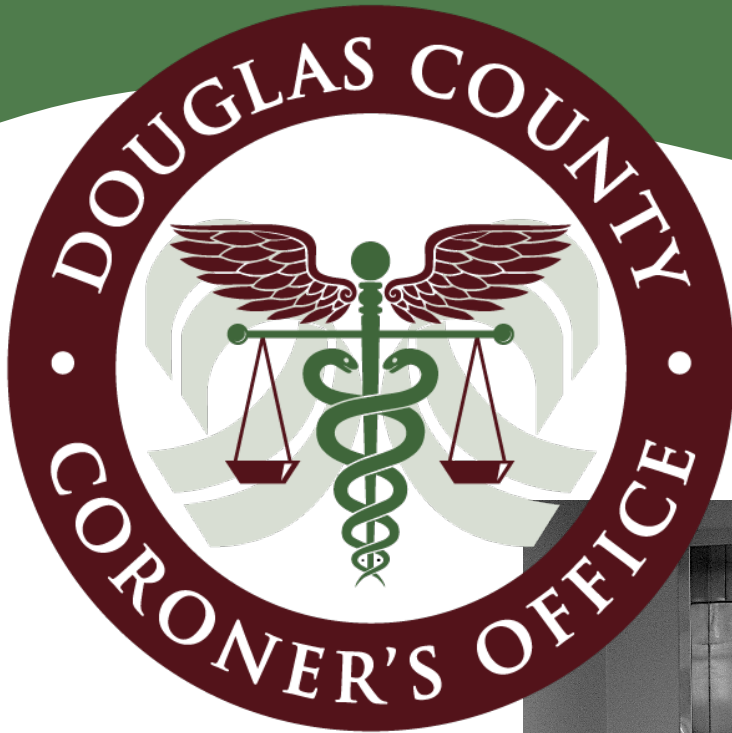


# 2020 ANNUAL CORONER'S REPORT



Douglas County Coroner's Office

4000 Justice Way, Castle Rock, CO 80109-7546

Phone: 303-814-7150 / Fax: 1-877-274-7495 / <https://www.douglas.co.us/county-coroner/>



## DEDICATION

We recognize that each case within this report represents the death of a person whose absence is grieved by beloved family, friends, and our community. To those individuals, their loved ones, and to all the citizens of Douglas County who share in the loss, this report is dedicated.

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## *A Personal Message from Coroner Romann*

Due to the Coronavirus pandemic (COVID-19) last year the determination of COVID-19 as the Primary Cause or a Secondary Cause of Death (COD) is a subject of great debate. The virus causes a myriad of symptoms and injury to multiple bodily organs. The similarity of symptoms between COVID and other co-existing diseases makes the Primary Cause almost indecipherable. That is, a single Primary COD cannot be stated with certainty. This has elicited great angst in the private and business sectors to an extent I have not seen in all my 30+ years of service. Citizens have demanded to know if the decedent died "of/directly" COVID-19 or "with/indirectly" with COVID-19. Since most fatal COVID-19 cases come from the 60 y/o and over cohort, a mix of COVID-19 and co-morbidities is virtually guaranteed. This need-to-know attitude and frequent inability to separate primary from secondary roles in Cause of Death has muddied the water while the Governor has tried to codify quarantine policies by executive order. Vagaries in the death certificate (DC) data then get reduced to directives closing businesses, churches, and schools. The Primary COD on certificates has become a political football accompanied by much rancor here in Colorado. In point of fact, discrimination between "from COVID-19" or "with COVID-19" is a moot point. I claim people die "because of COVID-19". That is the only fact relevant to formulating Public Health Policy.

Know that DCs are designed to include everything that led to a person's death. In Natural Death cases, it is rare to find the COD as COVID-19 and nothing else. To illustrate this point, see the portion of the blank Colorado DC noted below.


NATURAL	NO	THE CAUSE OF DEATH?
<b>CAUSE OF DEATH</b>		
<b>PART I</b> IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)	Enter the chain of events - diseases, injuries, or complications that directly caused the death a. ACUTE RESPIRATORY DISTRESS SYNDROME b. PNEUMONIA c. COVID-19 d.	Approximate interval: Cause to death UNKNOWN  UNKNOWN  UNKNOWN
<b>PART II</b> Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I: ATRIAL FIBRILLATION, RHEUMATOID ARTHRITIS, DIABETES MELLITUS TYPE 2, END-STAGE RENAL DISEASE ON HEMODIALYSIS, HISTORY OF ASPIRATION, SCHATZKI RING		
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN DESIREE S GLEASON DO 10133 RIDGEGATE PARKWAY STE 113 LONE TREE CO 80124		DATE SIGNED APRIL 29, 2020
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER		DATE SIGNED
DATE FILED BY REGISTRAR APRIL 29, 2020		




**DATE ISSUED**    **MAY 07, 2020**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 23-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.


REV 01/18



**A. ALEX QUINTANA**  
STATE REGISTRAR



\* 009976620 \*



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Part I is the Primary Cause of Death, or mechanism of death. There should be no ambiguity about the cause. Part II is an accounting of contributory co-morbidities which are significant but may have existed for some time prior to the decedent's death. Diseases listed in Part II are sometimes self-inflicted and contribute to death. Chronic obstructive pulmonary disease, hypertension, obesity, Type II Diabetes and chronic alcoholism are examples. Some diseases are not of our making but still participate in death. Dementia, Type I Diabetes, atherosclerotic vascular disease and chronic kidney

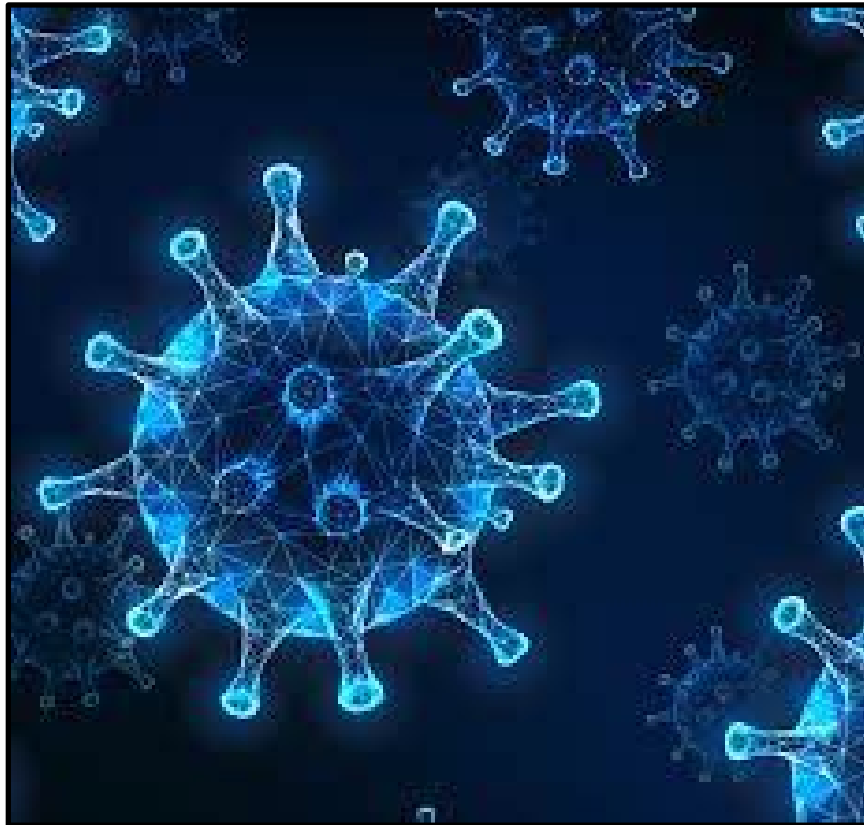


disease are examples. This list is endless, yet they all influence resistance to the primary COD (Part I). So where does COVID-19 belong on the DC? Answer. Sometimes in Part I and sometimes in Part II.

I agree with Dr. Deborah Birx (Former White House Response Coordinator for the Coronavirus Task Force) wherein ALL deaths in which Covid-19 played a role shall be counted. Why? Because victims are dead and quantifying COVID-19 role in death may not be possible. This is an important link to Public Health policies and procedures. How much of a role is not THE question? The key issue is that the mere presence of COVID-19 virus at the time of death in conjunction with the other co-morbidities represents a causal relationship. It is then countable as a COVID death. Here is a fact: COVID-19 is a deadly virus. People wanting to complicate the DC record by separating one cause from another for political or economic reasons makes no sense. The DC is an all-inclusive statement of contemporary community Public Health. Sharply separating the primary and secondary COD is simply not always possible with today's science.

The DC is a time-tested instrument of Public Health. It is clearly the statutory responsibility of the coroners/medical examiners and other healthcare professionals to document reality in the Death Certificate as accurately as possible. This should be of some comfort to the Douglas County community.

-Coroner Jill Romann



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## Duties of the Coroner's Office



The Coroner's Office is a statutory office, mandated by the Colorado Constitution and Colorado Revised Statutes (C.R.S.) 30-10-601 through 621. Under these statutes, the Coroner's primary role is to make proper inquiry regarding the cause and manner of death of any person who dies under the jurisdiction of the office.

Types of deaths that are reported to the Coroner:

- No physician in attendance.
- The attending physician is unable or unwilling to certify the cause of death.
- The attending physician has not been in actual attendance within the past 30 days prior to death.
- All cases in which trauma may be associated with the death, such as traffic accidents, gunshots, falls, etc. This includes inpatients who have sustained fractures any time in the past.
- Deaths by poisoning, suspected poisoning, chemical or bacterial, industrial hazardous material or radiation.
- All industrial accidents.
- Skeletonized Remains.
- Known or suspected suicides.
- Deaths due to self-induced or unexplained abortion.
- Operating room deaths and deaths that occur during a medical procedure.
- All unexplained deaths.
- Deaths that occur within 24 hours of admission to a hospital or nursing care facility.
- Deaths in the custody of law enforcement.
- Deaths of persons in the care of a public institution.
- From disease, which may be hazardous or contagious or which may constitute a threat to the health of the general public.

Deaths meeting the above criteria are investigated by the Coroner, with jurisdiction that may or may not be assumed in individual cases with autopsies performed as determined necessary by the Coroner. Per statute, autopsies must be performed by a Forensic Pathologist (CRS 30-10-606.5). The result of the investigation determines final cause and manner of death.

The cause of death is defined as the disease or injury that resulted in the death of an individual. The manner of death is ruled as Natural, Accident, Homicide, Suicide, or Undetermined. Undetermined manner of death includes deaths in which the manner could not clearly be determined, as in some drug overdoses where there is no clear evidence as to whether the event occurred with intent or accidentally. Undetermined is also used for Sudden Unexpected Infant Death Syndrome (SUIDS), and in other cases, such as found skeletal remains, where no other clear manner of death can be determined.

In addition, associated responsibilities of the Coroner's Office include, but are not limited to:

- Legal pronouncement of death.
- Legal identification of the deceased.
- Taking custody of the body and personal belongings.

- Legal identification and notification of next-of-kin.
- Issuance of death certificates.
- Helping families understand the actions of the Coroner's Office and helping them through the grieving process.

The Douglas County Coroner's Office operates 24/7/365 serving the citizens of Douglas County! We don't close for lunch and we personally answer your phone calls (no voice queue).

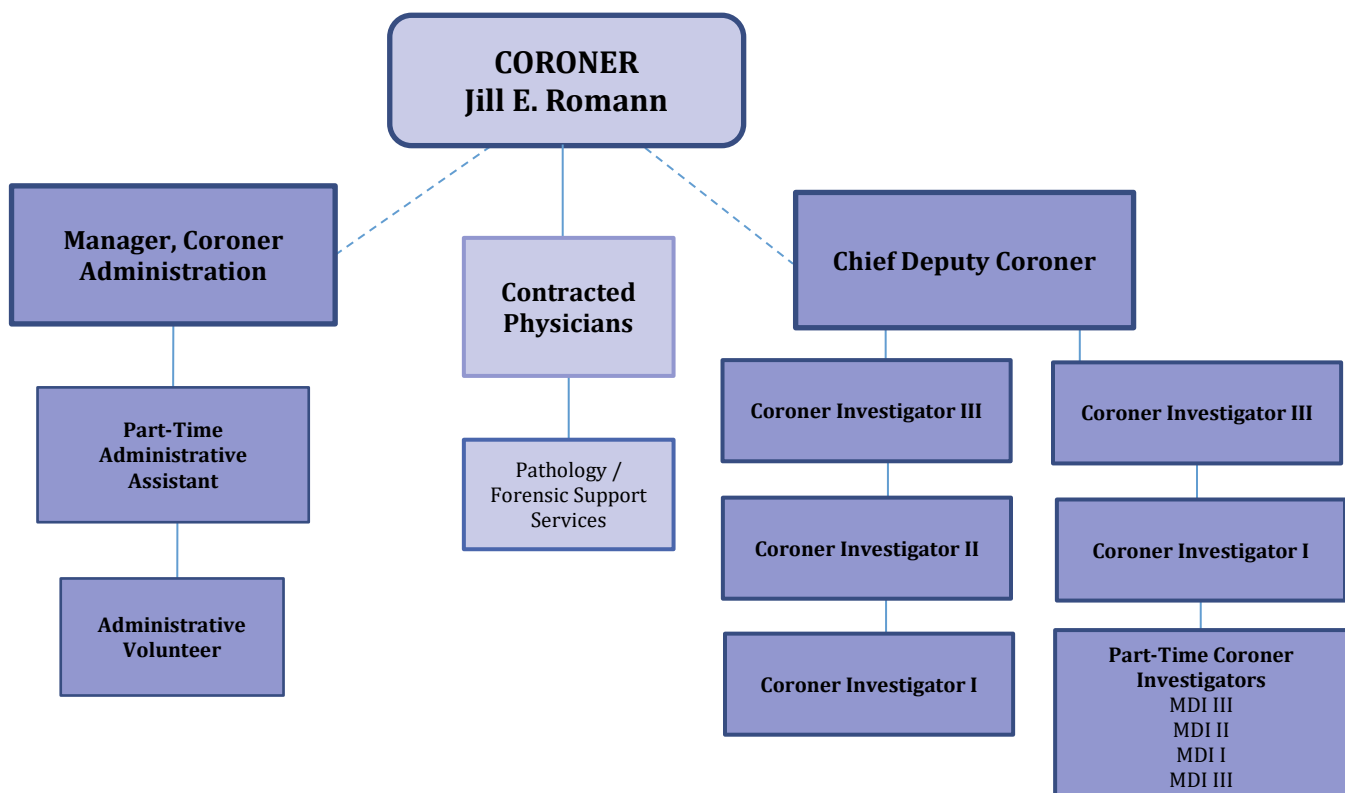
### **MISSION STATEMENT**

*As an impartial, independent agency, our mission is to serve the public by providing the citizens of Douglas County, medical professionals, and members of the justice system, with accurate, scientific, and unbiased medical based determination of cause and manner of death, as well as completion of associated responsibilities. To this end, we strive for nothing less than excellence in practice, integrity, compassion, and continuous advancement in the field.*

### **CORE VALUES**

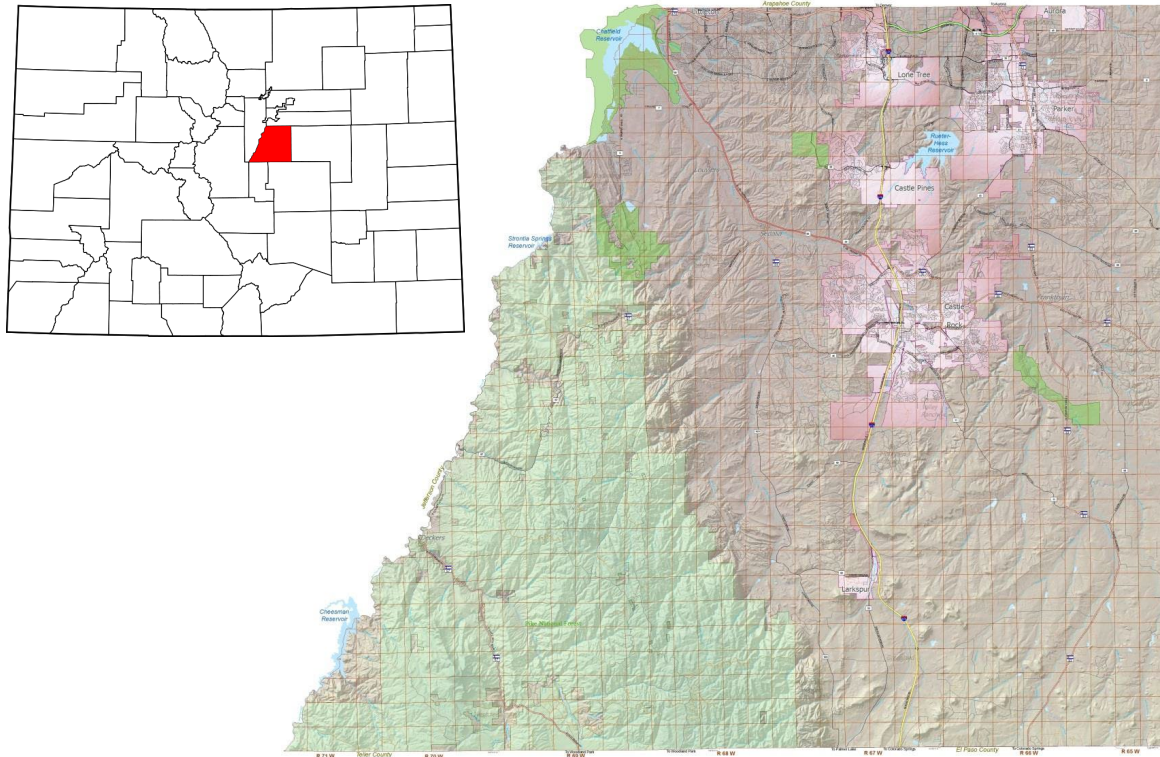
**SERVICE □ COMPASSION □ PROFESSIONALISM □ DIGNITY □ INTEGRITY**

### **DCCO Organizational Chart**

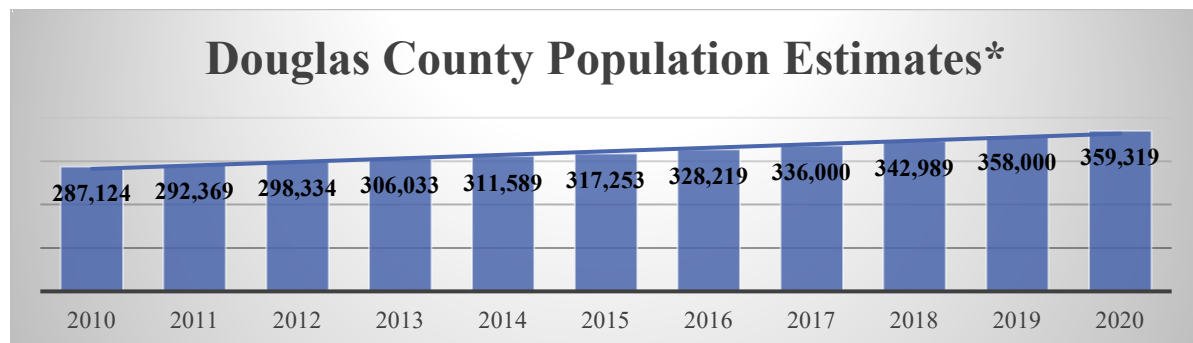


## Jurisdictional Boundaries

Jurisdictional boundaries of the Douglas County Coroner's Office lie coextensive with the boundaries of Douglas County, Colorado. Douglas County lies virtually in the geographic center of Colorado and is approximately 844 square miles in size. It's located between Colorado's two largest cities, Denver and Colorado Springs, and offers a wide array of urban and rural regions. Incorporated municipalities include: Aurora, Castle Pines, Castle Rock (County seat), Larkspur, Littleton, Lone Tree, and Parker. Elevations range from 5,400 feet in the northeast to 9,836 feet at Thunder Butte in Pike National Forest.



## Population of Douglas County



\*2010-2015 Source CO State Demography Office. 2016-2020 Source Douglas County Community Development.

