County Coroners, dignity in life and dignity in death

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Abstract

Death is something that is yet to be understood by the living, but there is one person who knows how to interpret a person’s last moments. A coroner is one that acts as the last voice for the deceased. With that voice there are two main groups of individuals that the coroner must speak with. There needs to be an open line of communication in this field of work with not only the family, but also the medical and authority officials. The following pages will allow a glimpse into the world of death, how one comforts a family, and a relationship with the professional environment.
**Introduction**

Death, the word alone causes one to pause and reflect upon one’s life and how their family will carry on after their gone. However, what happens when you die without an apparent cause or, heaven forbid, from an act of violence? Who is there to give you a voice and to comfort your family? The answer is the county coroner and all of the members within the office to ensure your family can receive the comfort, care, and answers they need and to be there for them in their hour of need.

**Our Expectations**

Going into this, Linsay says that the process of actually picking a topic was more difficult than one might think. Craig, another member of the class, had mentioned that he had been in contact with the Boyd County Coroner and that he was interested in working in a group. She was so caught up in finally having a group to work with, that it took a while to come to realization that the project would be centered on death. Once it sunk in, she had to deal with fear of the unknown since she had no idea what she would encounter. Would she actually be able to handle what her eyes might see? She had no idea; but she says she knew that for her this project was more than receiving a grade, but to see if she had strength in situations that were definitely out of her comfort zone.

According to Lena going into this research project, she was somewhat excited, but rather terrified. She was concerned that the coroner was a creepy guy who lived for death, and lurked through the shadows. She says was skeptical of how welcoming the coroner’s office would be to four college students who had no clue what they were in for. Her worst fear though was dealing with death from an untrained viewpoint. It was surreal to think that there were people out there who for career went scene where someone had died to do their job. Although armed with the
knowledge that television had painted an unreal picture of what could go on in the coroner’s world, but she had thought there was some truth. She was basically confused and apprehensive after signing on to work on this project. It was a petrifying thought to walk into the hospital, much less into the morgue. She had a fear of the bad smells or creepy people that might work in that department of the hospital. There was a moment in the beginning that she thought about backing out before even stepping foot in the coroner’s office in Boyd County, Kentucky.

Michelle, similarly, did not know what to expect going into this study. She had her apprehensions as well to how the coroner and his staff might react to four college communication undergrads coming in to research them and what it is they do. As far as being researched they are, she was sure, used to graduate level, criminal justice majors or nursing majors or something along the lines of that, certainly not communication majors. She also was not sure what kind of office or facility we would be exposed to, as far as she knew they would be spending their time in the hospital or a funeral home. She was concerned about how she could handle seeing the families of the deceased (should we have the opportunity to go along with the coroner). She figured that she had committed to working on the project and could not come up with a better idea so she might as well suck it up and be an adult. There was no turning back.

According to Craig, when he decided to research the coroner’s office, he was very apprehensive at first. What he wanted to know was how someone who has to deal with sensitive subject of death could communicate to someone’s family how their loved one died and how to bring a sense of closure to them. Craig did admit that he thought this would be an interesting yet, somewhat disgusting research. Craig is not one for blood, bodily fluids, and the like, and he knew that this would be something Craig knew he would have to overcome if he wanted to fully understand not only what a coroner does but, how they can deal with death and still be an
effective and sensitive communicator. Since this research would take me out of my comfort zone, Craig knew that this research and what he would take away from this project would be with him for a long time.
A coroner’s job is not only investigating how a person had died, but they become the voice for that individual (Gross, 2006). Coroners have to work and communicate with other departments (such as police, EMT, etc) to determine the proper cause of death (Rothenberg 2007). Making sure the proper procedures are being done and the bodies are being treated as ethically as possible is also a major priority, however; that is not always the case (Campbell, 2000; Coroner Report, 2005). It is also the job of the coroner to communicate with the family members of those that have deceased (Kentucky Board of Medical Examiners, 2008). In the following passage a investigation on situations coroners have to face and roles they have to play, and how they deal with their life day to day. The following five pieces of literature will help tell their story.

