	15	12	15	9	16	18
Mora	0	0	2	1	0	2	4	1	4	0
Otero	15	8	6	4	9	13	13	13	14	15
Quay	2	2	0	1	4	2	5	0	3	0
Rio Arriba	4	11	14	10	10	9	11	11	12	9
Roosevelt	1	2	1	2	2	4	2	2	0	3
San Juan	12	12	13	17	15	20	19	19	19	13
San Miguel	6	4	5	5	5	6	13	8	11	9
Sandoval	14	10	10	16	11	15	14	15	7	13
Santa Fe	27	34	24	28	22	26	22	26	35	29
Sierra	4	10	10	6	7	7	5	6	4	4
Socorro	1	4	4	5	0	3	7	5	4	6
Taos	4	7	5	5	2	5	6	9	5	7
Torrance	2	8	6	3	3	4	6	5	3	4
Union	0	0	1	0	0	0	0	0	0	1
Valencia	7	8	9	10	12	5	10	11	11	16
Out of State / Unknown	3	6	5	8	9	7	7	4	13	6
Totals	**300**	**345**	**303**	**317**	**319**	**323**	**381**	**360**	**358**	**356**

Table 13 – Suicide Deaths by County of Pronouncement – 2004

County of Pronouncement	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Bernalillo	109	122	92	114	106	108	129	120	119	105
Catron	1	3	2	1	1	1	1	2	1	3
Chaves	17	9	9	6	13	13	14	10	16	17
Cibola	3	2	7	5	1	1	8	3	4	2
Colfax	2	9	0	1	5	4	4	6	3	7
Curry	6	8	3	12	6	4	7	3	6	5
De Baca	1	0	2	0	1	1	2	2	0	0
Dona Ana	23	21	18	24	20	29	23	27	13	26
Eddy	7	12	13	7	8	7	5	13	9	8
Grant	6	7	9	5	9	5	4	6	9	6
Guadalupe	1	0	2	1	0	0	2	1	0	0
Harding	0	1	0	0	0	0	2	0	0	1
Hidalgo	1	0	0	1	2	1	2	1	0	0
Lea	7	6	5	6	8	7	9	7	11	8
Lincoln	6	5	6	8	12	7	6	10	3	7
Los Alamos	2	4	1	1	3	0	4	0	2	3
Luna	5	5	12	1	8	3	5	10	9	7
McKinley	8	12	12	14	15	12	13	9	14	19
Mora	0	0	2	2	0	2	4	1	4	0
Otero	14	6	5	2	6	13	12	13	14	15
Quay	2	2	0	1	4	2	5	0	3	0
Rio Arriba	3	11	14	9	7	9	10	10	11	9
Roosevelt	1	2	1	2	2	4	2	2	0	3
San Juan	13	12	13	17	15	21	20	20	19	13
San Miguel	5	4	5	5	5	5	12	7	10	9
Sandoval	13	8	10	13	11	12	12	15	6	12
Santa Fe	27	34	24	28	22	24	24	26	35	29
Sierra	3	10	9	4	7	6	5	6	4	4
Socorro	1	4	4	3	0	3	6	5	4	6
Taos	4	7	5	5	2	5	6	8	5	6
Torrance	2	6	6	3	3	4	6	5	2	4
Union	0	0	1	0	0	0	0	0	0	1
Valencia	5	8	7	9	9	6	10	7	9	16
Out of State / Unknown	2	5	4	7	8	4	7	5	13	5
Totals	**300**	**345**	**303**	**317**	**319**	**323**	**381**	**360**	**358**	**356**

Table 14 - Suicide Deaths – Method – 2004

Method	Total Cases	Autopsied	Dictated External	Investigator Field Exam
Shot self with firearm	**195**	166	16	13
Hanged self	**78**	51	8	19
Ingested or injected medication	**36**	35	1	0
Inhaled toxic substance	**11**	5	4	2
Ingested, injected or inhaled non-prescription medication	**9**	9	0	0
Suffocated self	**7**	4	2	1
Suicide as pedestrian	**5**	1	2	2
Stabbed self	**3**	2	1	0
Slashed	**3**	3	0	0
Driver of motor vehicle	**3**	1	0	2
Suicide-Other	**2**	2	0	0
Jumped from height	**2**	1	1	0
Burned self	**2**	1	1	0
Total	**356**	**281**	**36**	**39**

Suicide Deaths – Summary

New Mexico's suicide rate is consistently higher than the national average, comprising 2.5% of all deaths in New Mexico in 2002 compared to 1.3% of all deaths in the U.S. during that same year. The rate in 2002 was 19 per 100,000 people, compared to a rate of 10.6 per 100,000 people in the rest of the U.S. (2002 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health). The rate continues to be high for 2004, with an estimate of 19.2 per 100,000 people.

Deaths from suicide in 2004 occurred most frequently among non-Hispanic whites (53.7%) and males (80.9%). More men between the ages of 25 and 34 years (15.7% of all suicides) and women between the ages of 45 and 54 (4.5%) committed suicide than other age group by gender. More people committed suicide on Thursday (61/356, 17%) than any other day of the week, whereas last year Sunday had the most suicides. As in 2003, more suicides occurred in August than any other month (44/356, 12.4%). The fewest occurred in April (23/356, 6.5%). The total number of suicides decreased slightly from 2003 (0.6%), and the number of firearm-related suicides decreased 6.3%.

Overview – Manner of Death – Homicide Deaths

Figure 22 - Homicide Deaths – 1995 – 2004

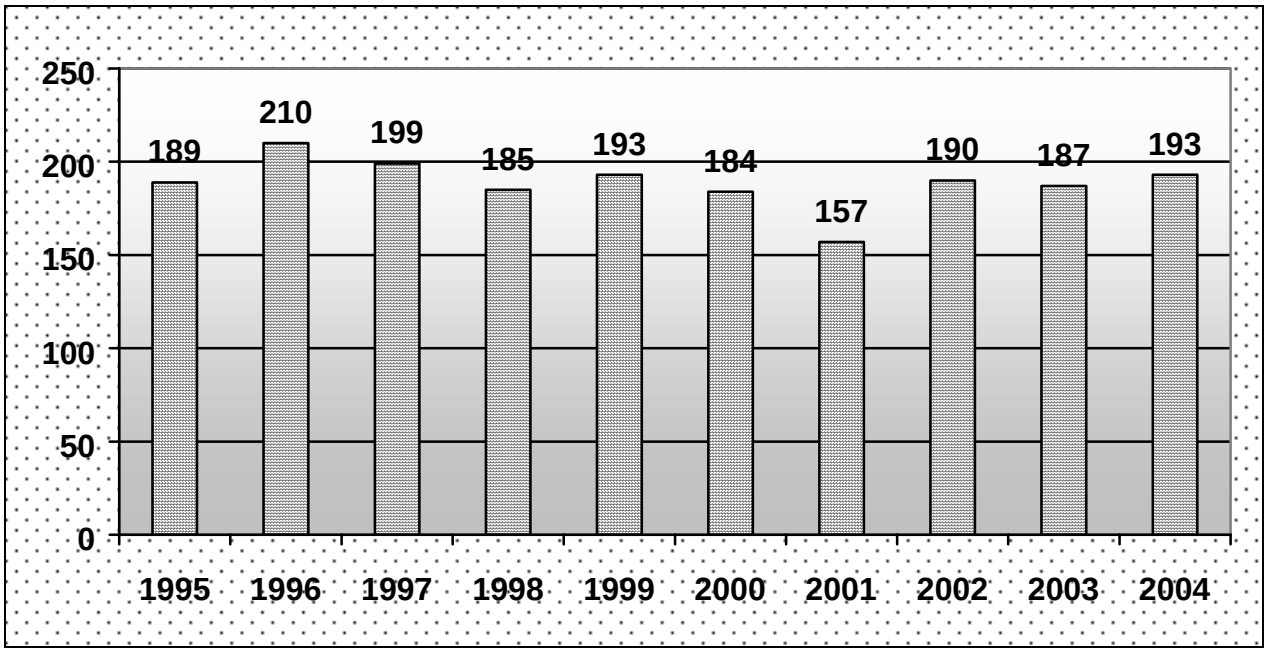


Figure 23 - Homicide Deaths by Race / Ethnicity – 2004

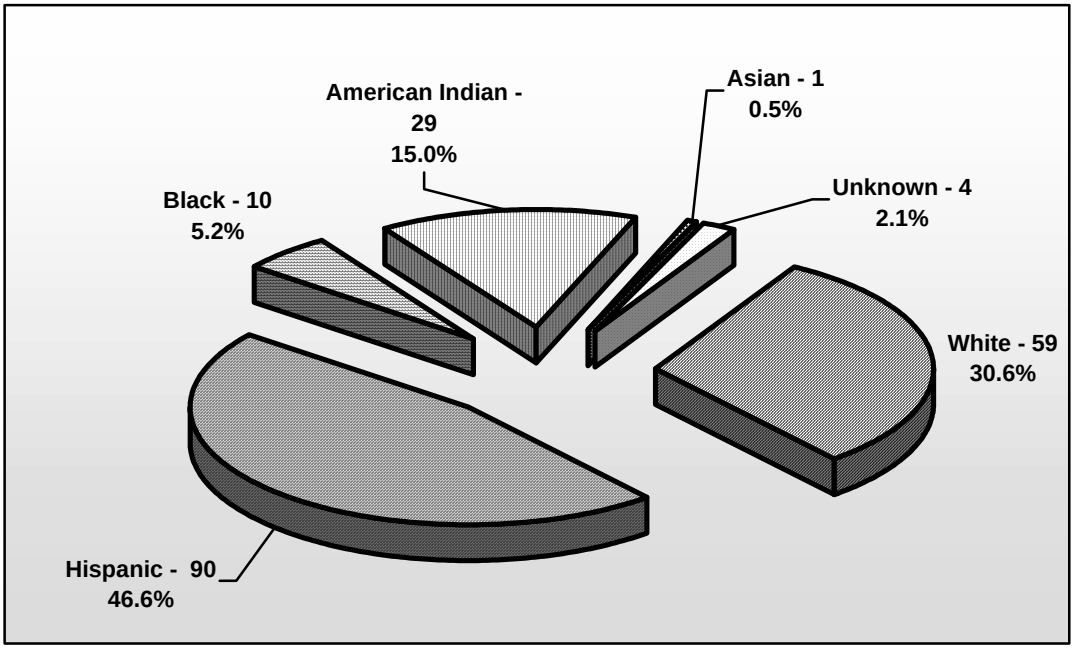


Figure 24 - Homicide Deaths by Age and Gender – 2004

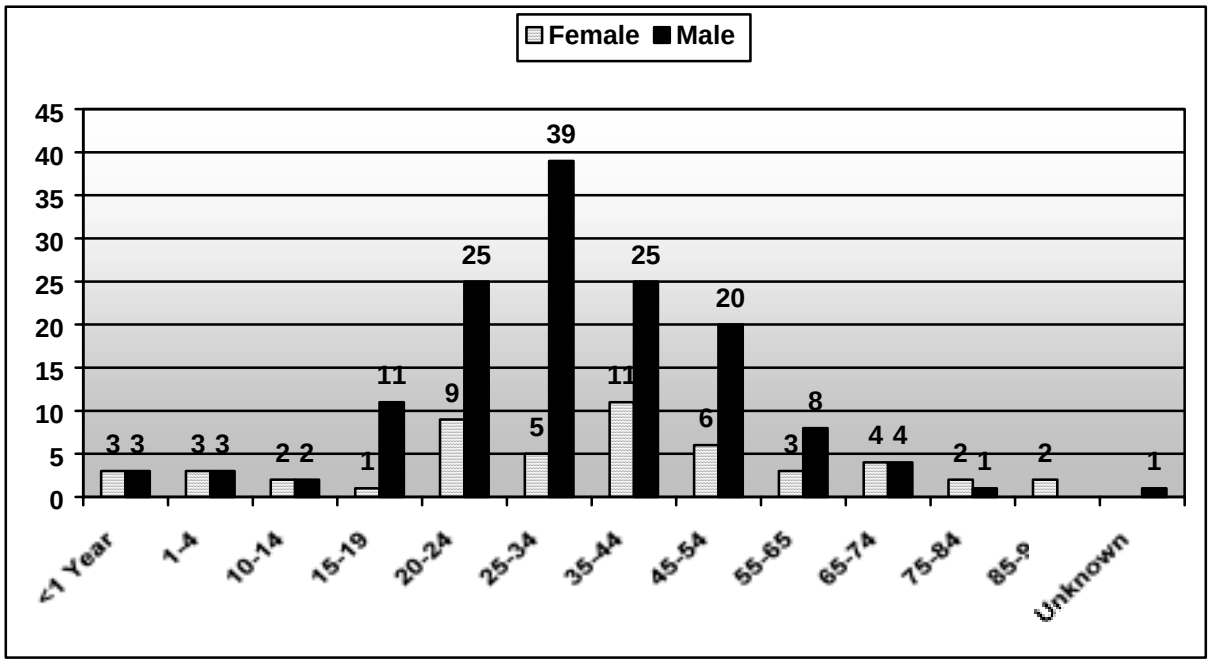


Table 15 - Homicide Deaths – Method – 2004

Method	Total Cases	Autopsied	Dictated External	Investigator Field Exam
Shot by assailant(s) with firearm	**88**	88	0	0
Stabbed by assailant(s)	**36**	36	0	0
Beaten by assailant(s)	**35**	34	0	1
Homicide - Other	**11**	10	0	1
Strangled by assailant(s)	**10**	10	0	0
Pedestrian homicide	**4**	4	0	0
Assaulted (unknown)	**4**	3	0	1
Victim of intentionally set fire	**2**	2	0	0
Neglect/Starvation	**2**	2	0	0
Victim of drowning	**1**	1	0	0
Total	**193**	**190**	**0**	**3**

Table 16 - Homicide Deaths – County of Injury – 2004

County of Injury	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Bernalillo	82	78	61	59	71	55	46	66	64	62
Catron	0	1	3	1	1	0	0	2	1	0
Chaves	8	13	13	5	8	15	6	9	6	8
Cibola	3	2	2	2	3	1	6	2	4	2
Colfax	1	0	0	1	0	0	0	2	3	0
Curry	3	2	3	3	4	1	5	5	5	11
De Baca	0	1	0	0	0	0	0	0	0	1
Dona Ana	9	6	10	15	14	11	9	9	6	8
Eddy	0	5	5	3	6	9	2	6	4	5
Grant	4	4	3	4	2	2	2	2	3	1
Guadalupe	0	0	2	2	2	0	0	0	2	0
Harding	0	0	0	0	0	0	0	0	0	1
Hidalgo	1	0	0	0	1	0	0	0	0	0
Lea	5	3	8	5	9	7	6	5	7	6
Lincoln	0	2	3	1	2	1	1	1	0	5
Los Alamos	0	0	1	0	0	0	0	0	0	1
Luna	2	2	5	2	3	2	0	5	3	4
McKinley	9	10	9	11	6	4	14	11	8	7
Mora	1	2	1	0	0	0	0	1	0	0
Otero	3	1	3	3	3	4	1	4	5	9
Quay	1	0	0	1	2	1	0	0	0	1
Rio Arriba	7	5	4	10	6	5	4	4	8	8
Roosevelt	0	1	0	1	1	0	1	1	0	1
San Juan	5	15	9	13	7	7	8	6	8	7
San Miguel	1	2	6	4	2	11	3	6	7	2
Sandoval	2	8	4	5	6	8	3	6	5	8
Santa Fe	11	10	10	11	11	12	9	6	5	6
Sierra	2	0	1	3	0	1	7	1	1	1
Socorro	3	3	2	1	0	1	2	2	3	1
Taos	3	0	1	3	5	4		4	7	6
Torrance	3	4	0	2	1	1	1	1	2	
Union	0	0	0	0	0	0	0	0	2	1
Valencia	4	7	5	5	5	10	5	3	4	12
Unknown / Out of State	16	23	25	9	12	11	16	20	14	8
Totals	**189**	**210**	**199**	**185**	**193**	**184**	**157**	**190**	**187**	**193**

