
New Mexico Office of the Medical Investigator

Annual Report 2021



We investigate deaths to serve the living

**2021 Annual Report
Office of the Medical Investigator
State of New Mexico**

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**Office of the Medical Investigator (OMI)
2021 Annual Report**

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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 10,273 deaths in 2021. 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 represents 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 OMI. Additionally, we encourage interested researchers to contact the New Mexico Bureau of Vital Records and Health Statistics (BVRHS) for complete mortality statistics.

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

Preparation of the Annual Report

The OMI data from which this report was compiled are maintained on a web-based data management system located at the New Mexico Scientific Laboratories in Albuquerque. OMI faculty Sarah Lathrop, DVM, Ph.D., and OMI Research Scientist Garon Bodor, MS using Microsoft Office 2016 Professional, prepared this report. UNM Health Sciences Center – Digital Printing and Document Services printed and bound the final distribution copies. Electronic copies of this report may be downloaded in .PDF format from the OMI website: <http://omi.unm.edu>.

Overview – Office of the Medical Investigator – 2021

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 tasked¹ 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.

****Please Note****

Due to a change in OMI's electronic case management system in 2021, some data elements are missing, resulting in the omission of some figures from this version of the annual report (including breakdowns of deaths by county, drug-caused deaths, motor vehicle accidents). We are working to correct this, and when available, an updated version will be posted to our website at:

<https://hsc.unm.edu/omi/reports/>

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 a 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 established 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 statute, 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 OMI.
- Define procedures to reimburse all parties providing services to the OMI.
- 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 Investigations (FBI), Tribal Law Enforcement, military 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 the Department of Health, the Chairman of the New Mexico Board of Thanatopractice and the Cabinet Secretary of the Indian Affairs Department 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 county in New Mexico has FDMIs 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 FDMIs contact the Central Office and present the results of each investigation to Central Office Deputy Medical Investigators who work with on-call Medical Investigators (forensic pathologists) to 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 technicians. The Scientific Laboratory Division (SLD) provides some toxicology services, with other commercial laboratories providing specialized testing. 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 such as 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 preventive measures (such as 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 2021

Investigative Activity

In 2021, New Mexico had 10,273 deaths that met the criteria to become a reportable death. The OMI provided investigative services for each of these 10,273 deaths. OMI's Deputy Medical Investigators conducted 7,395 scene investigations in 2021. Following these investigations, OMI retained jurisdiction of 5,516 deaths and relinquished jurisdiction of 1,879 deaths to private physicians. An additional 1,328 deaths were investigated as consultations, and 1,550 cases were Non-Accepts for jurisdiction resulting in a total caseload of 10,273 medicolegal investigations. OMI ordered the transportation of 5,584 decedents who died in 2021. A granular examination of the case distribution is presented in the Total Cases section beginning on the section entitled 'Total Cases'.

Examination Types

Of the 10,273 reportable deaths in 2021, OMI performed 2,098 autopsies (1,978 full + 120 partial), 2,461 pathologist externals, 654 field externals, and 5,060 decedents did not receive a physical examination of any type. As a department of the UNM Health Sciences Center, OMI performs autopsies for the hospital as a consultant; however, OMI does occasionally take jurisdiction over

some of those cases. In 2021, OMI took jurisdiction over 291 cases. Of those cases, 115 received a full or partial autopsy, 74 received an external examination, and 102 cases only needed their records reviewed in order to have a proper cause and manner of death assigned. A granular examination of the examination types is presented in the 'Total Cases' section of this report.

Identification

Each year OMI receives hundreds of cases where remains are initially unidentified. Approximately 99% of these cases are successfully identified through OMI's investigative efforts. Our staff identifies these cases through fingerprint analysis, postmortem forensic dental examinations, DNA analysis, and x-ray and CT comparisons. The investigative staff dedicates many hours to reviewing "cold cases" and are able to identify many cases with the advancement of DNA technology and by resubmitting fingerprints to the FBI that were originally unmatched. In 2021, the investigative staff identified all but 21 decedents.

Training and Education

At the OMI, the activity of 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 forensic pathologists are faculty members within 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 Pathology 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 years in advance.

Certification Training

All OMI Central Office deputy medical investigators are required to become certified by the American Board of Medicolegal Death Investigators to perform a death investigation. Additionally, the OMI provides in-house training for the deputy medical investigators throughout New Mexico. 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. (i.e., Native American police officers).

Death Investigation Training

OMI provided continuing education on a variety of forensic topics to over 100 Field Investigators through weekly webinars. This training was open to several other medical examiner offices throughout the country through Project ECHO, and representatives from offices in Oklahoma, Indiana, and California also participated.

Law Enforcement Education

Death investigation training is provided at the New Mexico State Police Academy, the New Mexico Law Enforcement Academy, APD Citizen's Police 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 the New Mexico Department of Health, funeral homes, hospitals, correction facilities, the EMS training site, UNM, CNM, high schools, civic organizations, state search and rescue groups, and tribal authorities.

OMI website

The OMI website at <http://omi.unm.edu> provides instant access to information concerning OMI, staff, services offered, reports, and record requests.

Center for Forensic Imaging

The Center for Forensic Imaging (CFI) is located within OMI. The CFI performs computed tomography (CT), magnetic resonance imaging (MRI), and radiography, in support of the clinical service of the OMI, as well as research and education. The primary imaging modality is CT, which is performed in over 90% of the cases transported to the OMI for examination by a pathologist.

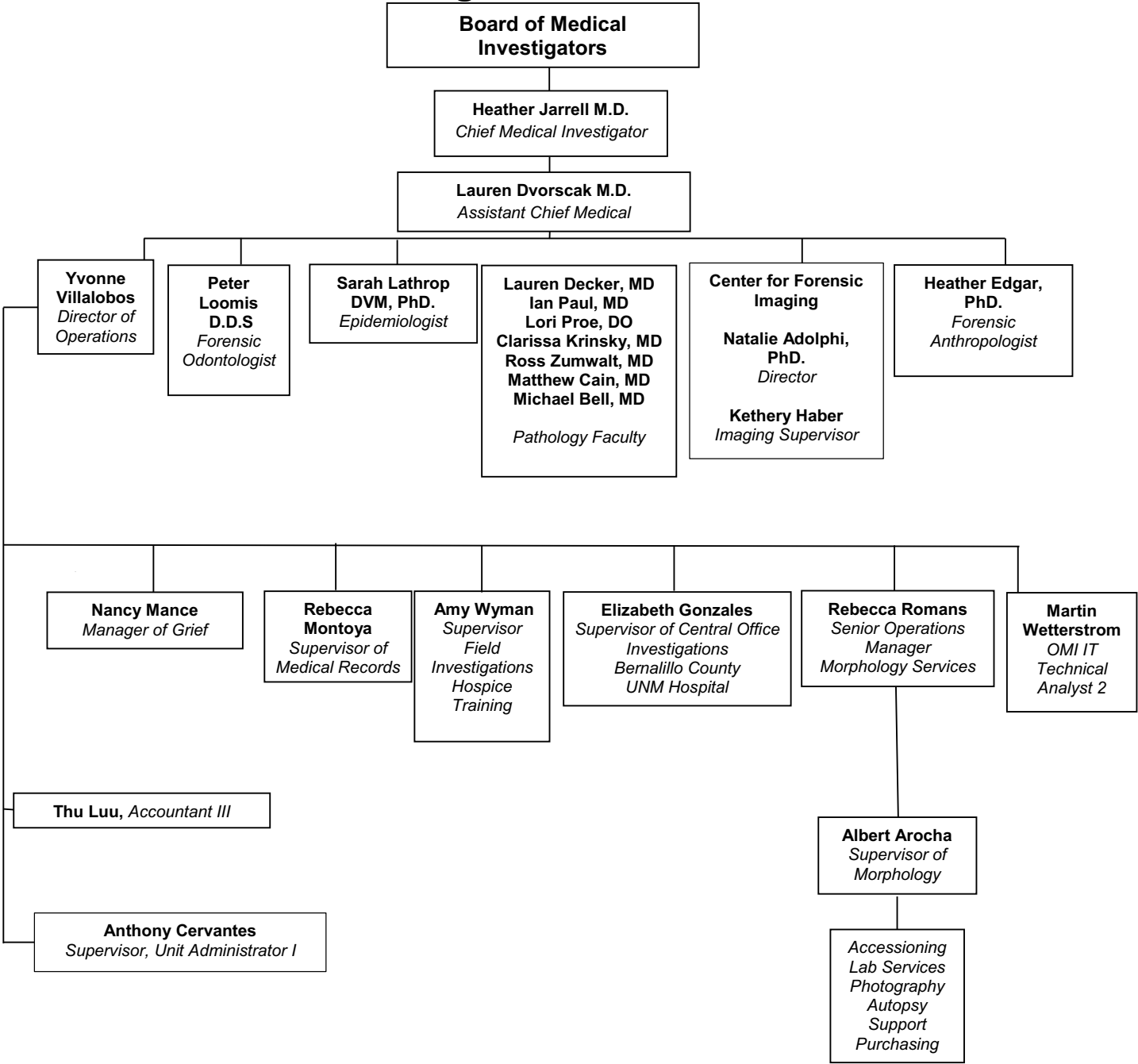
Grief Services Program

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). GSP services now include grief support for those experiencing a loved ones' death arising from homicide, suicide, or various types of accidents throughout the state of New Mexico. GSP has clinical social workers, and graduate social work and counseling student interns located on-site in Albuquerque. GSP also contracts with mental health clinicians throughout the state to provide grief support to families. Services include: traumatic grief support/companionship, crisis intervention, advocacy, support groups, and information and referrals. Additionally, the GSP provides consultation, training, and public presentations focusing on trauma and complicated grief education across New Mexico for agencies such as law enforcement, emergency responders, nurses, mental health providers, teachers and other groups who request such training.

Donor Services

In 2021, OMI ensured that 100% of potential organ donors and their families were allowed to give the gift of life. OMI works closely with Donor Services and Lion's Eye Bank to provide life-saving organs for transplantation, in New Mexico and across the country. Our thanks go to the families whose loved ones became an organ or tissue donor, providing an enhanced quality of life to hundreds of transplant recipients.

Office of the Medical Investigator
2021 Organizational Chart



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

Figure 2. Total Cases (2012-2021)