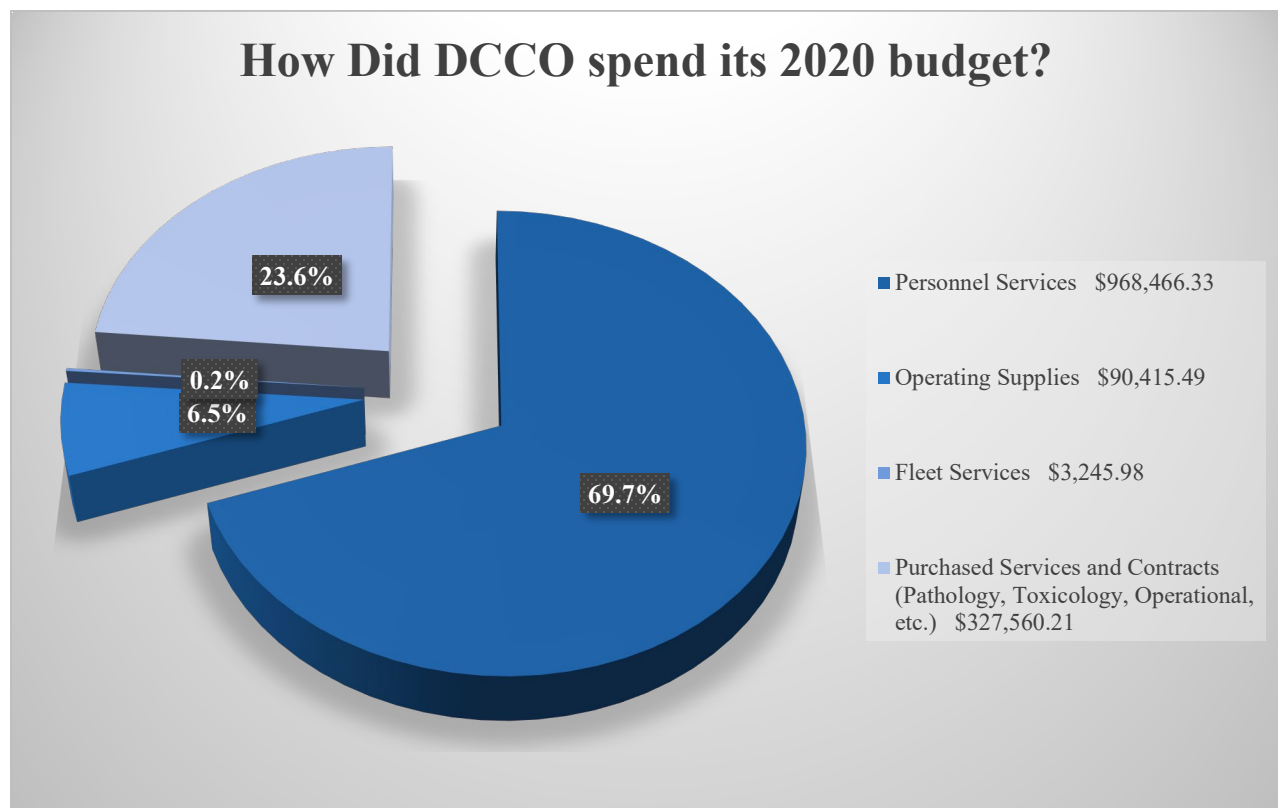
## Budget

### Funding

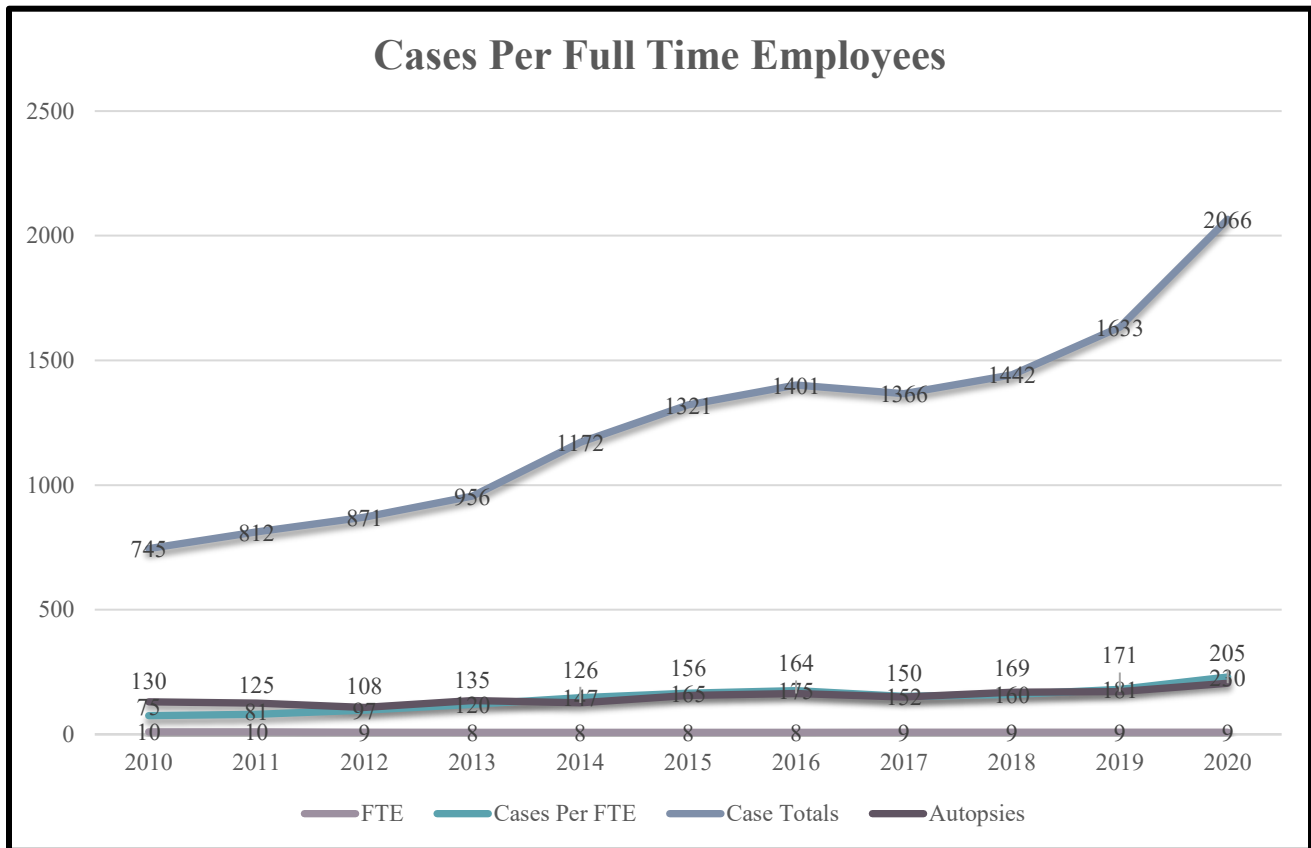
Funding for the Coroner's Office originates from the Douglas County general fund. In 2020, the County Manager and Commissioners approved a budget of \$1,422,179.00. This amount represented less than 1% of the total 2020 General Fund, which was \$154 million. It represented 0.3% of the total 2020 Douglas County annual budget of \$463.2 million.

### Expenditures

Expenditures for the year totaled \$1,389,688.01. Expenditures included Personnel Services, Operating Supplies, Fleet Services, and Purchased Services and Contracts.





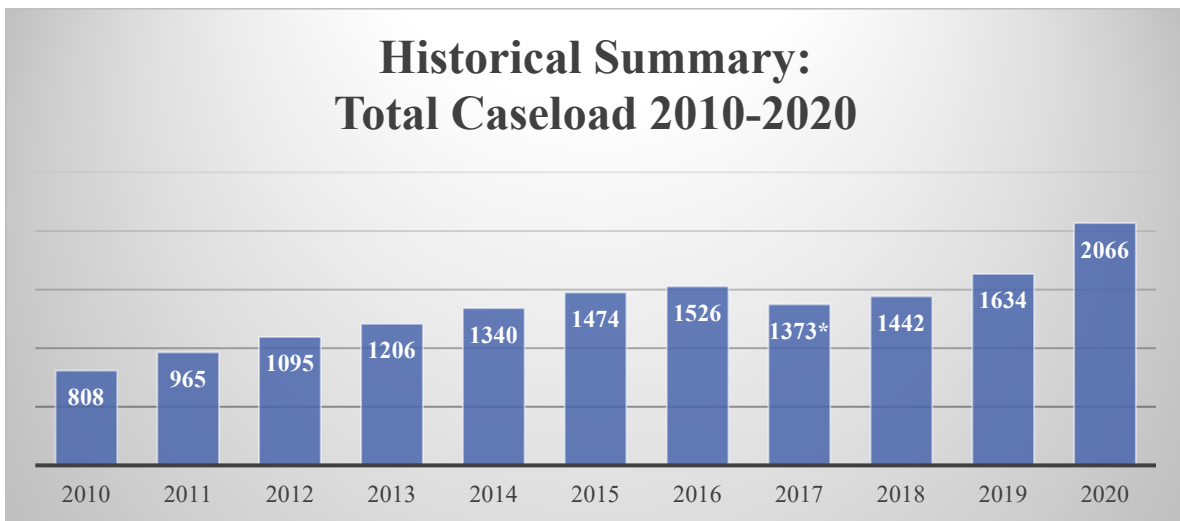
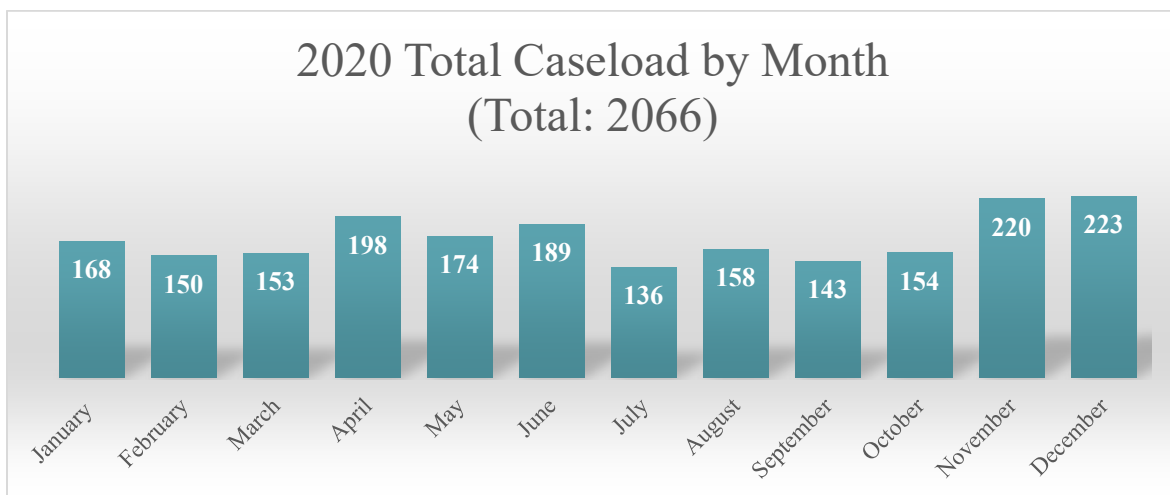


## Revenues

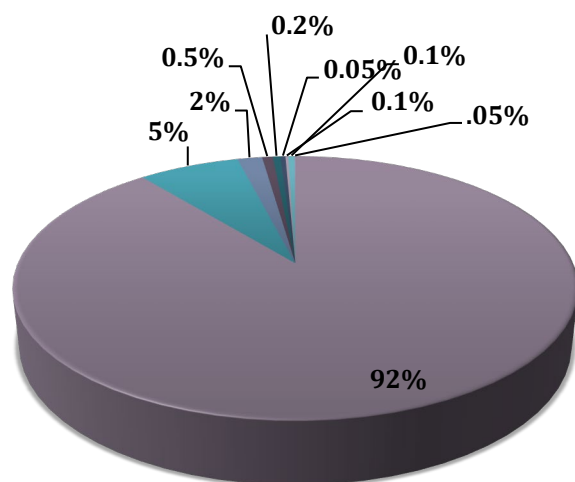
On occasion, the office receives revenue for various operational and administrative functions. For example, in 2020 DCCO received refund for a canceled radiology service agreement, where we discovered we were in compliance and the service wasn't needed. Total revenue for 2020 was \$733.60. This money went back into the Coroner's budget as additional funding.

**2020 CASELOAD**

The overall total caseload for 2020 was 2066, which included Death Investigations (1841), Fetal Demises (35), Bone Investigations (11), Outside Agency Assistance (15), Transfers of Jurisdiction (143), Transfers Declined (7), Unreported Cases (9), Other (4), and Case Reported in Error (1).

**Historical Summary:  
Total Caseload 2010-2020****2020 Total Caseload by Month  
(Total: 2066)**

## 2020 Total Caseload Breakdown (Total: 2066)



- Death Investigations (1841)
- Transfer of Jurisdiction (143)
- Fetal Demise\* (35)
- Outside Agency Assistance (15)
- Bone Investigations (11)
- Transfers Declined (7)
- Other (4)
- Unreported Deaths (9)
- Cases Reported in Error (1)

*\*A fetal demise is defined as "death prior to the complete expulsion or extraction from its mother of a product of human conception, occurring after the twentieth week of pregnancy, and does not include "induced termination of pregnancy" as defined by CRS §25-2-102.*

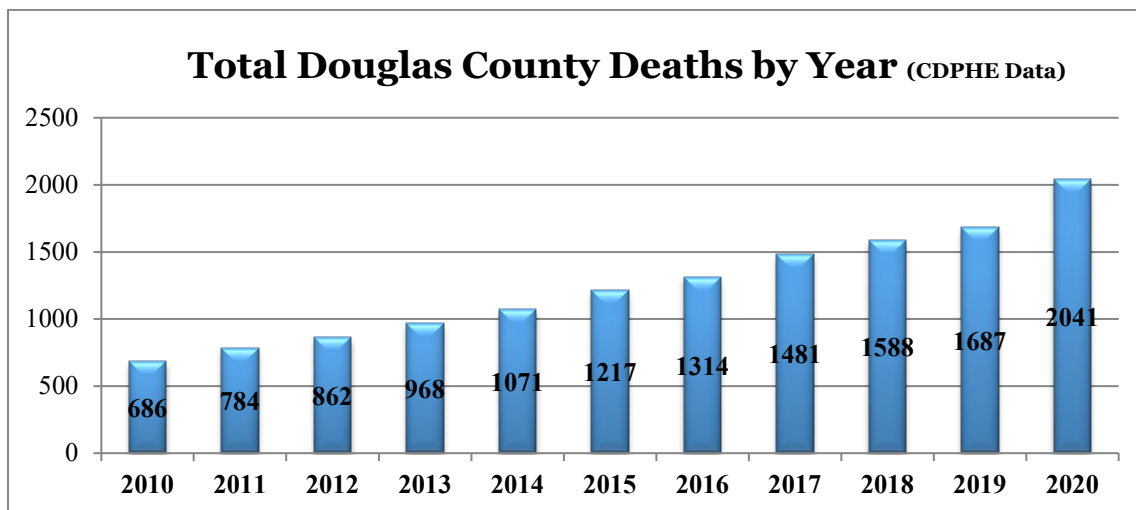
### 2015 - 2020 Comparison

	2015	2016	2017	2018	2019	2020	Y to Y % Change
<b>Overall Caseload</b>	1474	1526	1373	1442	1634	2066	26% ↑
Death Investigations	1209	1252	1215	1308	1496	1841	23% ↑
Fetal Demises	32	36	27	30	35	35	0%
Bone Investigations	6	4	4	2	3	11	2.66% ↑
Outside Agency Assistance	8	7	12	9	10	15	50% ↑
Transfer of Jurisdiction	66	100	105	90	84	143	70% ↑
Autopsy Referrals	153	125	7	0	1	0	100% ↓
Transfers Declined	0	0	0	0	3	7	1.33% ↑
Other**	0	2	2	3	2	4	100% ↑

\*\* (4) Other cases, (9) Unreported Deaths, (1) Case reported in error

Of the overall caseload in 2020, not all cases are considered jurisdictional; Autopsy Referrals, Transfer of Jurisdictions, Outside Agency Assists, Transfers of Jurisdiction which we declined, and Other. While cases require work to meet obligations of the office, they are not considered jurisdictional. **Therefore, the following statistics contained in this report focus only on cases which DCCO retained jurisdiction (1887); Death Investigations (1852), and Fetal Demises (35).**

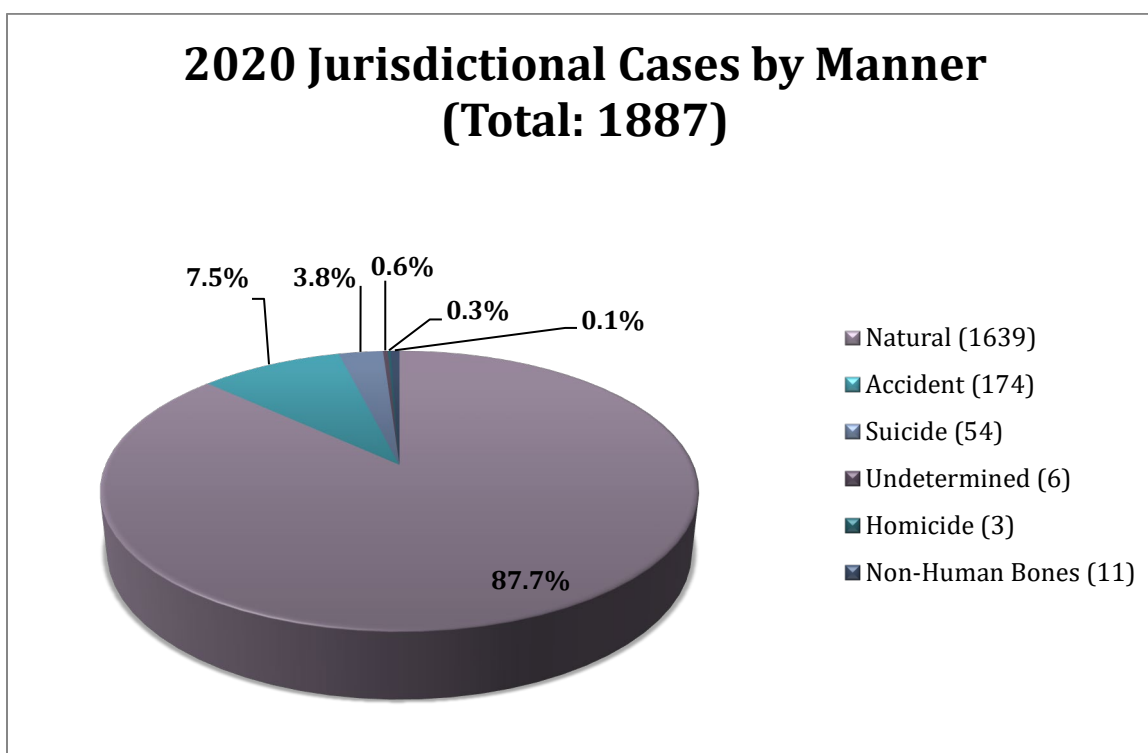
A death certificate is required to be filed with the Colorado Department of Public Health & Environment (CDPHE) for each death that occurs in Douglas County. Discrepancies may exist between CDPHE and Douglas County statistics due to transfer of jurisdiction and the locations of death listed on the death certificate. The chart below reflects the total number of death certificates filed with CDPHE that list the death as occurring in Douglas County since 2010. **99%** of all deaths occurring in Douglas County that were filed with the Colorado Department of Public Health and Environment (CDPHE) in 2020 were reported to the Douglas County Coroner's Office. The difference between CDPHE figures and DCCO figures is other county's deaths the state reported as DCCO cases in error. The average annual increase of deaths reported by CDPHE in Douglas County between 2010 and 2020 has been **10.5%** per year. The increase of deaths from 2019 to 2020 has been **17%**.



*\* Source Colorado Department of Public Health & Environment*

## Jurisdictional Cases

As previously mentioned, one of the primary responsibilities of the Coroner's Office is determining the cause and manner of death. The cause of death is the condition (disease or injury) that created the sequence of events that resulted in the death, and the manner of death is based on the circumstances surrounding the cause of death. In addition, there are cases where the Coroner's Office investigates suspicious death related circumstances. Legally there are five manners of death: Natural, Accidental, Suicide, Homicide, and Undetermined.