Table 17 - Homicide Deaths – County of Pronouncement – 2004

County of Pronouncement	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Bernalillo	95	94	72	69	80	70	55	72	72	74
Catron	0	3	3	1	1	0	0	1	1	0
Chaves	7	13	13	4	8	13	4	9	6	9
Cibola	3	2	1	1	3	0	8	2	3	1
Colfax	1	0		1	0	0	0	2	3	0
Curry	3	2	3	3	4	2	6	6	5	10
De Baca	0	1	0	0	0	0	0	0	0	1
Dona Ana	8	6	9	17	13	11	7	7	5	6
Eddy	0	5	3	2	6	10	2	6	4	4
Grant	4	4	3	5	3	2	2	2	3	0
Guadalupe	0	0	2	2	2	0	0	0	2	0
Harding	0	0	0	0	0	0	0	0	0	1
Hidalgo	1	0	0	0	1	0	0	0	0	0
Lea	5	2	8	5	9	7	5	4	7	5
Lincoln	0	1	3	1	2	1	1	3	0	6
Los Alamos	0	0	1	0	0		1	0	0	1
Luna	2	2	7	2	3	2	1	6	3	2
McKinley	7	9	10	11	6	3	10	11	7	6
Mora	0	2	0	0	0	0	0	1	0	0
Otero	2	0	2	3	2	3	1	3	4	8
Quay	1	0	0	1	1	1	0	0	0	1
Rio Arriba	6	4	4	11	6	4	4	4	8	7
Roosevelt	0	1	0	0	1	0	0	0	0	2
San Juan	7	16	11	12	7	9	9	7	9	7
San Miguel	2	3	5	3	2	8	1	6	7	2
Sandoval	3	6	3	4	5	7	2	4	5	7
Santa Fe	12	10	12	10	11	12	8	5	5	7
Sierra	1	0	0	3	0	1	7	1	0	1
Socorro	3	2	2	1	0	1	2	1	2	1
Taos	2	0	1	2	5	4	0	4	7	5
Torrance	2	4	0	2	2	0	1	1	1	0
Union	0	0	0	0	0	0	0	0	1	1
Valencia	3	5	3	4	4	8	7	3	5	7
Out of State / Unknown	9	13	18	5	6	5	13	19	12	11
Totals	**189**	**210**	**199**	**185**	**193**	**184**	**157**	**190**	**187**	**193**

Homicide Deaths – Summary

Homicides increased by 3.2% from 2003 to 2004. Homicide victims were most frequently male (73.1%) and Hispanic (46.6%). As with suicide rates, homicide rates in New Mexico tend to be higher than the national rate, 8.5 per 100,000 in 2002 compared to a national rate of 5.9 per 100,000 (2002 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health). Firearms were frequently involved in homicides, totaling 45.6% of all homicides.

Working with the New Mexico Department of Health (DOH) Injury Epidemiology Unit, OMI received funding in 2004 to participate in the Centers for Disease Control and Prevention's National Violent Death Reporting System (NVDRS). DOH and OMI work with law enforcement agencies throughout the state and crime laboratories to collect data on all violent deaths in the state, including homicides and suicides. No identifying information is included, but the information collected will help health officials recognize trends in violent deaths throughout the state and identify areas where intervention would be most likely to be successful.

Overview – Manner of Death – Undetermined Deaths

Figure 25 - Undetermined Deaths – 1995 – 2004

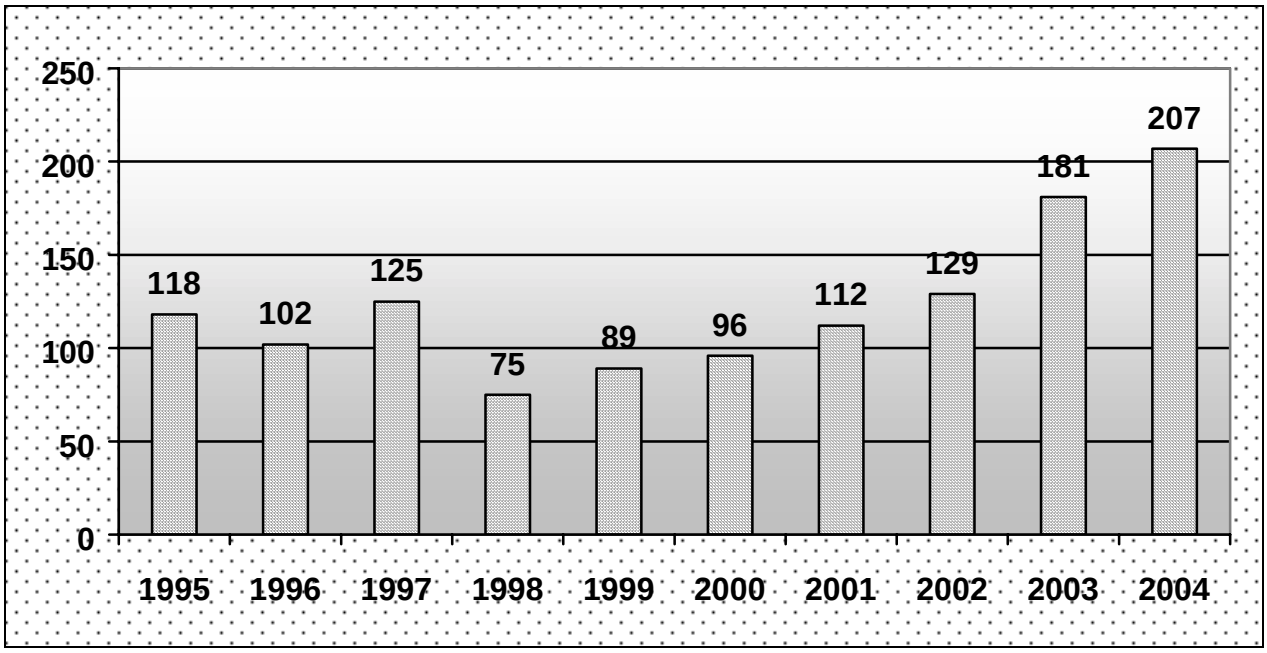


Figure 26 - Undetermined Deaths by Race / Ethnicity – 2004

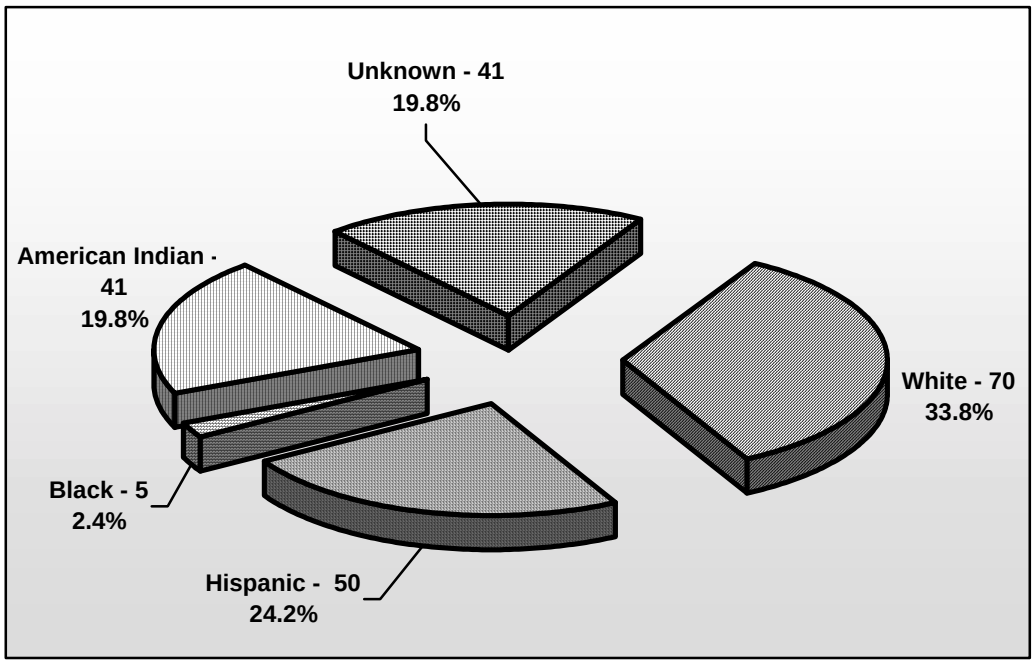
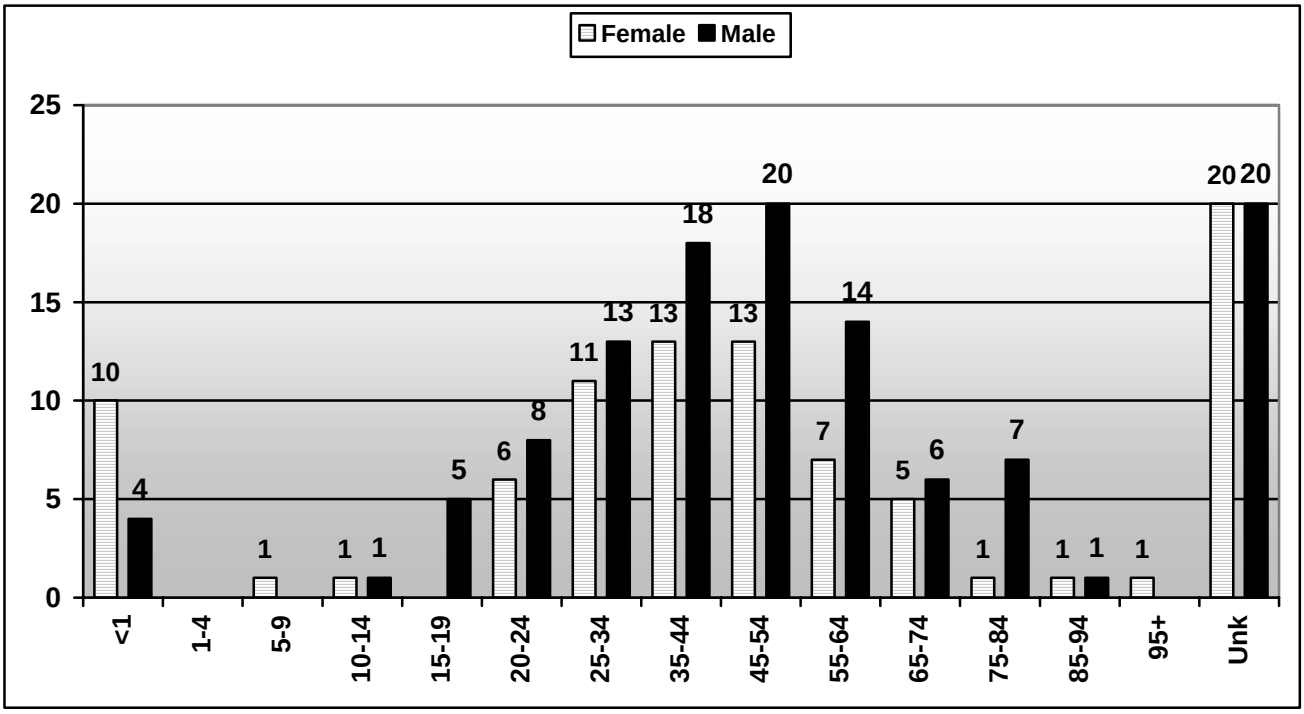


Figure 27 - Undetermined Deaths by Age and Gender – 2004

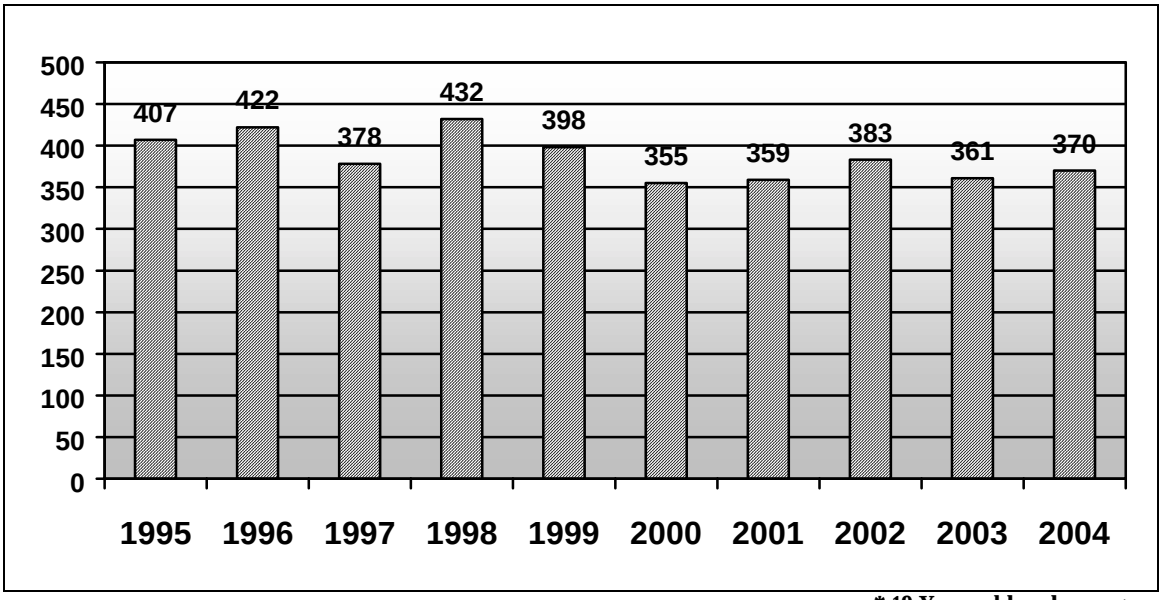


Undetermined Deaths – Summary

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 (1.5% in 2003, 0.9% in 2004) 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.