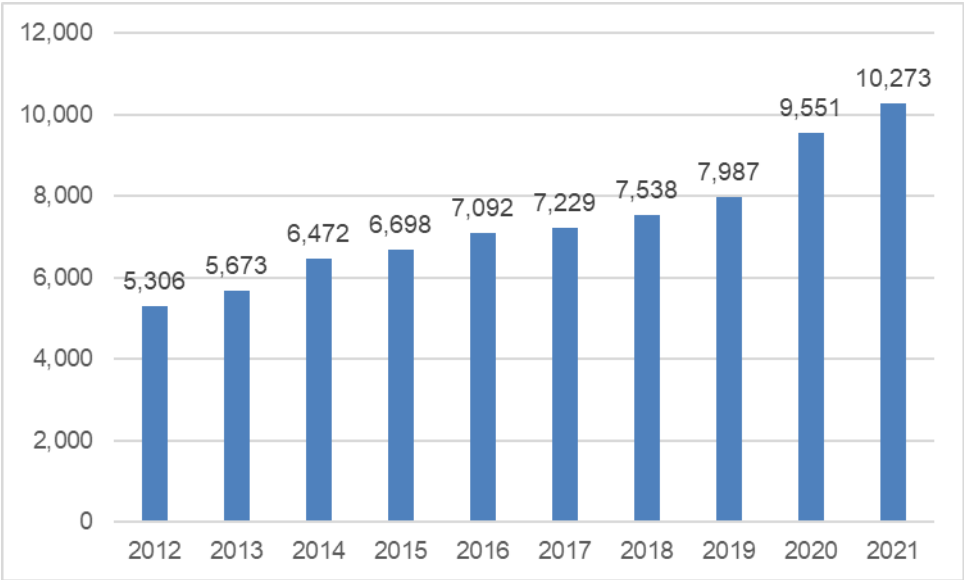


Figure 3. Total Cases by Month 2021

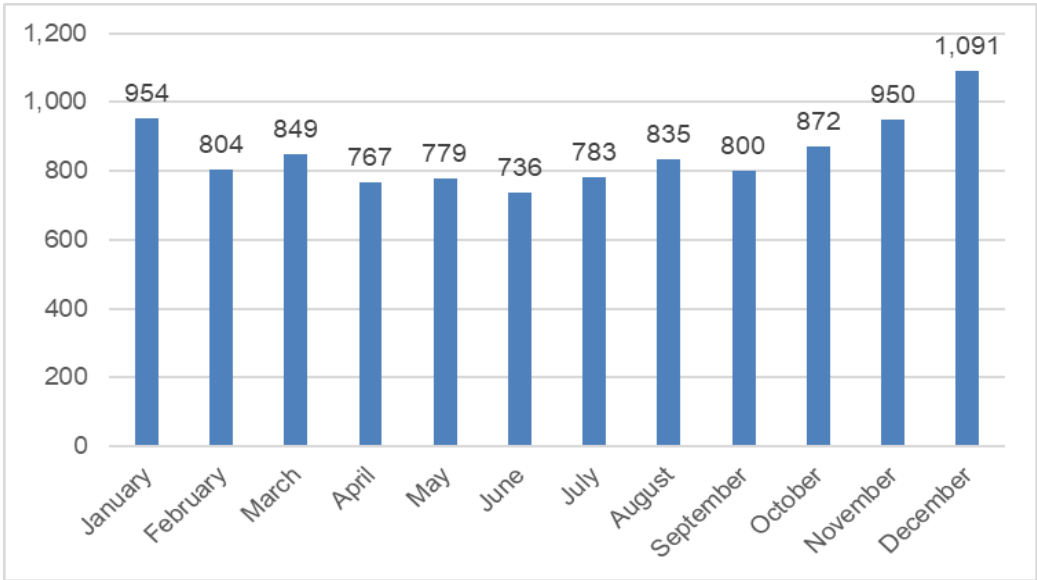


Figure 4. Total Cases by Day 2021

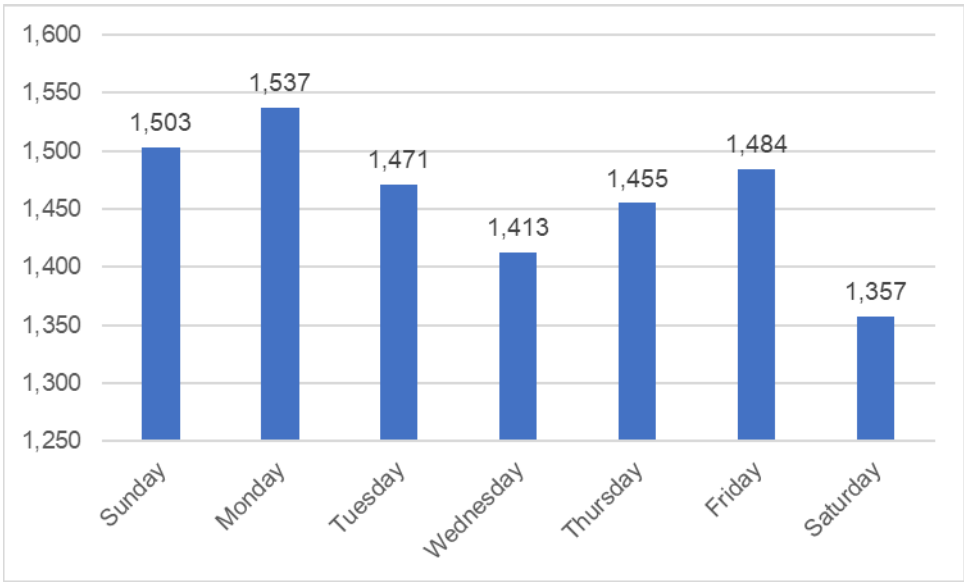


Figure 5. Total Cases by Race / Ethnicity 2021

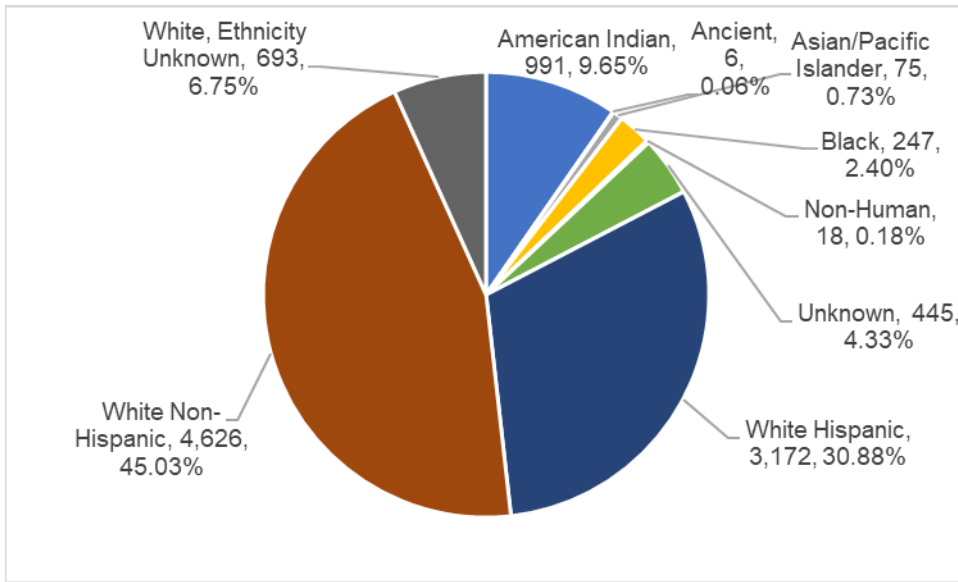


Figure 6. Total Cases by Age and Gender 2021

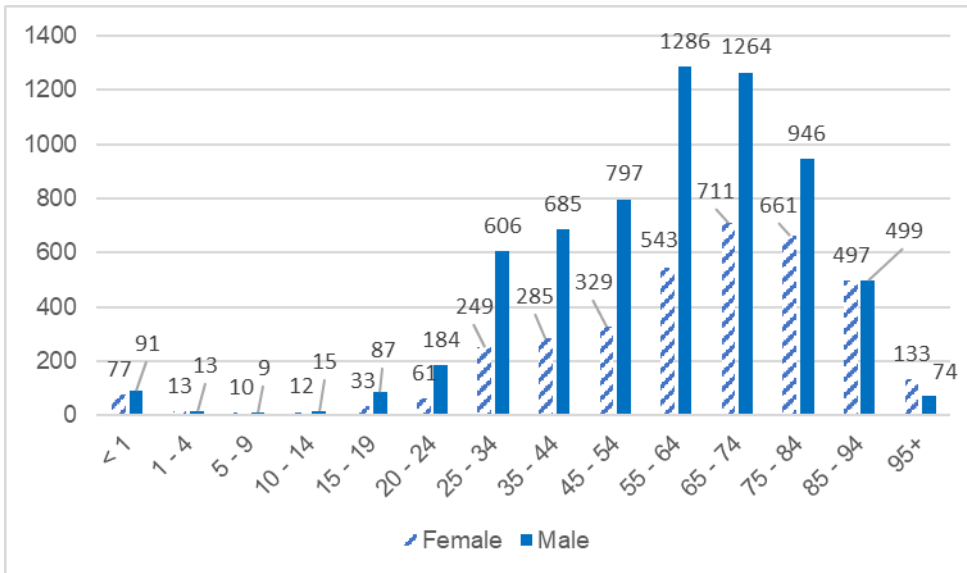


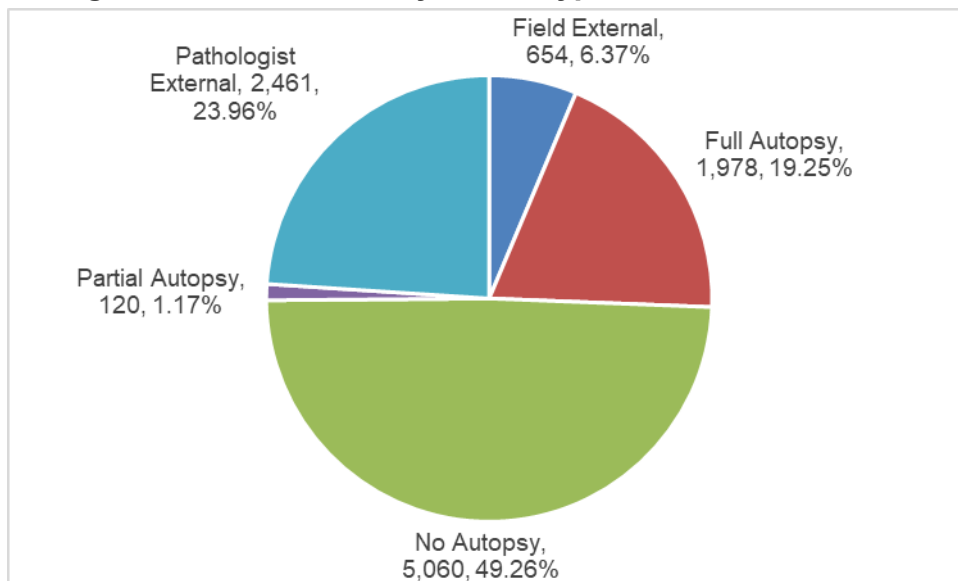
Table 1. Total Cases - Autopsy Status 2021

Manner	Autopsy	Accident	Homicide	Jurisdiction Terminated	Natural	Non-Accept	Other	Pending	Suicide	Undetermined	Grand Total
		No	1,624	2	1,879	2,777	1,550	15	22	295	11
Yes	764	356		606		7	17	223	125		2,098
Grand Total		2,388	358	1,879	3,383	1,550	22	39	518	136	10,273

Table 2. Total Cases Distribution 2021

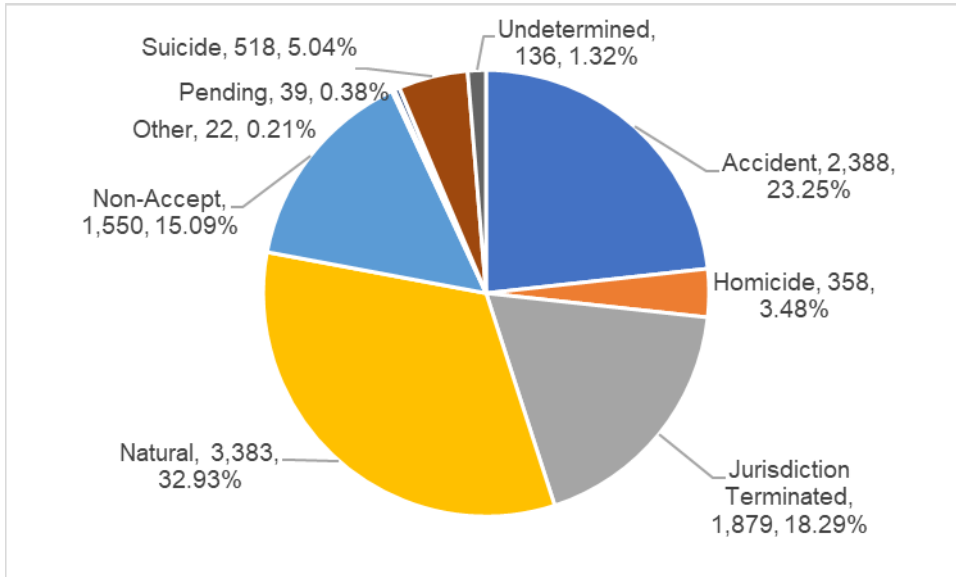
Jurisdiction	Autopsy No	Autopsy Yes	Percent Autopsied	Grand Total
OMI				
Accident	1,544	740	32%	2,284
Homicide	2	315	99%	317
Natural	1,753	502	22%	2,255
Other	14	7	33%	21
Pending	18	6	25%	24
Suicide	279	218	44%	497
Undetermined	11	107	91%	118
Subtotal	3,621	1,895	34%	5,516
Consult				
Accident	80	24	23%	104
Homicide		41	100%	41
Natural	1,024	104	9%	1,128
Other	1		0%	1
Pending	4	11	73%	15
Suicide	16	5	24%	21
Undetermined		18	100%	18
Subtotal	1,125	203	15%	1,328
Jurisdiction Terminated	1,879		0%	1,879
Non-Accept	1,550		0%	1,550
Grand Total	8,175	2,098	20%	10,273

Figure 7. Total Cases by Exam Type 2021



Cause and Manner of Death

Figure 8. Total Cases by Manner of Death 2021



Cause and Manner of Death - Overview

In 2021, OMI investigated 10,273 deaths, representing approximately *52.4% of the estimated total deaths in New Mexico in 2021 (*based on most recent Vital Records Report). Of the deaths investigated by OMI in 2021:

The total number of deaths investigated represents a 7.6% increase from the 2020 total, and a 93.6% increase since 2012.

The ratio of male to female deaths, when gender was clearly determined, was 1.8. Decedents classified as White Non-Hispanic represented 45.03% of the total, White Hispanic 30.88%, White Ethnicity Unknown 6.75%, American Indian 9.65%, Black 2.4%, and Asian/Pacific Islander 0.73%. The racial-ethnic composition of New Mexico was listed in 2020 as: 35.9% White Non-Hispanic, 50.1% Hispanic, 11.2% American Indian, 2.7% African-American and 1.9% Asian/Pacific Islander. (Source: <https://www.census.gov/quickfacts/fact/table/nm/PST045217?>)

While natural deaths contributed the largest portion of OMI deaths investigated (32.93%), most natural deaths did not fall under the jurisdiction of the OMI. Multiple cases are called into OMI every year in order to verify if OMI has jurisdiction over the case. The physicians then decide if OMI is statutorily obligated to investigate the case and issue the death certificate. If they are not statutorily obligated, the case is considered as jurisdiction terminated (18.3% of 2021 cases) or non-accept

(15.1% of 2021 cases). Data presented regarding natural deaths should not be interpreted as representative of all natural deaths in New Mexico.

