
Annual Report 2008

Protecting the interests of deceased individuals, their
loved ones and the community



Milwaukee County Medical Examiner
933 West Highland Avenue
Milwaukee, Wisconsin 53233

Milwaukee County Medical Examiner Annual Report 2008

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Mission Statement

- To promote and maintain the highest professional standards in the field of death investigation;
- To provide timely, accurate and legally defensible determinations as to the cause and manner of death;
- To enhance public health and safety through reducing the incidence of preventable deaths;
- To foster public awareness and support the advancement of professional medical and legal education; and,
- To protect the interests of deceased individuals, their loved ones, and the communities we serve.

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The Purpose and Function of the Medical Examiner's Office

The Milwaukee County Medical Examiner's Office is charged with investigating and determining the cause, circumstances and manner in each case of sudden, unexpected or unusual death. Additional activities important to the public health and safety function of the Medical examiner include:

- Detect tuberculosis, hepatitis, meningitis and other infectious diseases to assist in prevention against the spread of communicable disease;
- Coordinate with other public health and safety organizations and entities to reduce the incidence of preventable deaths;
- Participate as part of the governmental response team for emergency management services;
- Issue death certificates for deaths investigated by this office;
- Conduct cremation investigations for all Milwaukee County deaths in which cremation is selected as a means of disposition;
- Maintain a forensic toxicology (drug) laboratory for testing blood and body fluid specimens for the presence of drugs, poisons or other toxic agents; and,
- Host an annual seminar designed to educate pathologists, coroners, attorneys, law enforcement officers, and other health professionals on a variety of topics related to forensic science.

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Department Authority

Section 979.01 Wisconsin Statutes requires that any person having knowledge of an unexplained, unusual, or suspicious death, or a death due to homicide, or suicide, or a death following an accident, whether the injury is or is not the primary cause of death, a death without a physician in attendance within 30 days preceding death, a death in which the attending physician refuses to sign the death certificate, etc., shall report such death to the medical examiner for investigation. Investigations are conducted by the office for certifying cause and manner of death. Furthermore, if a death appears to be a result of unlawful means, it is reported to the District Attorney pursuant to §979.04 (2), as well as the appropriate local law enforcement agency, for further investigation, and possible criminal prosecution.

Additional investigative responsibilities described in §979.10 direct the medical examiner to view the remains, and make an investigation into the cause and manner of all deaths in which the next-of-kin selected cremation for disposition.

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Glossary of Terms

Cremation	A means for the disposition of human remains after death, consisting of the application of heat to reduce the remains to ashes. A document authorizing the cremation of human remains is required under the law prior to cremation. The medical examiner/coroner for the county in which the cremation is to be performed must authorize such disposition upon review and investigation of the death.
Death certificate	A document signed by a physician, medical examiner or coroner testifying that the circumstances and cause of death as contained in the certificate are verified by the certifier. This certification process is used for legal and evidentiary purposes in matters pertaining to the estate of the decedent, as well as for public health and vital records purposes.
Drug	Medication or substance other than food used for therapeutic or other (recreational) use. A <i>therapeutic</i> drug is a medication or substance used in the prevention, diagnosis or treatment of a disease or symptom. A <i>recreational</i> drug is a substance used for its personal stimulation, euphoria or mood-altering properties (includes alcohol).
Gender	The sex designation, whether male or female, of the individual being described
Jurisdiction	The medical examiner accepts jurisdiction on all deaths properly reported to this office under WI Statute §979, as described in the Department Authority section of this report. Not all deaths occurring in Milwaukee County are “reportable deaths” within the jurisdiction of the medical examiner.
Manner of death	The classification of circumstances surrounding the cause of death of an individual, as determined by the medical examiner and certified on the death certificate. The standard manners of death as used in death certification include: natural, accident, suicide, homicide and undetermined.
Natural	The cause of death is a physical disease of the body, ultimately resulting in cessation of bodily functions.
Accident	The cause of death is an unintentional injury, caused by a condition or agent external to the decedent.
Suicide	The death is the result of a purposeful action toward the intentional taking of one’s own life.