Deaths of Children (19 Years of Age and Younger)

Figure 28 – Children* – Deaths – 1995 – 2004



*** 19 Years old and younger.**

Figure 29 – Children - Deaths by Race / Ethnicity – 2004

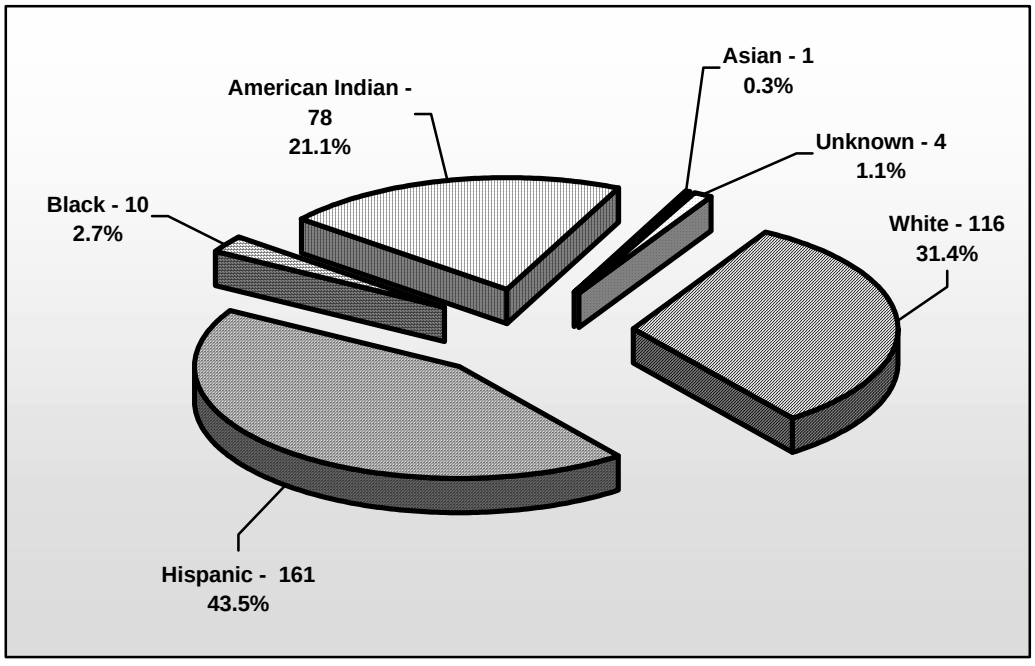
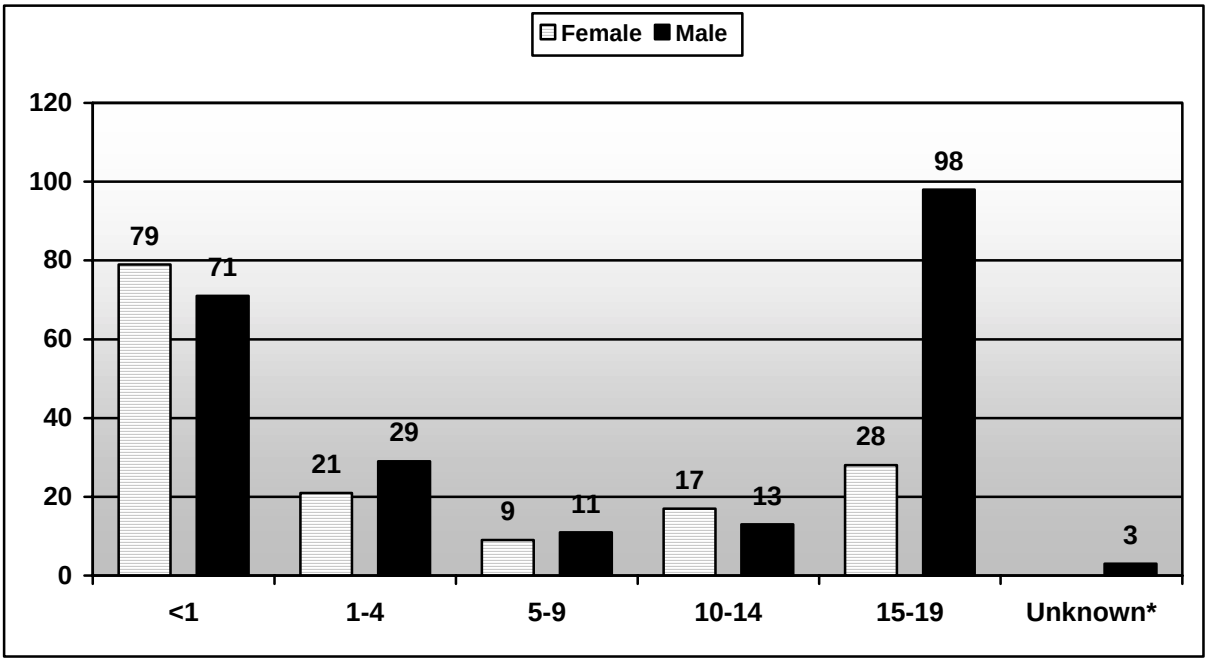


Figure 30 – Children – Deaths by Age and Gender – 2004



* Gender unknown

Figure 31 – Children – Total Cases - Manner of Death – 2004

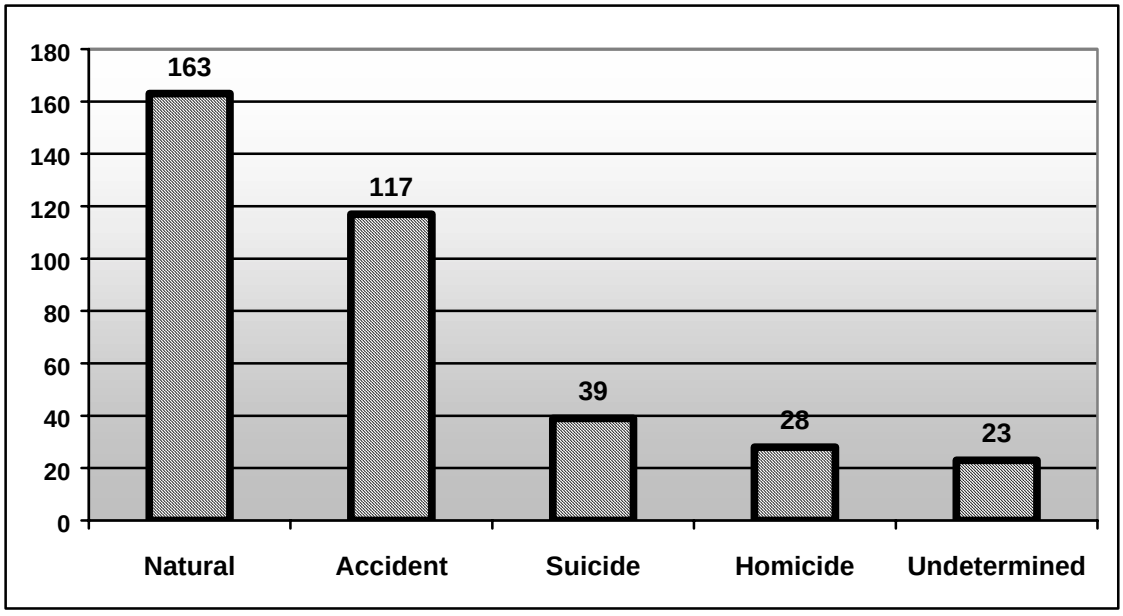


Table 18 – Children – Cause of Death – 2004

Natural Deaths	Total Cases	Autopsied	Dictated External	Investigator Field Exam
Intrauterine fetal death	**36**	17	0	19
Prematurity	**29**	4	0	25
Sudden Infant Death Syndrome	**20**	20	0	0
Congenital defect	**19**	9	0	10
Natural-Other	**11**	5	0	6
Sepsis	**9**	4	0	5
Pneumonia	**8**	5	1	2
Carcinoma	**7**	0	0	7
Cerebrovascular	**4**	2	0	2
Respiratory Distress Syndrome	**4**	1	0	3
Cardiac arrhythmia	**4**	4	0	0
Asthma	**2**	2	0	0
Maternal and fetal complications of birth	**2**	0	0	2
Emboli	**2**	1	0	1
Meningitis	**2**	1	0	1
Dehydration	**1**	1	0	0
Diabetes	**1**	1	0	0
Exsanguination	**1**	1	0	0
Epilepsy	**1**	1	0	0
Tuberculosis	**1**	0	0	1
Leukemia	**1**	0	0	1
Medical treatment	**1**	0	0	1
Emphysema	**1**	1	0	0
Subtotal	**167**	**80**	**1**	**86**
Unnatural Deaths				
Multiple injuries	**52**	27	14	11
Head and neck injuries	**44**	28	7	9
Gunshot wound	**32**	32	0	0
Hanging	**18**	10	4	4
Substance intoxication	**7**	7	0	0
Drowning	**6**	6	0	0
Asphyxia	**6**	6	0	0
Exposure	**4**	4	0	0
Carbon monoxide intoxication	**3**	3	0	0
Ethanol intoxication	**2**	2	0	0
Stab wound	**2**	2	0	0
Aspiration	**1**	1	0	0
Child abuse	**1**	1	0	0
Thermal injuries	1	1	0	0
Subtotal	**179**	**130**	**25**	**24**
Undetermined				
Undetermined after autopsy and/or toxicology	**11**	11	0	0
Consult Request Withdrawn	**8**	2	0	6
Undetermined-Other	**1**	1	0	0
Uncoded	**4**	3	0	1
Subtotal	**24**	**17**	**0**	**7**
Total	**370**	**227**	**26**	**117**

Overview – Children – Manner of Death – Natural Deaths

Figure 32 – Children – Natural Deaths – 1995 – 2004

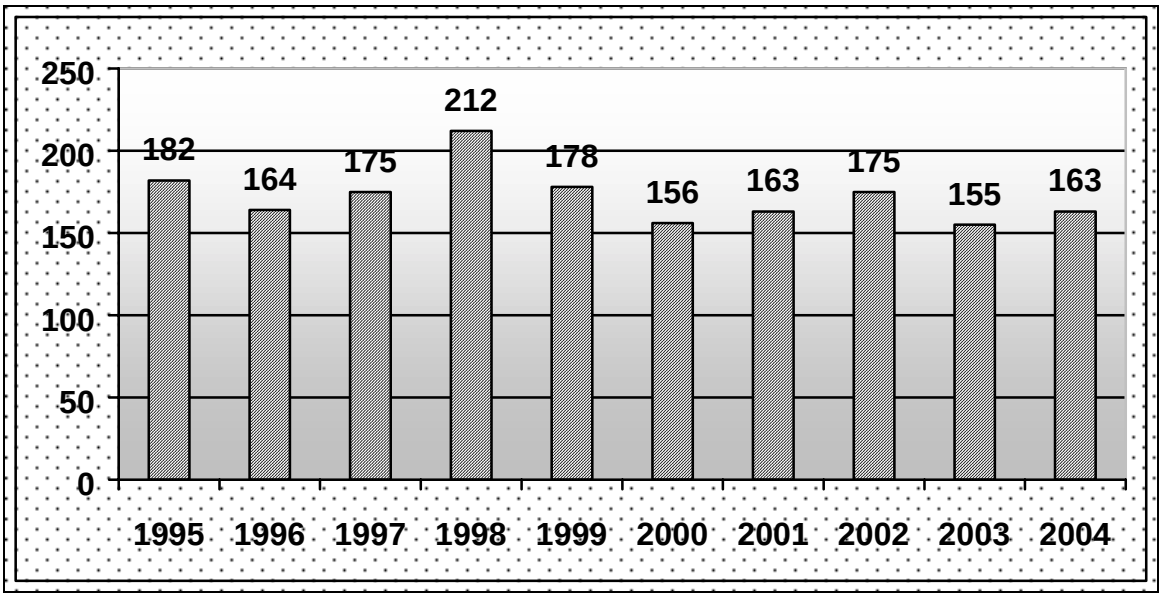


Figure 33 – Children – Natural Deaths by Race/Ethnicity – 2004

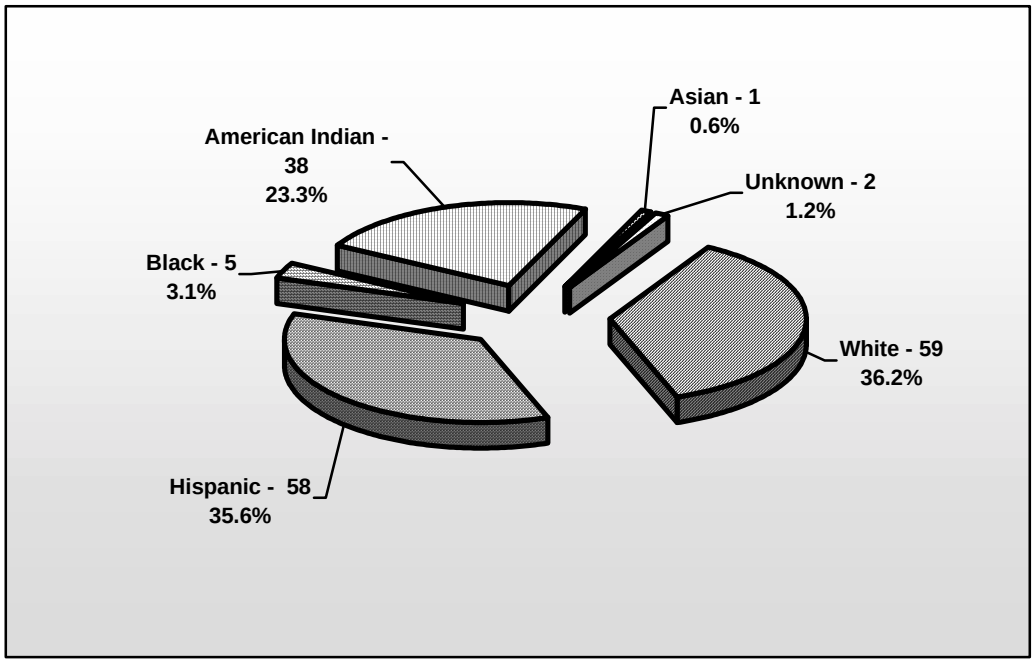
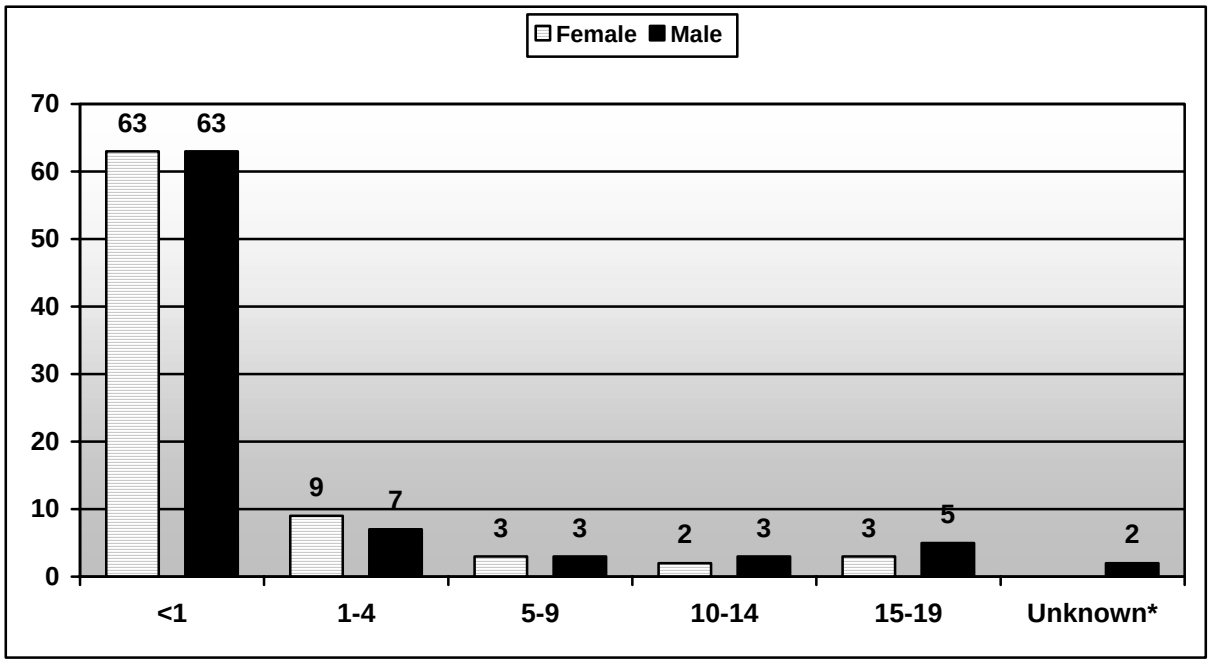