Table 3. Total Cases by Manner of Death and Gender 2021

Manner	Ancient	Female	Male	Non-Human	Unknown	Grand Total
Accident		810	1,578			2,388
Homicide		56	302			358
Jurisdiction Terminated	1	763	1,106	2	7	1,879
Natural		1,184	2,189		10	3,383
Non-Accept	1	664	861		24	1,550
Other	4		2	16		22
Pending		14	13		12	39
Suicide		92	426			518
Undetermined		40	88		8	136
Grand Total	6	3,623	6,565	18	61	10,273

Table 4. Total Cases by Manner of Death and Race/Ethnicity 2021

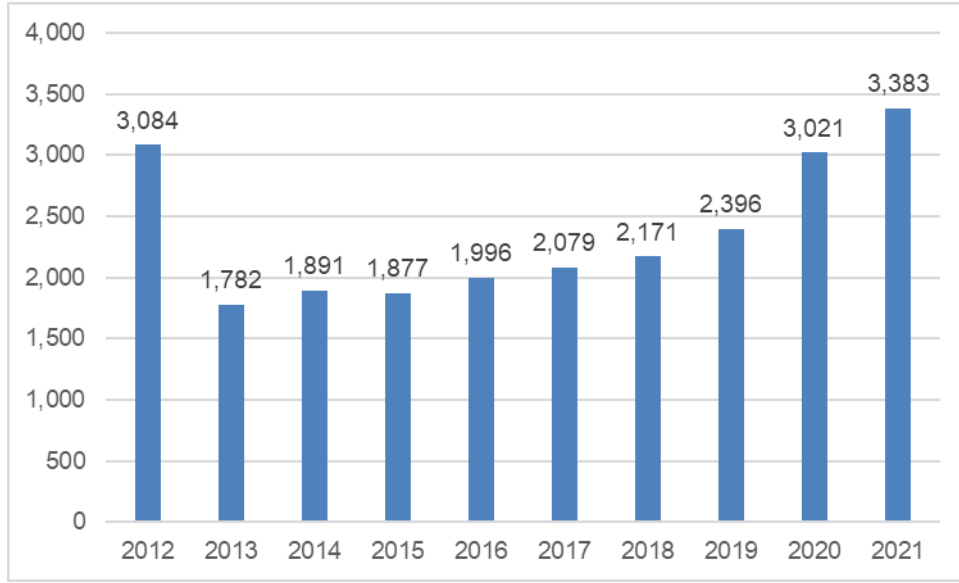
Manner	American Indian	ANCIENT	Asian/Pacific Islander	Black	NONHUMAN	Unknown	White Hispanic	White Non-Hispanic	White, Ethnicity Unknown	Grand Total
Accident	253		16	64		90	894	938	133	2,388
Homicide	54		1	23		21	153	99	7	358
Jurisdiction Terminated	50	1	15	45	2	36	569	1,038	123	1,879
Natural	377		33	81		149	915	1,559	269	3,383
Non-Accept	166	1	8	22		105	448	676	124	1,550
Other	1	4			16		1			22
Pending	7					8	5	19		39
Suicide	51		1	10		22	145	253	36	518
Undetermined	32		1	2		14	42	44	1	136
Grand Total	991	6	75	247	18	445	3,172	4,626	693	10,273

Table 5. Total Cases by Manner of Death (Age and Gender) 2021

Gender / Age Group	Accident	Homicide	Jurisdiction Terminated	Natural	Non-Accept	Other	Pending	Suicide	Undetermined	Grand Total
Female	810	56	763	1,184	664		14	92	40	3,623
< 1	9	1	5	24	26		4		8	77
1 - 4	7	1		3	2					13
5 - 9	5		1	3	1					10
10 - 14	7			4				1		12
15 - 19	21	3		2				6	1	33
20 - 24	28	8	1	11	1			10	2	61
25 - 34	119	22	5	60	19		1	18	5	249
35 - 44	130	9	15	80	26			18	7	285
45 - 54	103	7	37	116	41		2	15	8	329
55 - 64	113	1	96	231	87		1	10	4	543
65 - 74	65	4	176	304	154		2	5	1	711
75 - 84	77		218	208	147		1	7	3	661
85 - 94	91		165	111	126		2	2		497
95+	32		44	26	30		1			133
Unknown	3			1	4				1	9
Subtotal	810	56	763	1,184	664		14	92	40	3,623
Male	1,578	302	1,106	2,189	861	2	13	426	88	6,565
< 1	16	2	2	29	27		3		12	91
1 - 4	8			4					1	13
10 - 14	5	2	1	2				5		15
15 - 19	37	20		7	1			20	2	87
20 - 24	78	36	2	15	4			46	3	184
25 - 34	293	93	6	95	10	1		91	17	606
35 - 44	289	73	30	173	49			60	11	685
45 - 54	255	38	58	298	74			60	14	797
5 - 9	3		1	2			1		2	9
55 - 64	281	28	190	541	168		2	61	15	1,286
65 - 74	141	6	295	558	210		3	45	6	1,264
75 - 84	85	2	306	341	181		2	26	3	946
85 - 94	71	1	190	109	114		2	11	1	499
95+	15		25	13	20			1		74
Unknown	1	1		2	3	1			1	9
Subtotal	1,578	302	1,106	2,189	861	2	13	426	88	6,565
Unknown Gender										
< 1			1	1	2		4		1	9
35 - 44				1					1	2
45 - 54				1	2					3
55 - 64				5						5
65 - 74				1	3					4
75 - 84			1		5					6
85 - 94			2	1	3					6
95+			1				1			2
Unknown Gender and Age			7	10	24		12		8	61
Ancient			1		1	4				6
Non-Human			2			16				18
Grand Total	2,388	358	1,879	3,383	1,550	22	39	518	136	10,273

Overview – Manner of Death – Natural Deaths

Figure 9. Natural Deaths (2012 - 2021)



Natural Deaths – Overview

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 (32.93% in 2021). Starting in 2013, cases reported to but not accepted by OMI were no longer assigned a manner of death, resulting in the lower numbers of natural deaths starting in 2013. 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. The 2018 Annual Report is available online at: <https://www.nmhealth.org/data/view/vital/2352/>

Figure 10. Natural Deaths by Race / Ethnicity 2021

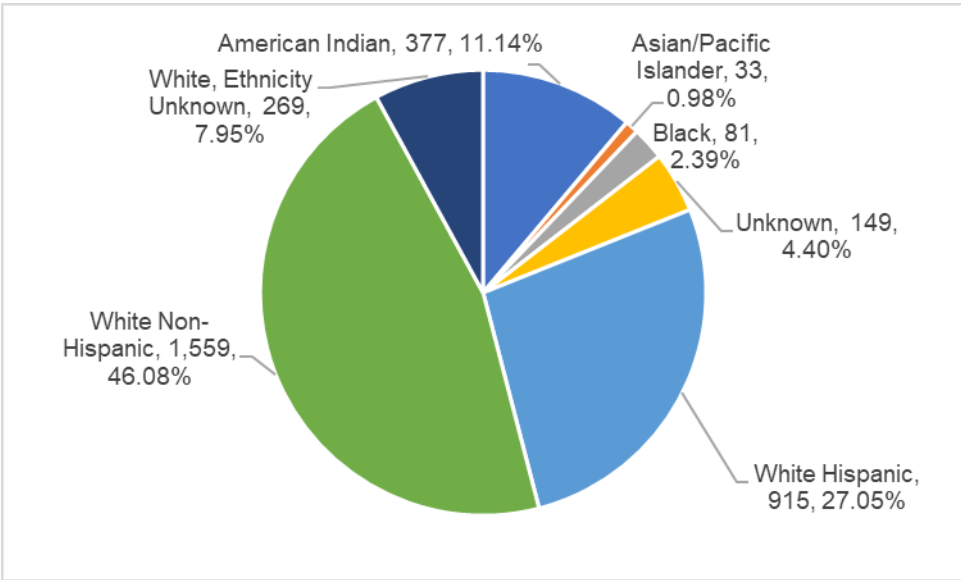
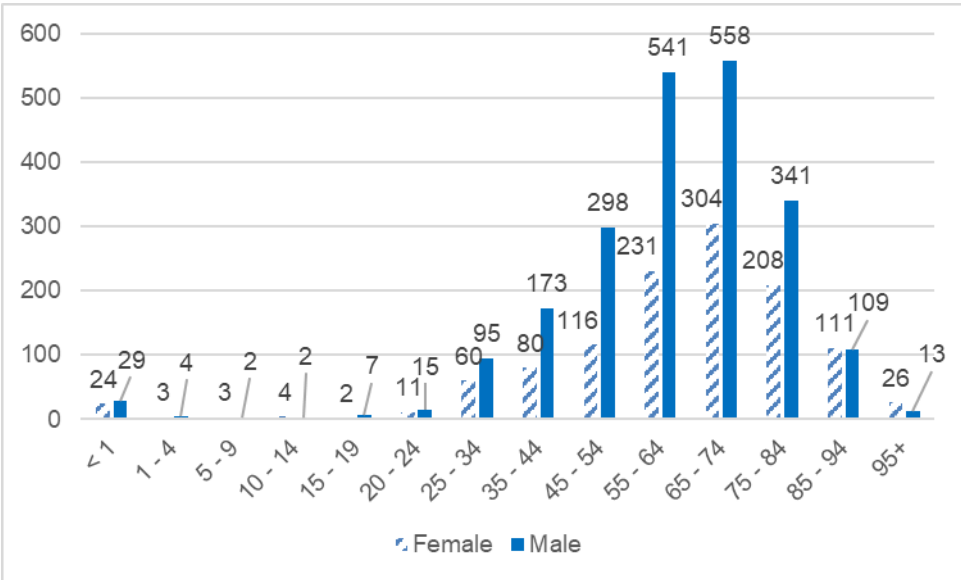
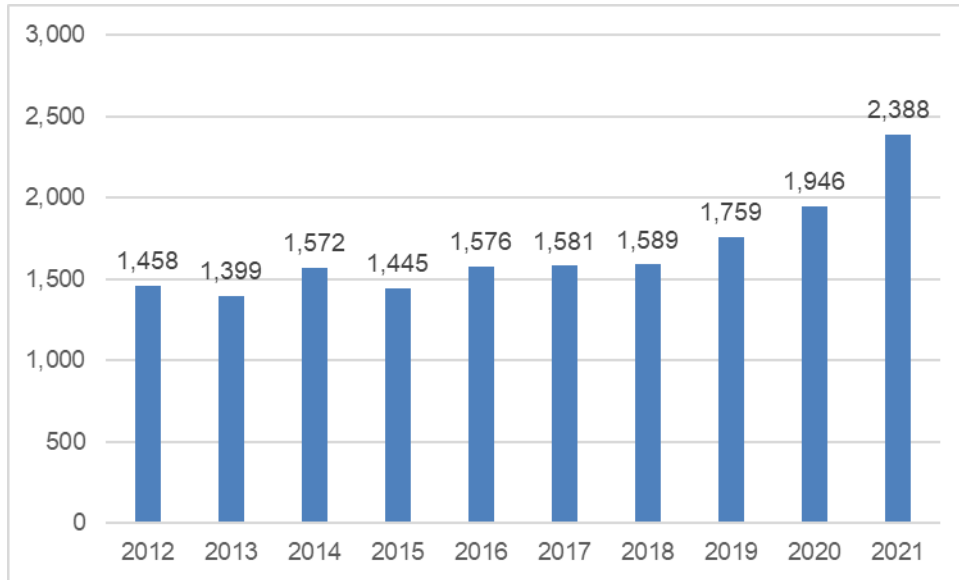


Figure 11. Natural Deaths by Age and Gender 2021



Overview – Manner of Death – Accidental Deaths

Figure 12. Accidental Deaths (2012-2021)



Accidental Deaths – Overview

Accidental deaths accounted for 23.25% of the deaths investigated by OMI in 2021, second only to natural deaths as a manner of death. The highest number of accidental deaths was in males 25 - 34 years of age.

