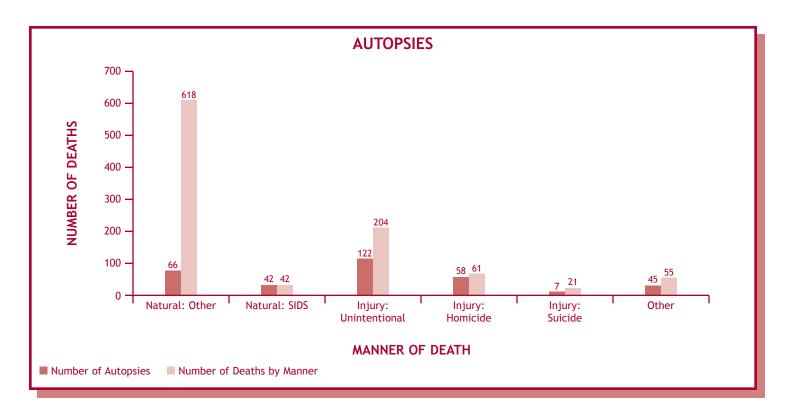
APPENDICES

APPENDIX 1. AUTOPSIES

The autopsy is a critical component in accurately determining the cause of death, especially in the case of sudden infant deaths. RSMo 194.117 requires that an autopsy be performed for all children from one week to one year of age, who die in a sudden, unexplained manner.

Missouri's Certified Child-Death Pathologist Network ensures autopsies performed on children, birth through age 17, are performed by professionals with expertise in forensic pediatrics. Additionally, network members are available to consult with coroners and others investigating child deaths. A listing of network members can be obtained through STAT or on the internet at www.dss.mo.gov/stat/cpn. htm.



APPENDIX 2. MANDATED ACTIVITIES FOR CHILD FATALITIES

Every county must have a multidisciplinary child fatality review panel (114 counties and City of St. Louis).

The county panel must consist of at least the following seven core members: prosecuting attorney, coroner/medical examiner, law enforcement representative, Children's Division representative, public health representative, juvenile officer and emergency services representative. Panels may elect to have additional members.

All deaths, ages birth to 17, must be reported to the coroner/medical examiner.

Children, age one week to one year, who die in a *sudden*, *unexplained* manner must have an autopsy.

The State CFRP panel must meet at least twice per year to review the program's progress and identify systemic needs and problems.

Panels must use uniform protocols and data collection forms.

Certified child-death pathologists must perform the autopsies.

Knowingly violating reporting requirements is a Class A misdemeanor.

When a child's death meets the criteria for review, activation of the panel must occur within 24 hours of the child's death, with a meeting scheduled as soon as practical.

APPENDIX 3. PROCESS FOR CHILD FATALITY REVIEWS

Any child, birth through age 17, who dies will be reported to the coroner/medical examiner.

The coroner/medical examiner conducts a death-scene investigation, notifies the Child Abuse and Neglect Hotline and completes Data Form 1. The coroner/medical examiner, along with a certified child-death pathologist will determine the need for autopsy.

If an autopsy is needed, it is performed by a certified child-death pathologist. Results are brought to the child fatality review panel by the coroner/medical examiner, if reviewable criteria.

If the death is <u>not reviewable</u>, the Data Form 1 is completed by the coroner/medical examiner. The coroner/medical examiner sends the Data Form 1 to the chairperson of the child fatality review panel for co-signature. The chairperson sends the Data Form 1 to STAT within 48 hours.

If the death is <u>reviewable</u>, the coroner/ medical examiner sends the Data Form 1 to the chairperson of child fatality review panel for co-signature. The chairperson sends the Data Form 1 to STAT within 48 hours. The chairperson refers the death to the child fatality review panel. (The panel is notified within 24 hours.)

STAT reviews for accuracy and completeness, signs and sends Data Form 1 to STAT; STAT links Data Form 1 to the Department of Health and Senior Services birth and death data.

The panel meeting is scheduled by the chairperson as soon as possible. The panel reviews circumstances surrounding the death and takes appropriate actions. The Data Form 2 is completed, co-signed by the chairperson and sent to STAT within 60 days. Within 10 days of completion of the review, filing of criminal charges or the determination of charges not being filed, the Final Report should be prepared and forwarded to STAT.

STAT links Data Form 1 and 2 to Department of Health and Senior Services birth and death data. Panel members pursue the mandates of their respective goals.