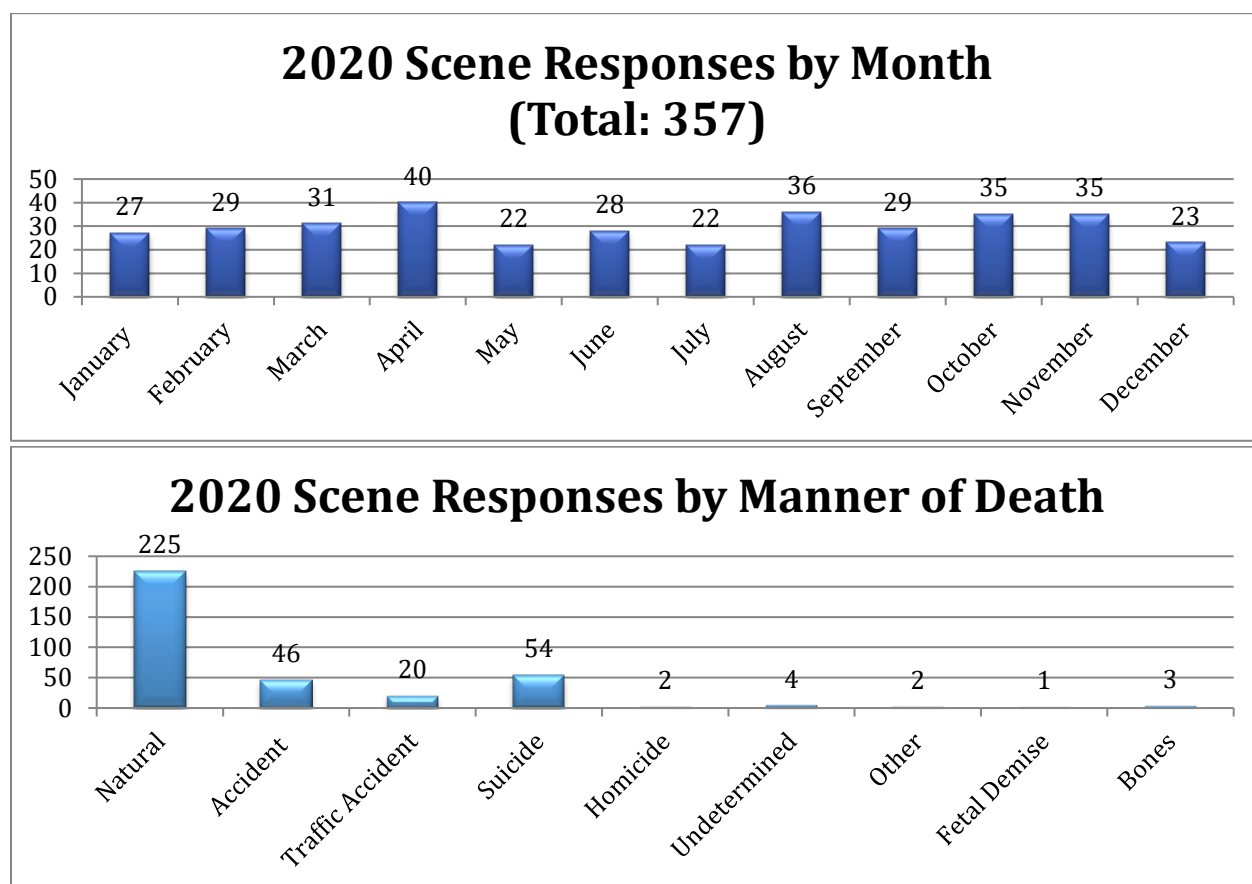
## 2013 - 2020 Comparison

	2013	2014	2015	2016	2017	2018	2019	2020
<b>Natural</b>	844	952	1065	1061	1061	1157	1346	1639
<b>Accident</b>	97	104	106	106	121	111	112	174
<b>Suicide</b>	57	47	58	57	44	60	58	54
<b>Homicide</b>	0	2	2	4	6	3	5	3
<b>Undetermined</b>	5	6	7	7	3	7	10	6
<b>Non-Human Bones</b>			6	4	4	2	3	11

## Scene Responses

The Douglas County Coroner's Office responded to 357 death scenes which accounted for 19% of all the jurisdictional deaths reported to the Coroner's Office in 2020. A scene response is typically made at the request of a Law Enforcement Agency however, the Coroner's Office also responds to calls at hospitals and care centers at their discretion, based on the circumstances reported surrounding the death. When Law Enforcement is involved in a scene investigation, the Law Enforcement Agency has jurisdiction of the scene, while the Coroner's Office has jurisdiction over the body and items directly relating to the death. A collaborative approach is used in these investigations to aid the Coroner's Office in determining the cause and manner of death, and the Law Enforcement Agency in determining if a crime has occurred.

After a scene investigation, the Medicolegal Death Investigator decides whether to transport the body to the Coroner's Office for further examination/investigation, or to release the body directly from the scene to a mortuary of the next-of-kin's choosing. The Coroner's Office may also transport a body to the office as a courtesy hold for the next-of-kin, while a mortuary selection is being made.

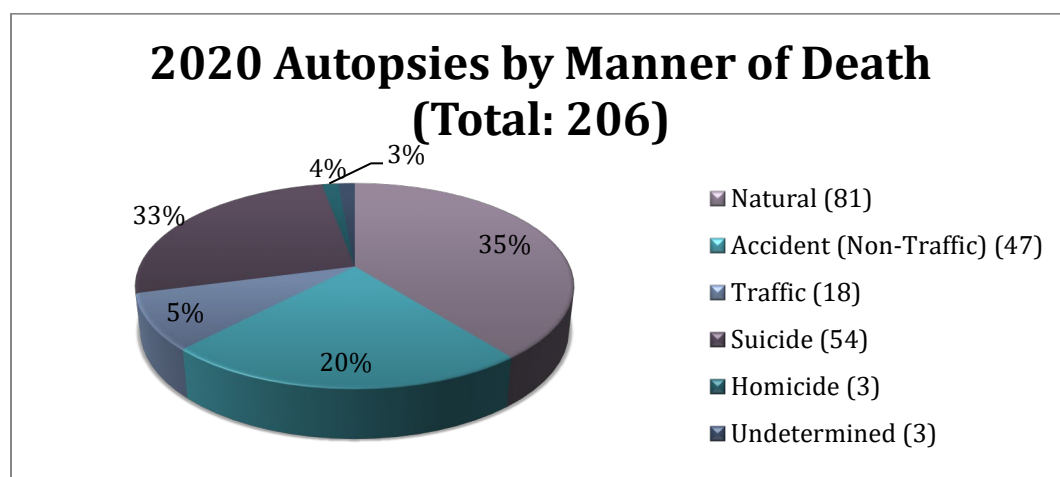
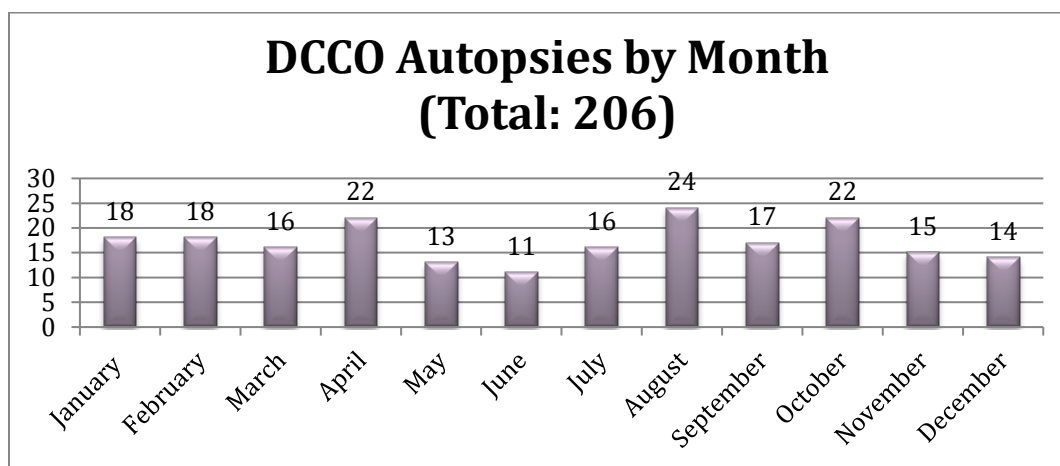


Of the 357 scene responses, 252 decedents were transported to the Coroner's Office, all 252 were transported by DCCO investigators.

## Autopsies

Of the cases the Douglas County Coroner's Office retained jurisdiction over in 2020, 206 or **11%** of the cases required an autopsy to aid in the determination of the cause and manner of death. In the majority of these cases where an autopsy was performed, toxicology and/or histology studies were also performed. Toxicology testing screens for alcohol, illicit drugs, prescription medications, and other substances; while histology testing allows the forensic pathologist to study tissues on a microscopic level.

Autopsies are performed in deaths where there is a lack of an established medical history, most suicides, most traffic incidents, and deaths where there is possible criminal action. An autopsy may not be performed in the instance where an individual was hospitalized and the medical record thoroughly documented sustained injuries, which clearly led to the cause of death.



Of the 206 autopsies performed in 2020, all were full autopsies. Toxicology studies were performed in 206 cases. **99.9%** of toxicology was completed in under 30 days

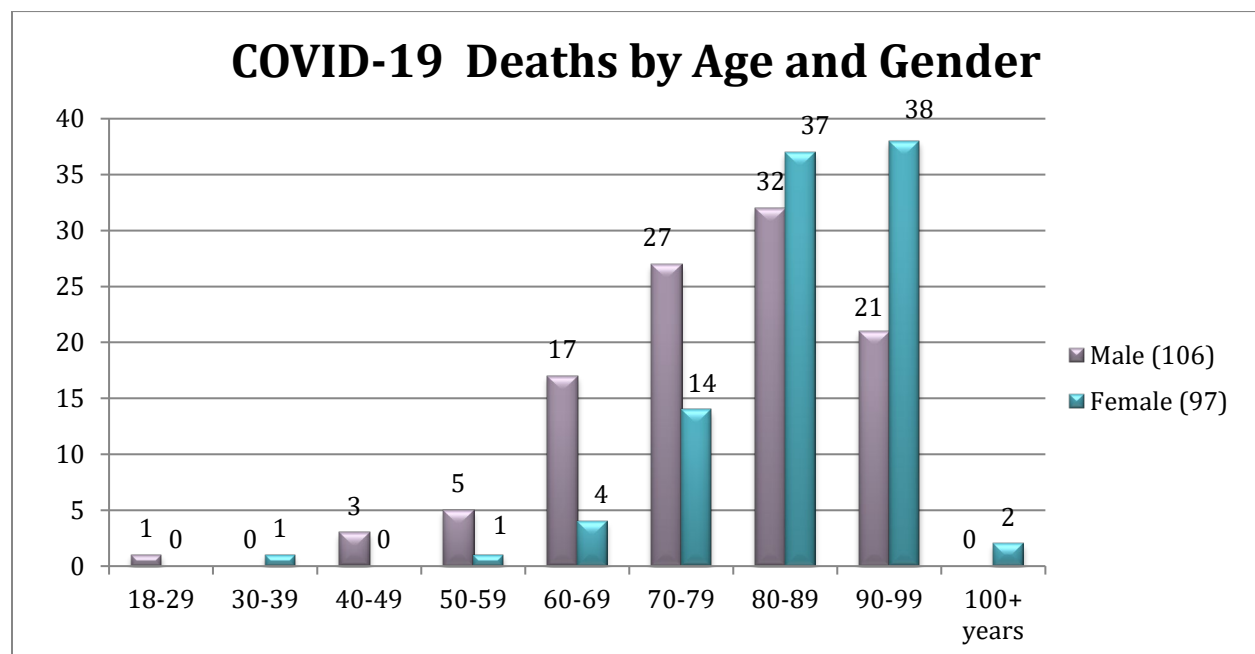
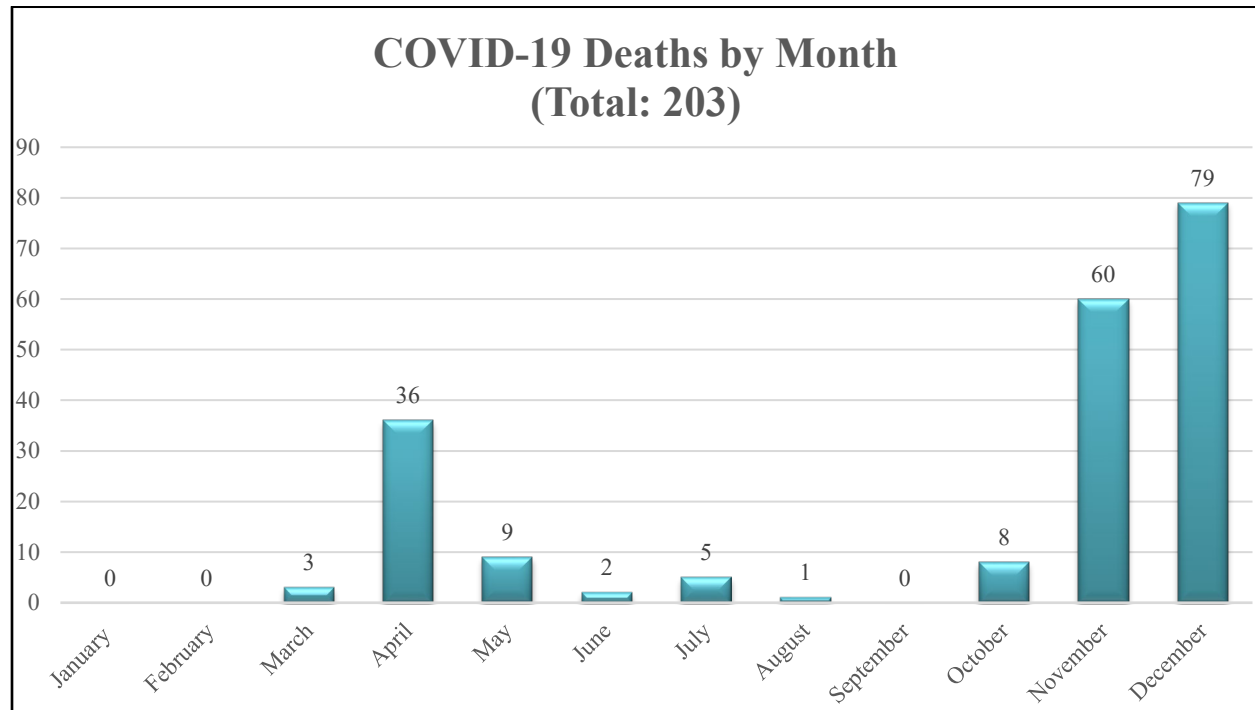


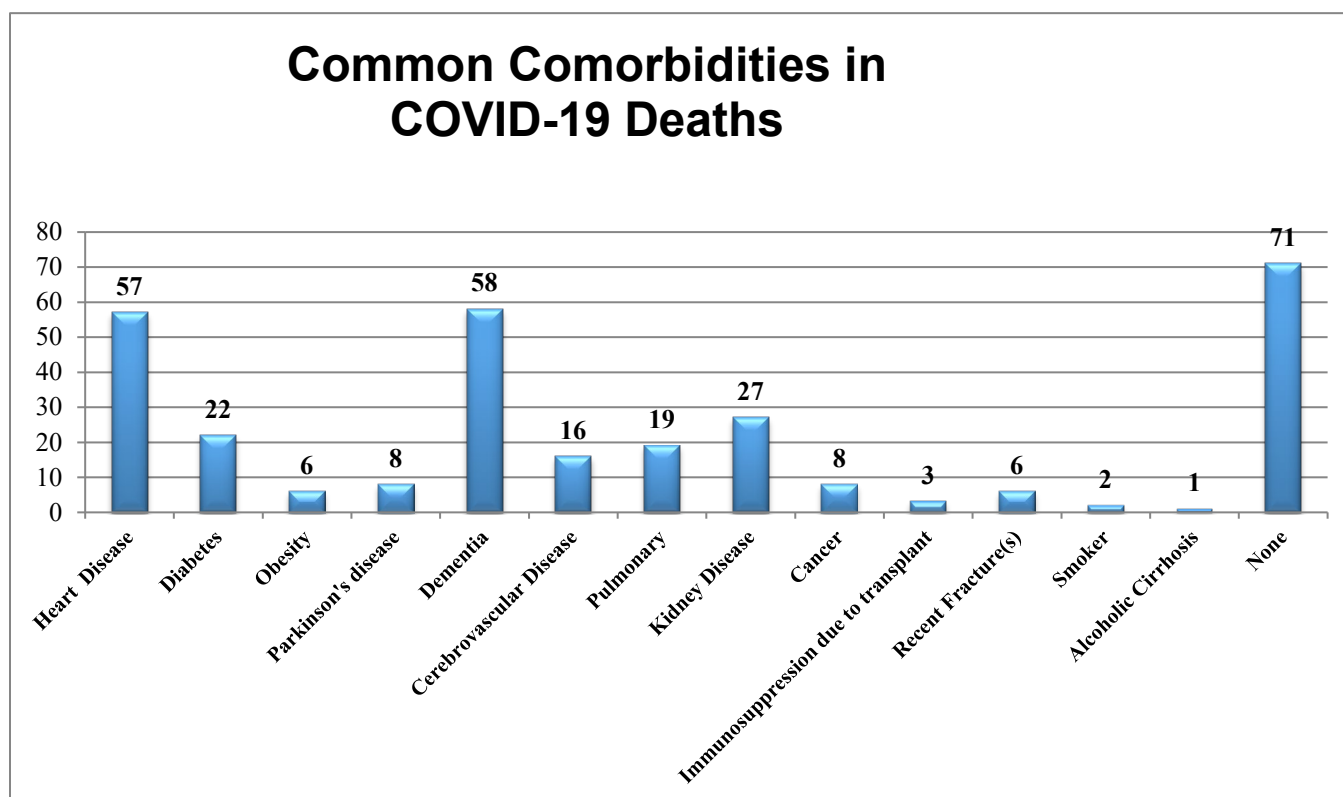
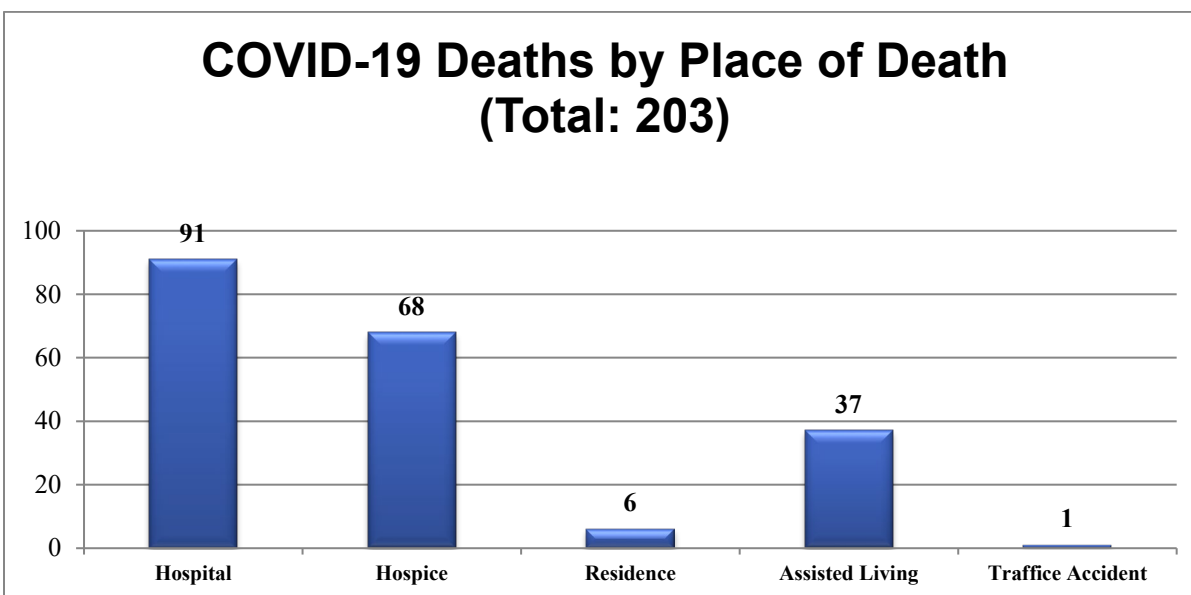
# COVID-19 Death Reporting

In December 2019, an outbreak of a respiratory disease associated with a novel coronavirus was reported in the city of Wuhan in the Hubei province of the People's Republic of China. The virus has spread worldwide and on March 11, 2020, the World Health Organization declared Coronavirus Disease 2019 (COVID-19) a pandemic. The first case of COVID-19 in the United States was reported in January 2020 and the first death in February 2020, both in Washington State. Since then, the number of reported cases in the United States has increased. The first known confirmed COVID-19 death in Douglas County was on March 25, 2020.

Of the total natural Douglas County deaths, COVID-19 makes up 11%.