Figure 13. Accidental Deaths by Race / Ethnicity 2021

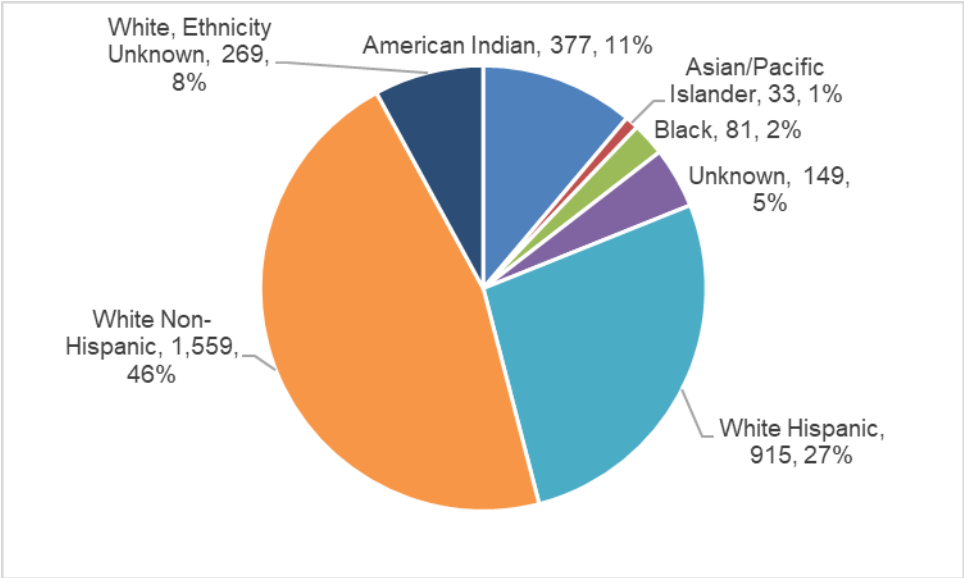
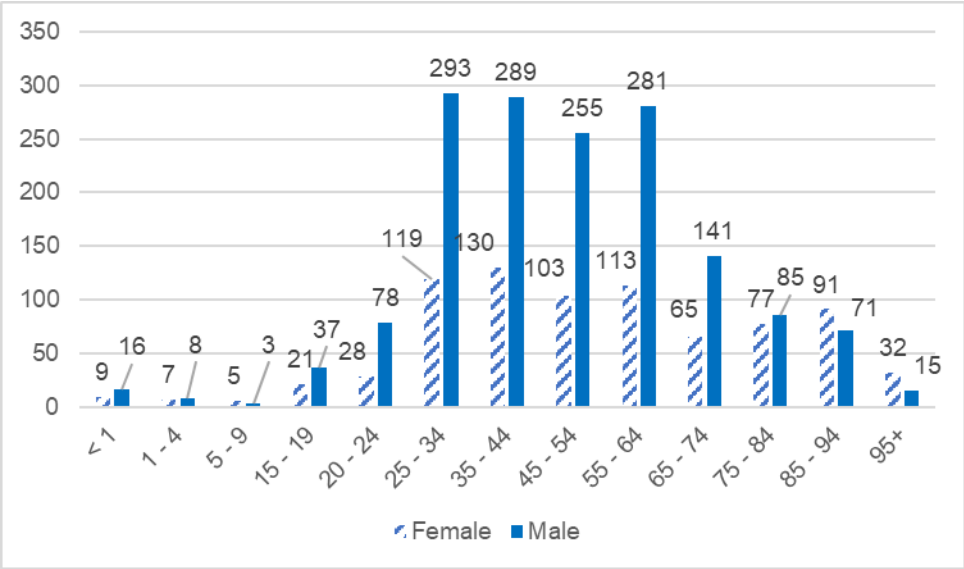
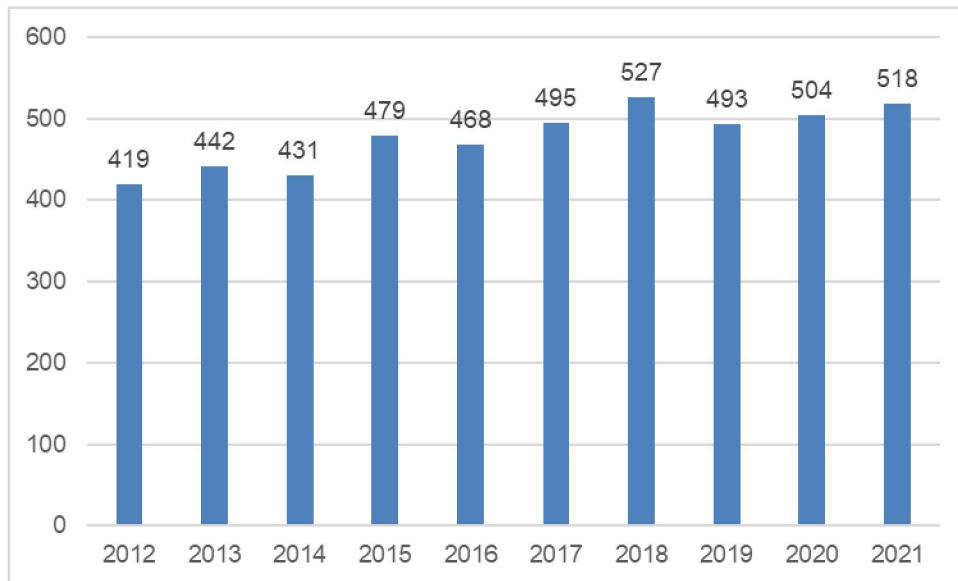


Figure 14. Accidental Deaths by Age and Gender 2021



Overview – Manner of Death (Suicide)

Figure 15. Suicide Deaths (2012-2021)



Suicide Deaths – Overview

New Mexico's suicide rate is consistently higher than the national average, comprising 2.65% of all deaths in New Mexico, compared to 1.36% of all deaths in the U.S.. The rate in 2020 (most recent data available) was 24.6 per 100,000 people, compared to a rate of 13.5 per 100,000 people in the rest of the U.S. (<https://www.nmhealth.org/news/information/2021/12/?view=1739>, <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>).

Deaths from suicide in 2021 occurred most frequently among White non-Hispanics (48.84%) and males (82.2%). More men between the ages of 25 and 34 years (17.57% of all suicides) died by suicide than any other age group by gender. More people died by suicide on Sunday (15.25% each) than any other day of the week. More suicides occurred in September than any other month (11.58%). The fewest occurred in February (6.37%). The total number of suicides increased from 504 in 2020 to 518 in 2021 (2.78% increase).

Figure 16. Suicide Deaths by Race / Ethnicity 2021

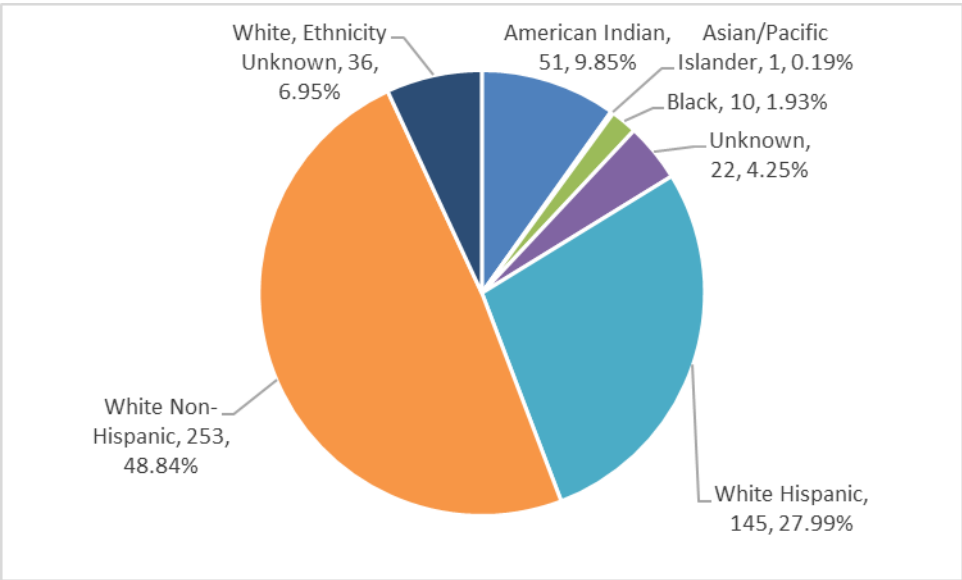


Figure 17. Suicide Deaths by Age and Gender 2021

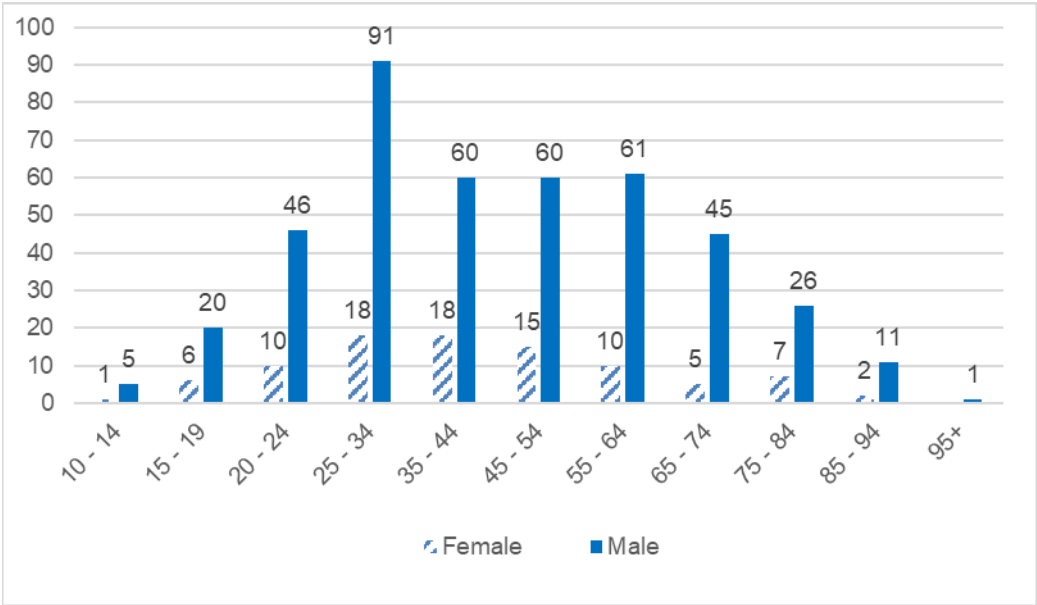


Figure 18. Suicide Deaths by Month 2021

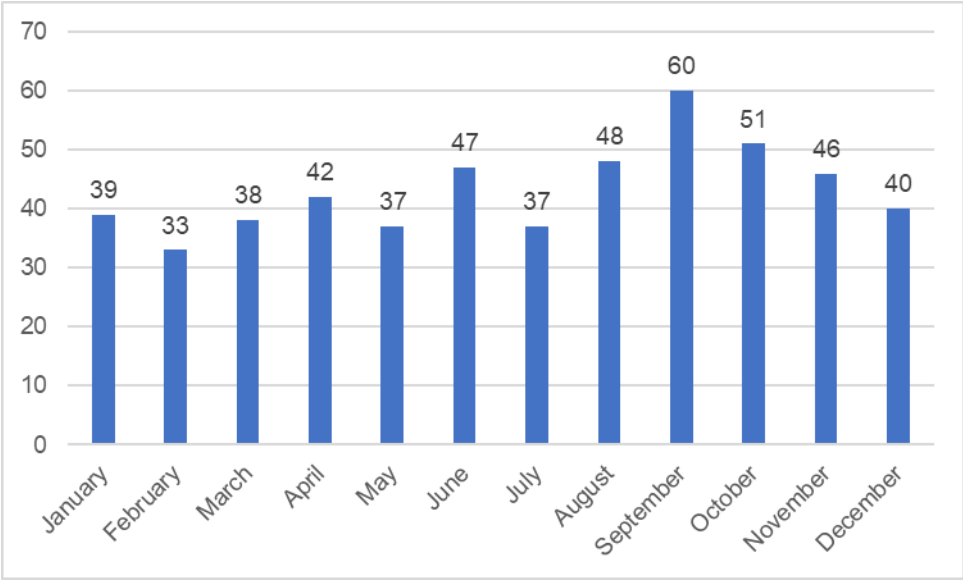
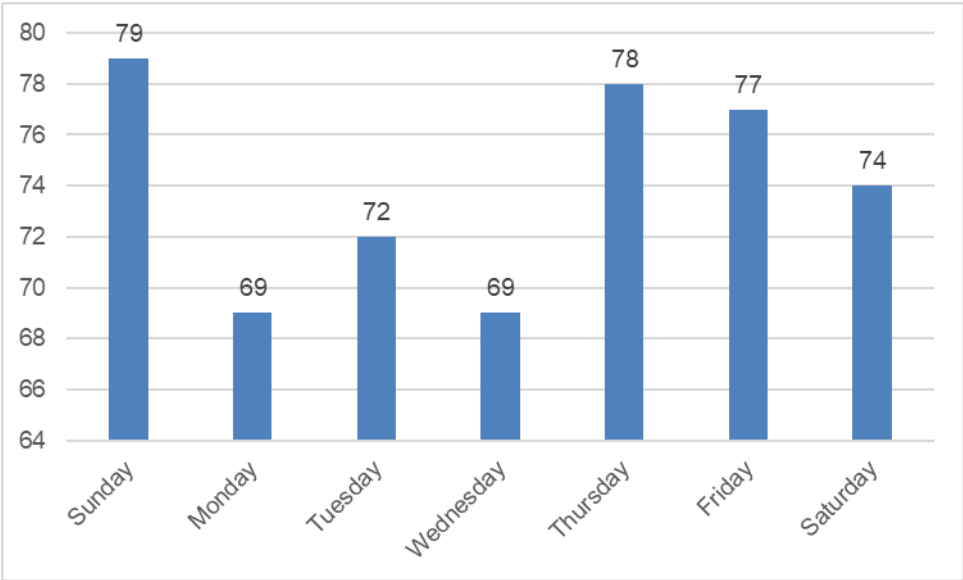
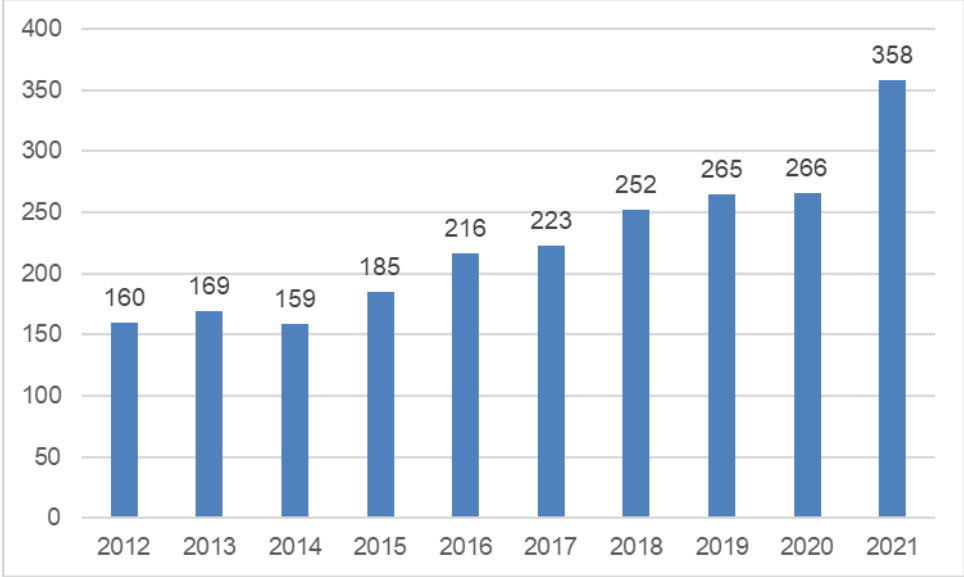


Figure 19. Suicide Deaths by Day of the Week 2021



Overview – Manner of Death – Homicide Deaths

Figure 20. Homicide Deaths (2012- 2021)



Homicide Deaths – Overview

Homicides increased by 34.59% from 2020 to 2021. Homicide victims were most frequently male (78.1%) and White Hispanic (42.74%). As with suicide rates, homicide rates in New Mexico tend to be higher than the national rate, 10.8 per 100,000 in 2018 compared to a national rate of 5.0 per 100,000 (2018 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health and ucr.fbi.gov, respectively).