Figure 34 – Children – Natural Deaths by Age and Gender – 2004



*Unknown Gender

Overview – Children – Manner of Death – Accidental Deaths

Figure 35 – Children – Accidental Deaths – 1995 – 2004

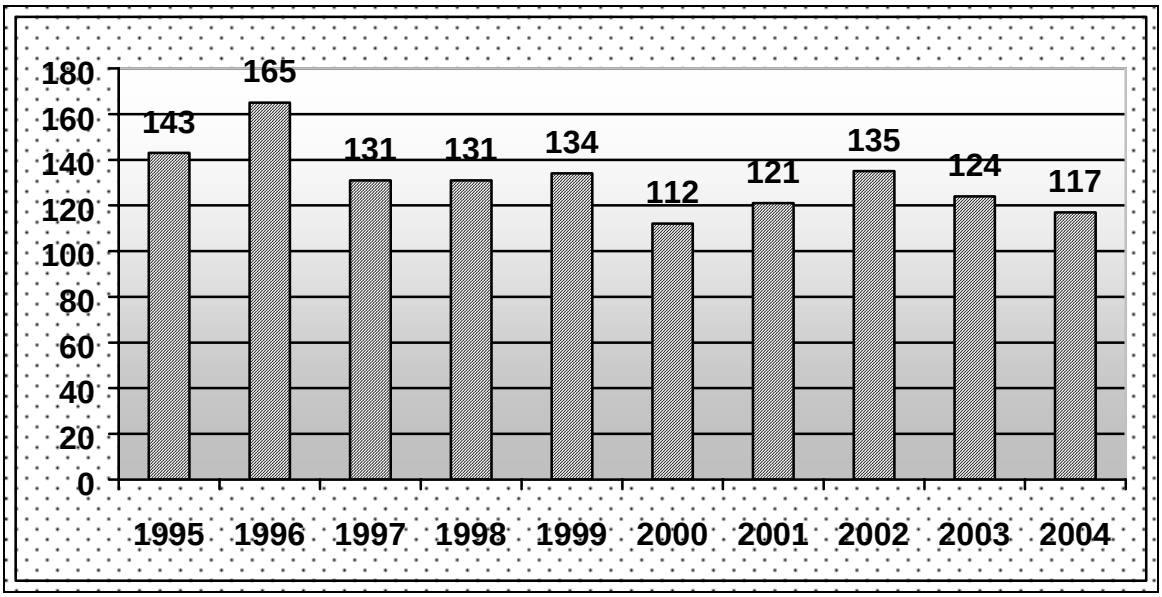


Figure 36 – Children – Accidental Deaths by Race / Ethnicity – 2004

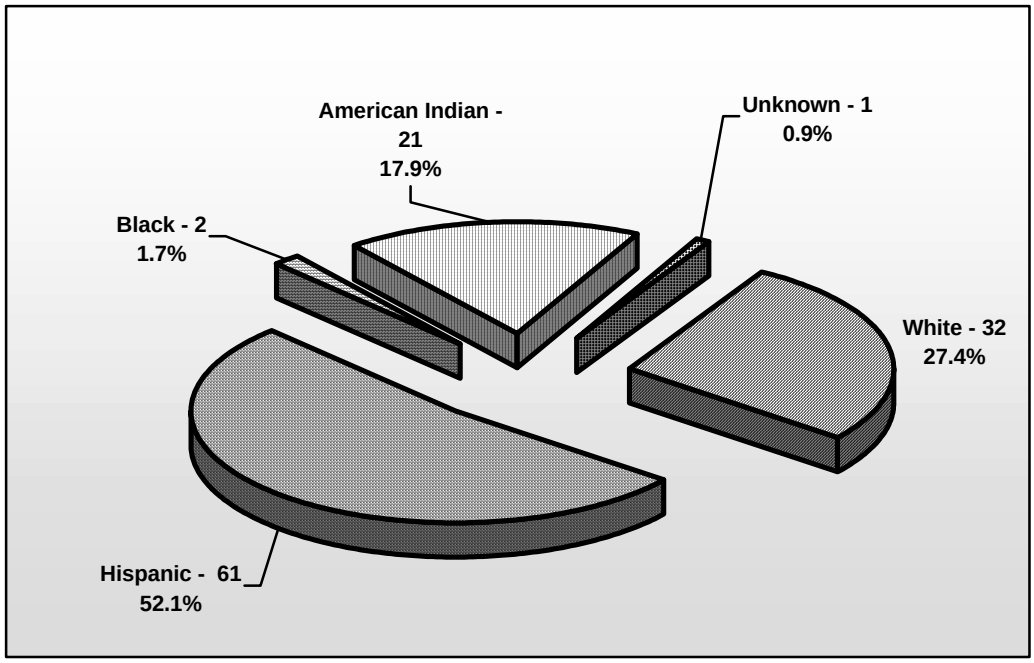


Figure 37 – Children – Accidental Deaths by Age – 2004

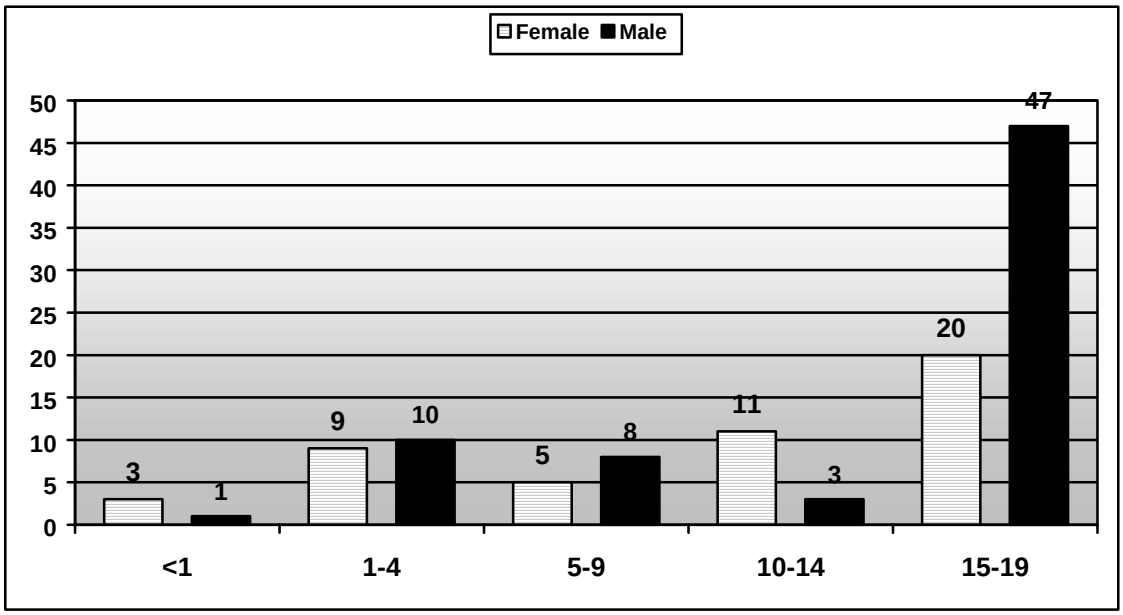


Table 19 – Children – Accidental Deaths – Method -- 2004
by Highest Value

Method of Death	Total Cases	Autopsied	Dictated External	Inv/Field Exam
Passenger in auto that left roadway	**24**	10	7	7
Passenger in auto in collision	**12**	7	3	2
Driver of auto that left roadway	**9**	5	2	2
Passenger in pickup that left roadway	**8**	6	1	1
Drowned in non-recreational water accidents	**6**	6	0	0
Driver of auto in collision	**6**	2	2	2
Pedestrian struck by motor vehicle	**6**	5	1	0
Ingested and/or injected illict drug(s)	**4**	4	0	0
Choked on object	**4**	4	0	0
Accident-Other	**4**	3	1	0
Driver of auto in collision with fixed object	**4**	2	0	2
Remained outdoors exposed to cold or heat	**4**	4	0	0
Passenger in auto in collision with fixed object	**3**	1	0	2
Cyclist struck by motor vehicle	**2**	1	0	1
Driver of motorcycle left roadway	**2**	1	1	0
Driver of motorcycle in collision with motor vehicle	**2**	1	1	0
Driver of pickup that left roadway	**2**	1	1	0
Ingested and/or injected prescription medications	**2**	2	0	0
Passenger in pickup in collision with motor vehicle	**2**	1	1	0
Ingested alcohol	**2**	2	0	0
Accidental ligature strangulation	**1**	0	1	0
Driver of pickup in collison with motor vehicle	**1**	1	0	0
Victim of fire	**1**	1	0	0
Inhaled product or toxic agent. Substance abuse.	**1**	1	0	0
Inhaled toxic agent. Inhaled accidentally.	**1**	1	0	0

Method of Death	Total Cases	Autopsied	Dictated External	Inv/Field Exam
Passenger in pickup in collision with fixed object	**1**	1	0	0
Crushed/suffocated by a mechanism	**1**	1	0	0
Passenger in truck in collision motor vehicle	**1**	1	0	0
Passenger in truck that left roadway	**1**	1	0	0
Total	**117**	**76**	**22**	**19**

Table 20 – Children – Accidental Deaths – Cause of Death -- 2004

Cause of Death	Total Cases
Multiple injuries	**47**
Head and neck injuries	**38**
Exposure	**6**
Drowning	**6**
Asphyxia	**6**
Hanging	**4**
Thermal injuries	**2**
Carbon monoxide intoxication	**2**
Exsanguination	**1**
Aspiration	**1**
Substance intoxication	**1**
Ethanol intoxication	**1**
Cerebrovascular	**1**
Pneumonia	**1**
Total	**117**