APPENDIX 4. MISSOURI INCIDENT CHILD FATALITIES (AGE LESS THAN 18) BY COUNTY 2004-2006

County of Event	2004	All Deat 2005	hs 2006	Reviewed Deaths 2004 2005 2006		Injury Deaths 2004 2005 2006			
Adair	2	1	1	0	0	0	0	0	0
Andrew	2	2	4	2	0	4	1	0	4
Atchison	0	0	0	0	0	0	0	0	0
Audrain	2	6	2	1	3	1	1	2	1
Barry	5	11	8	2	9	6	2	8	6
Barton	0	1	1	0	1	1	0	1	1
Bates	3	3	3	0	2	3	2	2	2
Benton	2	1	2	0	1	2	1	1	2
Bollinger	4	5	0	4	4	0	3	4	0
Boone	36	37	42	3	9	10	2	7	10
Buchanan	19	14	10	9	7	3	4	6	2
Butler	1	19	14	1	13	9	0	11	6
Caldwell	4	0	0	2	0	0	1	0	0
Callaway	4	11	9	1	6	7	1	2	5
Camden	6	6	8	4	3	5	4	3	4
Cape Girardeau	1	9	6	0	1	2	0	0	1
Carroll	2	2	0	0	0	0	1	1	0
Carter	3	0	0	2	0	0	2	0	0
Cass	10	14	6	5	9	3	2	5	2
Cedar	3	3	5	1	3	1	1	1	3
Chariton	1	2	2	1	2	1	1	0	0
Christian	8	11	5	4	6	2	2	6	2
Clark	2	0	0	2	0	0	2	0	0
Clay	30	22	26	14	10	8	10	6	3
Clinton	2	2	3	2	2	2	1	1	1
Cole	4	7	12	1	2	4	2	2	3
Cooper	4	0	3	3	0	3	2	0	3
Crawford	3	4	0	3	0	0	3	1	0
Dade	0	1	1	0	1	1	0	1	1
Dallas	5	1	3	3	0	3	1	0	1
Daviess	2	2	1	1	1	1	0	1	1
DeKalb	1	2	3	0	0	3	0	1	3
Dent	3	2	1	2	0	0	2	2	1
Douglas	1	4	5	0	1	4	1	3	4
Dunklin	5	7	6	2	0	4	2	1	1
Franklin	7	13	12	3	6	8	2	5	5
Gasconade	0	1	3	0	1	2	0	1	2
Gentry	2	0	0	0	0	0	0	0	0
Greene	56	26	55	20	12	17	16	10	14
Grundy	0	4	2	0	2	17	0	3	1
Harrison	0	0	0	0	0	0	0	0	0
									2
Henry	0	4	4	0	3	4	0	2	

APPENDIX 4. MISSOURI INCIDENT CHILD FATALITIES (AGE LESS THAN 18) BY COUNTY 2004-2006

County of Event	2004	All Deat 2005	hs 2006	Rev 2004	riewed D 2005	eaths 2006	In 2004	jury Dea 2005	aths 2006
Hickory	2	1	1	1	0	1	1	0	1
Holt	0	0	0	0	0	0	0	0	0
Howard	0	0	1	0	0	0	0	0	1
Howell	5	7	8	3	3	4	2	2	2
Iron	1	1	2	1	1	1	0	0	0
Jackson	144	145	160	61	60	74	28	27	33
Jasper	16	13	15	10	5	12	9	4	6
Jefferson	34	25	25	14	13	9	15	10	10
Johnson	8	9	7	2	6	5	3	4	2
Knox	0	0	0	0	0	0	0	0	0
Laclede	7	14	2	6	3	1	2	3	1
Lafayette	4	3	3	4	1	3	2	2	2
Lawrence	7	5	2	2	1	0	4	3	0
Lewis	1	5	2	1	0	2	1	1	1
Lincoln	4	0	6	3	3	4	2	0	3
Linn	2	1	0	1	1	0	0	0	0
Livingston	4	2	4	3	1	1	2	1	1
McDonald	6	6	4	4	4	2	1	3	0
Macon	3	1	0	3	0	0	3	0	0
Madison	2	0	0	2	0	0	1	0	0
Maries	1	1	0	0	0	0	1	0	0
Marion	2	0	2	0	0	0	0	0	0
Mercer	0	0	1	0	0	1	0	0	1
Miller	4	1	4	1	0	2	2	0	4
Mississippi	4	1	1	4	0	1	4	0	0
Moniteau	5	0	0	5	0	0	4	0	0
Monroe	0	0	1	0	0	0	0	0	1
Montgomery	0	2	1	0	2	1	0	1	1
Morgan	0	1	5	0	0	0	0	0	3
New Madrid	0	3	3	0	0	1	0	0	2
Newton	9	23	3	2	10	3	2	8	2
Nodaway	1	3	2	1	1	2	1	1	1
Oregon	0	2	0	0	2	0	0	2	0
Osage	0	2	1	0	1	1	0	1	1
Ozark	1	2	1	1	1	1	1	1	1
Pemiscot	5	3	10	3	1	9	2	0	6
Perry	4	3	3	2	3	3	1	1	3
Pettis	6	10	3	3	1	2	4	1	1
Phelps	6	5	8	4	3	4	3	2	2
Pike	9	8	4	4	5	1	6	7	1
Platte	6	7	7	3	1	1	3	1	1