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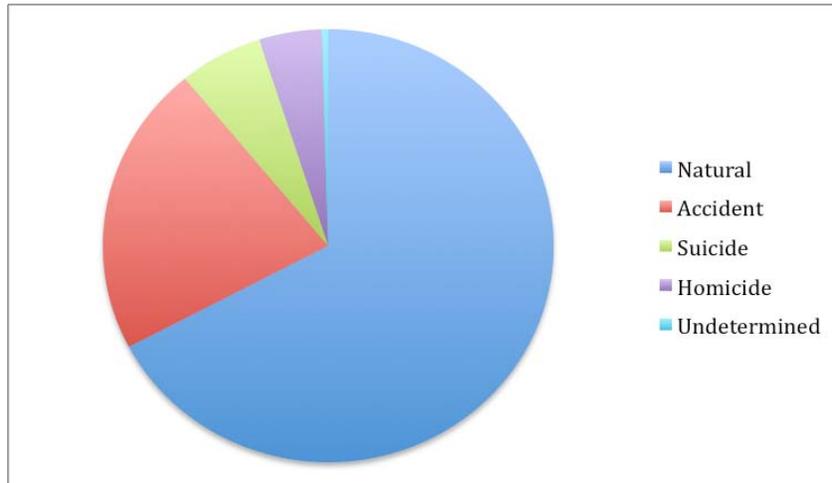
Glossary of Terms

Homicide	The death is the result of an intentional harmful act of another person, whether or not that action was intended to cause death.
Undetermined	A death is certified as undetermined when, after complete investigation, insufficient evidence remains to make a complete determination as to one of the above classifications.
Poison	A “toxin” is a substance that can harm an organism by other than mechanical means. “Poison” simply means “too much,” as even therapeutically useful substances can cause harm when given at high levels.
Race	The ethnic category to which an individual is assigned for vital statistics reporting. The categories used in this report are: African American, Asian/Pacific Islander, Caucasian, Eastern Indian, Hispanic, Multi-racial, and Native American.
Trauma NOS	This is trauma with a cause that is not otherwise specified or does not meet the definitions of other categories.

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Deaths in Milwaukee County in 2008 (by Manner of Death)

MANNER	NUMBER	PERCENTAGE
Natural	1305	67.3%
Accident	422	21.8%
Suicide	117	6.0%
Homicide	87	4.5%
Undetermined	9	0.46%



ME CASES JURISDICTION ACCEPTED	2,001*
CREMATION ONLY INVESTIGATIONS	2,334
JURISDICTION WAIVED	907
CASES NOT REPORTED	2,784
TOTAL DEATHS, MILWAUKEE COUNTY	8,026

There were 8,026 deaths in Milwaukee County in calendar year 2008, as reported by the Wisconsin Department of Health, Vital Statistics division.

These 8,026 deaths were distributed as described above. Of these, 2,784 were reported to the Medical Examiner's office, and jurisdiction was accepted in 2,001 cases. Autopsies were performed on 948 of the 2,001 (47%) deaths in which the Medical examiner accepted jurisdiction. Autopsies were not performed in deaths where the reported circumstances, scene investigation, medical history or external examination offered information sufficient to certify the death. All suicides, homicides and most accidental deaths underwent autopsy. 18 Autopsies were performed for outside jurisdictions.

*Please Note: Some inconsistencies in the following totals and statistics are a result of variations in classifying modes of death and manual counting errors, in the future, new software upgrades should eliminate these errors and variations.