First, one has to determine what exactly what a corner is and what they do. A coroner is a public official, appointed or elected, in a particular geographic jurisdiction, whose official duty is to investigate deaths under circumstances specified by statue (Kentucky Coroners Association, 2008). The coroner/medical examiner system in Kentucky is a cooperative effort among and between forensic specialists. Also in Kentucky, coroners and deputy coroners have the full power and authority of peace officers and they investigate the cause and manner of all deaths that are defined as coroners’ case by KRS 72.405 (Kentucky Corners Association, 2008). Furthermore, coroners take charge of the bodies before handing them off to the medical examiners for autopsy. They are also the ones who must communicate with the family members of the deceased (Rothenberg, 2007).
No one can ever be fully prepared for a death of a loved one, much less when it’s tragic and unexpected. In 1976 there was a bus that went through a guard rail and plummeted fifty feet to the ground, and landed upside down in California. Trapped inside were fifty teenagers and two adults. They were fifteen miles from the destination on a one hundred mile trip. Of those, twenty eight were immediately dead, and the rest were in critical condition. The coroner and four local hospitals were in a panic of how to deal with the parents, family, and friends of the students who would soon be arriving to find out the fate of their loved one.

When the families finally arrived there was a plan in action to meet in one central location. There were psychiatric personnel to greet each family, ask a series of questions, and deliver the news of the life or death of a child. After this, they were either moved to the hospital of treatment, or the comforting began. “The mental health team worked with the families, encouraging them to cry, to express their depth and pain. We found places for family members to sit together so that they could share their grief, and support and lean on each other.”

In an article done by Gross (2006), he highlights a chapter from a book written by Dr. Louis Cataldie, who is a coroner and had to face probably one of the most difficult situations in his career: Hurricane Katrina. His view is simply “if I don’t take care of the dead, who will?” He discusses the mobile morgue that was used—Disaster Portable Morgue Unit (DPMU) and the team that was a part of it—Disaster Mortuary Operational Recovery Team (DMORT). Cataldie describes the procedure that a body went through once it was discovered. He describes the care they provided; it was not just a body, it was a victim. Each body was assigned a number and an escort who went with the body through the different process to positively ID the person. Cataldie also talks about how he copes with what he sees daily. He keeps a journal, with field notes and sketches. The sketches are used to help him clear out the haunting images that
sometimes stay with him. He says, “On the surface my job seems quite simple. I pursue the
cause, time and manner of death. My responsibilities are to the deceased, the survivors, and
society at large.”

However, not all coroners are quite as ethical nor think of the deceased as ‘victims.’ In a
report (Campbell, 2000) it has shown that since 1990, the Los Angeles County Coroner’s office
has removed parts (arms, legs, heads, etc) from hundreds of victims without consent. The
coroner then gave those parts to research. The bodies donated to research are not just used for
medical experiments, but also safety experiments. At least 17,500 bodies are donated to science
in the United States every year, according to a Register survey. These bodies are in addition to
the 20,000 cadavers used each year by businesses to make products. However, most of the bodies
donated to science follow a traditional path: to medical schools, where students dissect them, or
to medical conferences, where physicians practice their skills on them (Campbell, 2000).

But each year, at least 4,000 bodies become the subjects of wide-ranging experiments, the
Register found. Bodies are crashed to test vehicle air bags, heads are dropped to test helmets, and
arms are dropped to test snowboard wrist braces (Campbell 2000). While these experiments are
valuable and important, the families of these subjects are not being informed about what is
happening to the remains of their loved ones. Although it is in the best interest of the family to
not be told, it is still not completely ethical.

One might immediately start thinking “what if that was one of my loved ones”. It is
believed that it is one thing to donate your whole body to science, but if only parts of their body
are going to be taken, this needs to be made clear. When most people agree to giving their body
to science following their death, they probably assume that their body will be sent to some
college science lab. They have no idea that it could possibly be put in a trunk, submerged in water, or put in a car to see how effective air bags are. It is definitely unethical to keep this hidden from families. Also, it is not right to keep this from the public. When things are being hid, it is more than likely because they are afraid that the majority will not agree (Campbell, Ronald).

It has also been said that employees at two universities allegedly sold donated bodies or body parts without authorization (Campbell, 2000). University of California, Irvine, fired the director of its willed-body program, Christopher S. Brown, in September for selling seven donated spines to a Phoenix researcher. In Los Angeles County, prosecutors have filed theft and embezzlement charges against Philip Guyett, former manager of the willed-body program at Western University of Health Sciences in Pomona. Guyett, who operated a private willed-body program on the side, allegedly sold a corpse belonging to the university.