APPENDIX 4. MISSOURI INCIDENT CHILD FATALITIES (AGE LESS THAN 18) BY COUNTY 2004-2006

County of Event	2004	All Deat 2005	hs 2006	Rev 2004	Reviewed Deaths 04 2005 2006		In 2004	jury Dea 2005	aths 2006
Polk	1	5	0	0	2	0	0	1	0
Pulaski	6	8	6	3	3	2	3	3	2
Putnam	0	0	1	0	0	0	0	0	0
Ralls	1	1	3	1	1	1	1	1	1
Randolph	3	1	4	0	0	2	2	0	2
Ray	3	4	2	2	3	0	1	2	1
Reynolds	1	2	4	0	2	4	0	1	2
Ripley	2	3	5	0	2	2	0	1	0
St. Charles	40	39	33	16	17	11	11	12	9
St. Clair	0	0	0	0	0	0	0	0	0
St. Francois	3	13	3	0	8	3	2	3	2
St. Louis County	167	174	168	54	55	50	29	33	36
Ste. Genevieve	0	2	1	0	2	1	0	1	1
Saline	9	5	5	6	1	0	4	1	0
Schuyler	0	1	0	0	0	0	0	0	0
Scotland	1	1	1	1	0	0	0	0	0
Scott	1	8	7	0	5	5	1	2	4
Shannon	1	1	3	0	1	3	0	1	3
Shelby	1	0	4	0	0	3	0	0	3
Stoddard	11	8	5	5	6	2	4	7	3
Stone	5	0	3	5	0	0	4	0	0
Sullivan	2	0	3	0	0	2	1	0	1
Taney	16	4	6	13	3	2	9	3	2
Texas	4	3	5	1	1	4	1	1	3
Vernon	5	2	3	4	2	0	3	2	0
Warren	2	1	4	2	0	3	2	0	2
Washington	3	3	3	2	1	2	0	1	2
Wayne	3	2	1	3	1	0	1	1	0
Webster	9	12	8	6	9	2	3	7	1
Worth	1	0	0	0	0	0	0	0	0
Wright	2	5	1	2	1	0	2	4	0
St. Louis City	123	107	139	54	46	46	35	27	32
STATE TOTAL	984	990	1001	432	425	427	304	301	303

APPENDIX 5. MISSOURI INCIDENT CHILD FATALITIES (AGE LESS THAN 18) BY AGE, SEX AND RACE 2004-2006

	All Deaths			Rev	iewed Dea	ths	Injury Deaths		
Age	2004	2005	2006	2004	2005	2006	2004	2005	2006
0	574	601	617	155	156	162	52	62	61
1	43	29	39	32	18	22	16	9	17
2	30	24	25	18	17	20	16	15	14
3	14	22	13	10	15	11	8	9	8
4	21	15	8	14	10	5	11	9	4
5	17	11	15	10	6	10	9	5	6
6	10	11	10	4	8	6	5	6	6
7	13	10	12	8	6	7	6	4	7
8	12	10	14	5	3	7	2	5	6
9	10	10	12	5	8	7	5	6	4
10	14	11	12	11	7	7	9	6	5
11	15	7	14	10	6	7	7	6	7
12	16	12	15	6	9	7	7	6	7
13	24	17	19	15	11	11	10	10	10
14	19	31	19	16	21	14	16	17	12
15	40	37	36	31	26	26	28	20	24
16	48	71	73	34	50	35	44	54	38
17	64	61	78	48	48	63	53	52	67
TOTAL	984	990	1001	432	425	427	304	301	303

	All Deaths			Reviewed Deaths			Injury Deaths		
Sex	2004	2005	2006	2004	2005	2006	2004	2005	2006
Female	422	399	419	184	160	162	125	101	104
Male	562	591	582	248	265	265	179	200	199
TOTAL	984	990	1001	432	425	427	304	301	303

	1	All Deaths			Reviewed Deaths			Injury Deaths		
Race	2004	2005	2006	2004	2005	2006	2004	2005	2006	
White	705	699	666	306	303	270	231	225	208	
Black	257	275	310	118	116	152	66	72	93	
Other	8	14	19	4	6	3	4	4	1	
Unknown	14	2	6	4	0	2	3	0	1	
TOTAL	984	990	1001	432	425	427	304	301	303	

APPENDIX 6. DEFINITIONS OF IMPORTANT TERMS AND VARIABLES

Certified Death:

Death included in the Department of Health and Senior Services, Missouri Center for Health Statistics (MCHS) mortality file, reported by the death certificate.