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Deaths by Manner: Natural

The majority of deaths occurring in Milwaukee County in 2008 were classified as “natural” deaths. Natural deaths come under jurisdiction of the medical examiner when they are sudden or unexpected, when the decedent has not been under the care of a health care provider, or when there are suspicious circumstances surrounding the death. 1,305 natural deaths certified by the medical examiner comprised 67.3% of all deaths investigated in 2008. This is a 6% increase as compared to the 1,227 deaths so classified in 2007. While central nervous system disease (i.e. strokes, ruptured aneurysms, meningitis, and tumors) and respiratory related deaths were two of the higher causes of natural death, cardiovascular (heart disease) related death was the most frequently occurring cause of natural deaths. Almost one-third of the natural deaths (401 of 1,305, 30.7%) were classified as cardiovascular, with age ranges from less than one year to over 75 years. The majority of cardiovascular deaths occurred in the 56- 74 age group (155 of 401, 38.7%), followed by the over 75 group (147 of 401, 36.7%). These two age groups combined comprised 75.4% of the cardiovascular deaths reported. Males outnumbered females in cardiovascular deaths in the 26 to 55 years and 56 to 74 years age group, but after age 75 years, females outpaced males. Approximately one fifth (19%) of cardiovascular deaths occurred in females over the age of 75 years. As in prior years, there were no distinctive racial/ethnic differences in natural deaths that could not be attributable to general population distribution.

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2008 Natural Deaths by Sex and Age

Injury Type/Age Category	<1	1 - 5	6 - 12	13 - 17	18 - 25	26 - 55	56 - 74	> 75	Total
Male	12	4	2	0	8	92	164	126	408
Female	9	4	3	1	6	53	88	156	320
Alcohol related									
Male	0	0	0	0	0	8	5	1	14
Female	0	0	0	0	0	7	2	0	9
Cancer									
Male	0	0	0	0	0	8	5	1	14
Female	0	0	0	0	0	7	2	0	9
Cardiovascular									
Male	1	0	0	0	2	69	93	71	236
Female	0	0	0	0	0	27	62	76	165
Central Nervous System									
Male	0	0	1	0	3	4	2	2	12
Female	0	0	0	0	0	7	1	9	17
Endocrine									
Male	0	0	0	0	0	1	3	1	5
Female	0	0	0	0	0	1	1	1	3
Gastrointestinal									
Male	1	0	0	0	0	4	7	1	13
Female	1	0	1	0	0	0	1	1	4
Kidney Disease									
Male	0	0	0	0	0	0	0	1	1
Female	0	0	0	0	0	0	1	1	2
Liver Disease									
Male	0	0	0	0	0	1	1	1	3
Female	0	0	0	0	0	1	1	0	2
Respiratory									
Male	0	0	0	0	1	5	0	7	13
Female	0	0	0	1	0	10	10	5	26
Other									
Male	0	0	0	0	0	7	1	1	9
Female	0	0	0	0	0	3	1	3	7
Total	24	8	7	2	20	306	461	477	1305

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2008 Natural Deaths by Sex and Race

Injury Type/Race	Asian/Pacific Islander	African American	Eastern Indian	Hispanic	Multi-Racial	Native American	Caucasian	Total
Male	2	63	3	18	0	2	320	408
Female	5	64	0	7	2	1	241	320
Alcohol related								
Male	0	2	0	1	0	1	10	14
Female	0	2	0	1	0	0	6	9
Cancer								
Male	0	5	0	0	0	0	17	22
Female	0	3	0	0	0	0	11	14
Cardiovascular								
Male	3	49	0	8	1	1	174	236
Female	5	37	1	1	0	1	120	165
Central Nervous System								
Male	0	4	0	2	0	0	6	12
Female	0	6	0	0	0	0	11	17
Endocrine								
Male	0	0	0	0	0	0	5	5
Female	0	1	0	0	0	0	2	3
Gastrointestinal								
Male	0	2	0	1	0	0	10	13
Female	0	1	0	0	0	0	2	3
Kidney Disease								
Male	0	0	0	0	0	0	1	1
Female	0	1	0	0	0	0	1	2
Liver Disease								
Male	0	0	0	1	0	0	2	3
Female	0	0	0	1	0	0	1	2
Respiratory								
Male	0	2	0	1	0	0	10	13
Female	0	9	0	0	0	0	17	26
Other								
Male	0	3	0	0	0	0	6	9
Female	0	2	0	0	0	0	5	7
Total	15	256	4	42	3	6	979	1305