Finally, on the subject of ethics, one can find where researchers use coroner records in their studies (Coroner Report, 2005). According to the study, coroners in general appear willing to assist with studies investigating suicide mortality. However, there is clearly a limit to the number of investigations with which individual coroners will feel able to be resolved. Recently, concerns have been raised about data protection issues in relation to use of coroner’s records for this purpose. Understandably so, while the demographics are important, one have to wonder if the identity of the victim is being protected. Again, this is a question of ethics.

From these articles it is clear that a coroner’s job is much more than just determining a cause and time of death. They are the final voice for the victim (Gross, 2005). The coroner has to work closely with others too in order to make sure the final verdict is correct (Kentucky Coroners Association, 2008). There is an emotional strain on those in this profession and they
must have a way to cope (Gross, 2005). Coroners are the ones that communicate with the family members (Rothenberg, 2007). Although most care about the deceased, there are those that do not and treat the bodies unethically (Campbell, 2000; Coroner Report, 2005). But what makes a person go into this profession? Why would someone want to run and be elected? While most have medical backgrounds, this is still something to ponder.
Data and Methods

Findings

The Coroner’s Job

Linsay’s View

If I am going to be honest, before this experience I thought the coroner’s job was to pronounce people dead and that was it. Now walking away from this experience, I have realized that it is so much more. The coroner acts as a voice to the deceased. Once a person has died they obviously have no voice. So it is the coroner’s job to figure out how and why they died since the deceased cannot voice the events that occurred. They must determine every minute detail that happened at the scene.

Our interviews with the coroner’s office taught us that when they arrive at a scene, anything that is in reach of the body does not need a warrant but is fair game. This means that if they find something they believe could aide in the investigation but it is not in reach of the body, they have to receive a warrant to obtain the item.

I had no idea that a coroner carried a gun. I was rather taken back when we arrived the first time and found they guns hanging off their waists. The coroner also has the power to arrest an individual if they are hindering their investigation. Another piece of information that I found very interesting is the coroner is the only officer with the power to arrest the sheriff and a judge. I never dreamt that coroner’s had so much authority.

The day that we spoke with Chris Steward, Boyd County Coroner, he confided in us how hard it is to deal with cases that involve children. We sat there and listened and you could hear the emotion in his voice. He said in these situations he understands that the parents are grieving,
but he also has a job to do. If he goes into a hospital room with a deceased child and the nurse has already allowed the parents in the room, then he has to make sure that the parents did not try and remove or cover up any evidence. This is where he became so passionate. He told us that if he found that the parents did do some sort of covering it up, then the nurse better watch out too because he or she should have known better.

The coroner’s office also has to educate the hospital in how to help make an investigation easier. For example, if a patient comes in with a gunshot wound and the clothes have not been taken off, the coroner’s office has requested that if possible for the medical team to take the extra three seconds and cut around the gunshot wound. This would be another detail they need to add to their puzzle.

These men do this job because it is all they know. They are definitely not doing it for the money. One of the deputy coroner’s does not even make a dime for doing this. But the thing I found that made me realize how important it is to these men to do this service, was the road that brought them to the coroner’s office. When Chris Steward ran for the position of Boyd County Coroner his opponent was someone that he now works with everyday. While Chris was running against Mark, they both decided that whoever won the other would still work in the coroner’s office. So once Chris won, Mark became Deputy Coroner. This goes to show that the people who really wanted the job and want to serve the people of Boyd County are doing so. I do not live in Boyd County, but I think those that do should take pride in knowing everything that their coroner’s office is accomplishing.

Lena’s View

I was totally wrong as to what the job of the coroner was until I stepped foot into the office in Boyd County, Kentucky. My idea was that it was extremely morbid and that there was
never a good out come in death. Upon visiting the coroners department I learned that there is nothing to fear. The Boyd County Coroners Department has a group of trained and passionate men that value their job.

In the state of Kentucky a coroner is an elected official. There are no medical background requirements, and one must only take forty-eight hours of training to become a coroner. A coroner or his deputies are authorized to perform arrests, carry a weapon, and testify against a city official. In most cases a coroner in the state of Kentucky is elected due to popularity.

In the past most coroners offices were either in funeral homes or nursing homes. This was due to the convenience of the elected coroner. In Boyd County there has never been an official office until the election of Chris Stewart. Upon his election he moved into a building and has since moved forward. Many great things are happening with his department. More people are being brought on staff and a morgue is being built presently.