Missouri Incident Death:

Death within Missouri of a child younger than 18 years. On the basis of data from the CFRP Data Form 1 or Data Form 2, one of the following is true:

- The child died as a result of an injury which occurred in Missouri.
- The child died as a result of a natural (non-injury) cause which occurred, or is assumed to have occurred, within Missouri. (This excludes deaths due to illness or other natural cause which occurred outside Missouri; e.g., a non-Missouri residence.)
- The child was born in Missouri and died as a newborn (within ten days of birth) without having left the state.

CFRP Cause of Death:

Cause of death as reported on CFRP Data Forms 1 and 2. The forms include a category for natural cause which includes congenital anomalies, perinatal conditions, and Sudden Infant Death Syndrome (SIDS), sudden unexplained death and injuries classified by the type of agent or force which caused the injury (i.e., vehicular, drowning, firearm, fall, poisoning). The CFRP provides for an indication of whether or not the injury was inflicted, that is, whether it occurred as a result of the action of another person, without regard to intent or purpose of the action. If the case is referred to the CFRP panel for review, Data Form 2 is completed to report the findings of the panel. The Data Form 2 report includes information relevant to possible child abuse and neglect and information related to criminal proceedings.

Mortality File Cause of Death:

The Department of Health and Senior Services Mortality File lists cause of death as reported by the ICD-10 code on Missouri death certificates. The ICD-10 coding classification system includes natural causes such as various diseases, congenital anomalies, perinatal conditions and certain ill-defined conditions (which includes SIDS). The injury classification includes those identified as "accidents" (unintentional), those considered intentional (homicide, suicide) and those with undetermined intent. Injury deaths are further classified by the type of agent or force which caused the injury (i.e., motor vehicle crash, firearm, poisoning, burn, fall, drowning).

Mortality File Manner of Death:

Cause of death reported in the mortality file was formatted to conform to "Manner of Death" variable in death certificate. This includes six categories based on the ICD-10 code: Natural; Accident; Suicide; Homicide; Undetermined; and Pending Investigation.

APPENDIX 6. DEFINITIONS OF IMPORTANT TERMS AND VARIABLES

Sudden Infant Death Syndrome (SIDS):

Sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of death scene and review of clinical and social history.

- Morality File SIDS: Death by SIDS, as defined operationally by being reported in the mortality file associated with the ICD-10 code 7980.
- CFRP SIDS: Death by SIDS, as defined operationally by being reported in the CFRP file, from Data Form 1 and Data Form 2, as due to SIDS.

Sudden, Unexplained Infant Death:

Sudden death of an infant less than one year of age due to unexplained cause, requiring the postmortem examination, scene investigation or review of social and medical history. Defined operationally by being reported as sudden, unexplained death on Data Form 1.

Reviewable Death:

Death which has been reported by Data Form 1 as requiring review by the CFRP panel, whether or not the review has yet been completed and reported. The Data Form 1 report is required for all child deaths that occur in Missouri, and includes an indication of whether a review of that death will be required. If Data Form 1 indicates a reviewable death, Data Form 2 should be completed after the review.

Reviewed Death:

Death that has been reviewed by a local CFRP panel and reported on Data Form 2.

Mortality File County of Death:

The county, reported in the mortality file, in which the death was officially recorded. May be a Missouri or non-Missouri county.

CFRP County of Death:

The county, reported by the Data Form 1 and Data Form 2, in which the death occurred. Only deaths in Missouri are included in the CFRP database.

CFRP County of Incident:

The county, reported by Data Form 1 and Data Form 2, in which the fatal illness, injury or event occurred. If the county of incident is a Missouri county, the death is by definition a Missouri incident death. If the county of the incident is outside the state of Missouri, the death is by definition not a Missouri incident death. If the county is in Missouri, but the county of incident is not, only identifying information (Section A of Data Form 1) is requested.