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Deaths by Manner: Accident

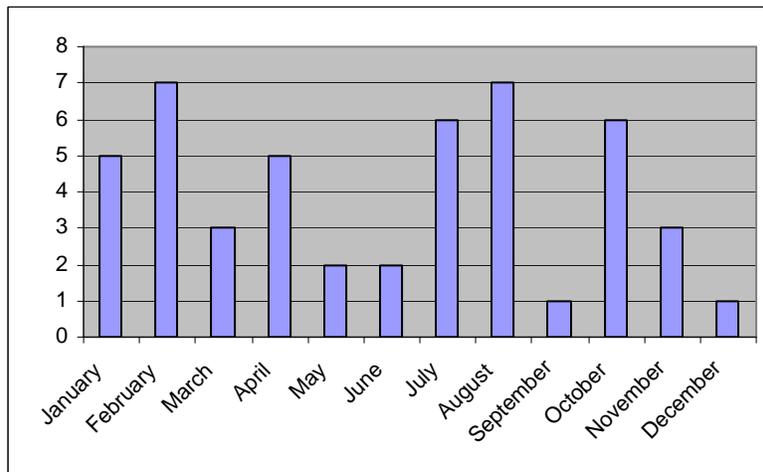
Accidental deaths refer to unintentional deaths resulting from interaction with a “hostile environment” such as drowning or fire. In Milwaukee County, 515 deaths certified as accidents in 2008 comprised 21.8% of all deaths investigated, compared to 516 in 2007.

The most frequent cause of accidental death across all age groups was drug overdose, with 182 deaths (35.3%). The majority (138) occurred in the 26 to 55 year age group, with significant race and sex differences. More than twice as many Caucasians (115) as African Americans (43) died accidentally due to medications/poisons/drugs, and males were twice as likely as females to have died in this manner in 2008.

The second most frequently occurring category of accidental deaths was falls, comprising 136 (26.4%) of all reported accidental deaths. Falls were most prevalent in the aging population, with the greatest proportion (70.5%) of these in people over 75 years of age. Of the 136 fall related deaths, 84% of the victims were Caucasian; there was no Sex difference.

Motor vehicle fatalities were also a significant cause of accidental deaths, with 53 deaths (10.3%) attributed to accidental traffic fatalities. A majority of traffic fatality victims were male, 36 of the 53, or 67.9%, and the highest percent of these fatalities occurred within the age range 26 to 55 years.

2008 Motor Vehicle Accident Fatalities by Month



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2008 Accidental Deaths by Age and Sex

Injury Type/ Age Category	<1	1-5	6-12	13-17	18-25	26-55	56-75	> 75	Total
Asphyxia									
Male	3	1	0	0	1	5	7	4	21
Female	2	0	0	0	0	1	2	1	6
Blunt force trauma									
Male	0	0	0	0	1	3	6	4	14
Female	0	0	0	0	0	1	2	2	5
Drug-related									
Male	0	0	0	2	13	106	14	1	136
Female	0	0	0	1	4	32	9	0	46
Gunshot injury									
Male	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0	0	0
Environmental Exposure									
Male	1	0	0	0	0	3	2	2	6
Female	0	0	0	0	0	0	0	2	2
Falls									
Male	0	0	0	0	1	7	18	42	68
Female	0	0	0	0	0	3	11	54	68
Fire-related injury									
Male	0	0	0	0	0	2	0	1	3
Female	0	0	0	1	0	3	1	0	5
Motorized Vehicle Accident									
Male	0	0	0	3	8	17	8	0	36
Female	0	0	2	1	2	4	6	2	17
Therapy-related									
Male	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	1	1	0	2
Trauma NOS									
Male	0	1	0	0	0	4	6	16	27
Female	0	0	0	0	0	3	9	42	54
Water-related incident									
Male	0	0	0	0	0	2	1	2	5
Female	0	1	0	0	0	0	0	0	1
Total	6	3	2	8	30	197	103	173	515

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2008 Accidental Deaths by Race and Sex