Figure 21. Homicide Deaths by Race / Ethnicity 2021

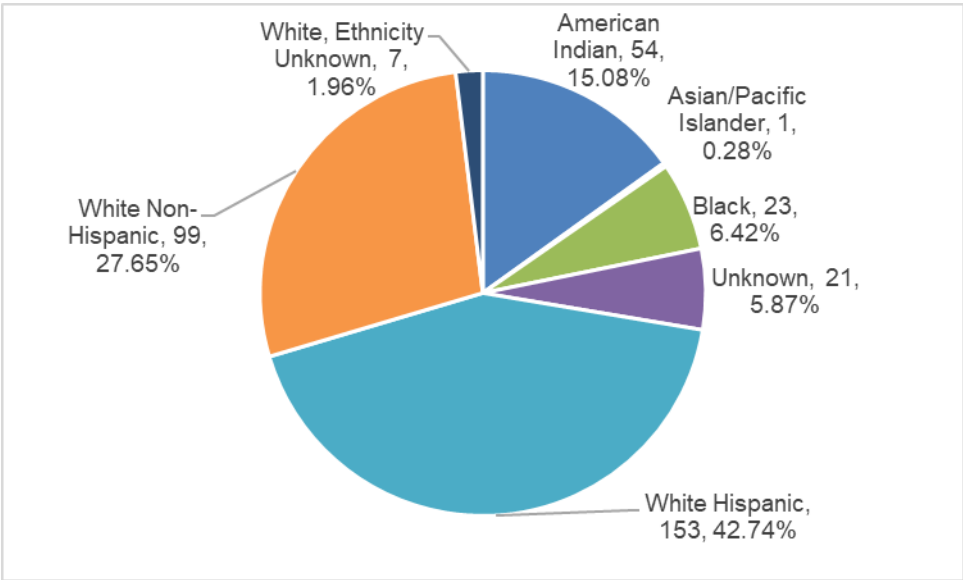
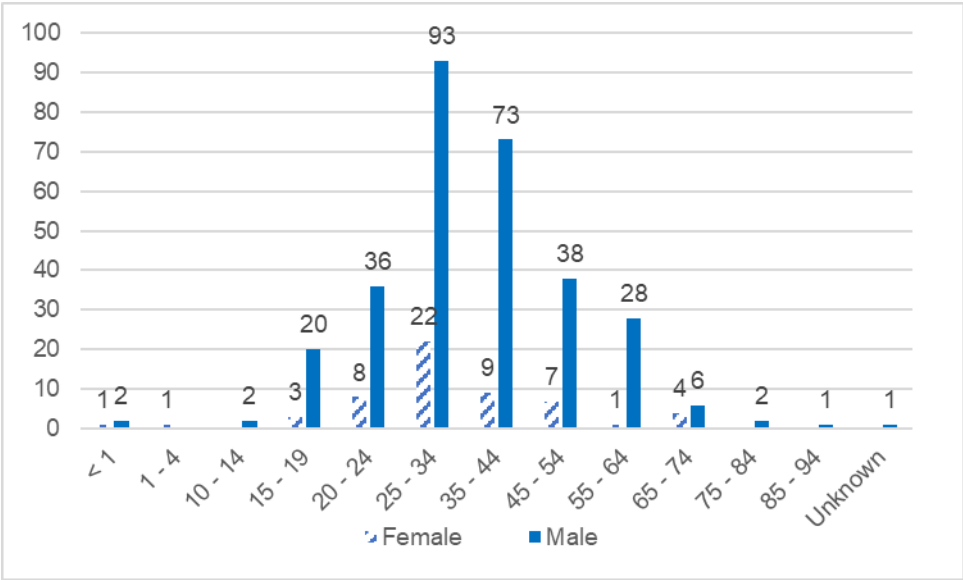
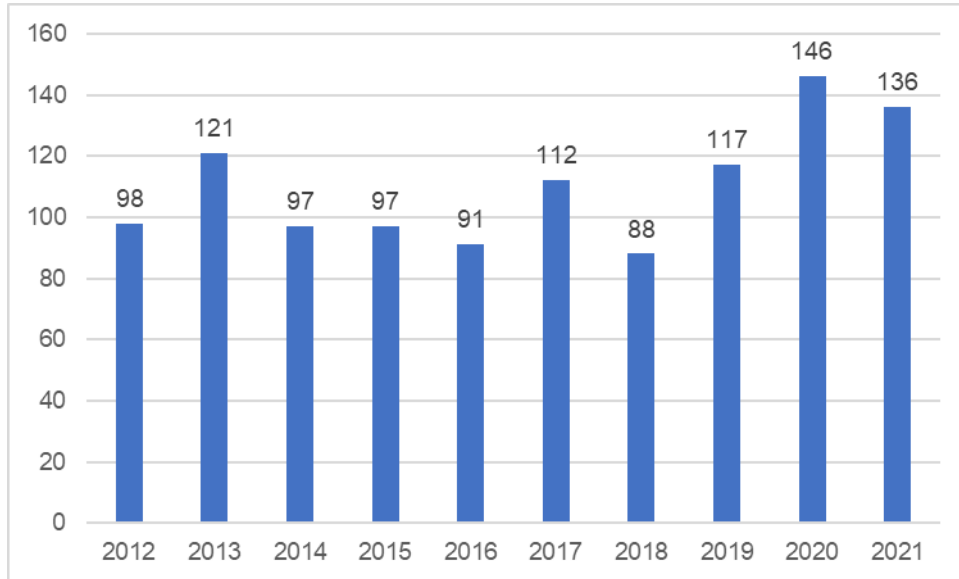


Figure 22. Homicide Deaths by Age and Gender 2021



Overview – Manner of Death – Undetermined Deaths

Figure 23. Undetermined Deaths (2012 – 2021)



Undetermined Deaths – Overview

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 (less than 1% most years) 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.

Figure 24. Undetermined Deaths by Race / Ethnicity 2021

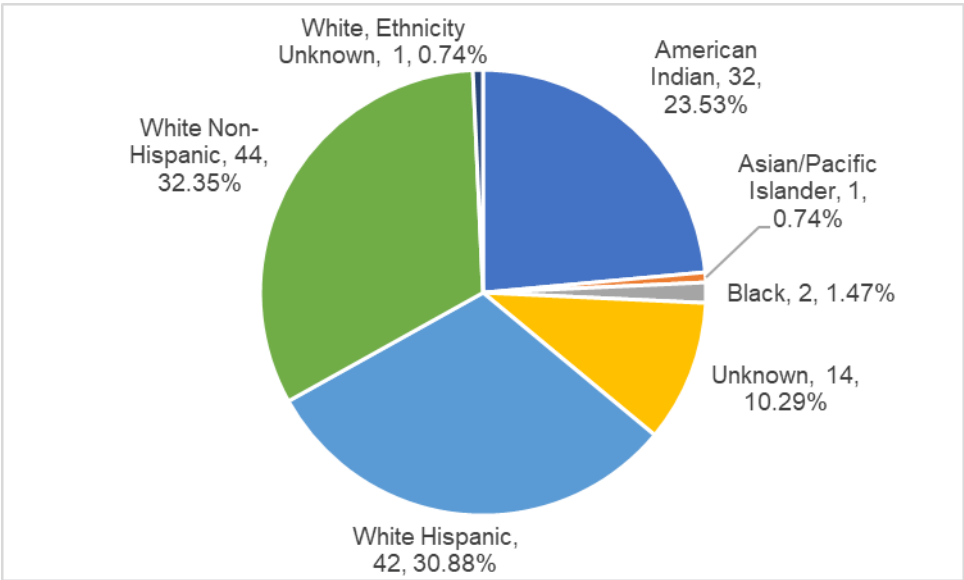
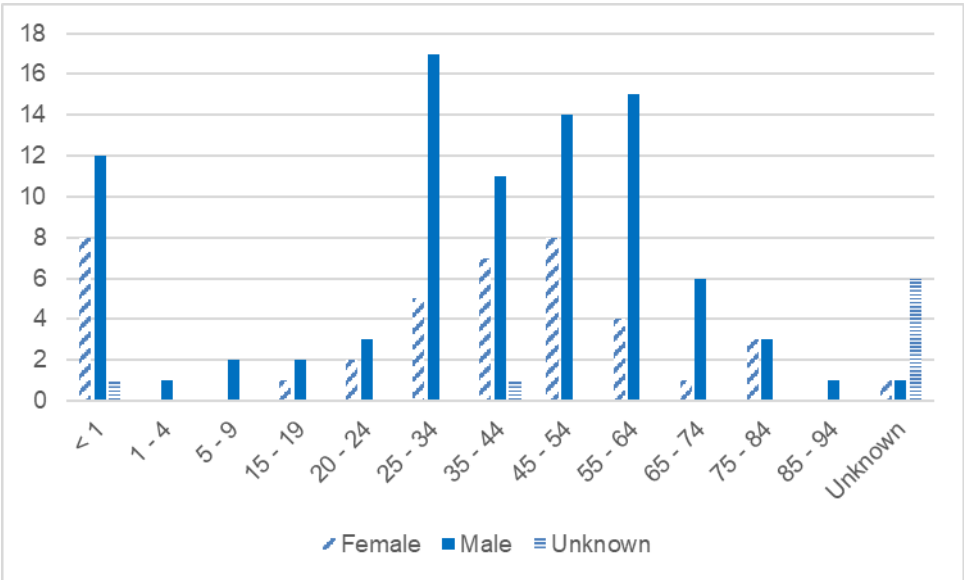


Figure 25. Undetermined Deaths by Age and Gender 2021



Deaths of Children (19 years of age and younger)

Figure 26. Children/Deaths (2012 – 2021)