Chris talked about a woman who is highly acclaimed across the country for her work she has done. She never rules Sudden Infant Death Syndrome (SIDS) as the official death of a child at first. She feels children that are pronounced dead by the cause of SIDS are not always a victim to it. Chris spoke of times where they have found the death to be more than an accident. One specific incident that frightened me was a set of twins that had been smothered by the pillows. The first child took many hours to smother, and the second took much shorter of a time due to learning what was effective. The monitors in the room recorded everything.

This to me was a great example of why it is not only the job of the coroner to be a voice, but it is their job to investigate and bring the dead to justice. Without the coroner the family may never know what actually happened. If I had a family member or close friend that had died, no
matter how painful it might be I would like to know why and how they died. A coroner can give that closure that is needed to move forward with one’s own life.

Michelle’s View

Living in Boyd County almost my entire life I knew that the coroner was an elected official, however; I had no idea that the coroner did more than just investigate deaths and pronounce. In the year and a half that Chris has been in office he has an actual office set up. Before, the coroner’s office had always been run out of a funeral home, simply because most of the coroners before had been funeral directors and it was convenient. Chris saw the need for an outside office and he made it happen. The closest coroner’s office in this area is Lexington, which is a good hour and a half to two hours away.

I was pleased to know the deputy coroners were required to take a 40 hour class once they were chosen and then had to have another 16 every year after. The Boyd County office takes that step further. They have a catalog of classes to choose from and once whoever attends picks up as much material as they can from that class and then they present it to the rest of the staff upon arrival. This way everyone receives the training making the staff more efficient. I was puzzled though that the coroner did not have to take the 40 hour class that was required for the deputies. Basically, someone with no experience can run for coroner’s office and be elected by popular vote and be coroner and still not have to go through the 40 hour class.

Something else that I did not know was that this office will be the first to have the entire staff board certified to be Medical Legal Death Investigators. To become board certified they must attend a 40 hour class taught in either St. Louis or Miami. The class is also $1,000 and they must pay for the class themselves. The coroner’s budget cannot pay for the class. As it turns out the coroner’s budget is actually quite tight. When Chris took office the Commissioners had
actually already planned to cut the budget further. Chris and his team sat down at a lunch with these people and basically educated them on how a coroner’s office should be. They had no idea how it was supposed to be run according to two deputies.

The two deputies told us about all the new developments that had been made over the past year and a half as well. Not only did they set up an actual office and have the budget increased but they have a new vehicle on the way. It is an Expedition that will be marked and they said that it would be used to go to sites and the hospital, etc. They also have an old ambulance that they will use as a response vehicle and will be able to transport the bodies from one place to the next. The development I found most exciting though is that they are in the process of constructing an actual morgue. The hospital has one that can store three bodies and this one will house twelve. They can perform post mortem exams and even autopsies if need be. This is very exciting because nowhere in the five co area does anything like this exist. “We are proud to be a part of this organization,” stated Mark Ratliff.

Finally the thing I found to be most intriguing, being a communication major, is the communication that these guys have. Not only do they communicate well with each other; but with the hospitals, the public safety officials, as well as Hospice and the nursing homes. Both Marks told us that it was not uncommon for them to talk to each other at least four times a day. They have a “family” relationship. They have monthly meetings (sometimes twice a month) were they discuss certain cases that have stuck out in their minds and any new material they have gotten in a class. They communicate and educate those at the hospital. They let the hospital know when they are to be called and what to do and what not to do with a body or their clothing. All new nurses go through a training seminar with Chris and he shows a PowerPoint, this is done quarterly. If there is a questionable case they work closely with the police. They take and share
pictures and they make sure they pictures are not duplicated. “Constant communication and good investigation is what gets convictions,” states one of the deputies. And finally, they have now implemented a “natural death” form that even Hospice and the nursing homes have to fill out. This way there is an accurate account of how many people die in this county every year and whether or not what has been presumed as “natural” really is.

What this office has done in the amount of time that Chris has been in office just amazes me. I am a little ashamed that I had no idea this was happening in my hometown and I was not even aware. I am really excited to see what else these great minds can do for this county. I feel a bit more at ease too knowing that if I have a loved one or a close friend pass in this county that they will be in good hands.