Injury Type/Race	Asian	African American	Hispanic	Multi-racial	Native American	Caucasian	Total
Asphyxia							
Male	0	3	3	0	1	14	21
Female	0	2	0	0	0	4	6
Blunt force trauma							
Male	0	3	1	1	0	10	15
Female	1	0	0	0	0	4	5
Drug-related							
Male	0	28	12	0	1	84	125
Female	0	15	1	0	0	31	47
Gunshot injury							
Male	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0
Environmental exposure							
Male	1	2	0	0	1	4	8
Female	0	1	0	0	0	1	2
Falls							
Male	1	9	4	0	1	54	69
Female	1	4	2	0	0	62	69
Fire-related injury							
Male	0	1	0	0	0	2	3
Female	0	5	0	0	0	0	5
Motorized Vehicle Accident							
Male	2	10	2	0	0	22	36
Female	1	7	0	0	0	9	17
Therapy-related							
Male	0	0	0	0	0	0	0
Female	0	0	0	0	0	2	2
Trauma NOS							
Male	0	5	0	0	0	23	28
Female	0	4	0	0	0	50	54
Water-related							
Male	0	3	0	0	0	2	5
Female	0	0	1	0	0	0	1
Total	7	102	26	1	4	378	515

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Deaths by Manner: Suicide

Suicide is defined as the intentional taking of one's own life. 117 deaths (6% of all deaths) were certified as suicide in Milwaukee County for the year 2008. In 2007, 93 deaths classified as suicide.

Of these deaths, 91 (77.7%) involved males, 26 (22.25) females. Firearms were the most common means of suicide in both men and women (40.1% of all suicides).

The largest category of suicide victims was Caucasian males between 26 and 55 years of age with gunshot wounds as a cause of death.

Asphyxia and drug-related deaths were the other two most common mechanisms of suicide. 29% percent of the total suicide deaths were asphyxia (hanging) while 8.5% were intentional overdoses. Of those committing suicide by asphyxia, 79.4% were men. Equal numbers of men and women choose drug overdose.

Racial differences were notable in the suicide numbers reported in 2008 as well. The majority of suicide deaths took place in victims classified as Caucasian (75.2%), which is slightly in excess of the population distribution by race.

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2008 Suicidal Deaths by Age and Sex

Injury type/age category	13-17	18-25	26-55	56-75	> 75	Total
Asphyxia (Incl. Hanging)						
Male	0	5	19	2	1	27
Female	0	0	4	3	0	7
CO Intoxication						
Male	0	1	0	2	1	4
Female	0	0	1	0	0	1
Drug-related						
Male	0	1	3	1	0	5
Female	0	0	3	2	0	5
Falls						
Male	0	2	3	1	0	6
Female	0	0	3	0	0	3
Gunshot injuries						
Male	0	10	21	5	3	39
Female	0	0	4	2	2	8
Motorized Vehicle						
Male	0	0	1	1	0	2
Female	0	1	0	0	0	1
Sharp force injuries						
Male	0	0	6	0	0	6
Female	0	0	0	1	0	1
Water-related Injuries						
Male	0	0	0	0	0	0
Female	0	0	0	0	0	0
Fire-related Injuries						
Male	0	1	0	0	0	1
Female	0	0	0	0	0	0
Total	0	21	68	20	7	117

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2008 Suicidal Deaths by Race and Sex

Injury Type/Race	Asian	African American	Hispanic	Multi-Racial	Caucasian	Total
Asphyxia (Incl. Hanging)						
Male	1	2	6	0	18	27
Female	2	0	0	0	5	7
CO Poisoning						
Male	0	0	0	0	4	4
Female	0	0	0	0	1	1
Drug-related						
Male	0	1	0	0	4	5
Female	0	1	0	0	4	5
Falls						
Male	0	0	0	0	6	6
Female	0	1	0	0	2	3
Gunshot injury						
Male	0	8	1	1	29	39
Female	0	1	0	0	7	8
Motorized Vehicle						
Male	0	0	0	0	2	2
Female	0	0	0	0	1	1
Sharp object injuries						
Male	1	0	1	0	4	5
Female	0	0	0	0	1	1
Water-related injuries						
Male	0	0	0	0	0	0
Female	0	0	0	0	0	0
Fire-related Injuries						
Male	0	1	0	0	0	1
Female	0	0	0	0	0	0
Total	4	15	8	1	88	117