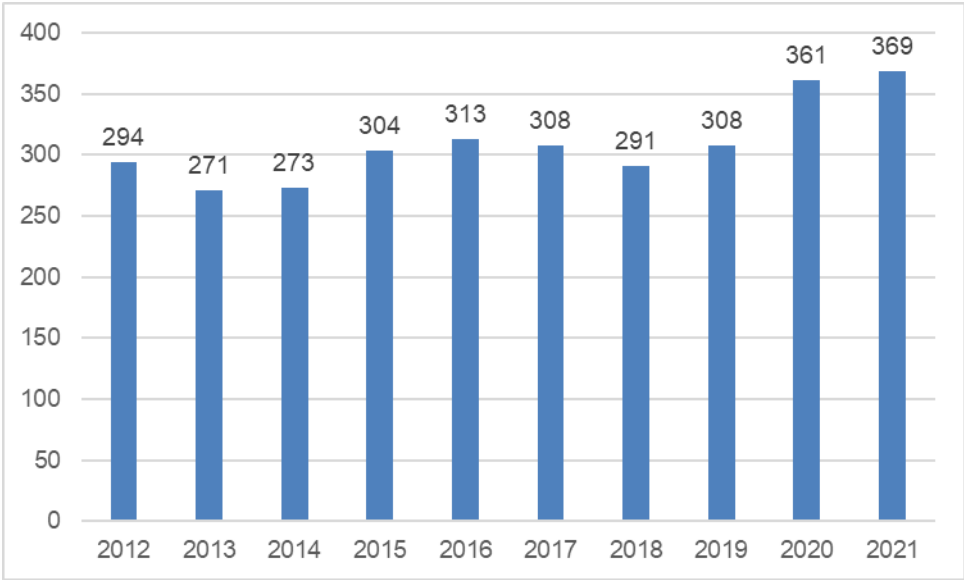


Figure 27. Children/Deaths by Race / Ethnicity 2021

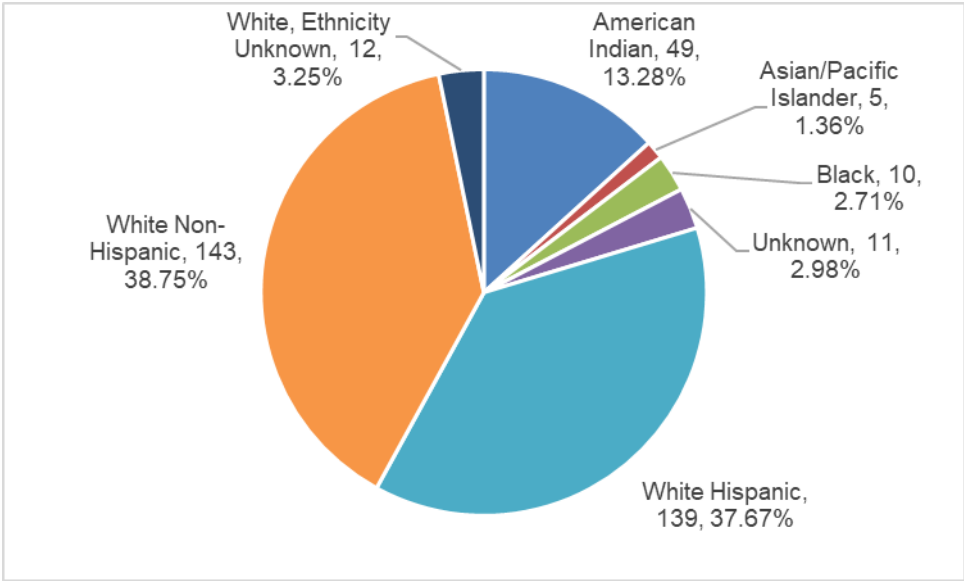


Figure 28. Children / Deaths by Age and Gender 2021

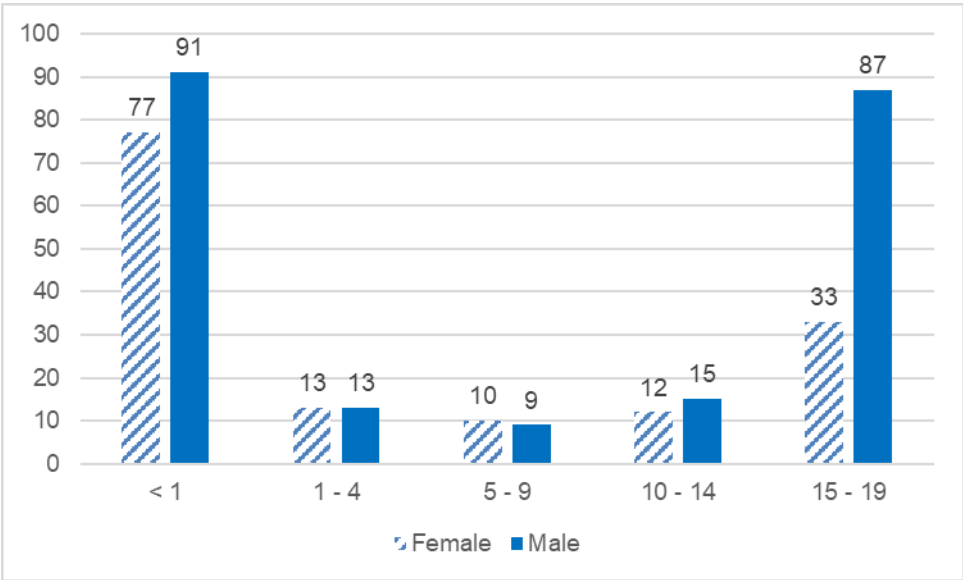
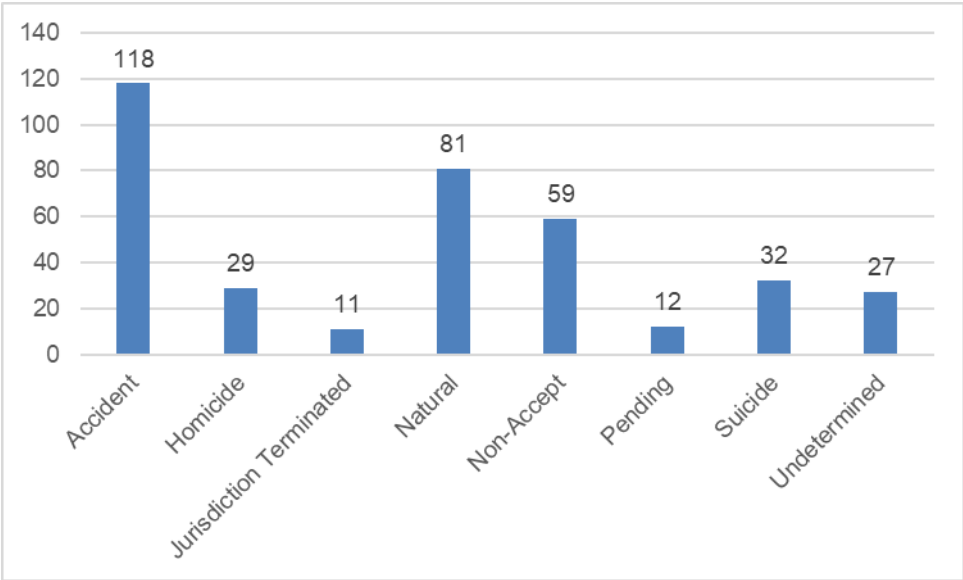


Figure 29. Children / Deaths by Manner of Death 2021



Overview – Children by Manner of Death (Natural Deaths)

Figure 30. Children / Natural Manner of Deaths (2012 – 2021)

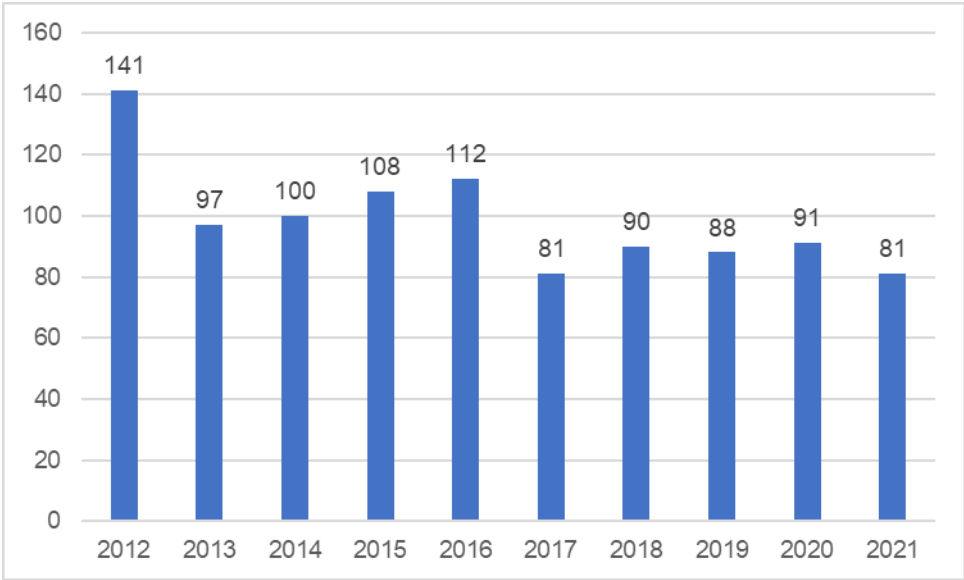


Figure 31. Children/Natural Deaths by Race / Ethnicity 2021

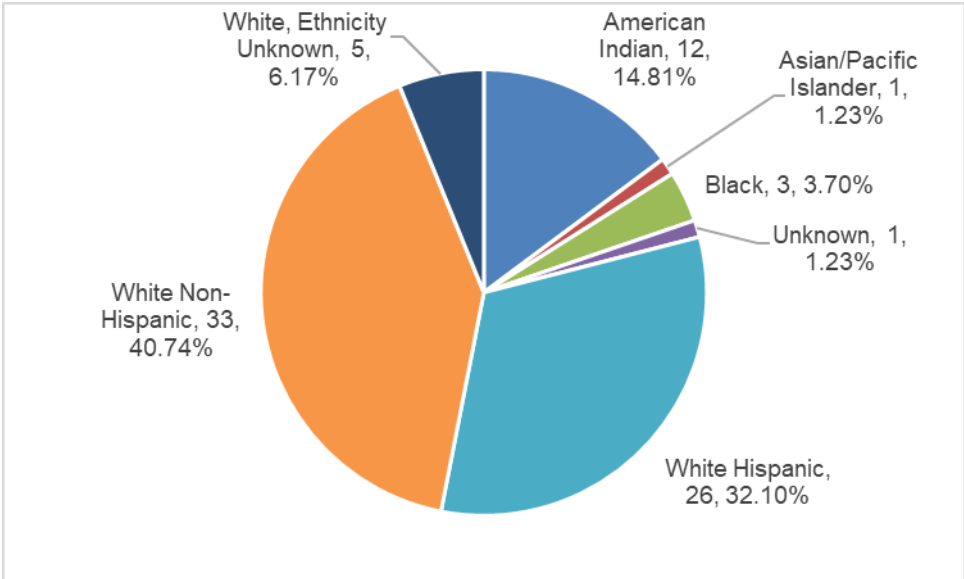
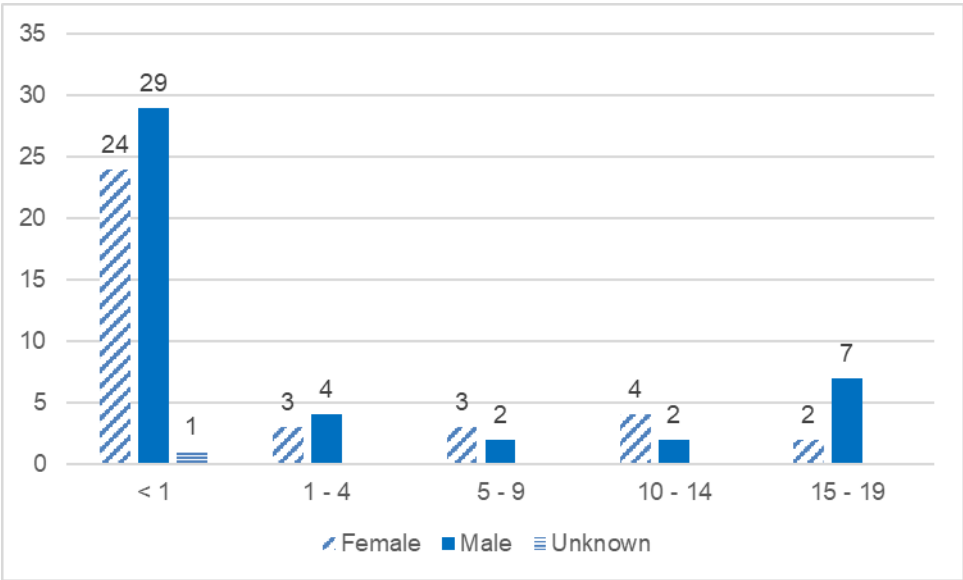


Figure 32. Children / Natural Deaths by Age and Gender 2021



Overview – Children by Manner of Death (Accidental Deaths)

Figure 33. Children / Accidental Deaths (2012 – 2021)

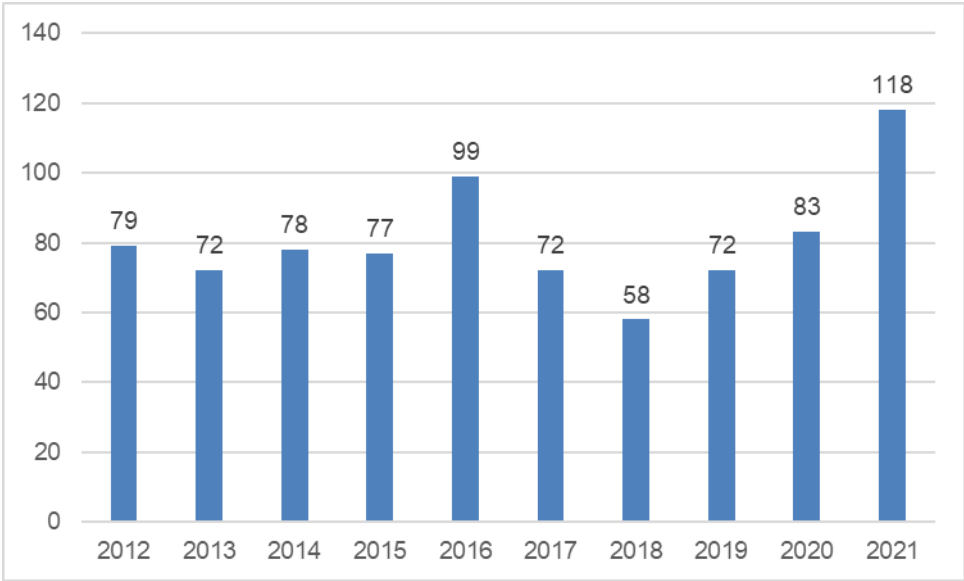


Figure 34. Children / Accidental Deaths by Race / Ethnicity 2021

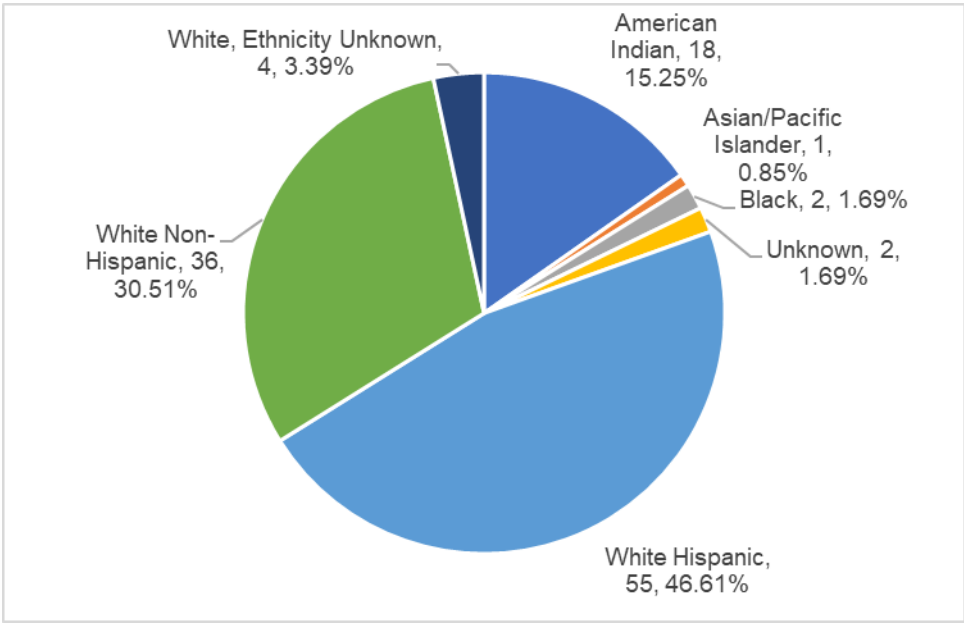
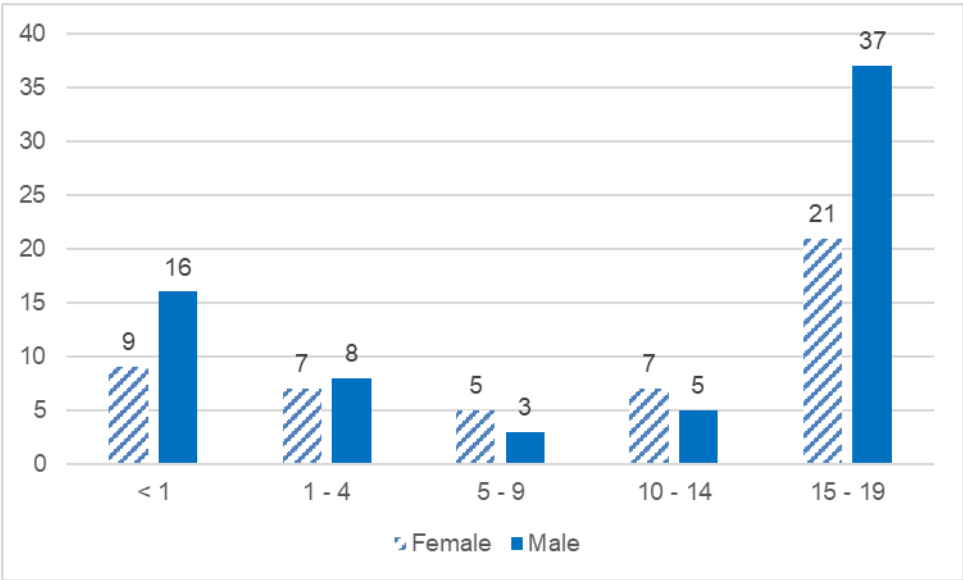