APPENDIX 6. DEFINITIONS OF IMPORTANT TERMS AND VARIABLES

CFRP County of Residence:

The county, reported by Data Form 1 and Data Form 2, as the county of decedent's residence may be a Missouri or non-Missouri county. If the child is a newborn, the newborn's county of residence is the mother's county of residence.

CFRP Region:

Location, reported by Data Form 1 and Data Form 2, in which the fatal illness, injury or event occurred, formatted to conform to the seven geographic regions defined for the CFRP program.

Children's Division Child Abuse/Neglect (CA/N):

Death for which the Children's Division reports preponderance of evidence finding for child abuse or neglect. Preponderance of evidence may result from Children's Division investigation or court adjudication. Abuse refers to physical, sexual or emotional maltreatment or injury inflicted on a child, other than accidentally, by those responsible for the child's care, custody and control. Neglect refers to failure by those responsible for the child's care, custody and control to provide the proper or necessary support, education, nutrition, medical care or other care necessary for the child's well-being.

CFRP Fatal Child Abuse and Neglect:

Child death resulting directly from inflicted physical injury and/or negligent treatment by parent or caretaker, regardless of motive or intent.

Mortality File Child Abuse/Neglect:

Death for which the ICD-10 code in the mortality file indicates abuse or neglect. Relevant ICD-10 codes are 904.0, 967 and 968.4. These abuse/neglect deaths are usually under-reported relative to those by the Children's Division as substantiated child abuse or neglect.

Mortality File Homicide Death:

Manner of death due to homicide, as reported by ICD-10 codes 960-979.

Mortality File Suicide Death:

Manner of death due to suicide, as reported by ICD-10 codes 950-959.

Mortality File Autopsy:

Indication from mortality file that decedent was autopsied.

CFRP Autopsy:

Indication from CFRP file that decedent was autopsied and how the autopsy was paid for.

APPENDIX 7. DEATH CERTIFICATE MANNER OF DEATH

(Summarized from: A Guide for Manner of Death Classification, draft presented to the National Association of Medical Examiners, September 24, 2001, prepared by Randy Hanzlick, M.D., John Hunsaker III, M.D., and Gregory J. Davis, M.D.)

All states have a standard death certificate that is based upon a model certificate called the US Standard Certificate of Death. The *certifier of death* is the physician, medical examiner or coroner who completes the cause of death section of the certificate that also includes details about the circumstances surrounding the death. Manner of death is one of the items that must be reported on the death certificate and a classification of death based on the circumstances surrounding a particular cause of death and how that cause came into play. In most states, the acceptable options for manner of death classification are: Natural, Accident, Suicide, Homicide and Undetermined.

The death certificate is used for two major purposes. One is to serve as legal documentation that a specific individual has died. In general, the death certificate serves as legal proof that the death has occurred, but <u>not</u> as legal proof of the cause of death. The second major purpose of the death certificate is to provide information for mortality statistics that may be used to assess the nation's health, cause of morbidity and mortality and developing priorities for funding and programs that involve public health and safety issues.

Manner of death is an American invention. A place to classify manner of death was added to the US Standard Certificate of Death in 1910. It was added to the death certificate by public health officials to assist in clarifying the circumstances of death and how an injury was sustained - not as a legally binding opinion. In general, the certifier of death completes the cause of death section and attest that, to the best of the certifier's knowledge, the person state died of the cause(s) and circumstances reported on the death certificate. Information on the death certificate may be changed, if needed.

There are basic, general "rules of thumb" for classifying manner of death.

- Natural deaths are due solely or nearly totally to disease and/or the aging process.
- Accident applies when an injury or poisoning occurred without intent to harm or cause death. In essence, the fatal outcome was unintentional.
- Suicide results from an injury or poisoning as a result of an intentional, self-inflicted act committed to do self-harm or cause the death of one's self.
- Homicide occurs when death results from a volitional act committed by another person to cause fear, harm or death. Intent to kill is a common element but is <u>not</u> required for classification as homicide.
- Undetermined is used when the information pointing to one manner of death is no more compelling than one or more other competing manners of death when all available information is considered.

In evaluating the manner of death in cases involving external causes or factors (such as injury or poisoning), injuries are often categorized as "intentional" (such as inflicted injury in child abuse) or "unintentional" (such as falling from a building). Intent is much more apparent in some cases than others and it is often difficult to assess a victim's or perpetrator's intent. The concept of "voluntary acts" or volition is helpful. In general, if a person's death results at the "hands of another" who committed a harmful volitional act directed at the victim, the death may be considered a homicide from the death investigation standpoint.

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