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Deaths by Manner: Homicide

For the purpose of this report, homicide is defined as death resulting from injuries inflicted by another person. The medical examiner determination of homicide rests solely on the medical evidence present at the time of the investigation, and is independent of the legal definition, which often includes the concept of intent. Milwaukee County had 87 cases certified as homicides in the year 2008 which comprised 4.5 all deaths investigated in 2008. This is a 31% decrease in deaths as compared to 2007 where there were 127 deaths classified as homicide.

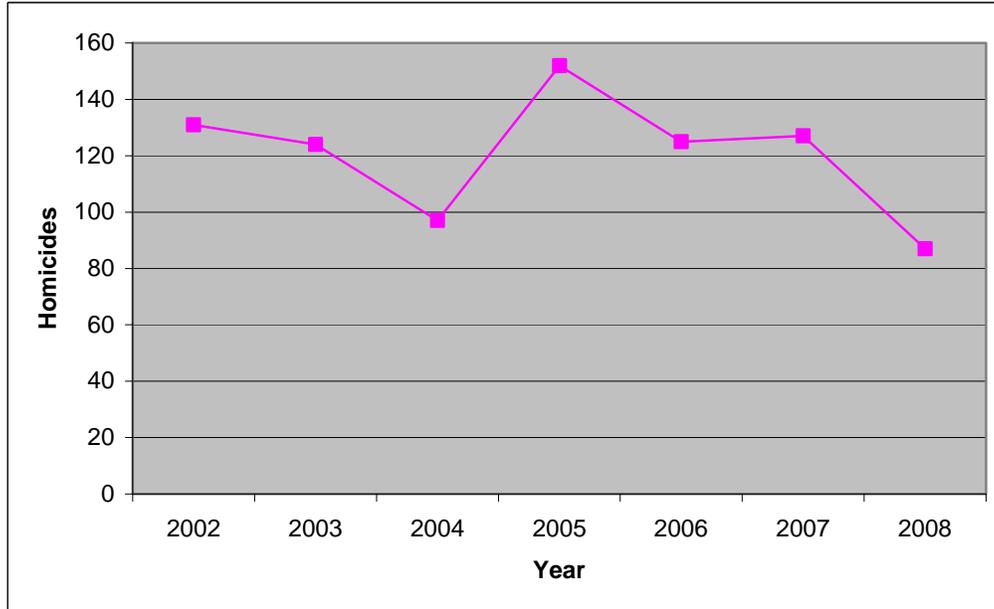
The means of injury in the majority of homicides was gunshot wounds (55 of 87, 63.2%), followed by sharp force trauma (12 cases) and blunt force trauma (9 cases). Nearly 71% of the gunshot victims were African American, followed by the Hispanic (8 of 55, 14.5%) and the Caucasian (5 of 55, 9%) groups.

The age ranges of homicide victims comprised nearly the full life span from infancy through approximately 75 years (no victims older than 75 in 2008), with 26 to 55 years the most frequently occurring age range of homicide victims. Almost eighty percent (68 of 87) of homicide victims were between the ages of 18 and 55 years. African Americans comprised 63.2% of Milwaukee's homicide victims in year 2008 (55 of 87), with African Americans males comprising the largest single component (46 of 87, 52.8%) of all homicides.