Figure 35. Children / Accidental Deaths by Age and Gender 2021



Overview – Children by Manner of Death (Suicide)

Figure 36. Children / Suicide Deaths (2012 – 2021)

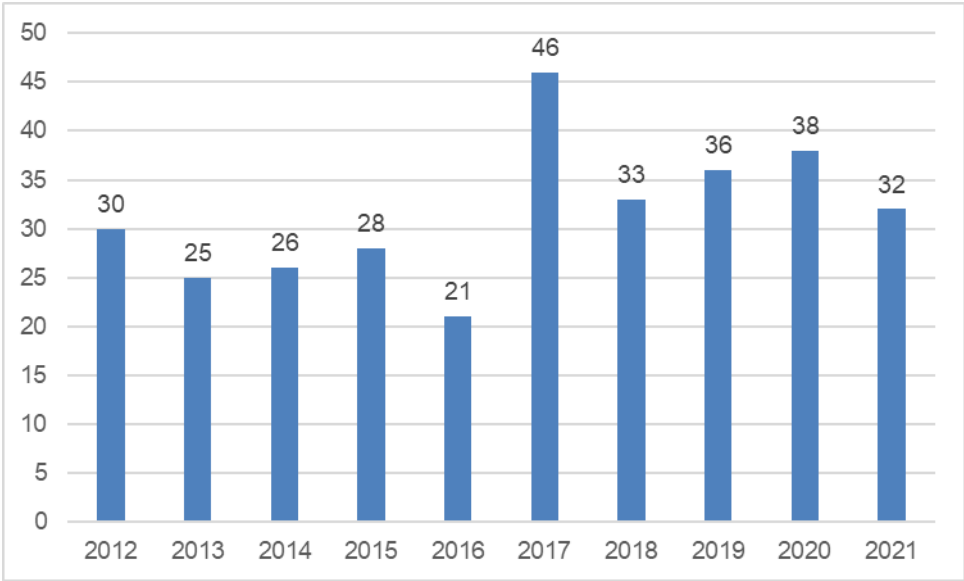


Figure 37. Children / Suicide Deaths by Race/Ethnicity 2021

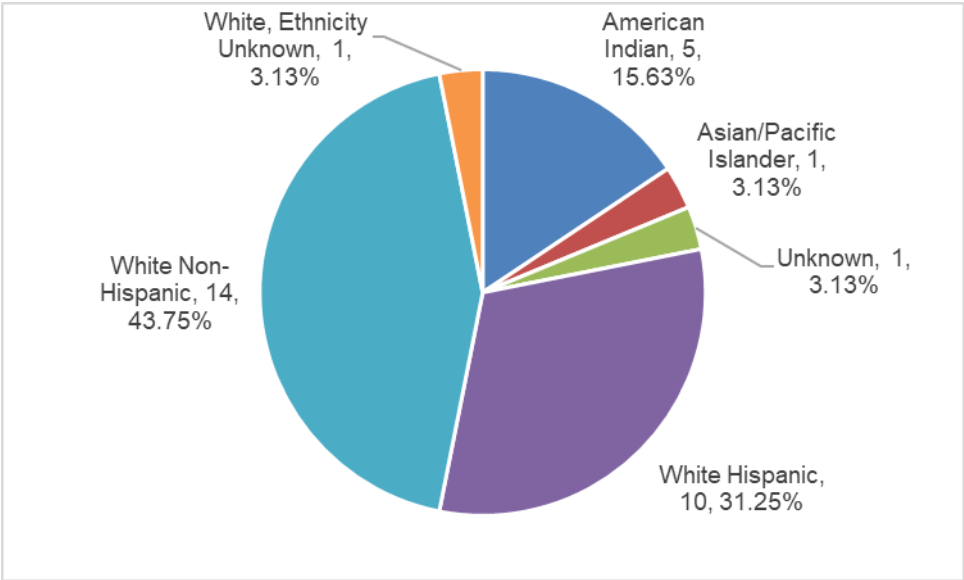


Figure 38. Children / Suicide Deaths by Age and Gender 2021

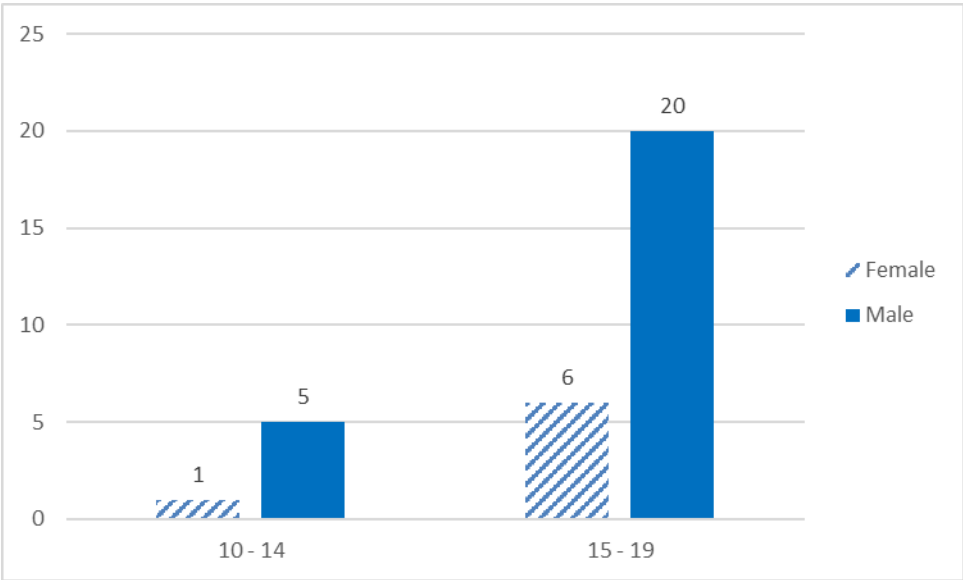


Figure 39. Children / Suicide Deaths by Month 2021

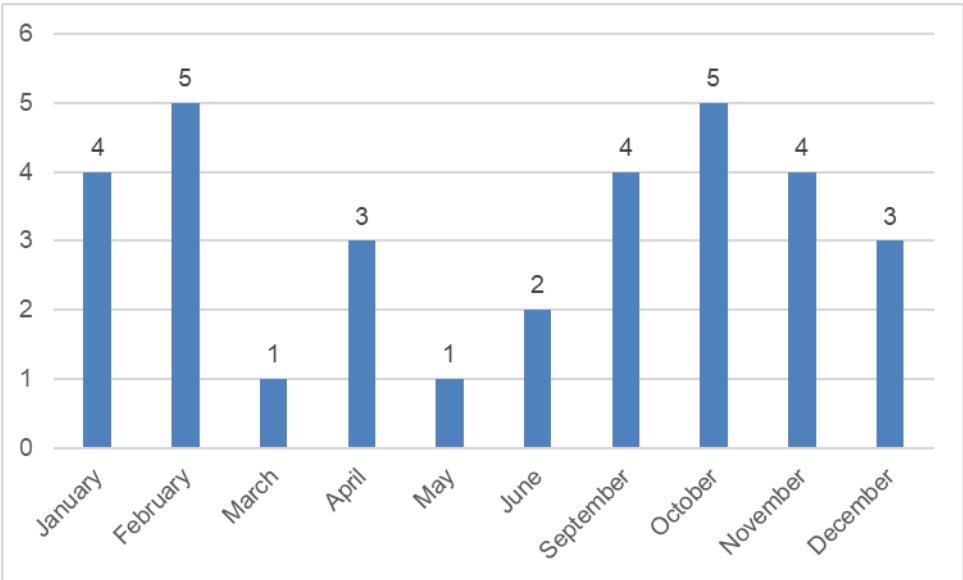
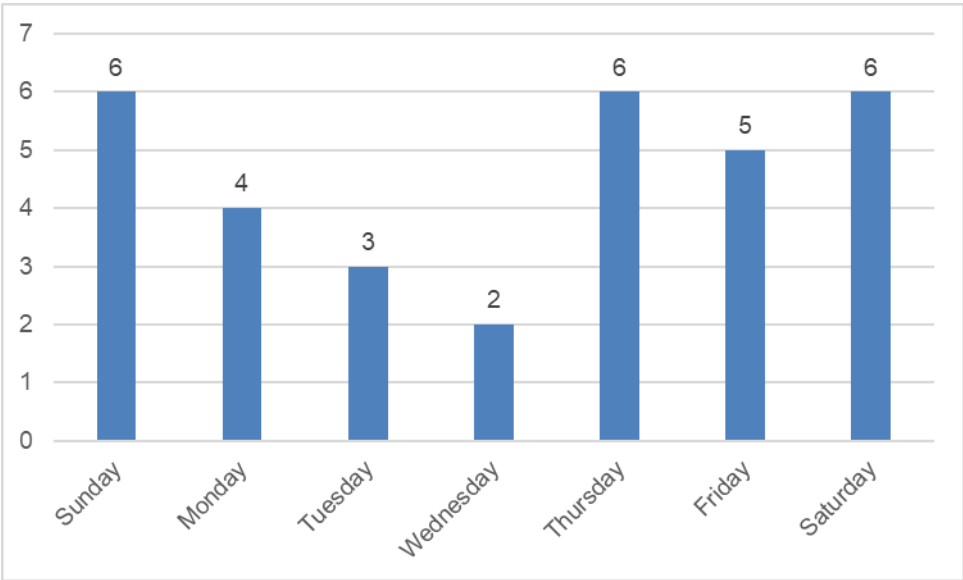


Figure 40. Children / Suicide Deaths by Day of Week 2021



Overview – Children by Manner of Death (Homicide)

Figure 41. Children / Homicide Deaths (2012 – 2021)