One of the most important methods of mortality surveillance is through monitoring causes of death as reported on death certificates. Death certificates are registered for every death occurring in the United States, offering a complete picture of mortality nationwide. The death certificate provides essential information about the deceased and the cause(s) and circumstances of death. Appropriate completion of death certificates yields accurate and reliable data for use in epidemiologic analyses and public health reporting. A notable example of the utility of death certificates for public health surveillance is the ongoing monitoring of pneumonia and influenza deaths.





Some COVID-19 deaths will involve multiple co-morbidities while there are others with no co-morbidities.

**Cause-of-Death Reporting:** When reporting cause of death on a death certificate, DCCO uses any information available, such as medical history, medical records, laboratory tests, an autopsy report, or other sources of relevant information. Similar to many other diagnoses, a cause-of-death statement is an informed medical opinion that should be based on sound medical judgment drawn from clinical training and experience, as well as knowledge of current disease states and local trend.

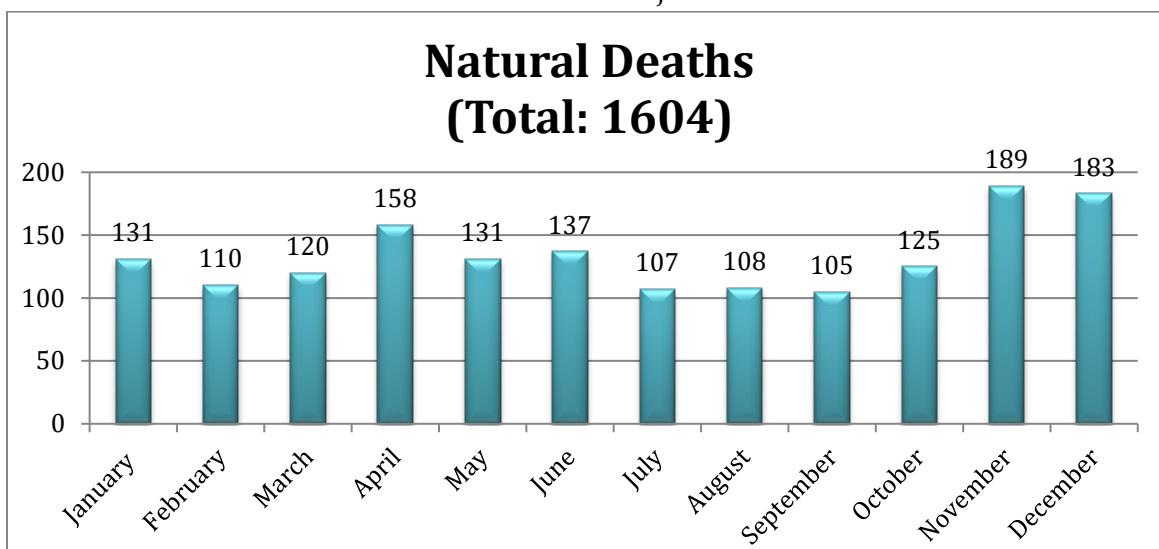
## STATISTICS BY MANNER OF DEATH

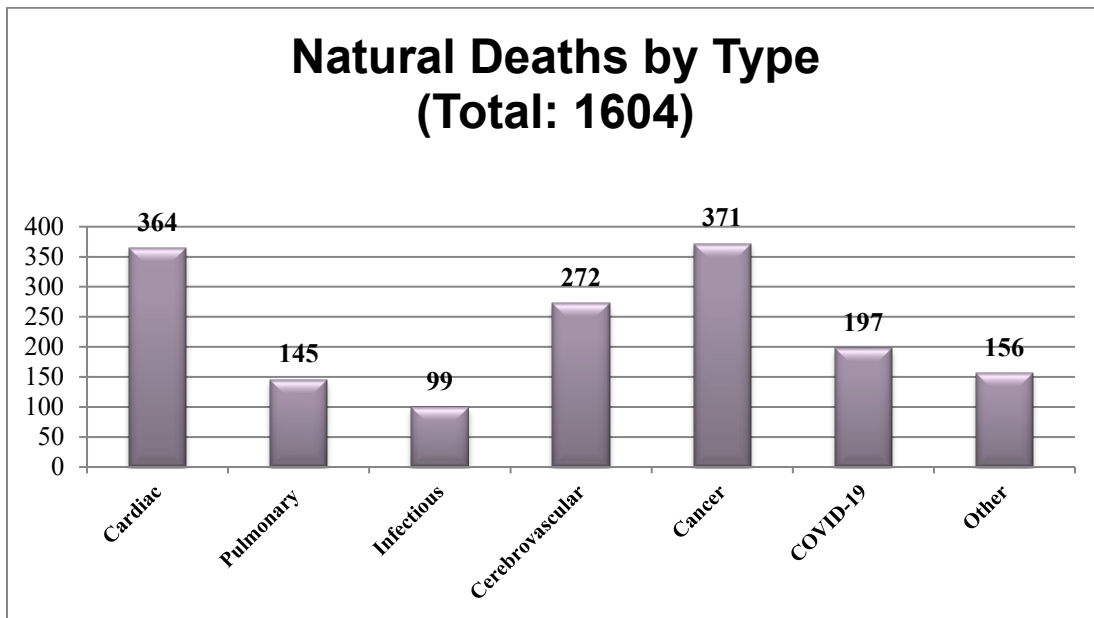
### Natural Deaths

Natural deaths are classified as deaths occurring due to a natural disease and/or aging process. For statistical purposes, the natural deaths reported to the Douglas County Coroner's Office are broken down into deaths due to cardiac disease (i.e. cardiomyopathy or atherosclerotic cardiovascular disease), pulmonary disease (i.e. chronic obstructive pulmonary disease), infectious disease (i.e. pneumonia or sepsis), cerebrovascular disease (i.e. dementia or amyotrophic lateral sclerosis), cancer, or other disease (i.e. renal failure or complications of diabetes).

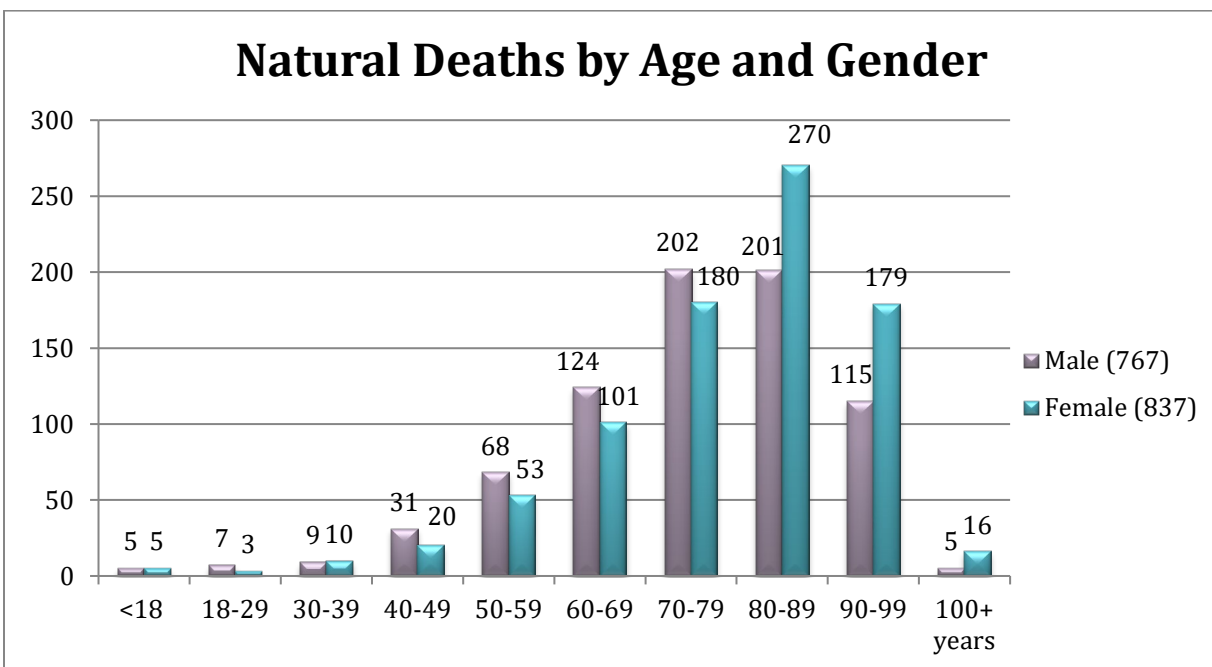
In many instances when a natural death is reported, the decedent's physician will issue the death certificate. The majority of deaths reported to the Coroner's Office are deaths due to natural causes.

Natural deaths accounted for **85%** of the total DCCO jurisdictional deaths for 2020.





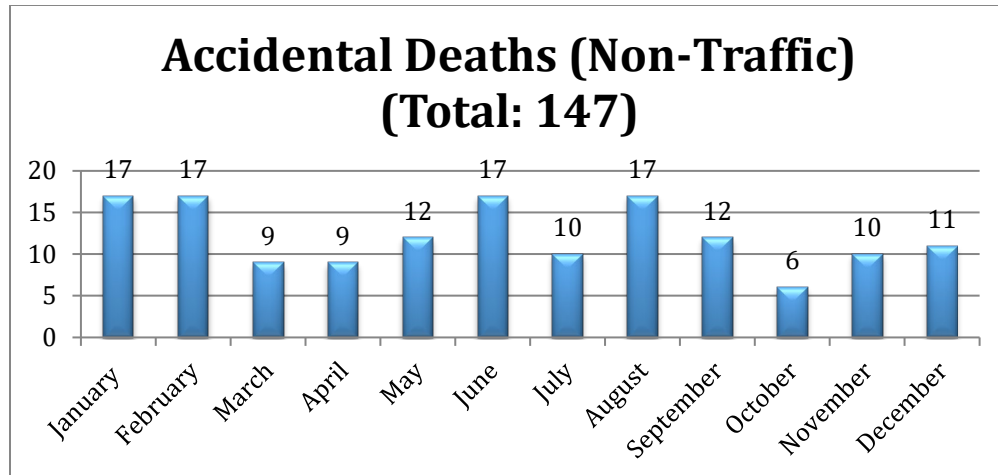
Of natural deaths, 364 were deemed cardiac related, 145 pulmonary, 97 infectious, 272 cerebrovascular, 369 cancer, COVID-19 197, and 156 other. This does not include the 35 fetal demise deaths that were reported in 2020.



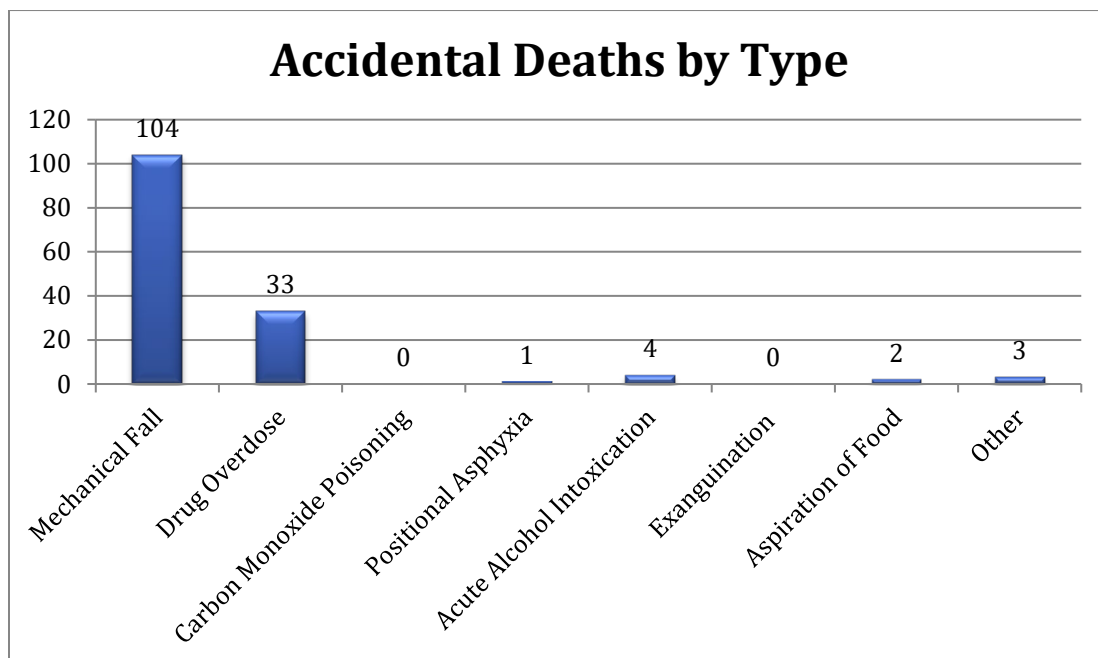
## Accidental Deaths

Accidental deaths are deaths that result from injury or poisoning that occurred without the intent for harm or to cause death. They are divided into Non-Traffic, and Traffic related sub-categories.

Non-Traffic accidental deaths accounted for 7.8% of the total DCCO jurisdictional deaths for 2020.

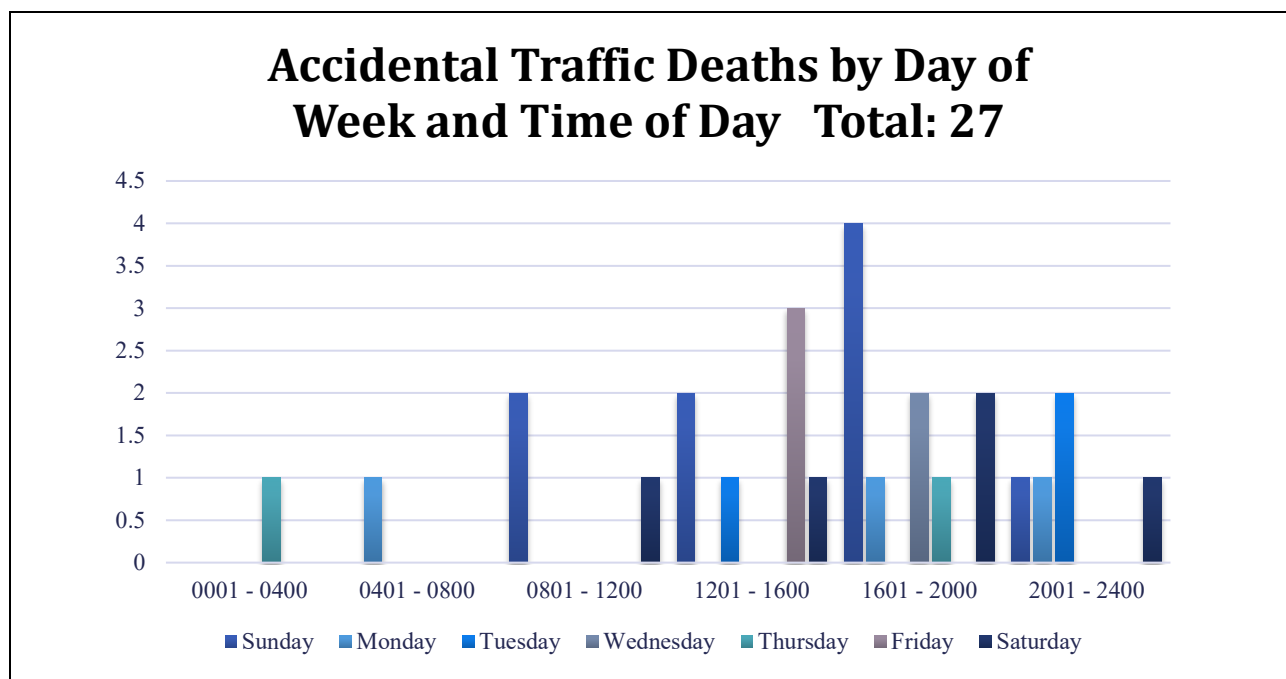
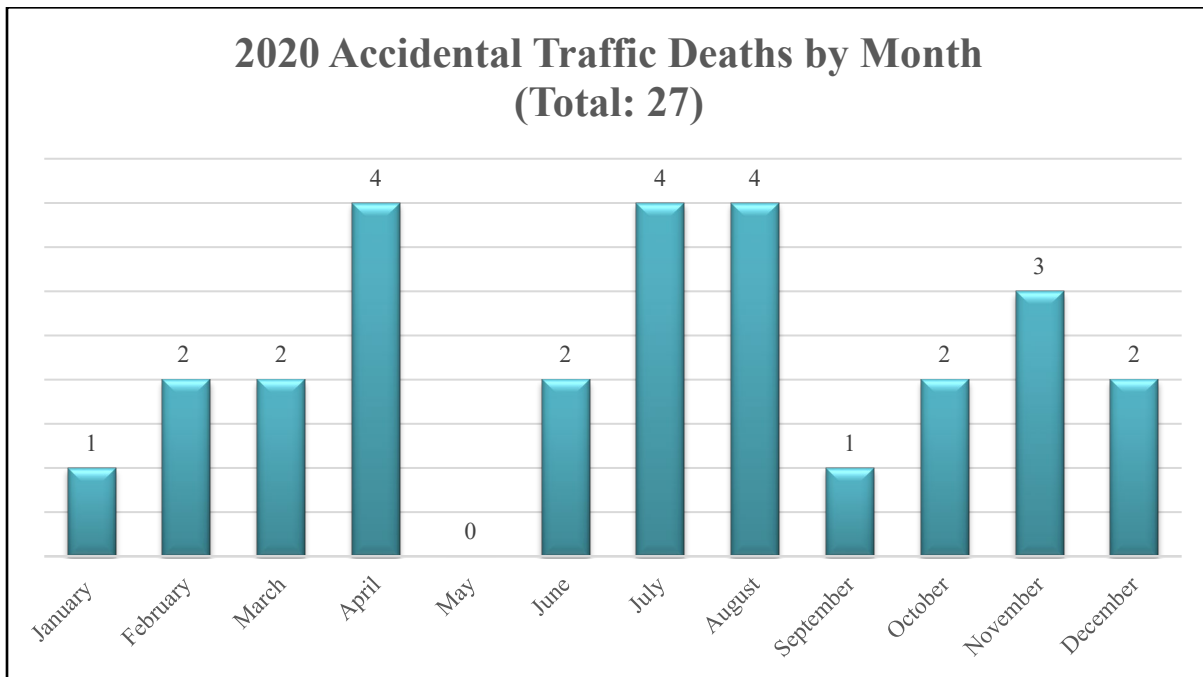


Of the Non-Traffic related accidental deaths reported to the Douglas County Coroner's Office, most of the deaths were related to an unintentional drug overdose or complications of a mechanical fall; typically, a fracture or head injury.



Traffic related accidental deaths include deaths in which the deceased was an occupant of a motor vehicle, motorcycle, tractor, bicycle, pedestrian, etc. involved in a motor vehicle-pedestrian incident.

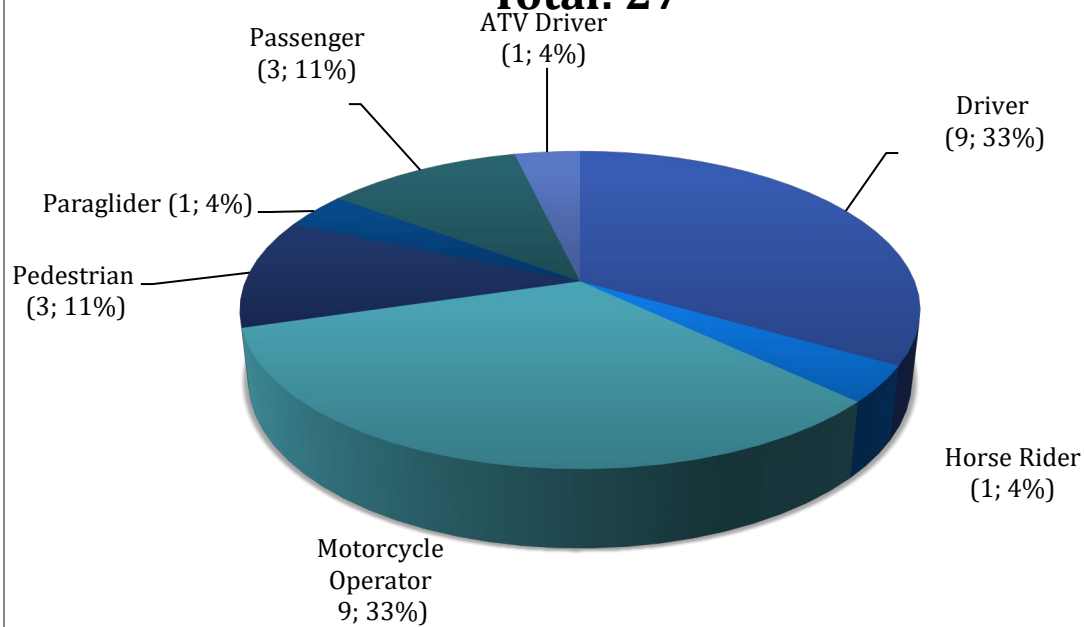
Traffic related accidental deaths accounted for 1% of the total DCCO jurisdictional deaths for 2020.