Overview – Children – Manner of Death – Suicide Deaths

Figure 38 – Children – Suicide Deaths – 1995 – 2004

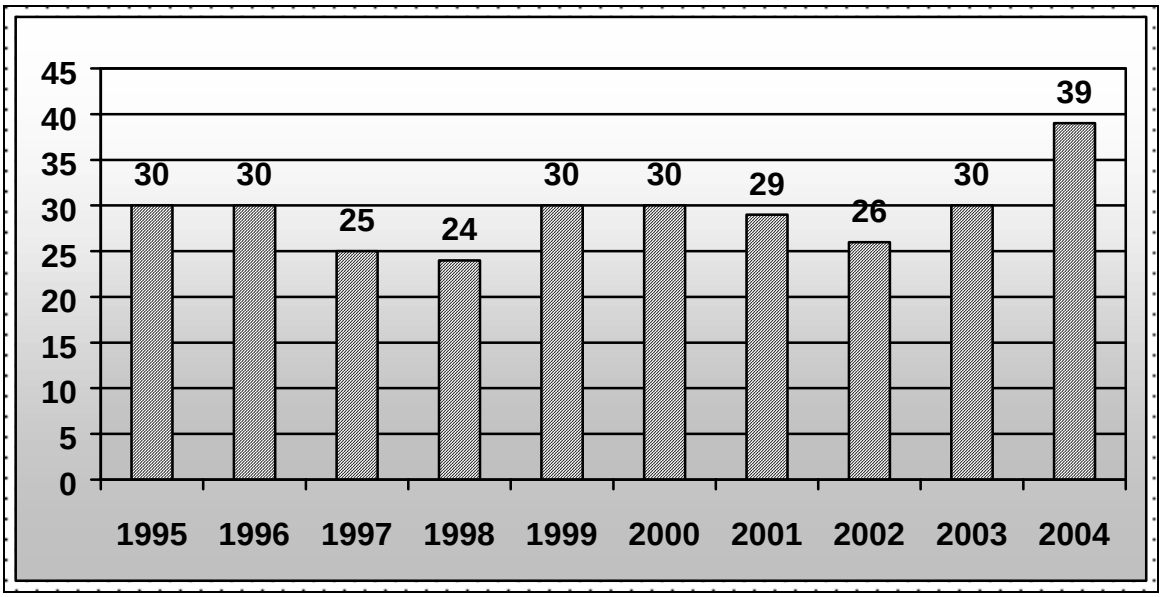


Figure 39 – Children – Suicide Deaths by Race / Ethnicity – 2004

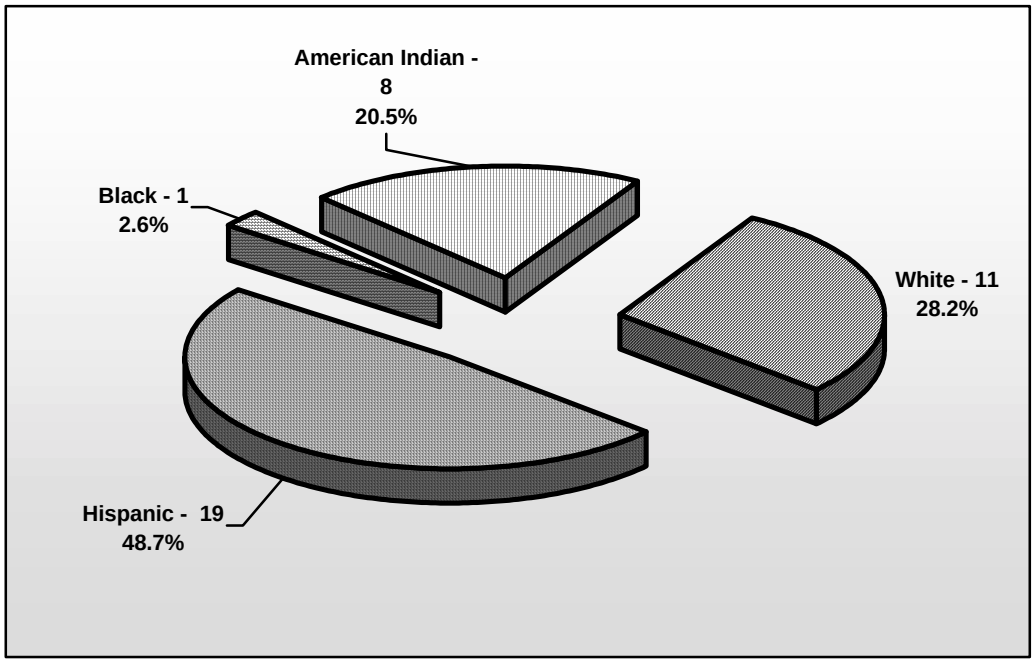


Figure 40 – Children – Suicide Deaths by Age and Gender – 2004

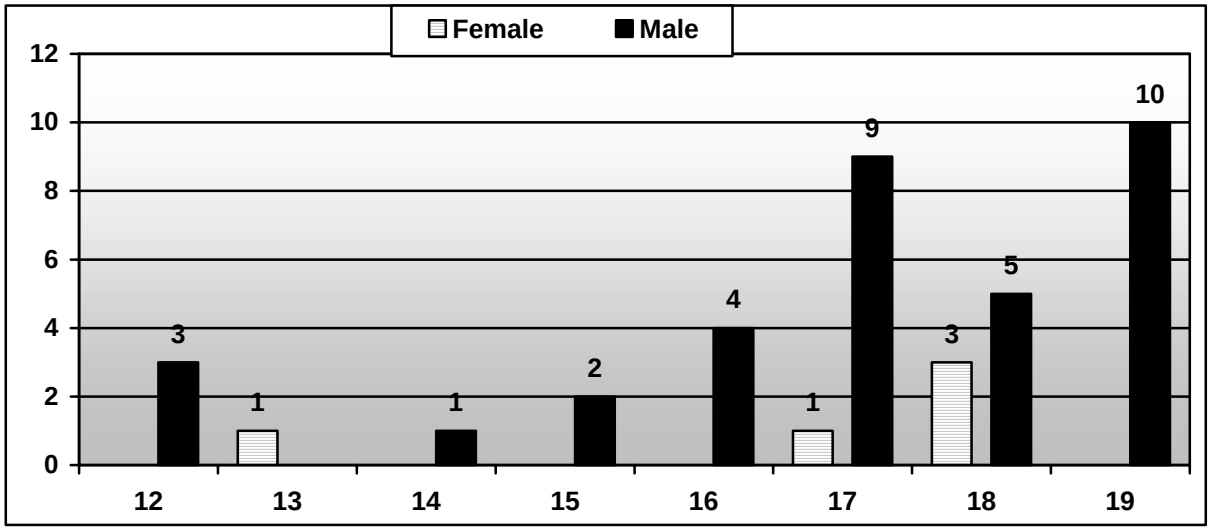


Figure 41 – Children – Suicide Deaths by Month – 2004

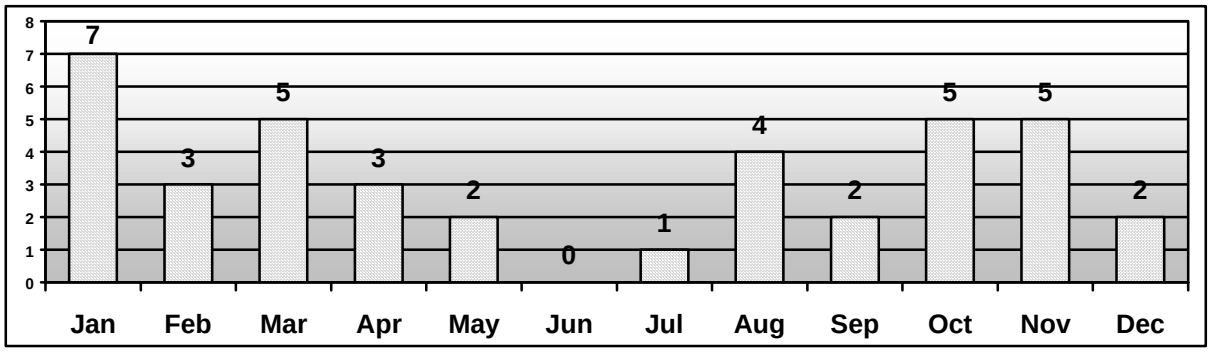


Figure 42 – Children – Suicide Deaths by Day of the Week – 2004

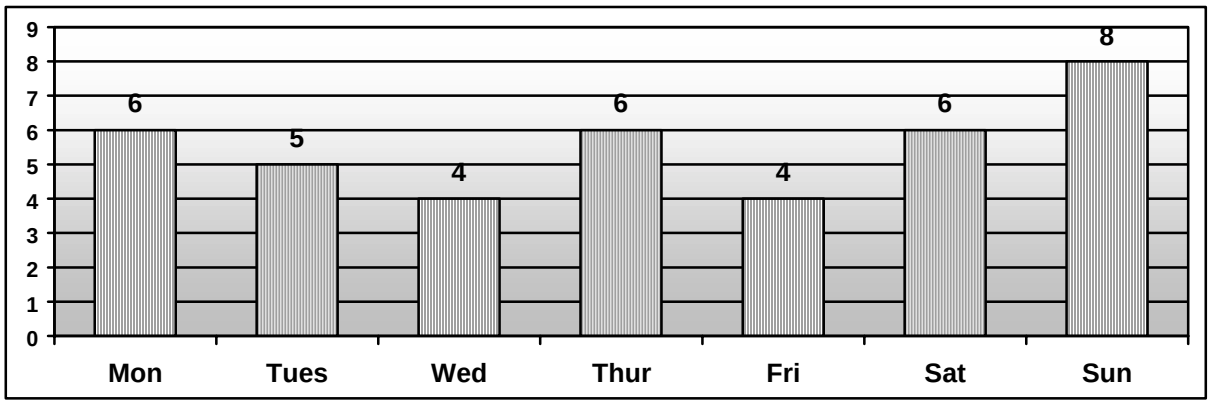


Table 21 – Children – Suicide Deaths – Method -- 2004

Method	Total Cases	Autopsied	Dictated External	Investigator Field Exam
Shot self with firearm	**19**	16	0	3
Hanged self	**17**	10	3	4
Suicide as pedestrian	**1**	0	1	0
Ingested or injected medication	**1**	1	0	0
Driver of motor vehicle	**1**	0	0	1
Total	**39**	**27**	**4**	**8**

Table 22 – Children – Suicide Deaths – Cause of Death -- 2004

Cause	Total Cases
Gunshot wound	**19**
Hanging	**17**
Multiple injuries	**2**
Substance intoxication	**1**
Total	**39**

Suicide in Children – Summary

Please note that this year's annual report defines "children" as ages 19 and younger, rather than 18 and younger as done in previous years. This was done to match other agencies' age breakdowns and allow for comparisons with other states. The 10-year summaries presented in this report for childhood deaths all include ages 19 and younger, but if reading a copy of a previous year's report, the 10-year summaries will only include children 18 years of age and younger.

There were 39 suicides in children in 2004, compared to 30 in 2003. Suicide deaths were more common among young males (87%) than females (13%), and Hispanics represented the majority of youth suicides (48.7%). Self-inflicted gunshot wounds were the most common method of suicide in children, followed by hanging. More suicides were committed by youth during January when compared with other months, and Sunday was the day of the week on which more children committed suicide than any other.

Overview – Children – Manner of Death – Homicide Deaths

Figure 43 – Children – Homicide Deaths – 1995 – 2004

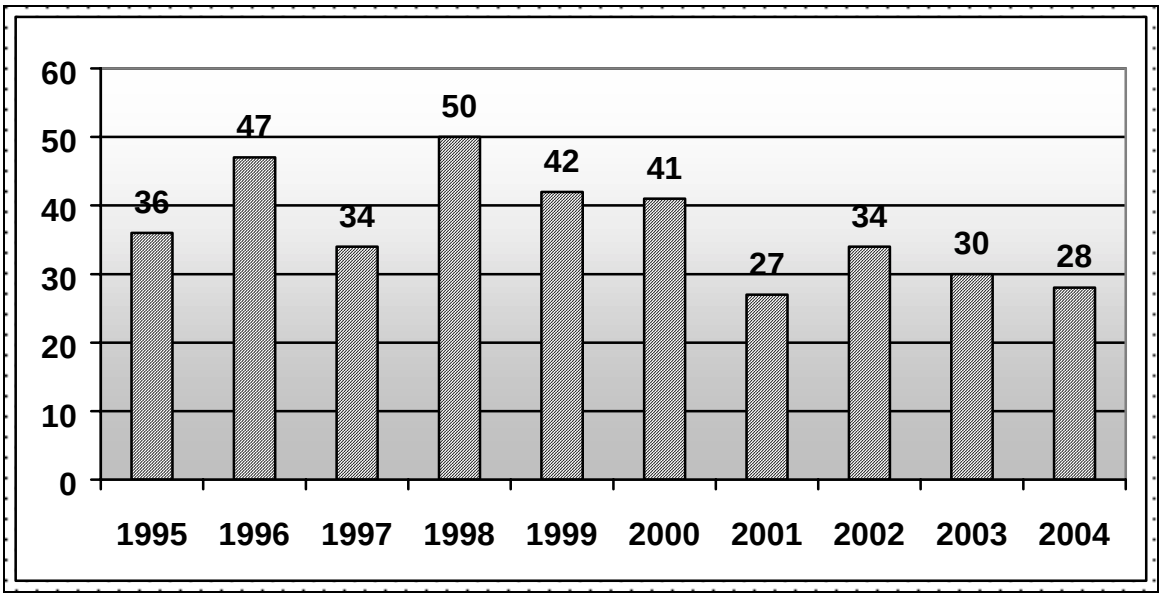


Figure 44 – Children – Homicide Deaths by Race / Ethnicity – 2004

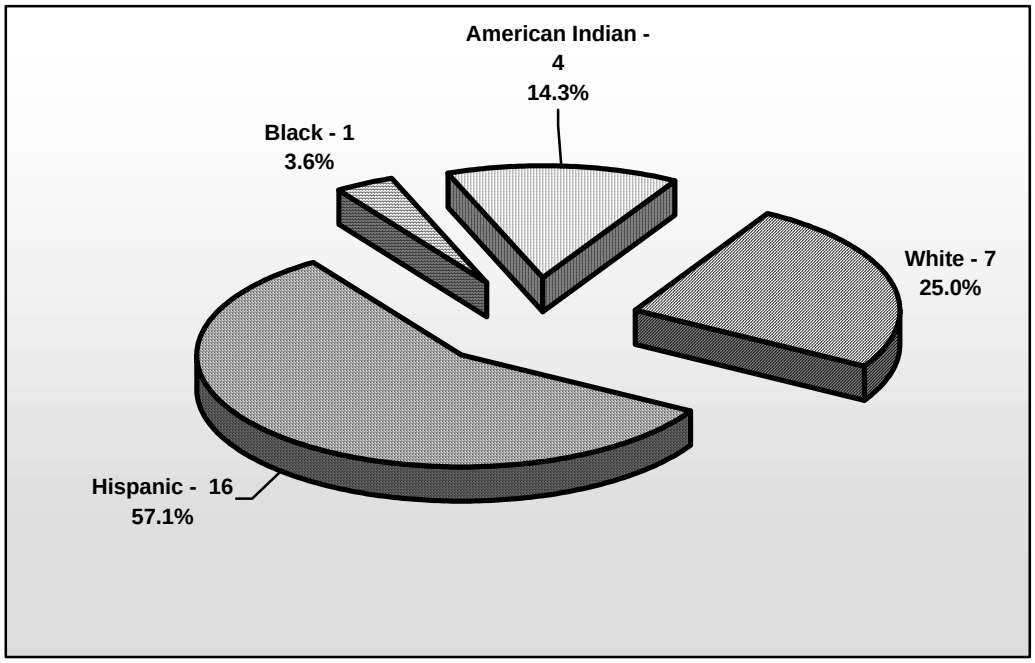


Figure 45 – Children – Homicide Deaths by Age and Gender – 2004

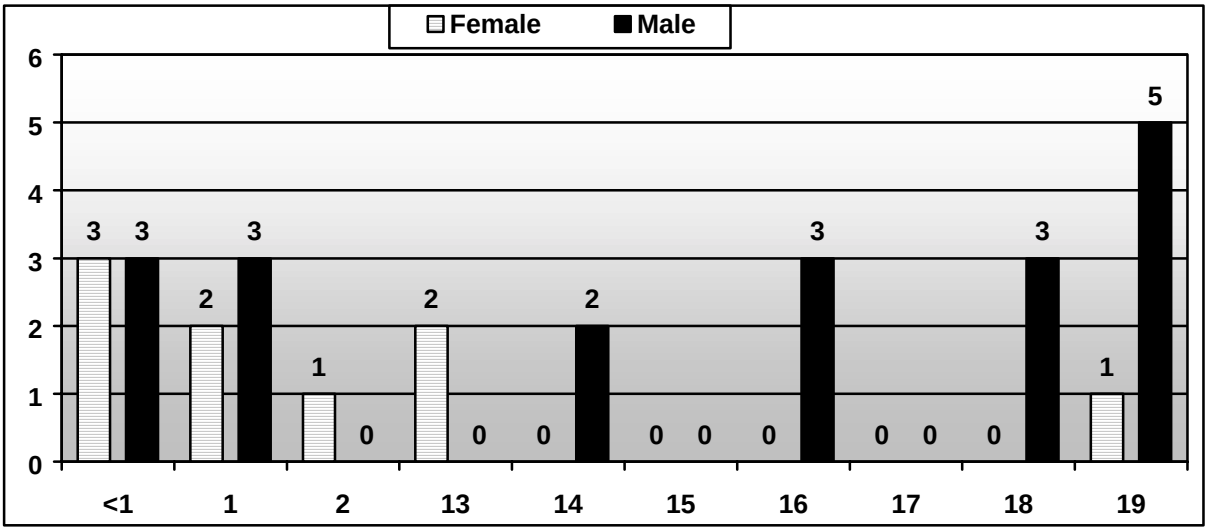


Table 23 – Children – Homicide Deaths – Method – 2004

Method	Total Cases	Autopsied	Dictated External	Investigator Field Exam
Shot by assailant(s) with firearm	**13**	13	0	0
Beaten by assailant(s)	**8**	8	0	0
Homicide-Other	**3**	3	0	0
Stabbed by assailant(s)	**2**	2	0	0
Victim of intentionally set fire	**1**	1	0	0
Assaulted	**1**	1	0	0
Total	**28**	**28**	**0**	**0**

Table 24 – Children – Homicide Deaths – Cause of Death – 2004

Cause of Death	Total Cases
Gunshot wound	**13**
Head and neck injuries	**6**
Multiple injuries	**3**
Stab wound	**2**
Undetermined-specify	**1**
Prematurity	**1**
Child abuse	**1**
Carbon monoxide intoxication	**1**
Total	**28**

Homicide Deaths of Children – Summary

As with the suicides, the total number of childhood homicides, both for this year's cases and in the 10-year summaries, now includes anyone aged 19 years or younger. Childhood homicides decreased by 6.7% from 2003. Murdered children tended to be male (68%), Hispanic (57%) and killed by a firearm (46.4%). The majority of childhood murder victims (57%) were between the ages of 10 and 19, but 43% of homicide victims were under the age of five.

Overview – Children – Manner of Death – Undetermined Deaths

During 2004, twenty three deaths of people 19 years old or younger were classified as Undetermined Deaths. Included in this number were 11 where the manner of death was not determined, 4 were Uncoded and 8 were of non-human or ancient remains.

Deaths of Children in New Mexico – 2004 Summary

The 370 deaths of people aged 19 and younger represented 7.5% of all deaths investigated by OMI in 2004, an increase of 2.5% over 2003. Male decedents comprised 58% of the total deaths in children. The most common manner of death among children was natural, contributing 44.1% of the total. Motor vehicle accidents were the most common method of accidental deaths in children, with 72.6% of all accidental deaths. Firearms played a role in 19 suicides (48.7%) and 13 homicides (46.4%), 15.5% of all unnatural deaths in children.

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 six panels: Homicide, Suicide, Transportation, Sudden Infant Death Syndrome (SIDS), 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.