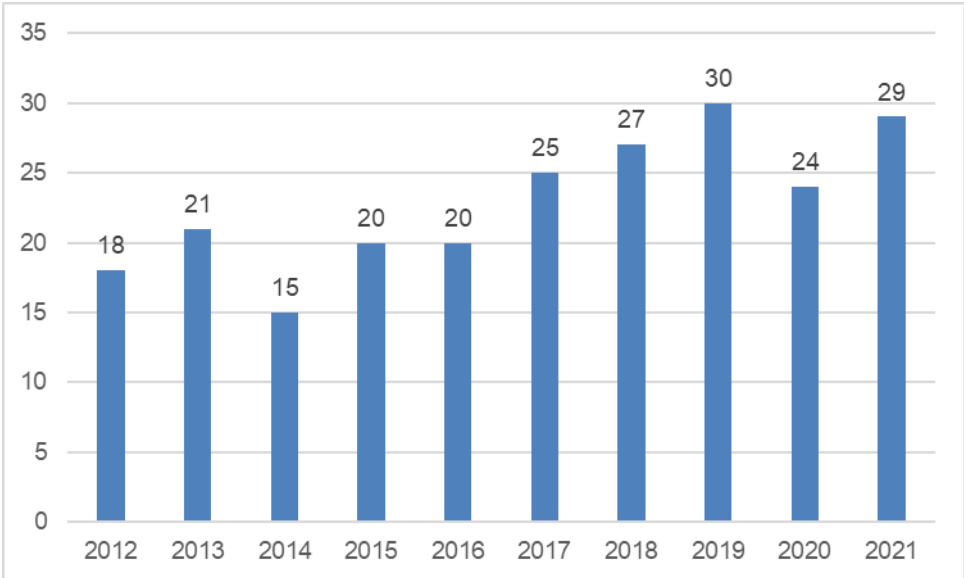


Figure 42. Children / Homicide Deaths by Race/Ethnicity 2021

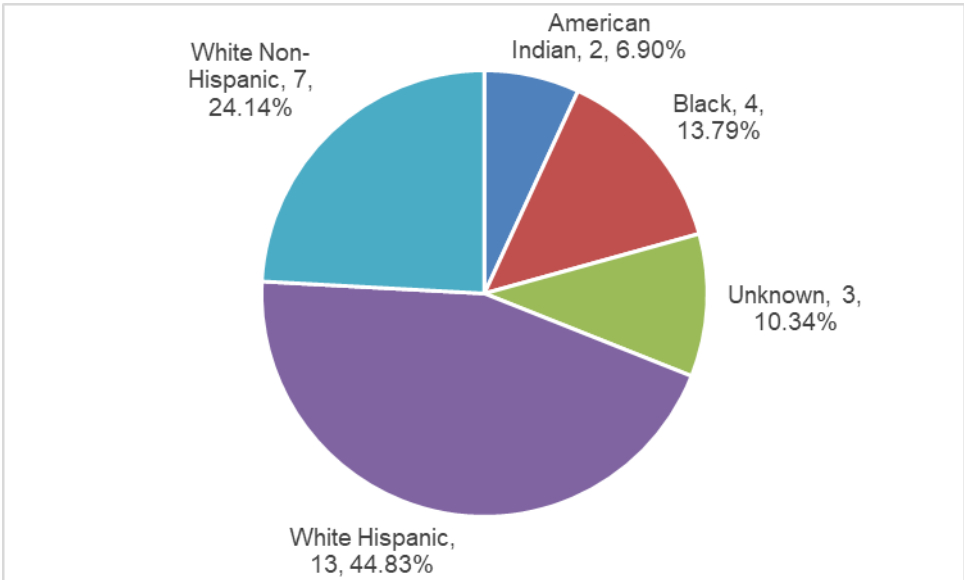
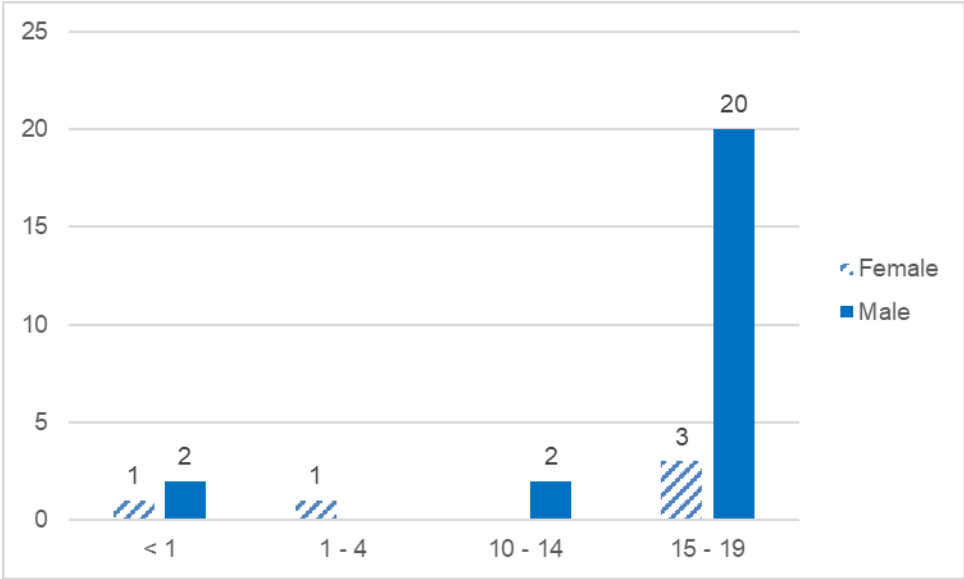


Figure 43. Children / Homicide Deaths by Age and Gender 2021



Overview – Children by Manner of Death (Undetermined)

Figure 44. Children / Undetermined Deaths (2012 – 2021)

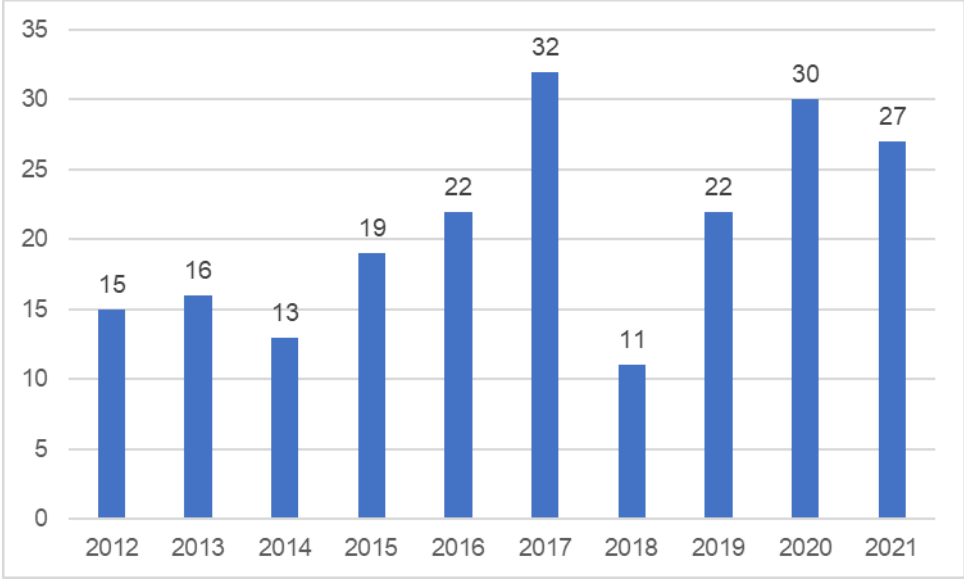


Figure 45. Children / Undetermined Deaths by Race / Ethnicity 2021

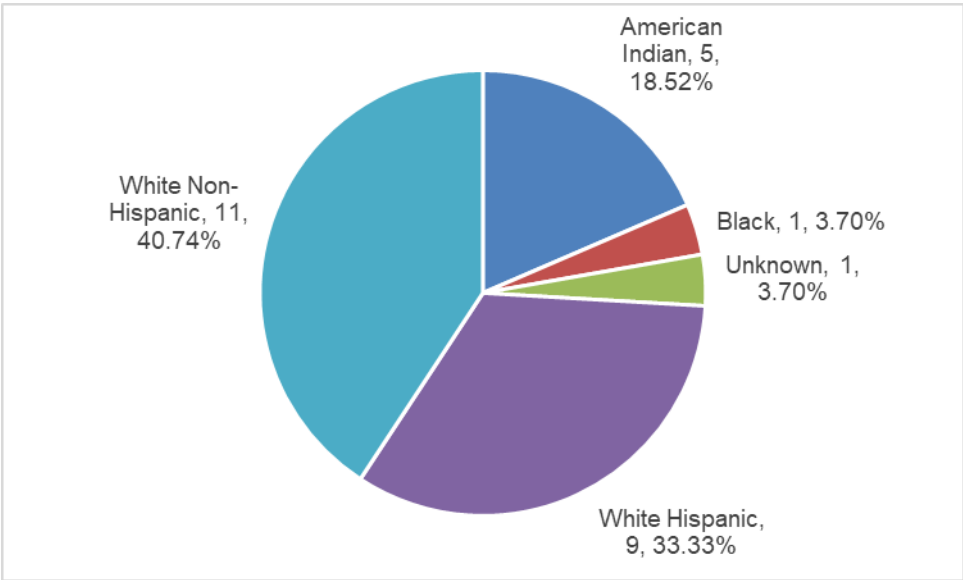
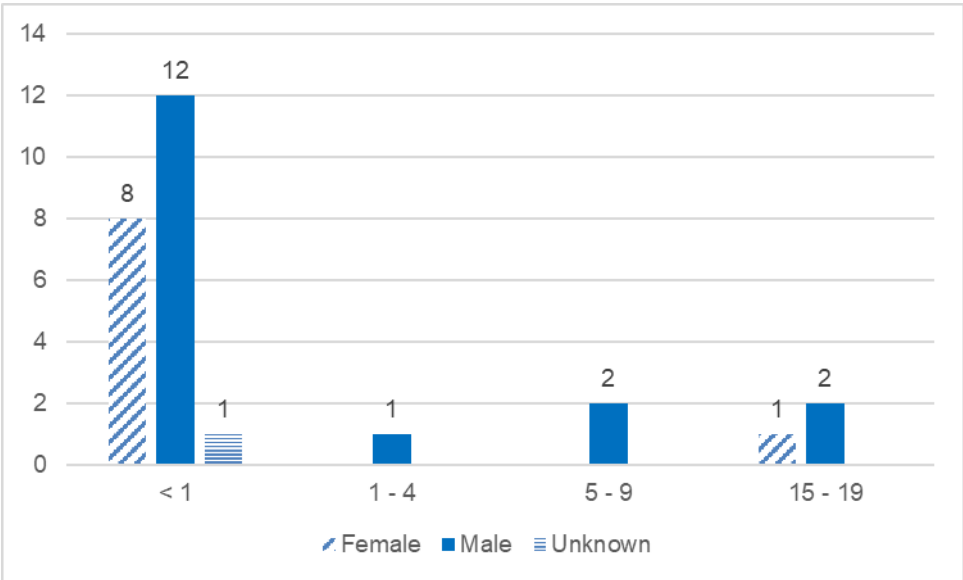


Figure 46. Children / Undetermined Deaths by Age and Gender 2021



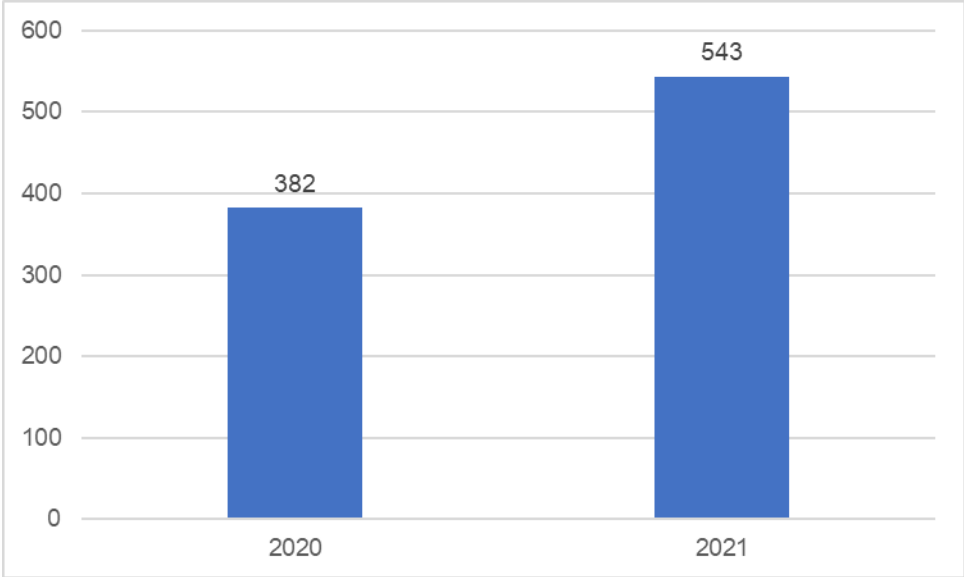
Deaths of Children in New Mexico – Summary

The 10-year summaries presented in this report for childhood deaths all include ages 19 and younger. The 361 deaths of people aged 19 and younger represented 3.51% of all deaths investigated by the OMI in 2021. Male decedents comprised 58.27% of the total deaths in children. The most common manner of death among children was natural, contributing 21.95% of the total. There were 32 suicides among children in 2021. Suicide deaths were more common among young males (78.12%) than females (21.88%). The total number of childhood homicides increased from 24 homicides in 2020 to 29 in 2021. Homicide deaths among children tended to be male (82.76%), White Hispanic (44.83%). The majority of childhood homicide victims (68.97%) were between the ages of 15 and 19. Homicide rates increased by 20.83% from 2020 to 2021 with the largest homicide population impacting the age group 15–19 years.

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 four panels: Suicide, Sudden Unexplained Infant Death (SUID), 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 - Coronavirus Deaths (COVID)

Figure 47. COVID Deaths 2020 and 2021



Coronavirus (COVID) cases for the years 2020 and 2021 are listed above for comparison. These include both deaths that were either directly or indirectly caused by COVID. This is not a comprehensive representation of all cases in the OMI region rather only those cases that fell within the OMI jurisdiction with assigned manner of death by an OMI Forensic Pathologist.

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*. An autopsy may be either ‘full’, with complete dissection and examination of internal structures, or ‘partial’, dissecting only a select portion of the body, such as the brain or abdomen.

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 or 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.

Consultation – Autopsies paid for by families, hospitals or investigating agencies, such as the Federal Bureau of Investigations (FBI); these autopsies are not under OMI jurisdiction and are done by request and payment.

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

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.

Exhumation – To remove a deceased body from a pre-existing grave site in order to examine the body and assign a *cause and manner of death* or to identify the remains using current information and/or technology.

External Examination – A detailed postmortem external examination of a body, conducted when a full or partial autopsy is determined to not be required.

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 grams/100 milliliters (0.08 g/100mL) 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 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.

Jurisdiction Terminated – Jurisdiction terminated cases are reported to OMI, which is statutorily obligated to review the cases. However, after review proves that there was no foul play and if the decedent’s physician agrees that the death was an expected natural death, the case is then assigned a *cause and manner of death* by their physician. The OMI is still obligated to make sure the decedent’s remains are properly cared for.

Field External Examination – An investigation and external examination conducted at the scene to determine cause of death, with no autopsy conducted but under OMI jurisdiction.

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*.

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-accept – Non-accept cases are decedents who have died under the care of a physician, but are reported into the OMI to verify that there is no statutory obligation to investigate the case.

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*).

Pending – 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.

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*.

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