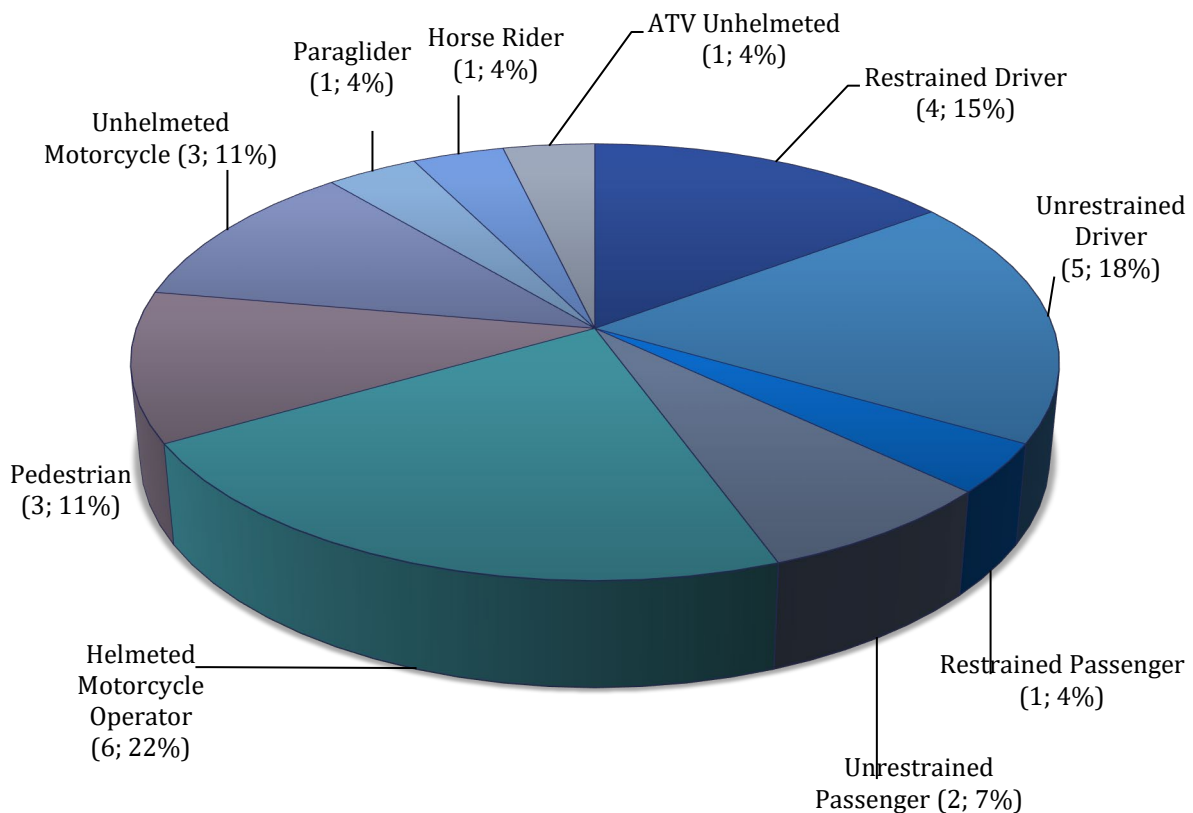


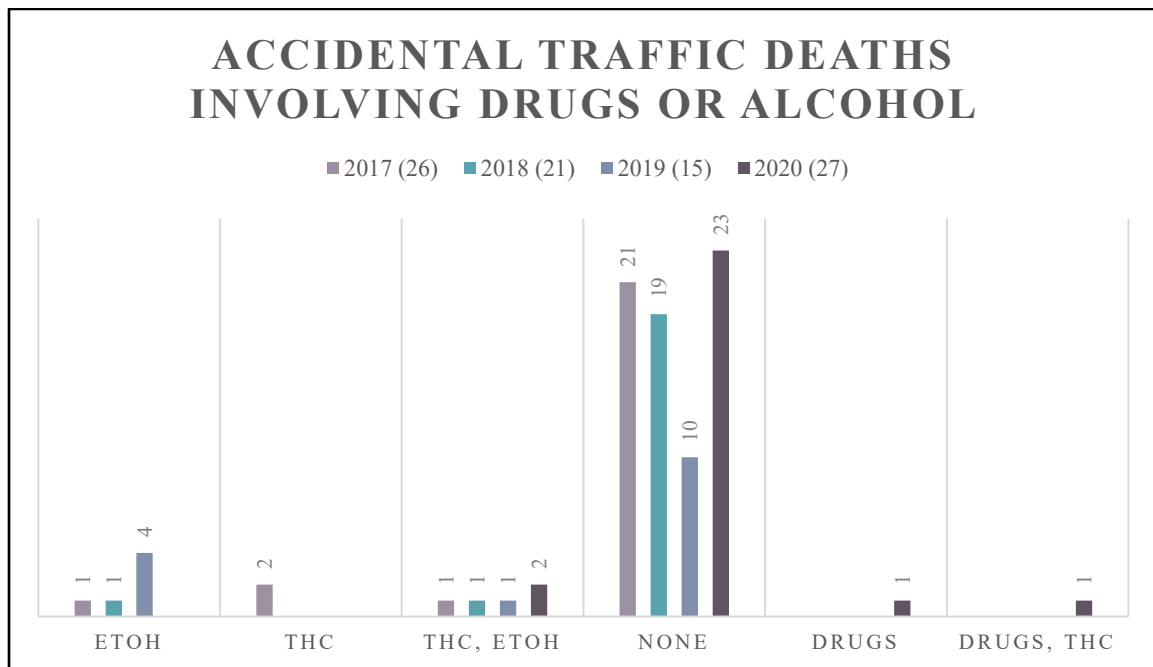
## Accidental Traffic Deaths by Victim Type

**Total: 27**



## Safety Equipment in Accidental Traffic Deaths (Total: 27)

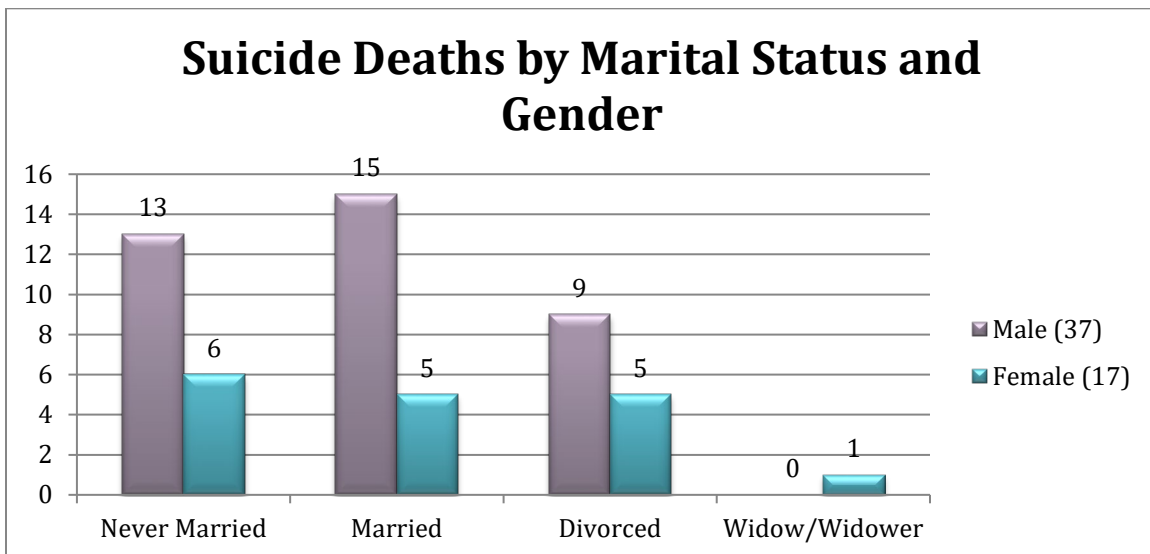
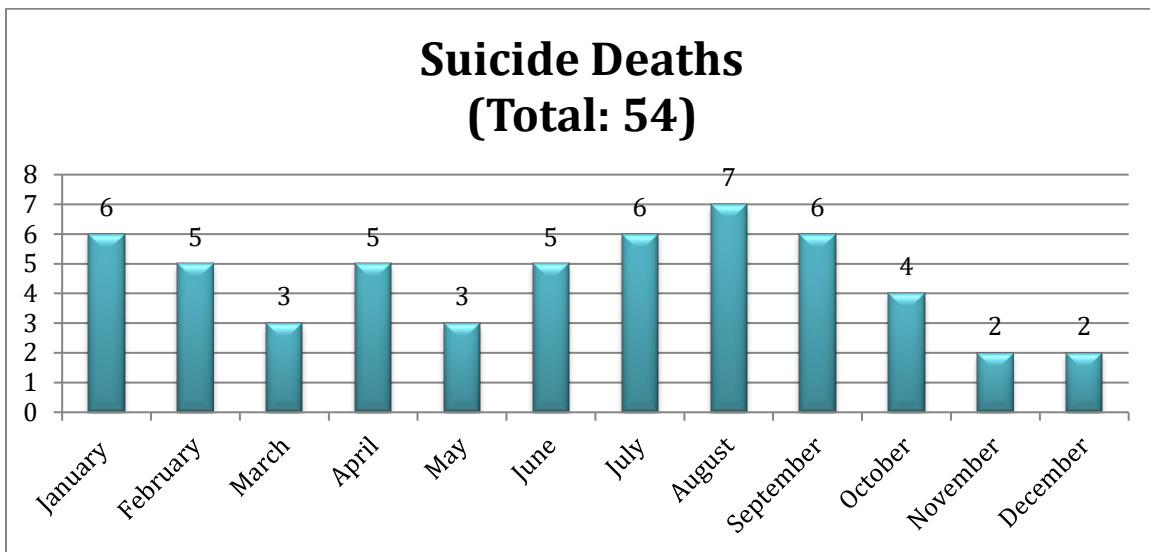


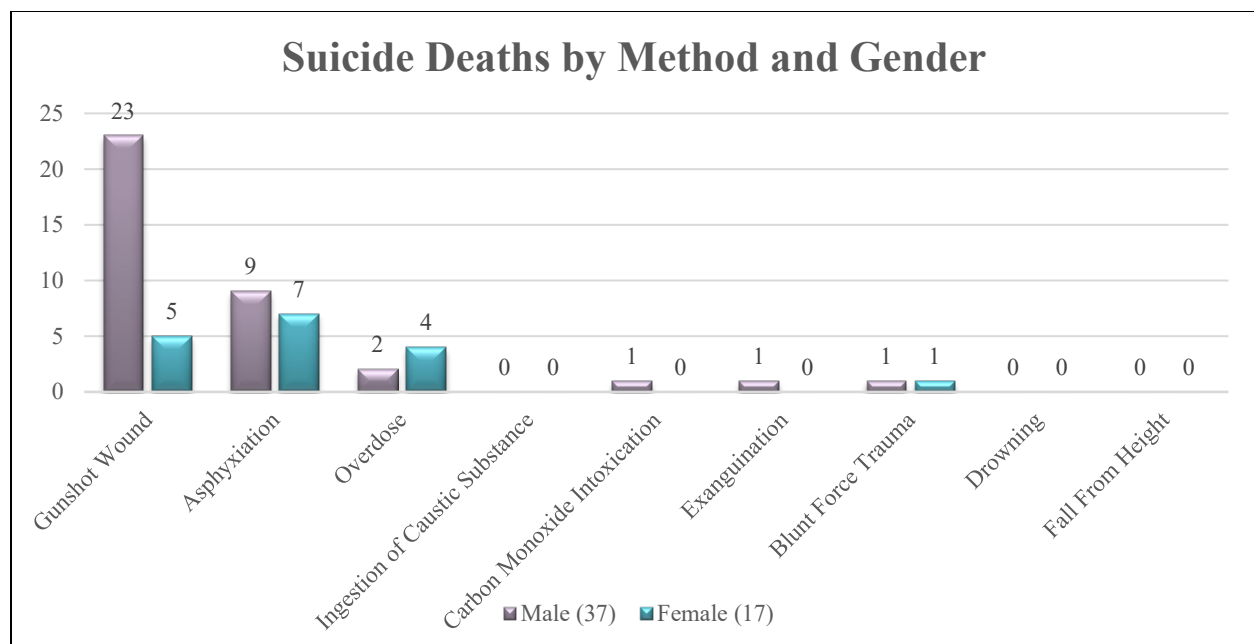
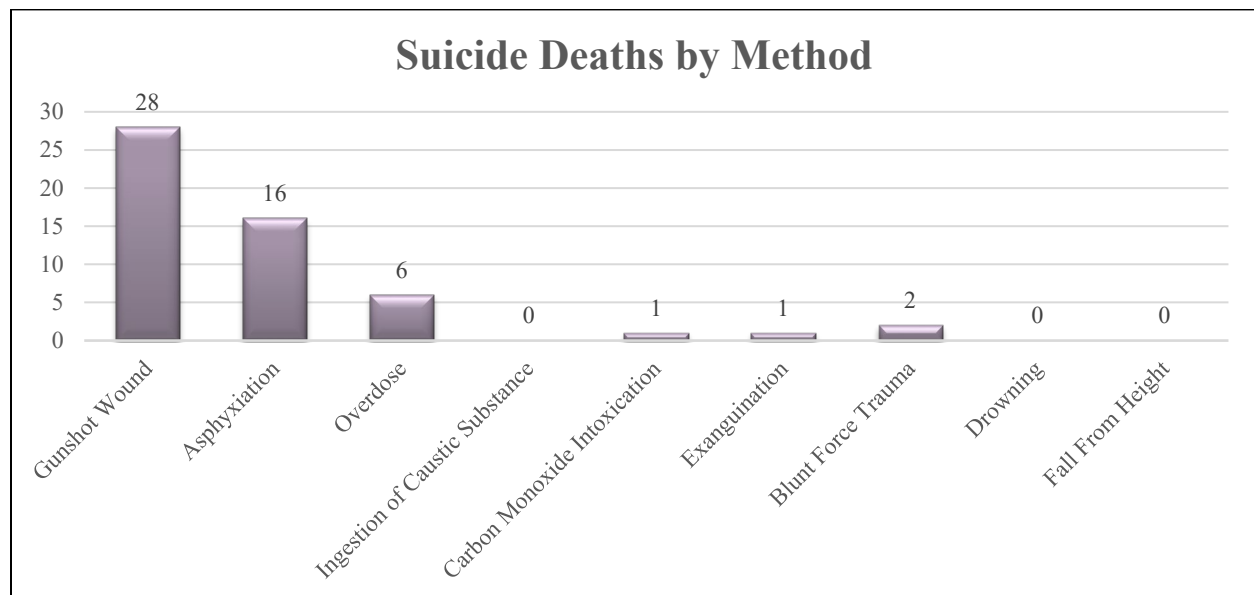
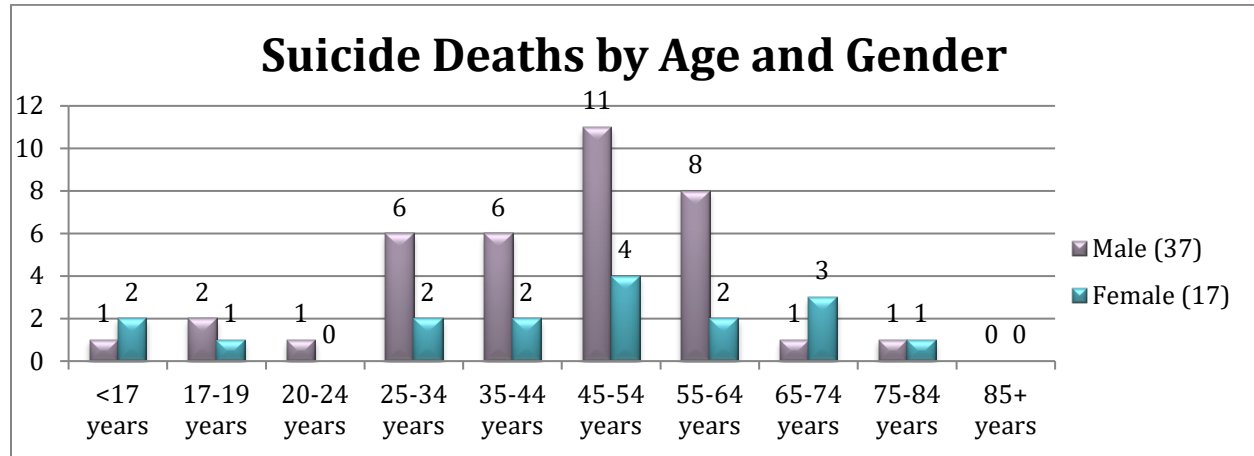


## Suicide Deaths

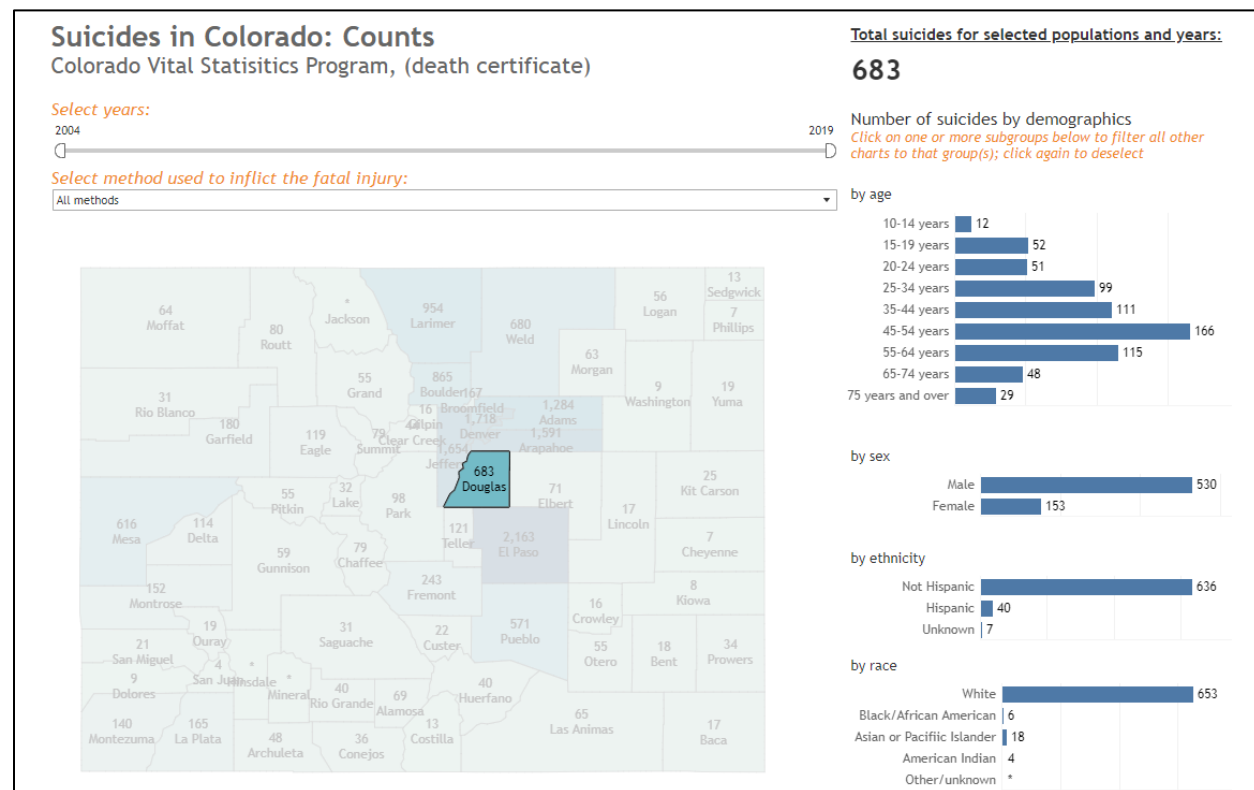
Deaths that are classified as suicide are those that occurred as a result of self-inflicted injury. In 2020, **68.5%** of the deaths were those of males, which is consistent with nationwide figures. The most common method of suicide in 2020 was firearm related (**52%**) followed by asphyxiation, most commonly due to hanging (**30%**).

Suicide deaths accounted for **2.8%** of the total DCCO jurisdictional deaths for 2020.