Overview – Children – SIDS Deaths

Figure 46 – Children – SIDS (Natural) Deaths – 1995 – 2004

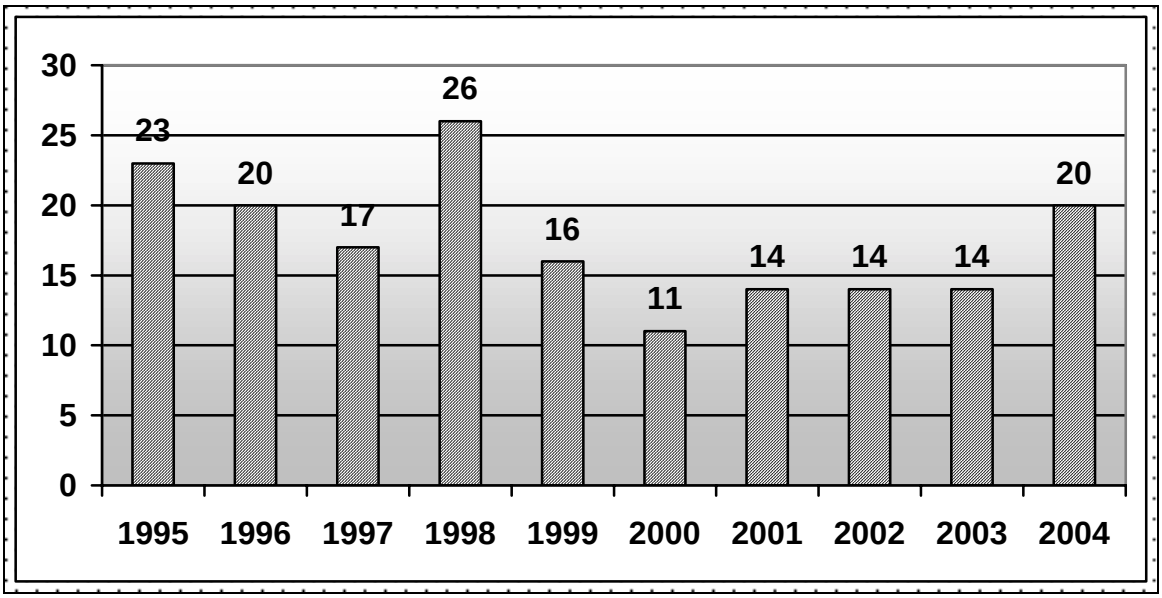


Figure 47 – Children – SIDS (Natural) Deaths by Race / Ethnicity – 2004

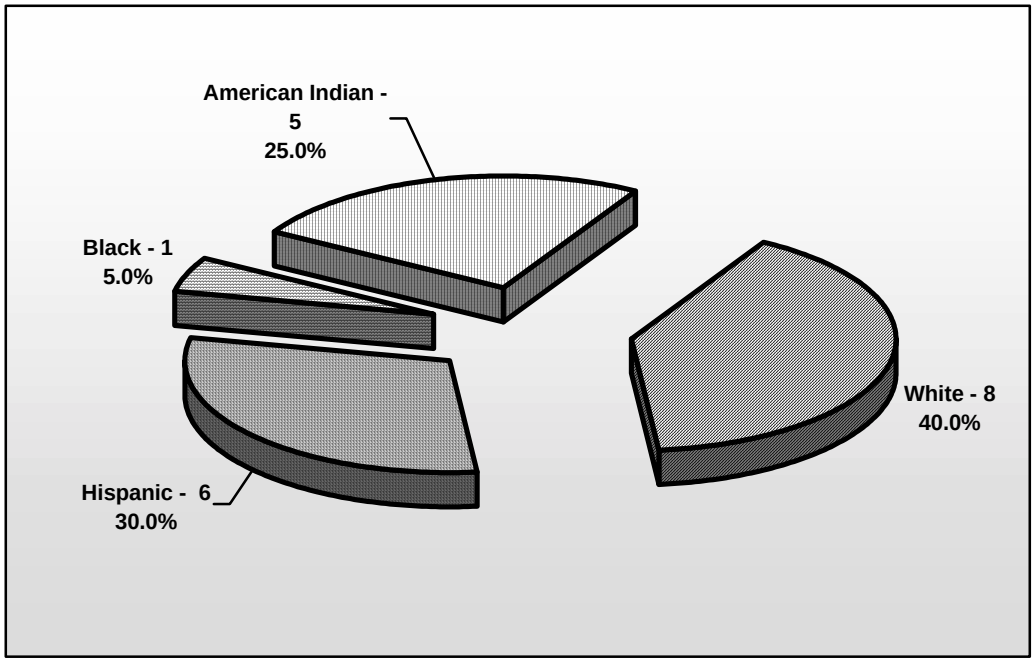
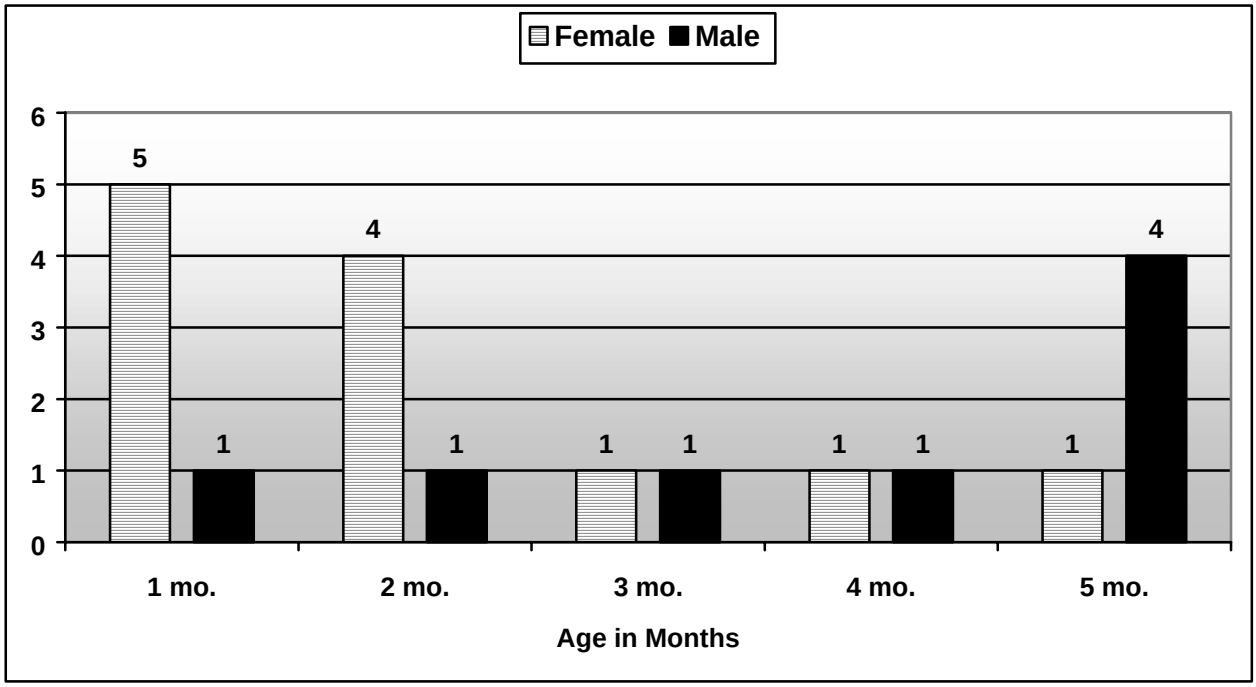


Figure 48 – Children – SIDS (Natural) Deaths by Age – 2004



Overview – Ethanol Related Deaths

Figure 49 – Ethanol Related Deaths – 1995 – 2004
Ethanol Present in Decedent (> 0.005%)

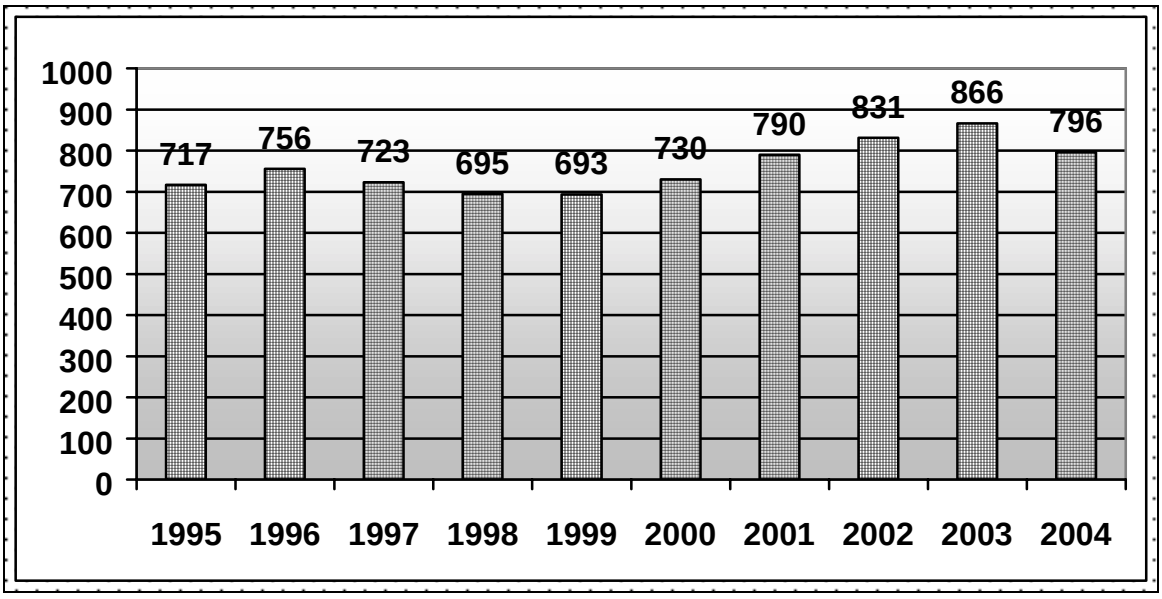


Figure 50 – Ethanol Related Deaths – Manner of Death -- 2004
Ethanol Present in Decedent (> 0.005%)

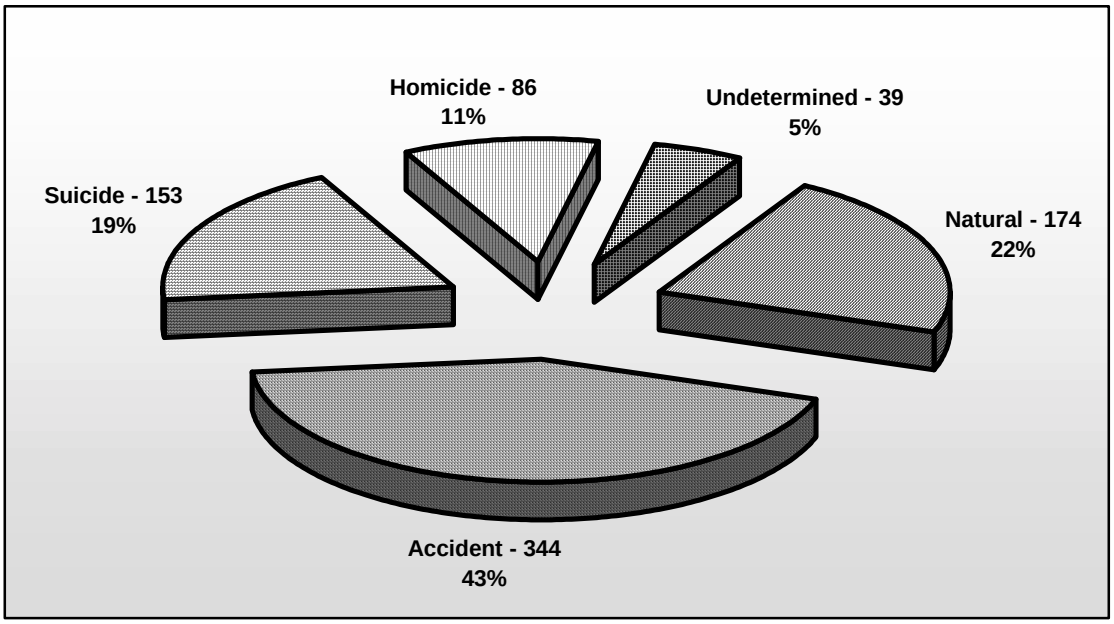


Figure 51 – Ethanol Related Deaths by Race / Ethnicity – 2004
Ethanol Present in Decedent (> 0.005%)

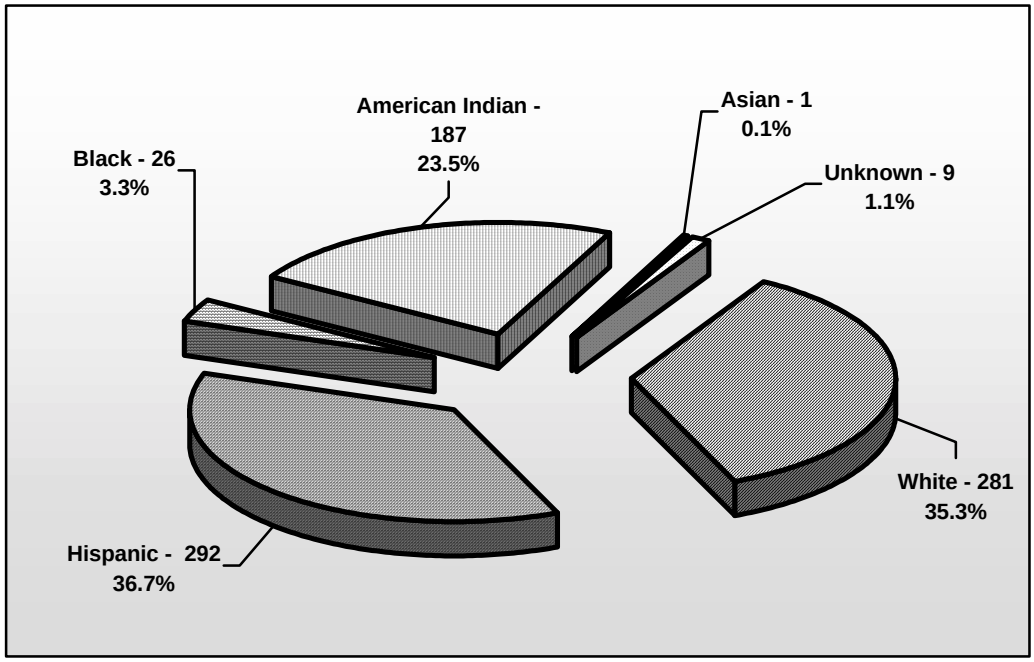


Figure 52 – Ethanol Related Deaths by Age and Gender – 2004
Ethanol Present in Decedent (> 0.005%)

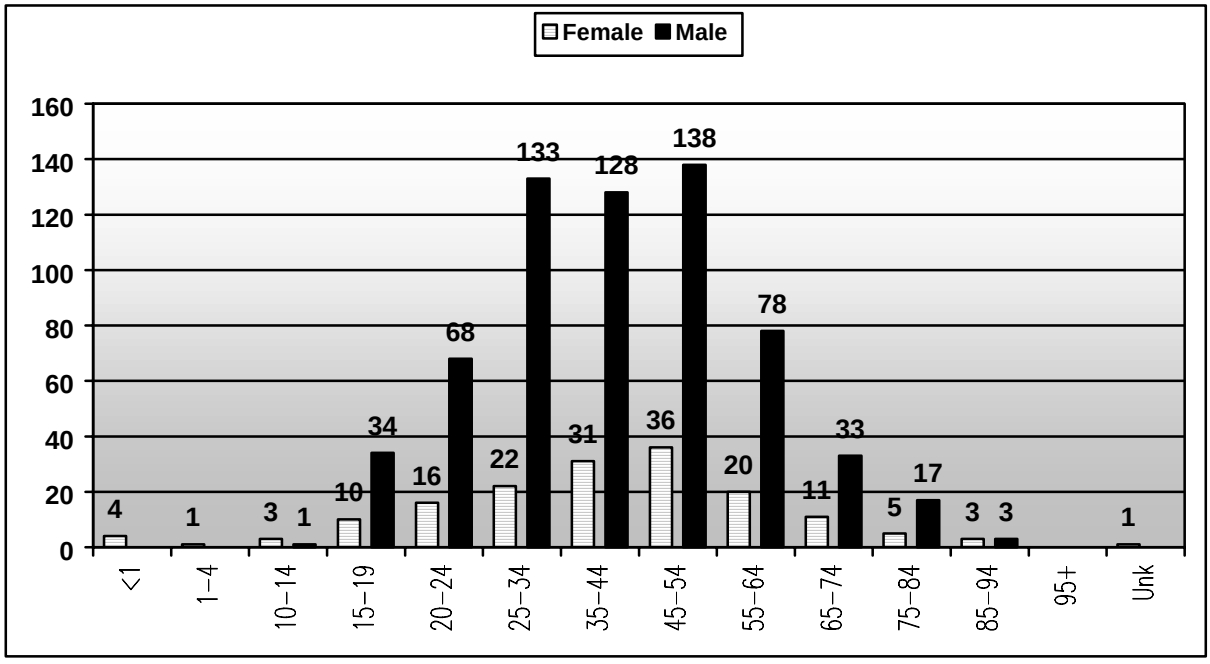


Table 25 – Ethanol Related Deaths – Accidental Deaths – Method – 2004
Ethanol Present in Decedent