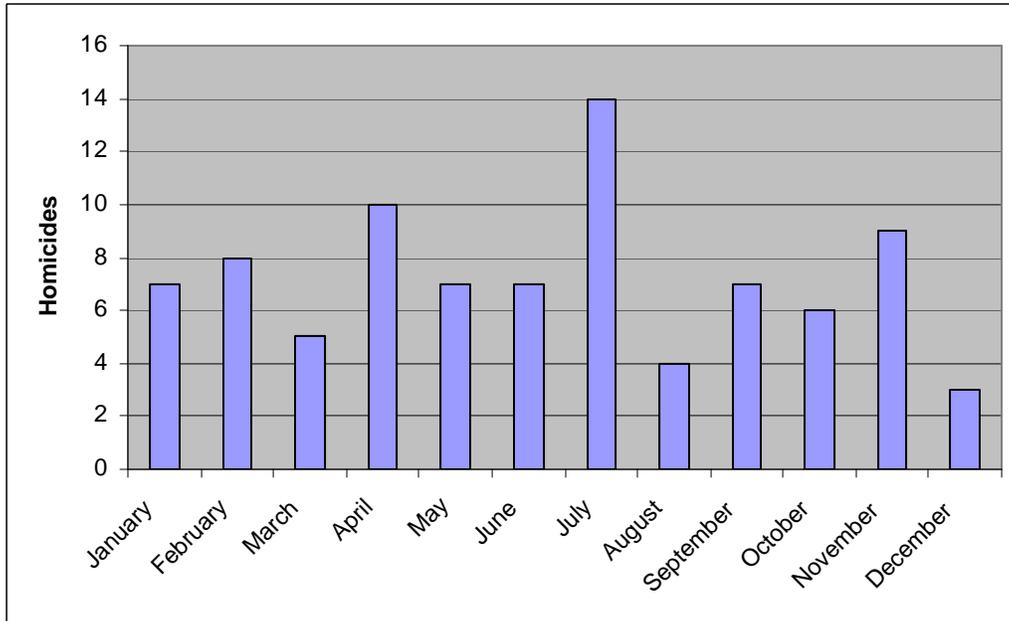
Regardless of race, men were approximately two times more likely to be the victims of homicide than were women (58 males v. 29 females).

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Milwaukee County Homicides By Year



2008 Homicides By Month



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2008 Homicide Deaths by Age and Sex

Injury type/Age category	< 1	1-5	6-12	13-17	18-25	26-55	56-75	>75	Total
Abuse/Neglect									
Male	4	0	0	0	0	0	0	0	4
Female	3	0	0	0	0	0	0	0	3
Asphyxia									
Male	0	0	0	0	1	0	0	0	1
Female	0	0	0	0	2	0	0	0	2
Blunt force trauma									
Male	0	2	0	0	0	4	1	0	7
Female	0	0	0	0	0	1	1	0	2
Gunshot injury									
Male	0	0	0	4	14	30	0	0	48
Female	0	0	0	0	4	3	0	0	7
Sharp force trauma									
Male	0	0	0	0	1	4	1	0	6
Female	0	0	0	1	1	2	2	0	6
Fire-related injury									
Male	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0	0	0
Trauma NOS									
Male	0	0	0	0	0	1	1	0	2
Female	0	0	0	0	0	0	0	0	0
Water-Related									
Male	1	0	0	0	0	0	0	0	1
Female	0	0	0	0	0	0	0	0	0
Total	8	2	0	5	23	45	6	0	87

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2008 Homicide Deaths by Race and Sex

Injury type/ Race	Native American	Asian	African American	Hispanic	Multi-racial	Caucasian	Total
Abuse/Neglect							
Male	0	0	3	1	0	1	5
Female	0	0	1	1	0	1	3
Asphyxia							
Male	0	0	0	0	0	1	1
Female	0	0	1	0	0	1	2
Blunt force trauma							
Male	0	1	3	1	0	2	7
Female	0	0	1	0	0	1	2
Gunshot injury							
Male	1	0	33	8	0	4	46
Female	0	0	6	0	0	1	7
Sharp force injury							
Male	0	0	6	0	0	0	6
Female	0	0	0	2	1	3	6
Fire-related injury							
Male	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0
Trauma NOS							
Male	0	0	0	0	0	2	2
Female	0	0	0	0	0	0	0
Water-Related							
Male	0	0	1	0	0	0	1
Female	0	0	0	0	0	0	0
Total	1	1	55	13	1	17	87

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Deaths by Manner: Undetermined