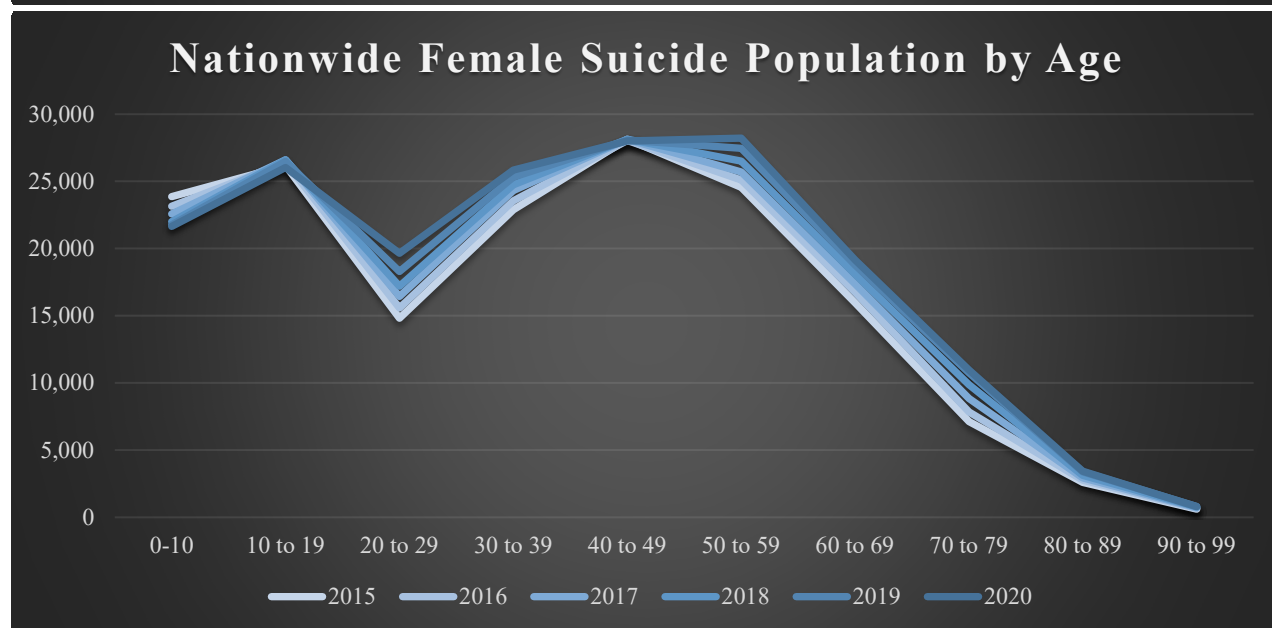
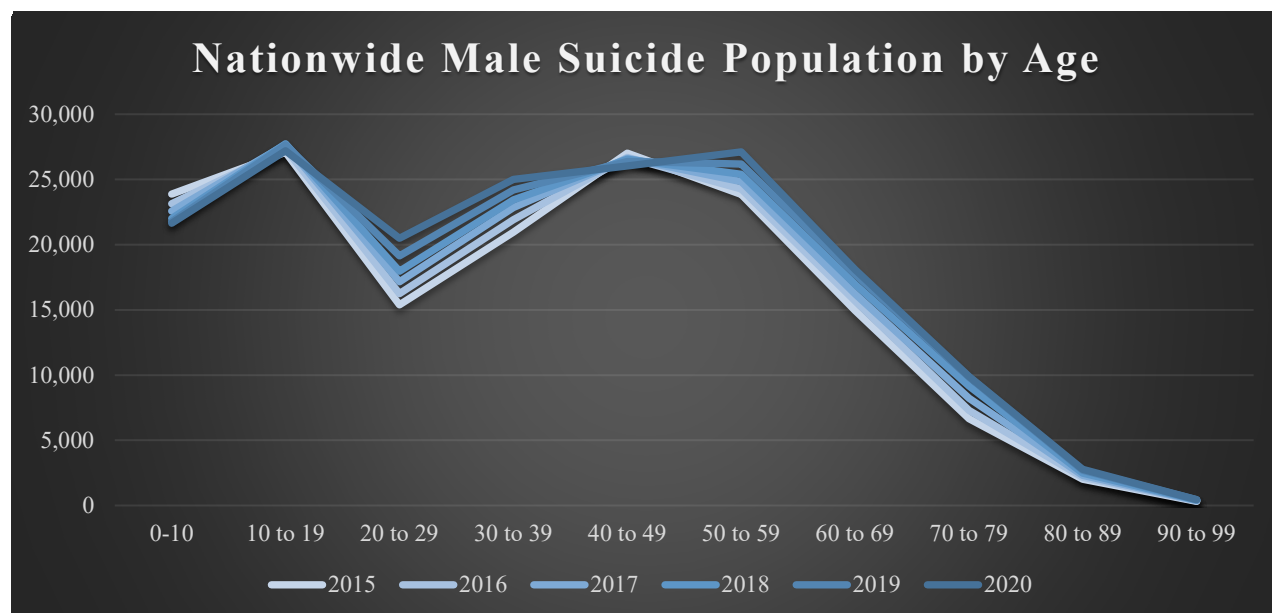
Colorado Department of Public Health and Environment, Center for Health & Environmental Data, also tracks suicide statistics on their website. This site has interactive data for the entire state of Colorado. [https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CoVDRS\\_12\\_1\\_17/Story1?embed=y&:showAppBanner=false&:showShareOptions=true&:display\\_count=no&:showVizHome=no#4](https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CoVDRS_12_1_17/Story1?embed=y&:showAppBanner=false&:showShareOptions=true&:display_count=no&:showVizHome=no#4)



## National Suicide Data

### Notable findings:

- Douglas County's overall suicide rate is somewhat higher than the national average.
- The rate has fallen somewhat over the last several years due to population growth.
- Men commit suicide at significantly higher rates than women both in Douglas County and nationally.
- The rate among men was generally higher than the nationwide average from 2015 to 2018 (2017 was lower) but now appears closer to or lower than the US rate.
- In 2020 the rate of suicide was highest among Douglas County men aged 50-59, and above the national average for that age group.
- The rate among women appears higher than the US rate, 2015 and 2017 excluded.
- The rate among women 45+ in particular, appears higher than the US rate for those age ranges.



Year	Douglas County Population	Suicides	Douglas County Suicide Rate (Per 100,000 population)	US Rate (per 100,000)
2015	322,319	58	17.99	13.3
2016	328,548	57	17.35	13.4
2017	336,149	44	13.09	14
2018	343,326	58	16.89	14.2
2019	351,528	56	15.93	
2020	357,187	54	15.12	

Population estimate from State Demography Office

Reference Rate from National Institute of Mental Health

<https://www.nimh.nih.gov/health/statistics/suicide.shtml>

## Homicide Deaths

Homicide deaths are those deaths occurring as a result of, the act of another person, or “death at the hand of another.” For purposes of classifying the manner of death as a homicide, there is no need to imply criminal intent.

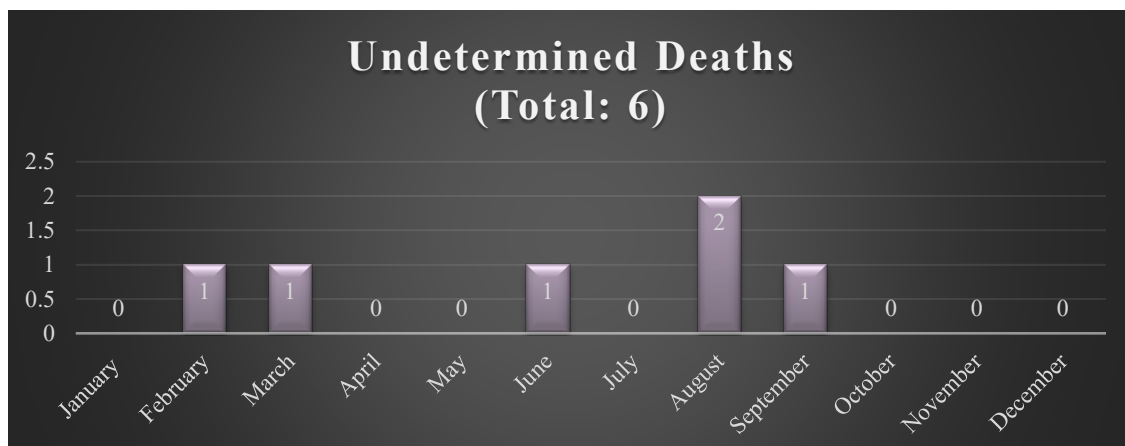
Homicide deaths accounted for **0.1%** of the total DCCO jurisdictional deaths for 2020.



## Undetermined Deaths

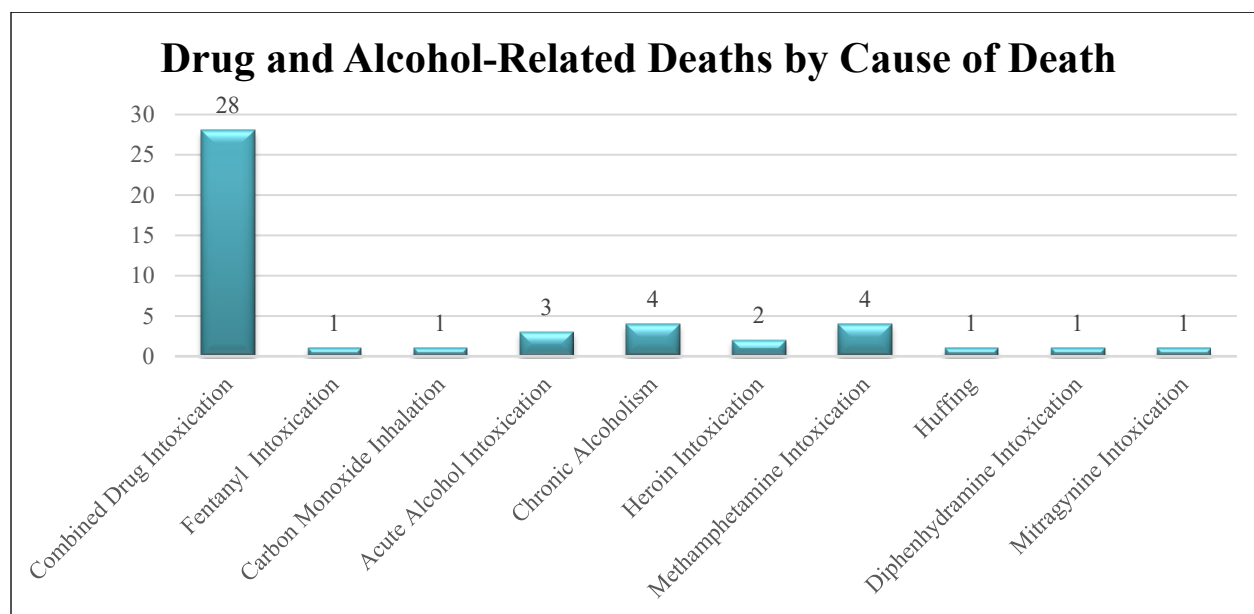
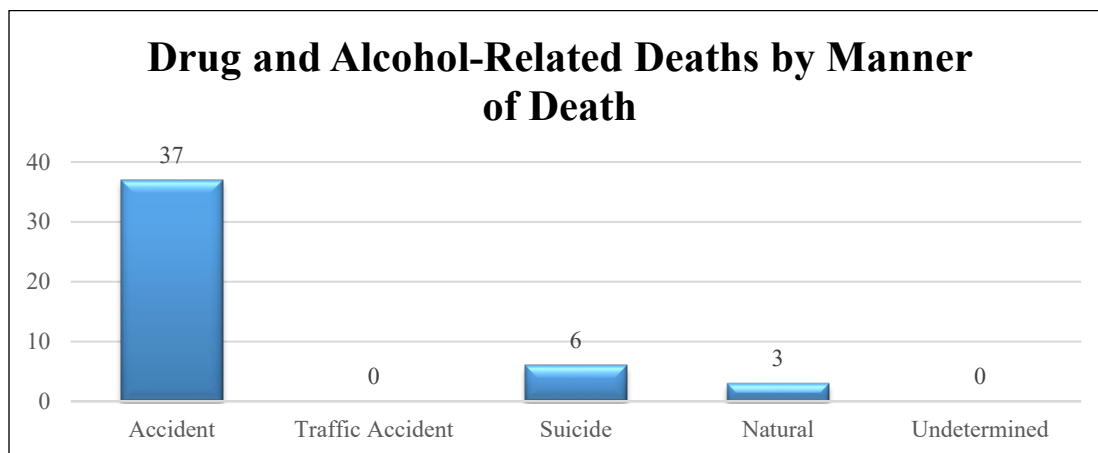
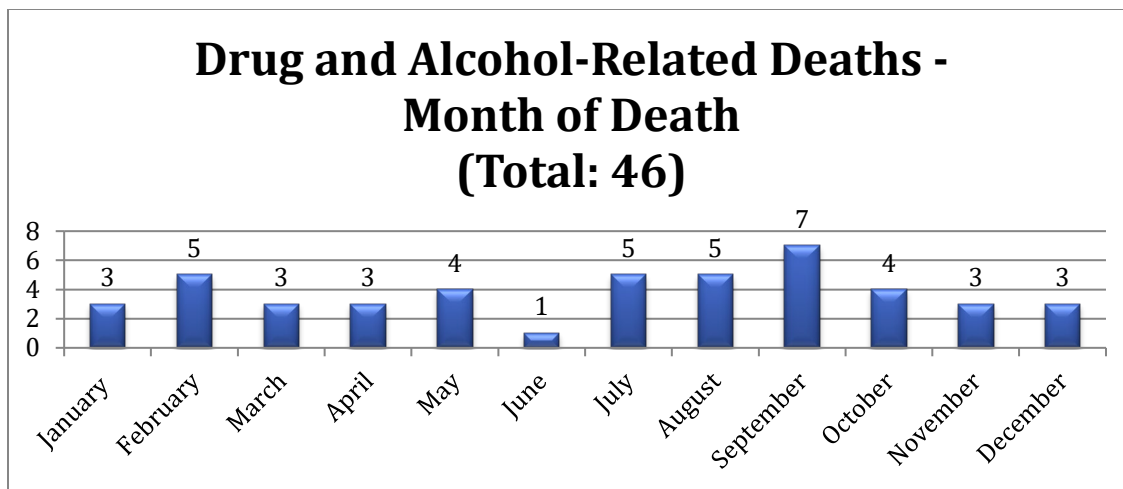
Deaths that are classified as undetermined are those deaths in which, after a thorough investigation and consideration of all information available, one manner of death is no more compelling than another manner of death. There are some instances where the cause of death is apparent; however, the circumstances leading up to the cause of death are undetermined based on the available evidence.

Undetermined deaths accounted for **0.3%** of the total DCCO jurisdictional deaths for 2020.

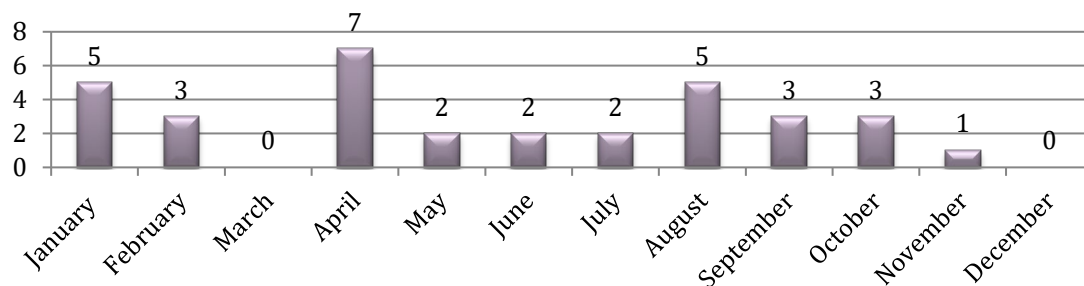




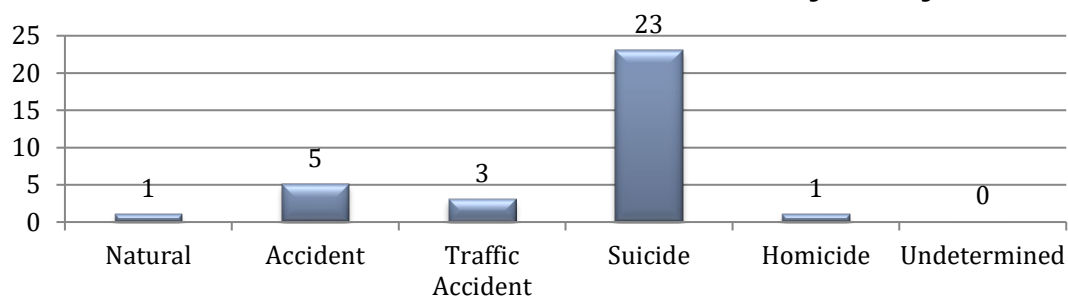
## Drug and Alcohol-Related Deaths



### Drug and Alcohol-Related Deaths by Month- Contributory Only (Total: 33)



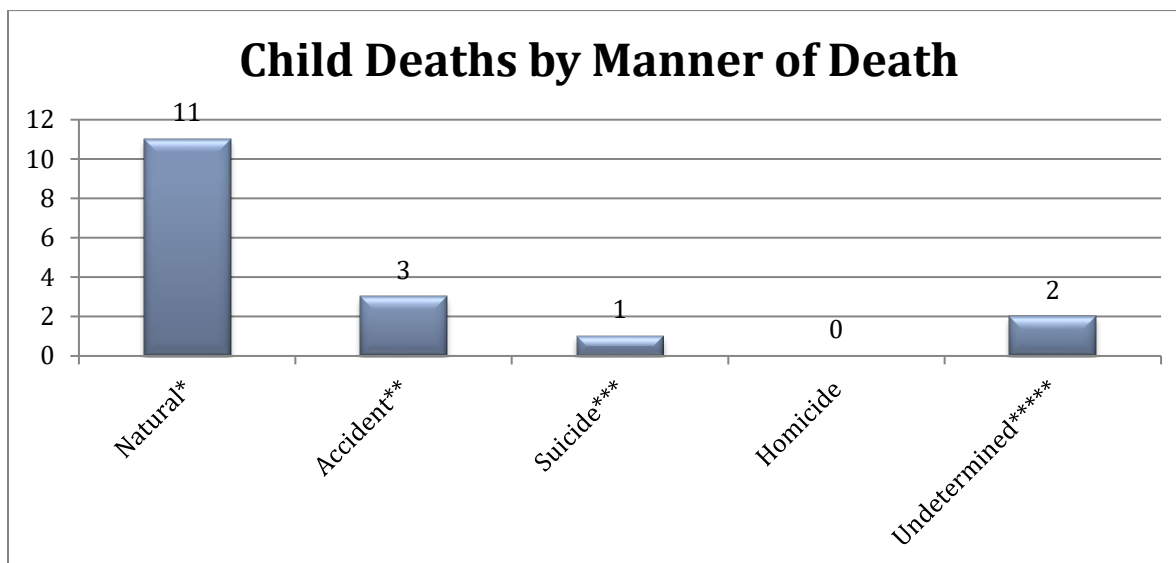
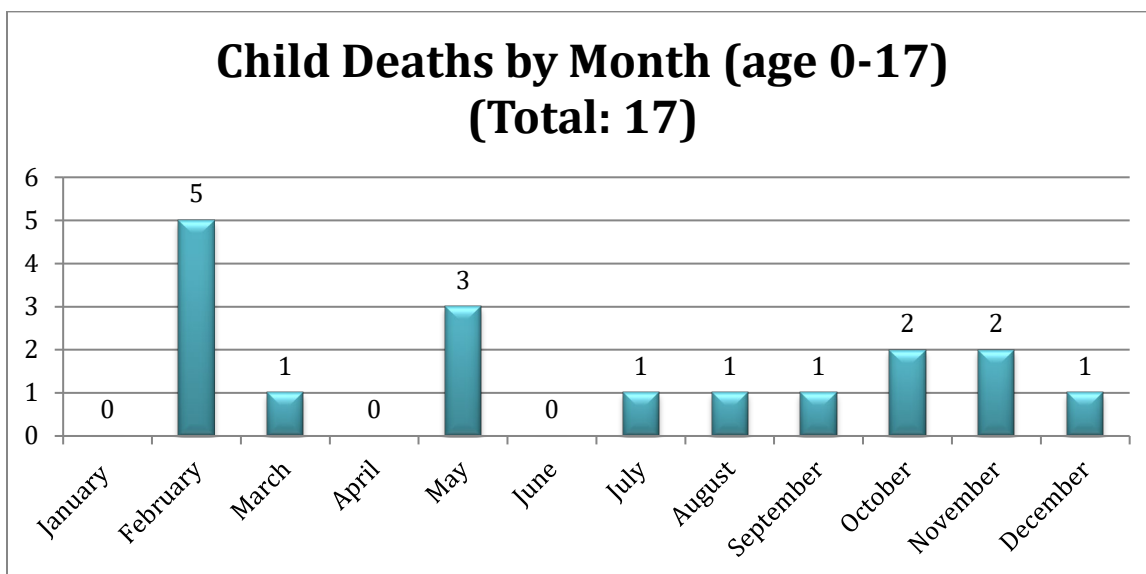
### Drug and Alcohol-Related Deaths by Manner of Death - Contributory Only



## Child Deaths

Child deaths calculated below are deaths of individuals under the age of 18 years old.