		Presence of Ethanol > 0.005%		
Circumstances	**Total Cases**	**Yes**	**No**	**Not Tested**
Fall from standing height	**254**	10	11	233
Ingested and/or injected illict drug(s)	**168**	60	99	9
Ingested and/or injected prescription medications	**98**	21	72	5
Driver of auto in collision	**91**	21	57	13
Passenger in auto in collision	**74**	13	50	11
Driver of auto that left roadway	**71**	29	36	6
Pedestrian struck by motor vehicle	**63**	35	18	10
Passenger in auto that left roadway	**58**	15	27	16
Fall from height	**51**	4	9	38
Remained outdoors exposed to cold, heat	**29**	14	11	4
Accident-Other	**28**	11	8	9
Driver of motorcycle	**27**	11	14	2
Drowned in non-recreational water accidents	**27**	7	17	3
Ingested alcohol	**26**	26	0	0
Passenger in pickup that left roadway	**23**	9	9	5
Victim of fire	**21**	4	11	6
Driver of pickup in collison with motor vehicle	**20**	6	12	2
Driver of pickup that left roadway	**19**	6	9	4
Driver of auto in collision with fixed object	**16**	8	7	1
Driver of motorcycle in collision with motor vehicle	**15**	2	11	2
Choked on object	**15**	1	7	7
Passenger in pickup in collision with motor vehicle	**14**	1	8	5
Driver of truck that left roadway	**11**	2	7	2
Crushed/suffocated by mechanism	**9**	3	3	3
Pilot of aircraft that crashed	**8**	1	5	2
Passenger in auto in collision with fixed object	**7**	2	3	2
Driver of truck in collision	**6**	1	2	3
Inhaled toxic agent accidentally	**5**	3	2	0
Farm or Industrial machinery accident	**5**	1	3	1
Passenger in truck in collision with motor vehicle	**5**	0	5	0
Passenger in pickup in collision with fixed object	**4**	1	3	0
Cyclist struck by motor vehicle	**4**	0	3	1
Drowned while swimming	**4**	3	1	0
Pedestrian struck by non-motor vehicle	**4**	3	1	0
Passenger on motorcycle	**4**	2	2	0
Cyclist	**4**	2	1	1
Fell/thrown from animal	**3**	0	3	0
Driver of pickup in collision with fixed object	**3**	2	1	0
Accidental ligature strangulation	**3**	1	1	1
Medical treatment	**3**	0	0	3
Cut self with object	**2**	1	1	0
Bitten/mauled/stung/kicked by animal	**2**	0	2	0
Driver of motor vehicle, struck by train	**2**	0	2	0
Inhaled toxic agent (Substance abused)	**2**	0	2	0
Accidental discharge of firearm	**2**	1	1	0
Passenger in motor vehicle struck by train	**2**	0	2	0
Struck by flying/falling object	**1**	0	1	0
Contacted electrical current	**1**	0	1	0

Circumstances		Presence of Ethanol > 0.005% Yes	No	Not Tested
Passenger who fell from moving motor vehicle	**1**	0	1	0
Passenger on motorcycle in collision with motor vehicle	**1**	0	1	0
Passenger in truck in collision with fixed object	**1**	1	0	0
Non-collision motor vehicle accident	**1**	0	0	1
Driver of truck in collision with fixed object	**1**	0	1	0
Motor vehicle accident, etiology unknown	**1**	0	0	1
Passenger in truck that left roadway	**1**	0	1	0
Totals	**1321**	**344**	**565**	**412**

Table 26 – Ethanol Related Deaths – Suicide Deaths – Method – 2004
Ethanol Present in Decedent

Circumstances	Total Cases	Presence of Ethanol > 0.005% Yes	No	Not Tested
Shot self with firearm	**195**	79	97	19
Hanged self	**78**	38	30	10
Ingested or injected medication	**36**	13	21	2
Inhaled toxic substance	**11**	7	2	2
Ingested, injected or inhaled non-prescription medication	**9**	3	6	0
Suffocated self	**7**	3	3	1
Suicide as pedestrian	**5**	4	1	0
Slashed	**3**	2	1	0
Driver of motor vehicle	**3**	2	0	1
Suicide-Other	**3**	1	1	1
Stabbed self	**2**	0	1	1
Jumped from height	**2**	1	1	0
Burned self	**2**	0	2	0
Totals	**356**	**153**	**166**	**37**

Table 27 – Ethanol Related Deaths – Homicide Deaths – Method – 2004
Ethanol Present in Decedent

Circumstances	Total Cases	Presence of Ethanol > 0.005% Yes	No	Not Tested
Shot by assailant(s) with firearm	88	38	44	6
Beaten by assailant(s)	36	15	15	6
Stabbed by assailant(s)	35	18	13	4
Homicide-Other	11	3	2	6
Strangled by assailant(s)	10	5	1	4
Pedestrian homicide	4	4	0	0
Assaulted	4	1	1	2
Victim of intentionally set fire	2	1	1	0
Neglect/Starvation	2	0	0	2
Victim of drowning	1	1	0	0
Totals	**193**	**86**	**77**	**30**

Ethanol Related Deaths – Undetermined – 2004

There were 39 Undetermined Deaths where Ethanol was present in the decedent in amounts greater than 0.005%.

Ethanol Related Deaths – Summary – 2004

There were 796 alcohol (ethanol) related deaths investigated by OMI in 2004, 16.1% of the total but an 8.1% decrease from 2003. Alcohol was most frequently related to accidental deaths (43% of all alcohol-related deaths) but was found in people dying from all manners of death. Alcohol was present in 43% of all suicide fatalities and 45% of all homicide victims. The most alcohol related deaths were seen in males ranging in age from 45 to 54 years, with males aged 25 to 34 years a close second.

Motor Vehicle Related Deaths

Figure 53 – Motor Vehicle Deaths – 1995 – 2004
Ethanol Present in Decedent (> 0.005%)

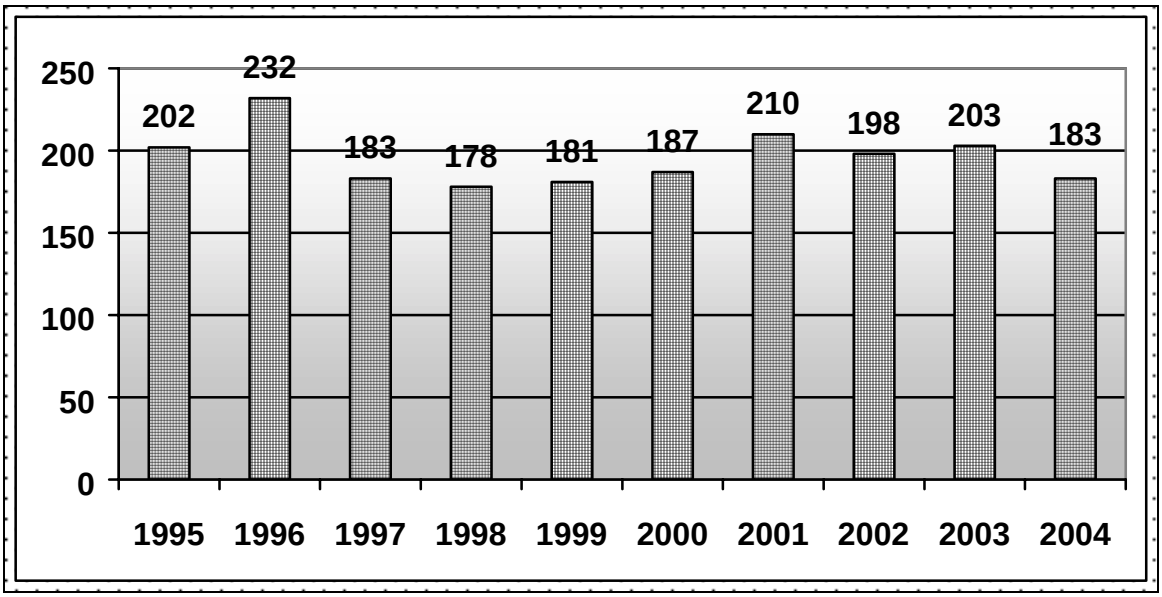


Figure 54 – Motor Vehicle Deaths by Race/Ethnicity – 2004
Ethanol Present in Decedent (> 0.005%)

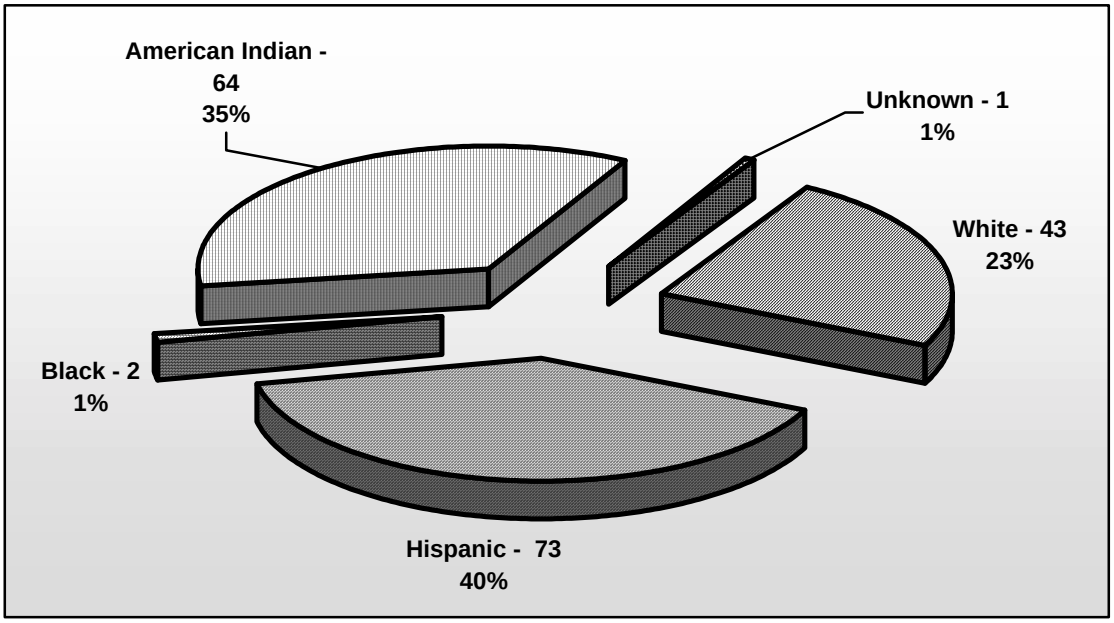


Figure 55 – Motor Vehicle Deaths by Age and Gender – 2004
Ethanol Present in Decedent (> 0.005%)

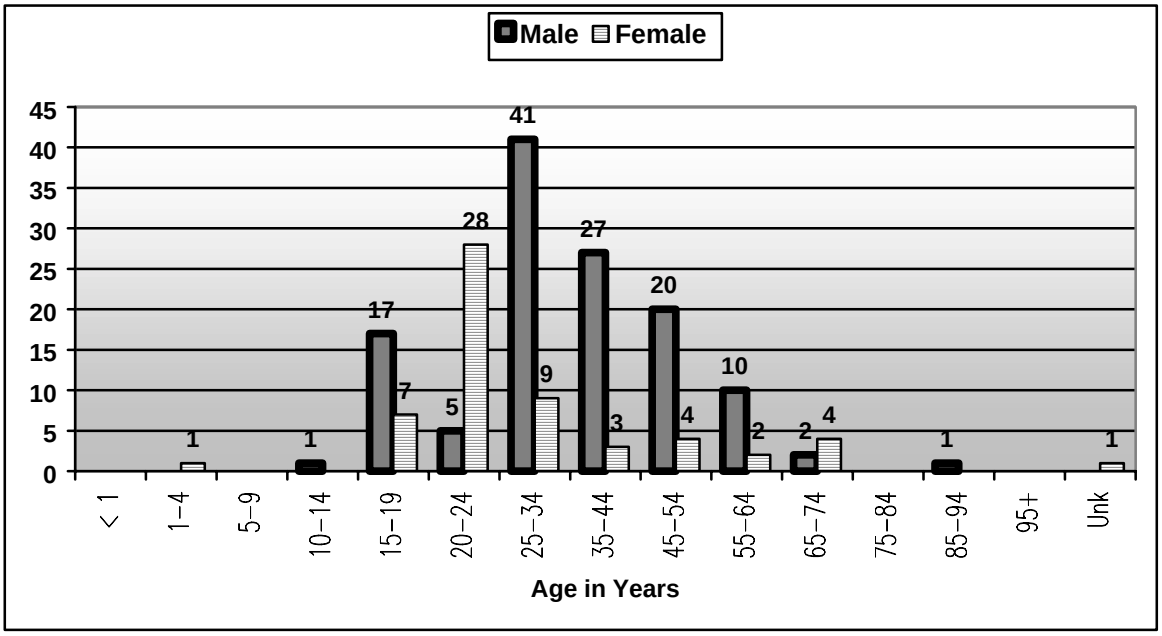


Table 28 – Motor Vehicle Related Deaths – Method
Ethanol Present in Decedent (> 0.005%)

		Presence of Ethanol > 0.005%		
Circumstances	**Total Cases**	**Yes**	**No**	**Not Tested**
Motor Vehicle Driver	**244**	77	128	39
Motor Vehicle Passenger	**193**	47	114	32
Subtotal	**437**	**124**	**242**	**71**
Motor Vehicle – Other	**1**	0	0	1
Pedestrian Hit by Motor Vehicle	**74**	44	19	11
Motorcycle Driver	**42**	13	25	4
Motorcycle Passenger	**5**	2	3	0
Cyclist Hit by Motor Vehicle	**4**	0	3	1
Subtotal	**126**	**59**	**50**	**17**
Totals	**563**	**183**	**292**	**88**

Table 29 – Motor Vehicle Related Deaths – Seat Belt Use
Ethanol Present in Decedent (> 0.005%)

	Ethanol >0.005%	Seat Belt Use			Total
		Belt Used?	Belt Not Used	Unknown	
Motor Vehicle Driver	**Yes**	11	47	19	77
	No	50	35	43	128
	Not Tested	7	12	20	39
	Subtotal	**68**	**94**	**82**	**244**
Motor Vehicle Passenger	**Yes**	2	33	12	47
	No	24	60	30	114
	Not Tested	4	9	19	32
	Subtotal	**30**	**102**	**61**	**193**
Totals		**98**	**196**	**143**	**437**

Table 30 – Motor Vehicle Related Deaths – Air Bag Use
Ethanol Present in Decedent (> 0.005%)

	Ethanol >0.005%	Air Bag Use				Total
		Inflated	Not Inflated	Not Installed	Unknown	
Motor Vehicle Driver	**Yes**	14	4	2	57	77
	No	20	12	4	92	128
	Not Tested	3	0	0	36	39
	Subtotal	**37**	**16**	**6**	**185**	**244**
Motor Vehicle Passenger	**Yes**	3	5	0	39	47
	No	6	4	0	104	114
	Not Tested	1	0	0	31	32
	Subtotal	**10**	**9**	**0**	**174**	**193**
Totals		**47**	**25**	**6**	**359**	**437**