A death certified as undetermined is one in which manner cannot be determined based on a full investigation. Circumstances in which the investigation may not reveal adequate findings include those in which there is a time delay between death and discovery of the body, or where there is no information as to the source or nature of the injuries or medical condition of the decedent prior to death. A death is certified as undetermined only after a complete investigation is concluded, including autopsy. There were 9 deaths (0.46% of all deaths) certified as undetermined in Milwaukee County in 2008. This is a 25% decrease in deaths as compared to 2007 where there were 12 deaths classified as undetermined

The combination of the less than 1 and the 26 to 55 years age groups accounted for 7 of the 9 deaths certified as undetermined. There were two instances of undetermined death in which blunt force trauma was listed as the causative factor and one undetermined instance classified in each of the following categories: sudden unexpected infant death, motor vehicle related, water related, gunshot wound-related, and drug related.

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2008 Undetermined Deaths by Age and Sex

Injury type/Age category	< 1	13-17	18-25	26-55	56-74	Total
Sudden Unexpected Infant Death						
Male	1	0	0	0	0	1
Female	0	0	0	0	0	0
Motor Vehicle Related						
Male	0	0	0	1	0	1
Female	0	0	0	0	0	0
Water Related						
Male	0	0	0	0	0	0
Female	0	0	0	1	0	1
Asphyxia						
Male	0	0	0	0	0	0
Female	0	0	0	0	0	0
Blunt force trauma						
Male	0	0	0	0	1	1
Female	1	0	0	0	0	1
Gunshot wounds						
Male	0	1	0	0	0	1
Female	0	0	0	0	0	0
Drug-related						
Male	0	0	0	0	0	0
Female	0	0	0	1	0	1
Falls						
Male	0	0	0	2	0	2
Female	0	0	0	0	0	0
CO Poisoning						
Male	0	0	0	0	0	0
Female	0	0	0	0	0	0
Total	2	1	0	5	1	9

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Medical Examiner Activities

In addition to conducting death scene investigations, cremation investigations, autopsies and toxicology studies, a number of other activities are performed by medical examiner personnel as part of the death investigation process. These functions include:

- Death certification;
- Testifying at legal proceedings;
- Death notifications to next-of-kin;
- Body identification;
- Protection and legal disposition of property belonging to decedents;
- Burial arrangements for unclaimed bodies;
- Disinterment authorization; and,
- Lectures to law enforcement personnel, medical students, etc.

The statutory duties and responsibilities of the office are performed by the Medical Examiner, a licensed physician trained and board-certified in forensic pathology. Five full-time forensic pathologists, two toxicologists, three forensic chemists, a staff of eleven forensic investigators, as well as additional clerical, autopsy, and managerial personnel support the medical examiner function. A forensic pathology fellowship program through the Medical College of Wisconsin trains one to two pathologists annually in forensic pathology through the Medical Examiner's Office. In addition, two post-doctoral fellows in toxicology and therapeutic drug monitoring participate in a two-year training program through this office in conjunction with the Medical College of Wisconsin. The Medical Examiner's office gains the knowledge and expertise in modern toxicology methods through these fellowship programs without incurring any support costs, as these toxicology fellowship positions are funded through the Medical College of Wisconsin Department of Pathology.

Professional consultants in the specialized fields of forensic odontology (dentistry), forensic radiology, forensic anesthesiology, adult and pediatric cardiac pathology, and forensic neuropathology provide additional support. An autopsy facility and toxicology laboratory provide a secure facility for staff, visitors and evidence entrusted to our care.

The release and dissemination of medical and other information collected or retained by this office is another important activity. Autopsy reports, investigative reports and related data from individual investigations are provided to interested parties such as families, community-based health care providers, insurers, law enforcement, attorneys and others for their use. In addition, agencies such as the Drug Enforcement Administration, City of Milwaukee Health Department, Consumer Product Safety Commission, Wisconsin Department of Transportation, Firearms Injury Reporting System and Drug Abuse Warning Network (DAWN) also receive periodic information from this office to further the data analysis and reporting of deaths investigated in Milwaukee County.