Child deaths accounted for 0.9% of the total DCCO jurisdictional deaths for 2020.



*\*Of the eleven (11) natural deaths, seven (7) deaths were due to premature delivery, one (1) was due to pulmonary embolism, one (1) was due to croup, one (1) was due to cancer, and one (1) was due to cardiovascular collapse.*

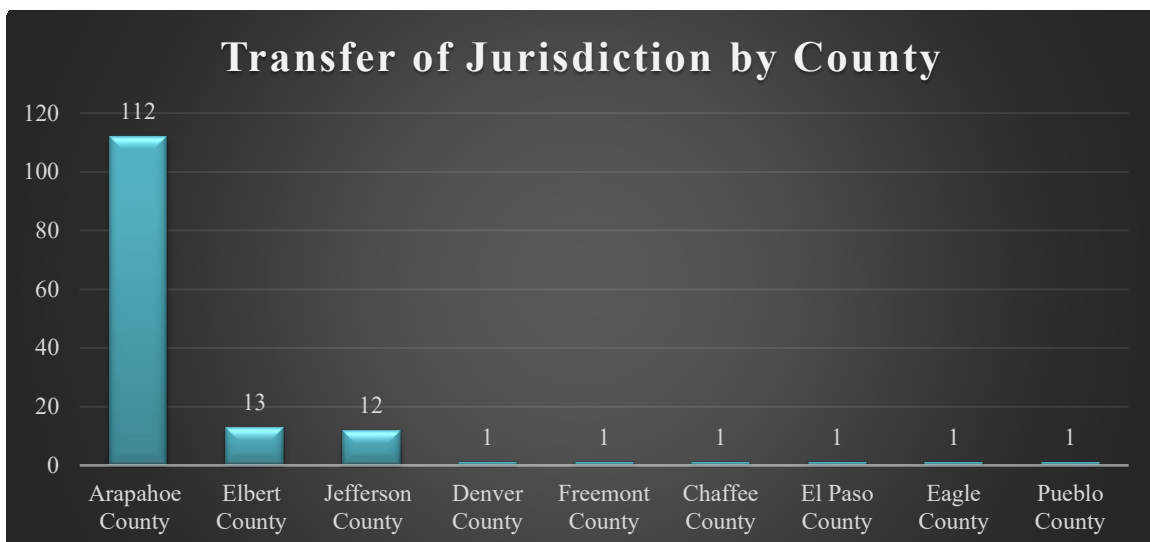
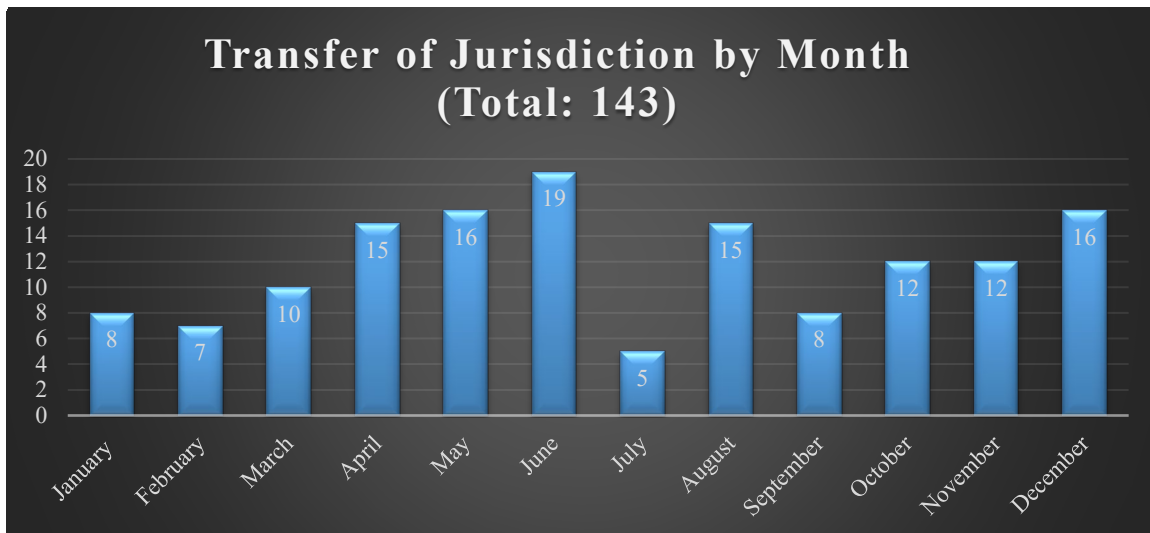
*\*\*Of the three (3) accidental deaths, all three (3) were due to blunt force trauma.*

*\*\*\*The one (1) suicide death was due to asphyxiation. \*\*\*\*There were two (2) undetermined child deaths in 2020.*

## Transfer of Jurisdiction

On occasion, a death occurs in Douglas County but the initiating event to the death occurred in another jurisdiction. These deaths can include those where an individual is transported to a hospital in Douglas County, from a location such as a residence in another jurisdiction, or deaths that occur due to an injury that (s)he sustained in another jurisdiction. Transfer of jurisdiction of cases is permitted under Colorado Revised Statute §30.10.606.

Of the cases transferred to another jurisdiction, 76 deaths occurred at Parker Adventist Hospital, 44 occurred at Sky Ridge Medical Center, three (3) occurred at the decedent's residence, four (4) occurred at various hospice facilities, ten (10) occurred at UC Health Highlands Ranch Hospital, and six (6) occurred at various skilled nursing facilities in Douglas County.

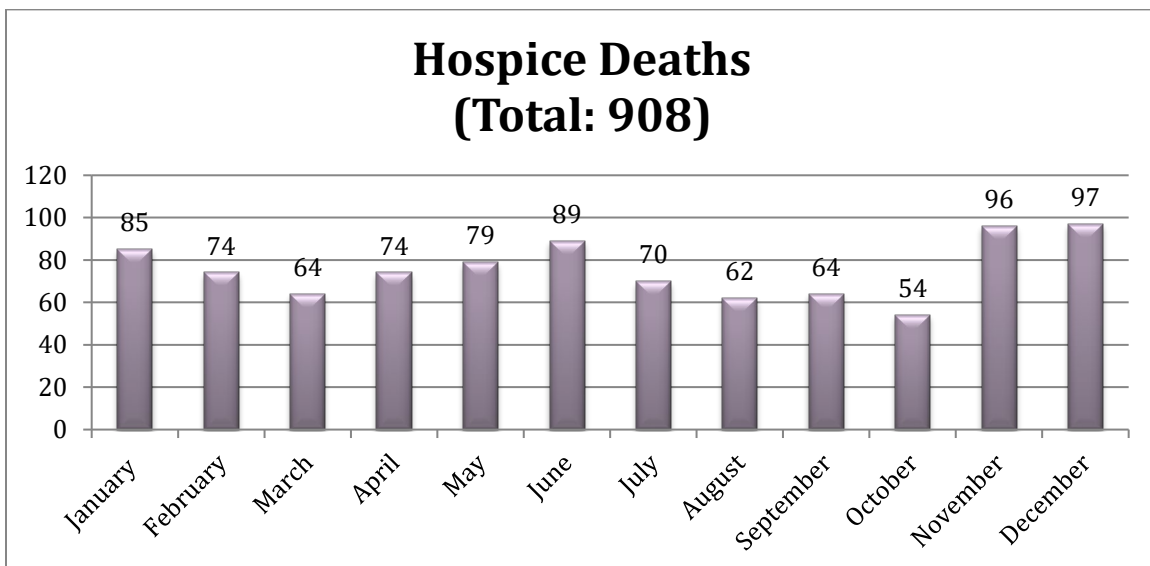


## Hospice Deaths

All hospice deaths that occur in Douglas County are reportable to the Coroner's Office. In 2020, 908 deaths were reported by hospice agencies.

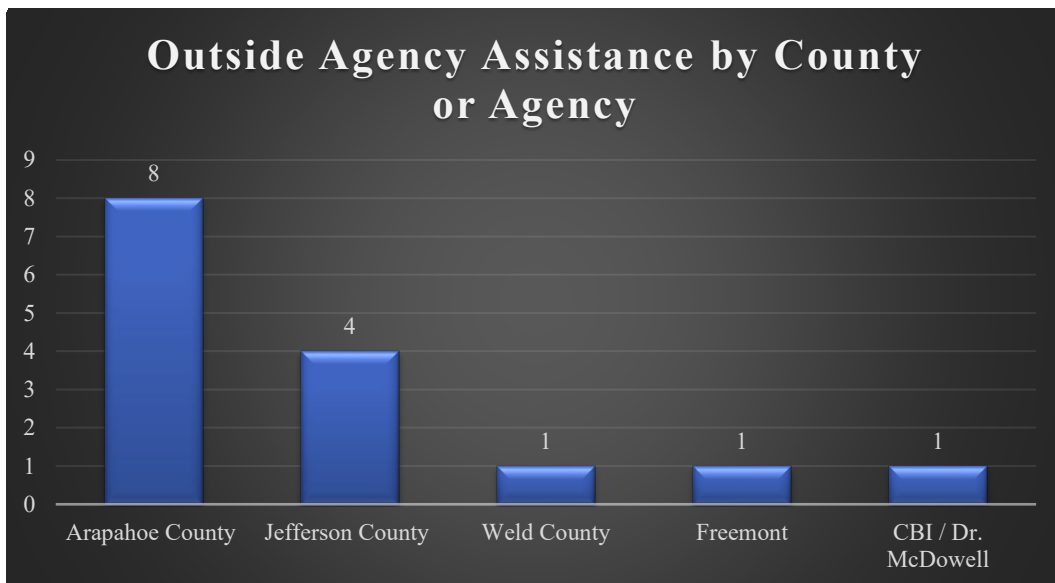
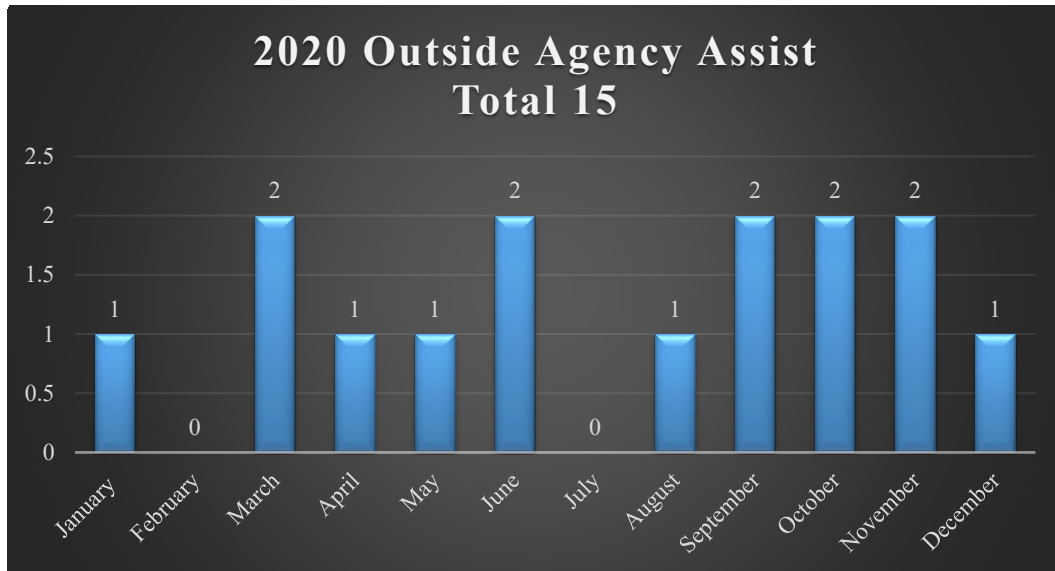
Of the 908 hospice deaths, 845 (93%) were natural hospice deaths and 63 (7%) were accidental hospice deaths.

Hospice deaths accounted for 48% of all jurisdictional deaths reported to the Douglas County Coroner's Office in 2020.



## Outside Agency Assistance

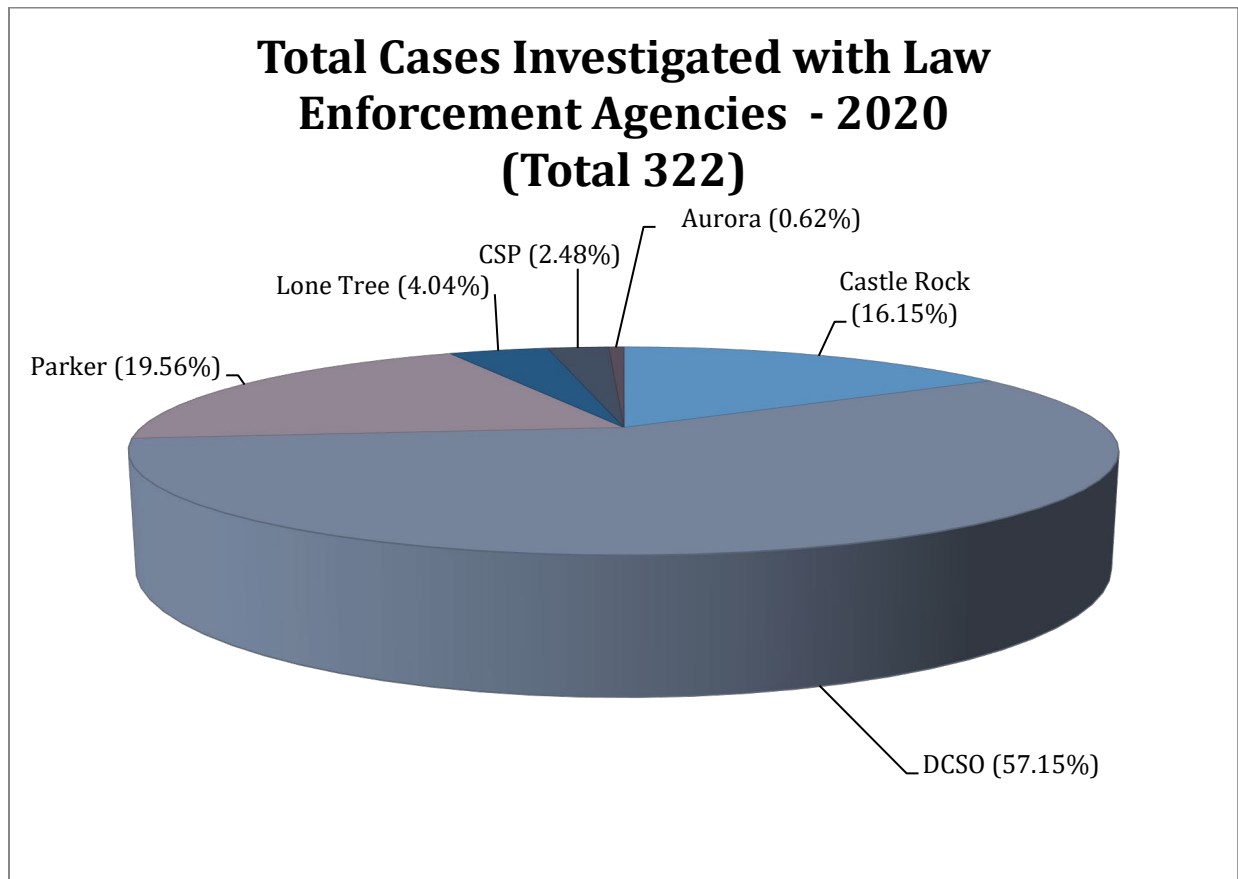
One of the mandated responsibilities of the Coroner's Office is identifying, locating, and notifying legal next-of-kin. The Douglas County Coroner's Office also assisted other agencies with performing death notifications for legal next-of-kin located in Douglas County for deaths that occurred in another jurisdiction and the use of our in-house X-ray machine.

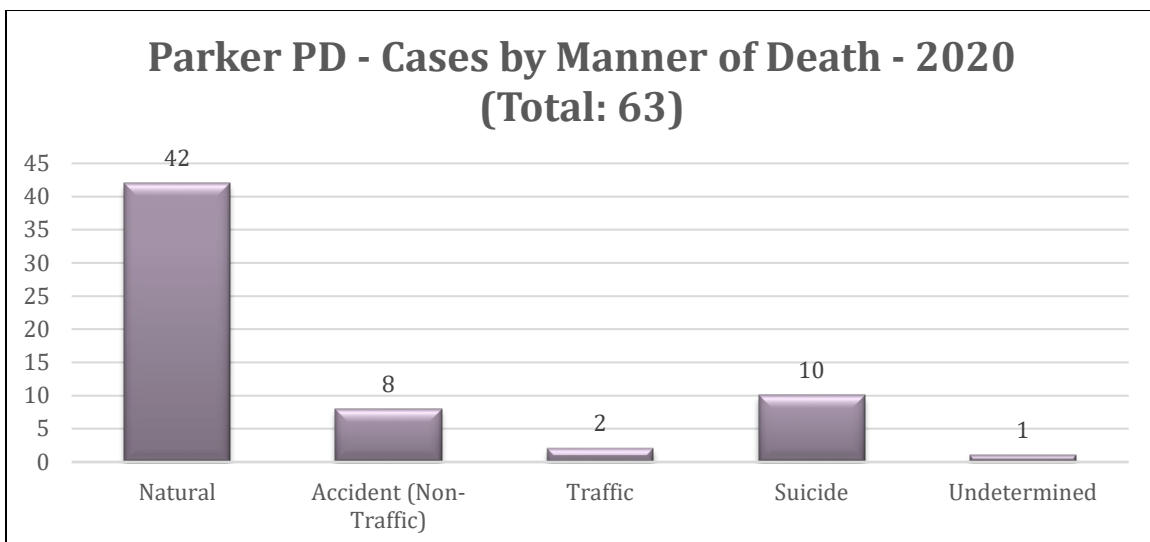
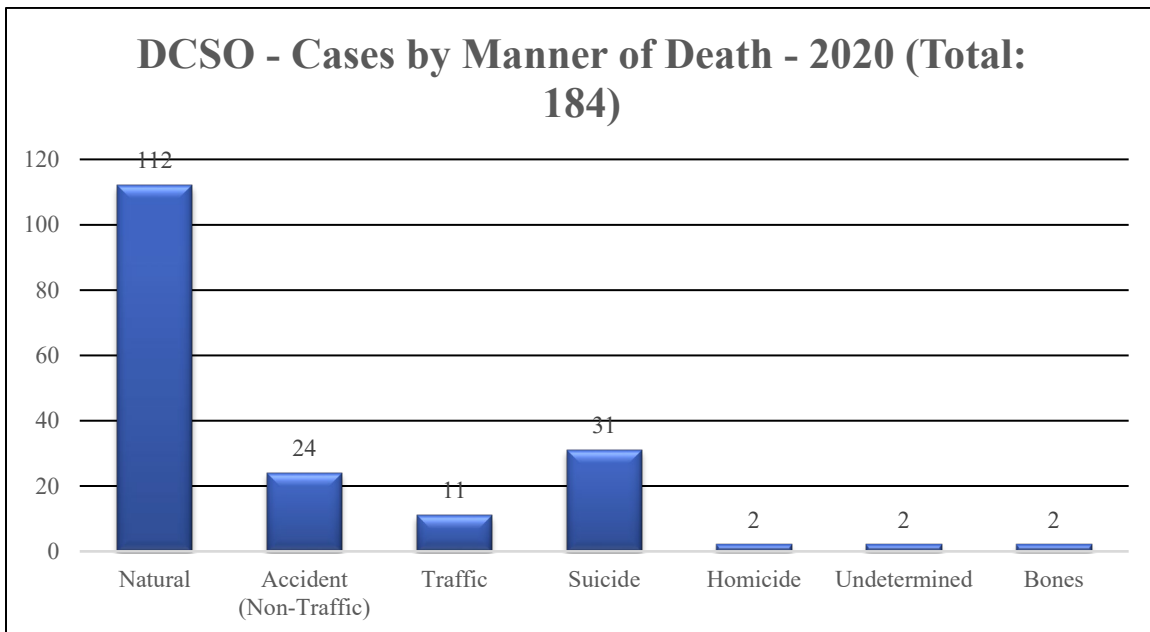
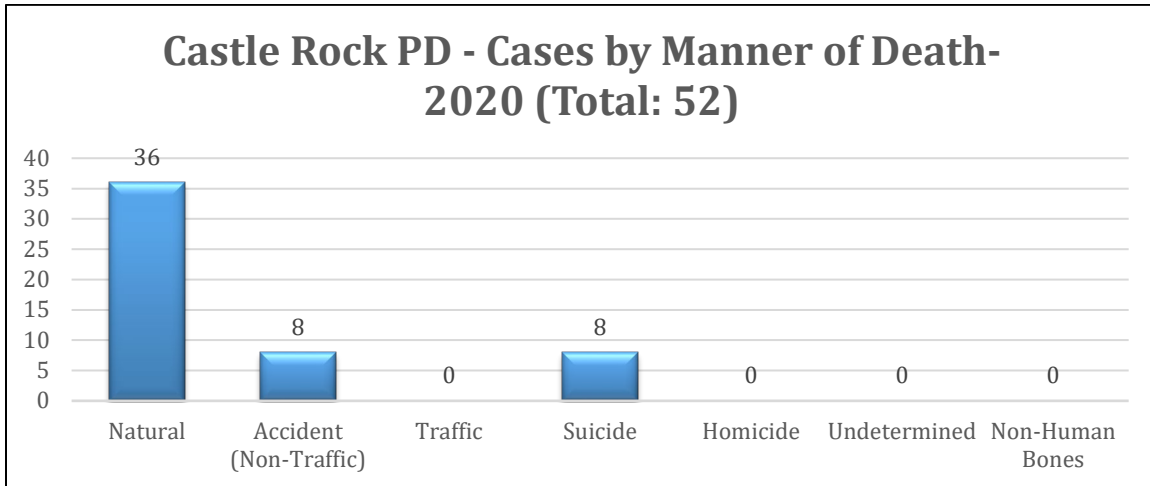