Drug Caused Deaths

Figure 56 – Drug Caused Deaths – 1995 – 2004

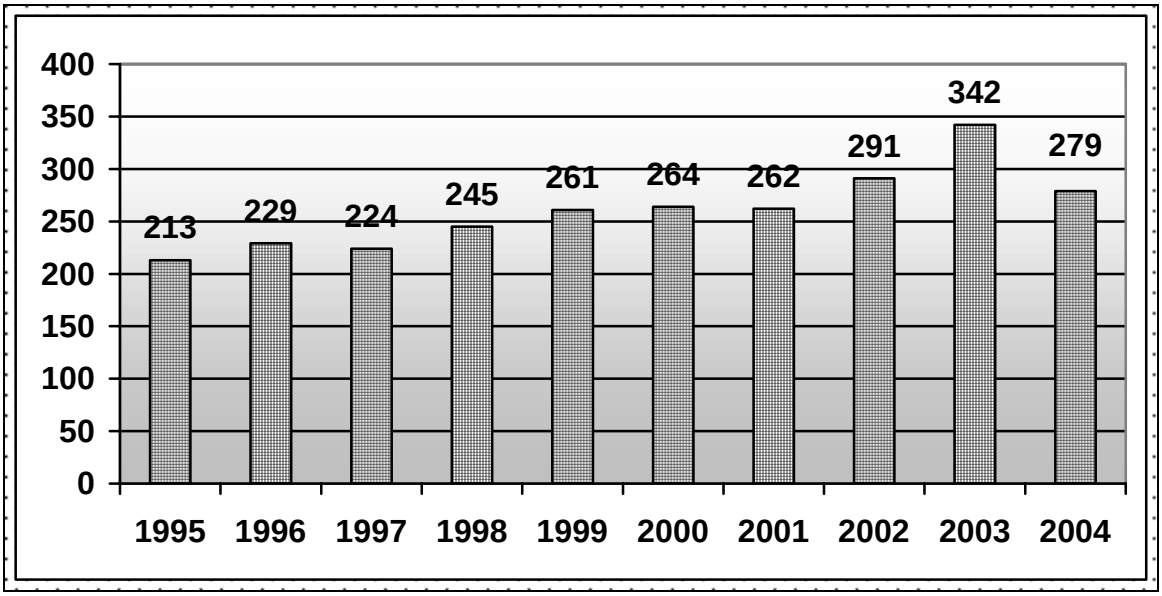


Figure 57 – Drug Caused Deaths by Race / Ethnicity – 2004

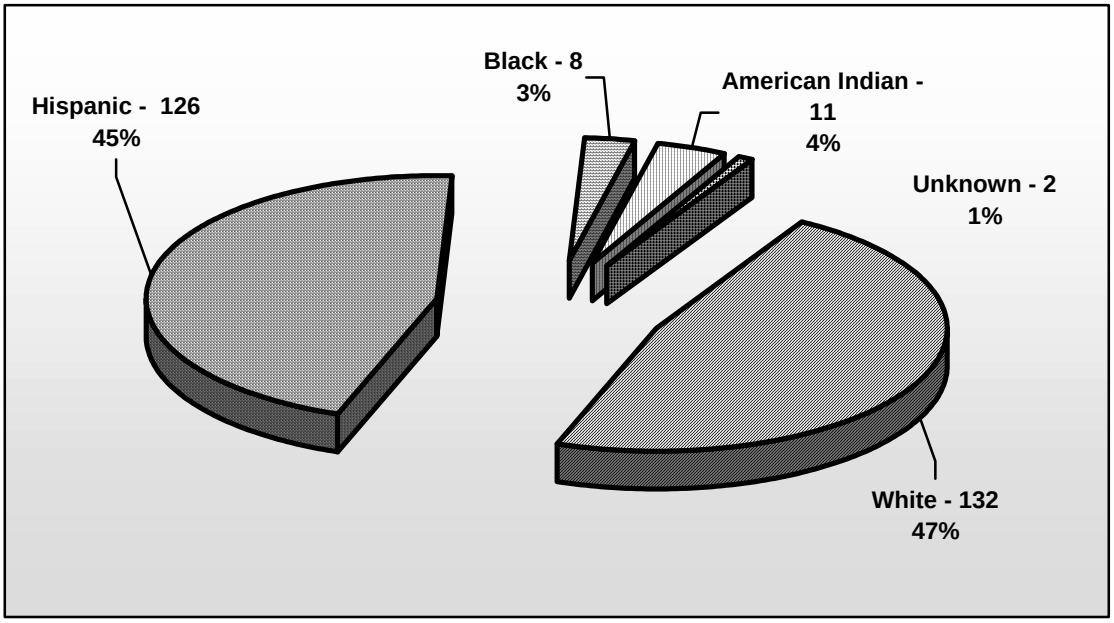
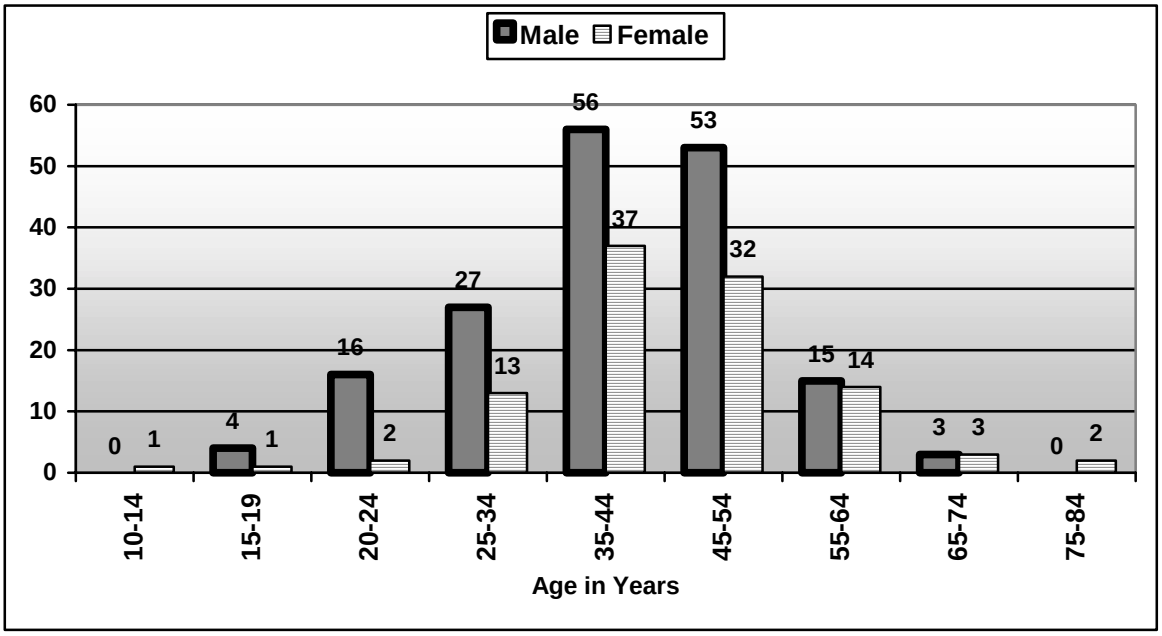


Figure 58 – Drug Caused Deaths by Age and Gender – 2004



Drug Caused Deaths – Summary – 2004

While drug overdose deaths continue to be a problem in New Mexico, an 18% decrease in drug-caused deaths was seen in 2004. It is possible that some of the 50 cases still uncoded at the time of this report may be classified as drug caused, but even if all 50 cases met the criteria for a drug-caused death, a decrease from 2003 would still be observed. A wide variety of drugs, both illegal and prescription, contributed to the 279 drug-caused deaths, with the most commonly involved being narcotics, with 473 isolations of a narcotic substance. Many decedents had more than one drug present at the time of death. Young males were most at risk, as with other types of OMI-investigated deaths, with the most drug-caused deaths being seen in males ages 35-44 years.

Detailed information regarding drug overdose deaths in New Mexico is available annually (typically in the autumn) in the newsletter New Mexico Epidemiology, published by the New Mexico Department of Health.

Table 31 – Drug Caused Deaths – Counties of Injury and Pronouncement– 2004

County of Injury	County of Injury	County of Pronouncement
Bernalillo	117	120
Catron	0	0
Chaves	12	12
Cibola	3	2
Colfax	0	0
Curry	4	4
DeBaca	0	0
Dona Ana	18	18
Eddy	6	6
Grant	7	7
Guadalupe	2	1
Harding	1	1
Hildalgo	0	0
Lea	3	3
Lincoln	6	6
Los Alamos	1	1
Luna	5	5
McKinley	5	5
Mora	0	0
Otero	8	8
Quay	1	1
Rio Arriba	16	17
Roosevelt	0	0
San Juan	7	7
San Miguel	8	7
Sandoval	7	6
Santa Fe	23	23
Sierra	0	0
Socorro	2	2
Taos	1	1
Torrance	3	3
Union	1	1
Valencia	11	11
Unknown	1	1
Totals	**279**	**279**

Table 32 – Drug / Physiologically Active Compounds Present in Decedent

Category of Drug / Compound	Drug / Compound	Total
Alcohol	ETHANOL	116
	2-PROPANOL (ISOPROPYL)	1
Alcohol Total		**117**
Analgesic	ACETAMINOPHEN (Tylenol)	14
	IBUPROFEN (Motrin)	4
	NAPROXEN (Naprosyn)	4
	SALICYLATE (Aspirin,Empirin)	1
	TRAMADOL (Ultram)	2
Analgesic Total		**25**
Anti-Arrythmic / Anti-Hypertensive	DILTIAZEM (Cardizem)	**2**
Anti-depressant	AMITRIPTYLINE (Elavil)	26
	CITALOPRAM	16
	BUPROPION (Wellbutrin)	12
	SERTRALINE (Zoloft)	10
	OLANZAPINE	8
	TRAZODONE (Desyrel)	8
	VENLAFAXINE (Effexor)	8
	DOXEPIN (Adapin, Sinequan)	6
	NORTRIPTYLINE (Aventyl, Pamelor)	4
	NORTRIPTYLINE (Amitriptyline Metabolite)	2
Anti-depressant Total		**100**
Anticonvulsant	GABAPENTIN	8
	TOPIRAMATE (topamax)	4
	CARBAMAZEPINE (Tegretol)	4
	LAMICTAL (Lamotrigine)	2
Anticonvulsant		**18**
Barbiturate	PHENOBARBITAL	6
	BUTALBITAL (Fiorinal)	4
	PENTOBARBITAL (Nembutal)	2
Barbiturate		**12**
Cannabinoid	Delta-9-carboxy-tetrahydrocannabinol (Delta-9-carboxy-THC)	**2**
Major Tranquilizer	PROMETHAZINE (Phenergan)	4
	7-AMINO CLONAZEPAM	2
	CHLORPROMAZINE (Thorazine)	2
	HYDROXYZINE (Vistaril)	2
Major Tranquilizer		**10**
Minor Tranquilizer	DIAZEPAM (Valium)	36
	ALPRAZOLAM (Xanax)	30
	CARISOPRODOL (Soma)	14
	TEMAZEPAM (Restoril)	12
	DIPHENHYDRAMINE (Benadryl,Sominex)	10
	FLUOXETINE (Prozac)	10
	MEPROBAMATE (Miltown)	8
	NORDIAZEPAM (Diazepam Metabolite)	6
	ZOLPIDEM TARTRATE (Ambien)	6
	MEPROBAMATE (Carisoprodol Metabolite)	4
	METAXALONE (Skelaxin)	2
Minor Tranquilizer		**138**

Category of Drug / Compound	Drug / Compound	Total
Narcotic	MORPHINE	207
	METHADONE	83
	OXYCODONE (Percodan, Percocet)	69
	PROPOXYPHENE (Darvon,Darvocet)	28
	HYDROCODONE (Hyphen, Hycodaphen, Tussionex)	20
	CODEINE	20
	6-MONOACETYLMORPHINE (Heroin metabolite)	18
	FENTANYL (Sublimaze)	16
	MEPERIDINE (Demerol)	6
	EDDP (Methadone Metabolite)	4
	PENTAZOCINE (Talwin)	2
Narcotic Total		**473**
Sedative	CYCLOBENZOPRINE (Flexeril)	**24**
Stimulant	COCAINE	102
	BENZOYLECGONINE (Cocaine Metabolite)	72
	METHAMPHETAMINE	38
	CAFFEINE	4
	AMPHETAMINE	2
	COCAETHYLENE (Cocaine Metabolite)	2
	ECGONINE METHYL ESTER (Cocaine Metabolite)	2
	METHYLPHENIDATE (Ritalin)	2
Stimulant Total		**224**
All Drugs and Compounds Total		**1,145**

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.

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 for 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.

County of Injury – The county where the injury leading to death occurred.

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

County of Residence – The county where the decedent resided. If not a legal resident of New Mexico, the decedent is listed as "out of state." A single case may have all three county definitions applied. For example, a decedent may be a resident of Rio Arriba county and be injured in an automobile accident in San Juan county (County of Injury) where, upon transfer to a hospital in Albuquerque, be pronounced in Bernalillo county.

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.

Dictated External – A detailed postmortem external examination of a body.

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 gramps percent (0.08g%) 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 Veteran's Administration 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.

Investigation/Field Examination – An investigation and external examination conducted at the scene to determine cause of death.

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.*

Method of Death – The *method of death* describes the physical means leading to a cause of death. For example, *the cause of death* in a case is *Asphyxia*, but an *accidental hanging* brought on the asphyxia and would be the *method of death*.

Motor Vehicle Accident Related Deaths – An accidental death involving a motor vehicle. Motor vehicles include automobiles, vans, motorcycles, trucks and all terrain vehicles. Excluded are bicycles, tricyles, aircraft and trains. The decedent is usually a driver of, a passenger in, or a pedestrian struck by a motor vehicle. The death of a bicyclist struck by a motor vehicle is considered to be a motor vehicle accident related death.

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-Motor Vehicle Accident – An *accidental death* that does not involve a motor vehicle.

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*).

Opiate – A class of drugs, including morphine, codeine and heroin derived from the opium poppy plant (*Papaver somniferum*).

Place of Injury – The type of place where the injury leading to a death occurred. In this report, six categories are used:

> **Residence** – Includes areas in and around dwellings, but excludes long-term care facilities and institutions.
> **Roadway, Railroad or Airport** – Includes all public areas designed for motorized or powered transportation.
> **Body of Water** – Included naturally occurring and manmade bodies of water such as lakes, rivers, ocean, streams, swimming pools; but excludes small containers holding water, such as bathtubs, pails and toilets.
> **Building/Developed Area** – Includes areas in a and around non-residential buildings or structures, and developed outdoor areas such as city parks, golf courses, ski areas, but excludes undeveloped outdoor areas such as forests or fields.
> **Undeveloped Land** – Includes undeveloped outdoor areas such as farm fields, forests, rural or natural land or outdoor areas under construction.
> **Unknown** – Insufficient information is available to classify the place of injury into one of the above categories.

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.*

Glossary

(continued)

Stimulant – A class of drugs, including cocaine and oral and indictable amphetamines, whose principal action is the stimulation of the central nervous system. cocaine is an alkaloid derived from the leaves of *Erythroxylon coca*, a shrub which grows in the Andes Mountains 1000 to 3000 meters (3000 – 9000 feet) above sea level, and can be taken orally, intravenously or by inhalation.

Uncoded – 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.

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