## Law Enforcement Agencies

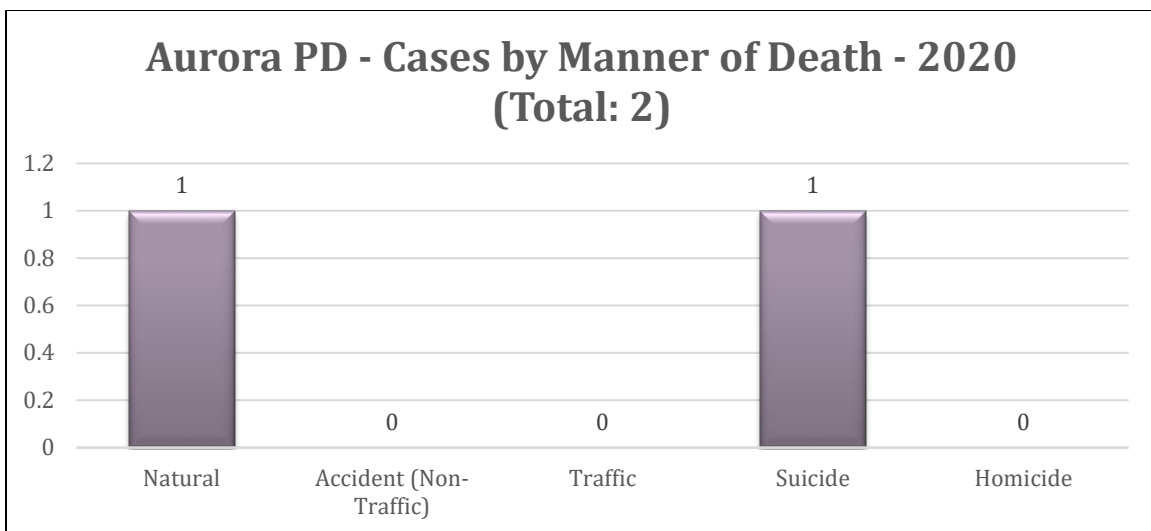
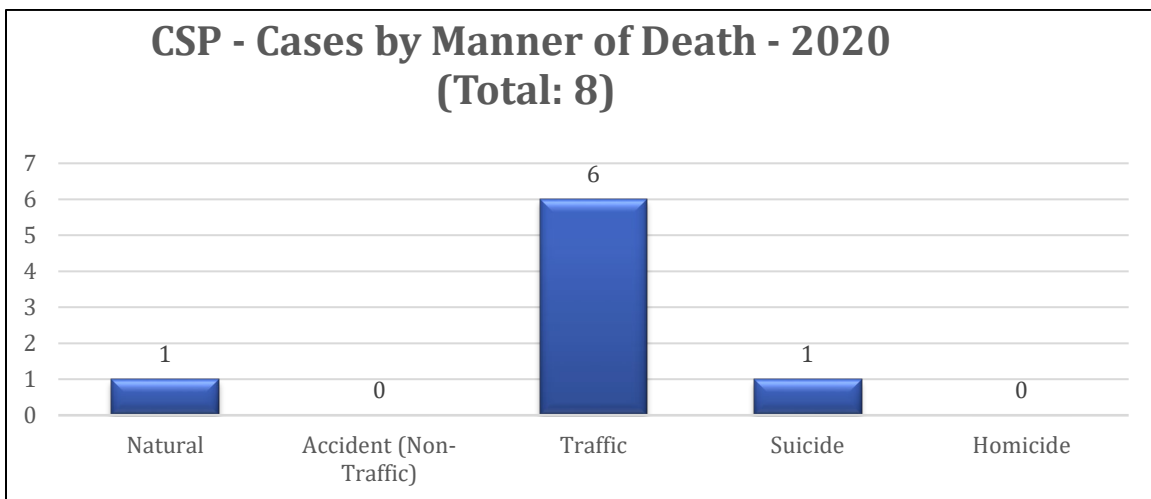
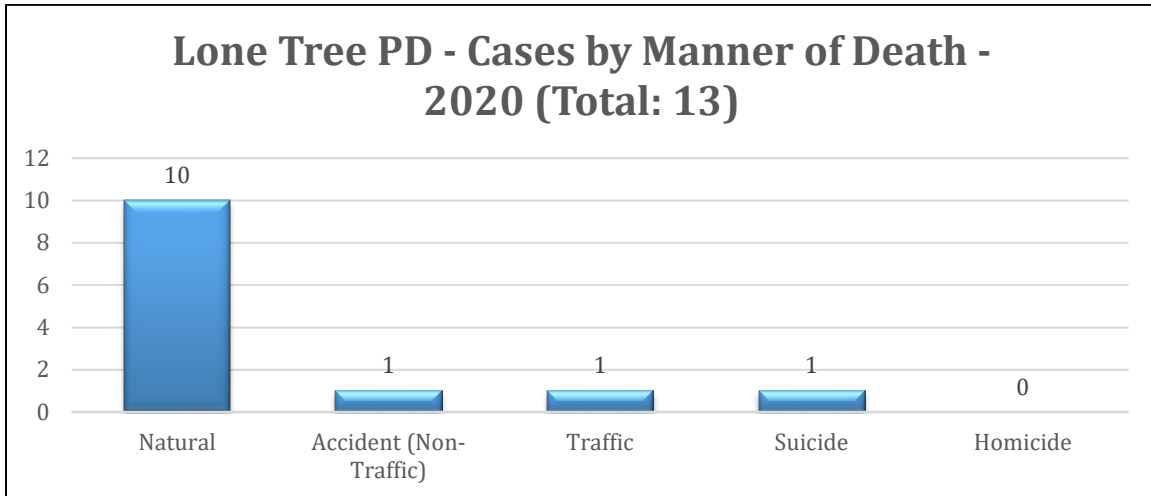
The Douglas County Coroner's Office works in collaboration with Law Enforcement Agencies with jurisdiction in Douglas County. Law Enforcement Agencies in Douglas County include the Aurora Police Department, Castle Rock Police Department, Colorado State Patrol (CSP), Douglas County Sheriff's Office (DCSO), Aurora Police Department, Lone Tree Police Department, and Parker Police Department.

Of note: The total cases investigated with Law Enforcement may differ from the scene responses made by the Coroner's Office; due to some deaths having been delayed due to hospitalization following an incident or having occurred at a care facility where no response from the Coroner's Office was necessary.







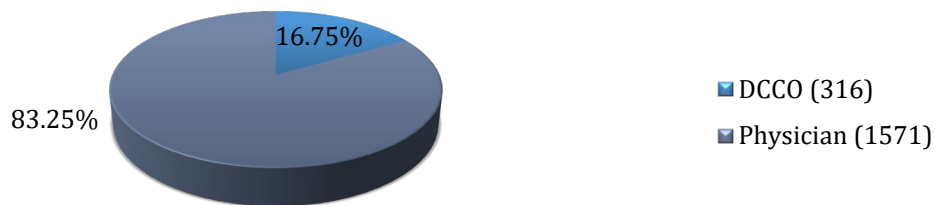


## Certification of Death Certificates

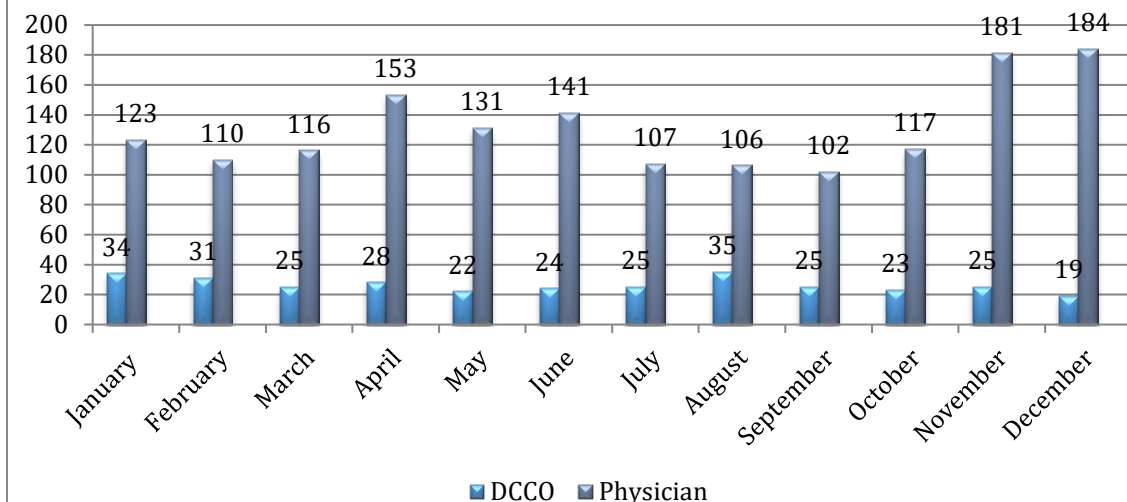
When a case is reported to the Coroner's Office, the death certificate for the case can be handled in multiple different ways: the case can be released to a private physician to sign the death certificate; the Coroner's Office can assume jurisdiction of the case and perform an investigation (may or may not include a physical examination such as an autopsy) to determine cause and manner of death and issue a death certificate. Unlike other surrounding counties, the Douglas County Coroner's Office does not co-sign death certificates with physicians, so as to not cause funeral homes extra work submitting death certificates to multiple agencies. The Douglas County Coroner's Office also received reports of deaths that occurred in Douglas County that are subsequently transferred to another jurisdiction, due to the location of an initiating event (see Transfer of Jurisdiction in this report).

Of the 1887 reported cases to DCCO, 316 death certificates were signed by DCCO and 1571 death certificates were signed by a private physician.

### 2020 Death Certificate Signature



### Death Certificate Signature by Month

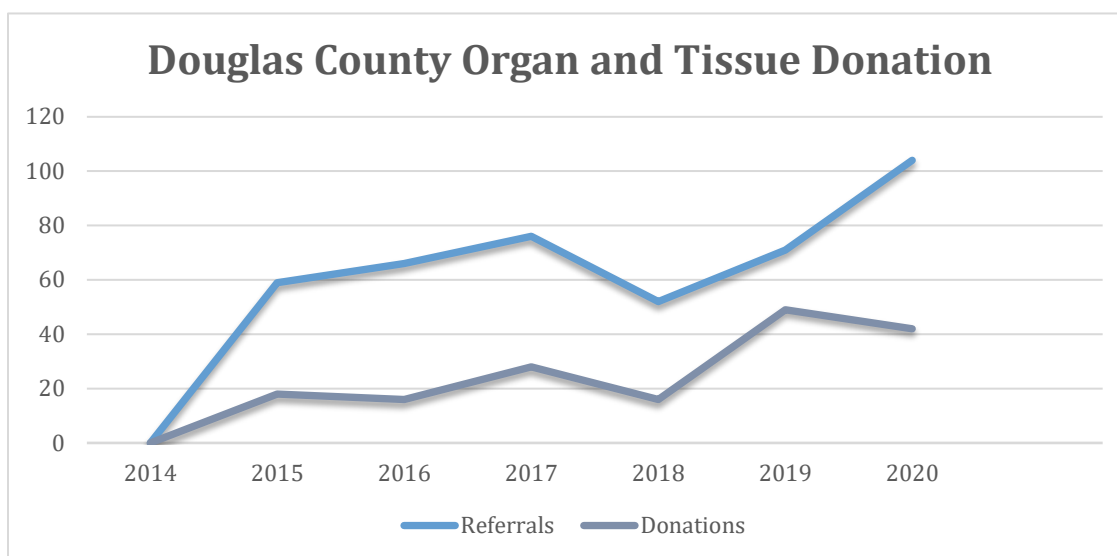


## Organ and Tissue Donation

The Uniform Anatomical Gift Act was passed in the United States in 1968, with subsequent revisions being made in 1987 and 2006. The Act has put in place a regulatory framework for the donation of corneas, tissues, organs, and other body parts. An individual can provide first-person consent to be a donor of organs, bone, tissues, corneas, or other body parts prior to their death, by placing themselves on the donor registry. After death, an individual's next-of-kin can provide authorization for recovery if they so wish. **It is the goal of the Douglas County Coroner's Office to facilitate, whenever applicable, effective collaboration with the donation agencies in the Denver Metro Area of Colorado (Donor Alliance and Rocky Mountain Lions Eye Bank) to honor the wishes and rights of the deceased and their families.**

*We are committed to saving lives with tissue and organ donation.*

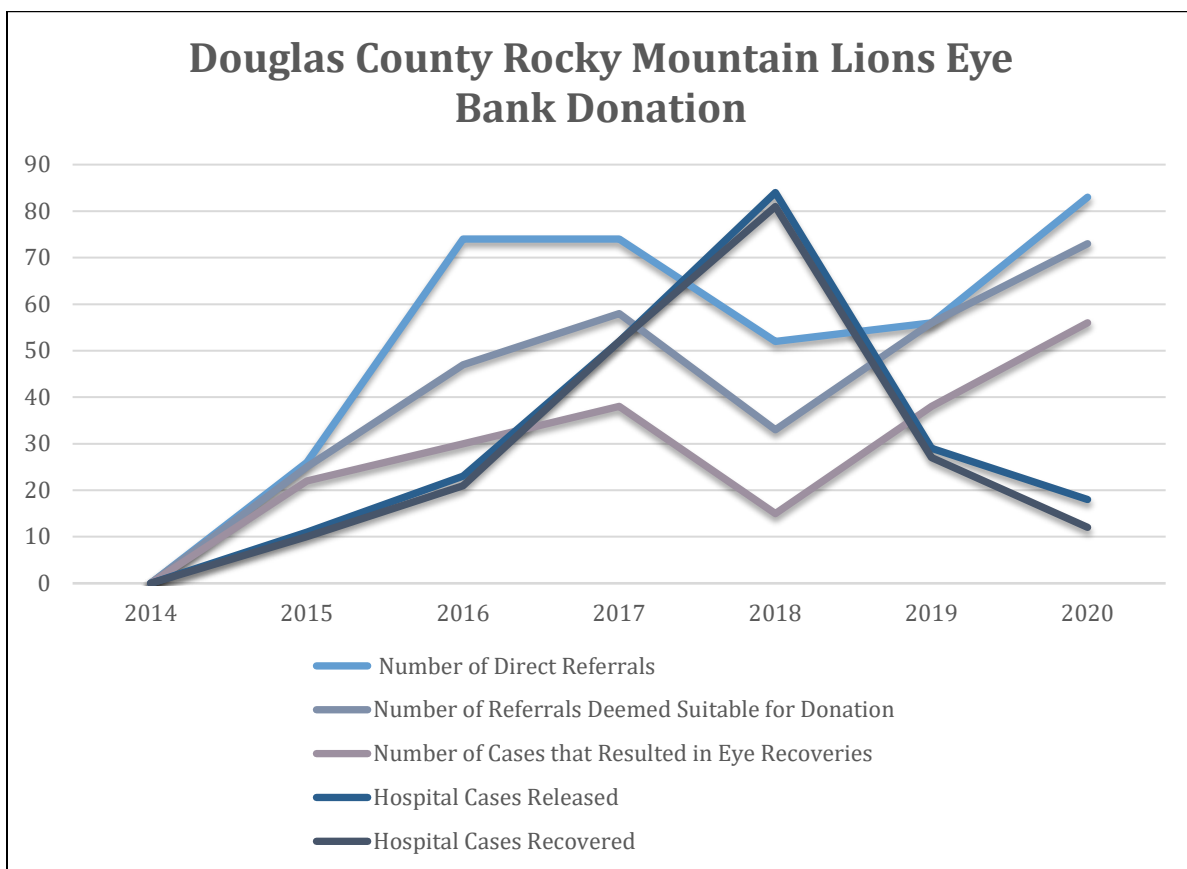
After approval for release by the Coroner's Office, referrals are made to the procurement agencies either from a hospital or directly from a Coroner's Office. The procurement agencies then work with the family of the individual to determine if the individual is medically suitable to be a donor.



In 2010-2015, the Douglas County Coroner's Office did not allow referrals to be made to Donor Alliance. In 2015, when Coroner Romann took office, she immediately changed office policy in order to honor individuals' rights, and the rights of the next-of-kin and allow donation. As a result, since that time, DCCO has helped hundreds of families honor their loved one's rights.



As in 2014, the Douglas County Coroner's Office did not make any direct referrals to the Rocky Mountain Lions Eye Bank (RMLEB) for cornea donation. As with skin and tissue donation, after taking office in 2015, Coroner Romann made honoring the wishes and rights of the decedent and their families a priority, thus instituting office policy that changed the face of donation for Douglas County. In 2020, the Douglas County Coroner's Office made 83 direct referrals to RMLEB; with 73 of those deemed suitable for donation. Out of those referrals, 56 cases resulted in eye recoveries; with 56 corneas successfully transplanted.



Additionally, there were 18 cases that were referred to RMLEB by local hospitals in deaths where the Douglas County Coroner's Office had jurisdiction over. Of those cases 12 donors were recovered.

"I wanted to thank you and your staff on behalf of the eye bank for all your collaboration and helping us accomplish our sight-saving mission whenever it's possible with eye donors that fall under your jurisdiction. You and your team play an important role in fulfilling the wishes of eye donors and the families, and we look forward to continuing a great working relationship with your office."

(Ben Samuels, Public and Professional Relations Coordinator, Rocky Mountain Lions Eye Bank)

## Unidentified Remains

The Douglas County Coroner's Office's only cold case of unidentified remains has been successfully identified and closed after nearly 30 years! On June 15, 1993, a young female was discovered in the southwest region of Douglas County near Rainbow Falls campground. The Douglas County Coroner's Office, in partnership with the Douglas County Sheriff's Office, has continued working on the Jane Doe case 27 years after her death.



*Left: Forensic Artist Rendering from 2012. Right: Updated Forensic Artist Rendering in May 2015. Both by S. Steinberg*

Continued extensive efforts working with DNA experts and submitting samples of DNA, along with “professional luck” combing through genealogical data on GEDMatch, using DNA, Douglas County Sheriff's Office was able to find living relatives and Jane Doe was finally identified as Rebecca Ann Redeker, known to her family as Becky. Becky lived in the Colorado Springs area and went to high school in Manitou Springs from 1985-1988, Coronado High School in the Springs in 1989, and spent one year at Manual High School. Her remains have finally been released back to her family.







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## **Unclaimed Bodies / Exhumations**

The Douglas County Coroner's Office had no unclaimed bodies in 2020. In addition, The Douglas County Coroner's Office had no exhumations in 2020.

## Year in Review