Craig’s View

I imagine this is a difficult job for those who do not have the constitution to deal with all of the varied aspects of death. From infants to geriatrics, the men and women who work for the coroner’s office throughout the world have a very difficult task ahead of them when they are called to the scene of the deceased. Imagine that when you wake up in the morning, you instinctively know that someone has just laid their head down for the last time on this earth. The next logical question is how does someone prepare themselves to walk into a situation in which you have no idea what to expect? You may walk into a peaceful death scene where the deceased has passed on quietly and naturally or, you may find yourself at a scene where you would have to literally pick up the pieces and put them back together.

It was interesting for me that the coroners view their job in the same manner as we all view ours. For the most part it was just another day at the office and they were able to find humor in an area most of us would find shocking or appalling. I certainly believe that it takes a
certain kind of individual to do this type of work and, from what they told us, they have backgrounds in EMS service, fire service, police service, and funeral home services. Given that, in their backgrounds, they have dealt with serious, life threatening or ending situations, working at the coroner’s office must feel like the next natural step.

It was interesting that, in the state of Kentucky, one can become county coroner with no medical experience or training, in fact, the coroner is not even required to attend the 40 hours of training that the deputies are. However, the Boyd County Coroner has a number of years of experience in both the medical and legal professions. The coroner was proud of his years of experience and training feeling this made him better prepared to run the coroner’s office. This also allows for him to look at the job as the county coroner as more than just a job and as an opportunity to communicate and inform the community, the leaders of local government, the police departments, and the medical community of not only the commitment of the coroner’s office, but how all they all must work together in order to provide the best possible service to the community and of the deceased.

*Coping with Death*

Linsay’s View

The topic of death is not one most like to discuss. The thought of having to deal with kids dying, suicides, and families who are mourning are not situations that just anybody can face on a day to day basis. It takes a strong, yet compassionate person to be able to wake every morning and face death. This was one of my main questions going into this. How do you handle dealing with death every day? How does it become just any other job? These are men who wake every morning to the unknown, and have no idea what the next phone call might entail. I had a hard time understanding how one might prepare to go into situations that involve children
or where someone took their own life. Our first visit we met with two of the deputy coroner’s; we did not meet the actual coroner till later.

The very first time that we entered the coroner’s office, we met with two of the deputy coroner’s. They are normal guys who have families and live life just the same as we do. However, they deal with death every day, whereas when I encounter death, it is because someone very close to me has passed away. As I was on my to this meeting, the same question just kept going through my mind. How do these men see the things that they see and it not affect them. When I think of death I think of sadness, tears, pain, and hope. What do they think of when they think of death? As we set down with them that day and they told us a little bit about themselves and what they do, I kept thinking to myself, I have to ask them my question even though I felt like I already knew the answer. I finally asked them if they ever got use to death and is this just any other job to them. They did not even have to hesitate as they answered my question, and I was hoping that the look on my face did not show them my surprise to their response. I expected them to respond by saying that death is something that they never get used to, and that each case brings different emotions. Instead, their response rather floored me. They looked at us and both agreed that they were numb to it. I remember them saying that they always treat the families of the victims with respect, but seeing death did not have an effect on them as it would to anyone else. They did explain that to be able to continue in this profession, they had to have “blinders” on. If they put themselves in a position to get emotionally attached, then they may not do their job to the best of their ability. I realize that I was not completely able to understand where they were coming from because I have not walked in their shoes.

A couple of weeks later we were able to sit down and talk to the elected Boyd County Coroner. I wanted to be sure to ask him the same question to see if he had the same views as his
deputies had. I asked him how he dealt with death and if it was something that he ever was immune to. I figured that as a way to release emotions, these men would talk about situations and their feelings among themselves. So therefore they would probably end up viewing it pretty much the same. His response was a pleasant surprise and one that I truly appreciated. He said that he never get use to death, especially the kids. He told us how he fights the emotion when dealing with children. So, Michelle asked that when the day arrives, how he would explain to his little boy what he does. Nothing could have prepared me for what he said. He told us how he takes his little boy to church every time the doors are open and it is something that his little boy can relate to. The coroner said that he would compare his job to one of a minister’s. He feels like what he does is a service to the community. Since I am very strong in my faith as well, I found this to be encouraging. He really does care about what he does and therefore he is very good at it.

Lena’s View

No one can ever fully desensitize themselves from death itself. As stated by all three of the men we spoke with that work in the coroner’s office, you “block it out.” Everyone agrees that seeing a child die is the worst due to the life they could have lived. Having children of their own makes it even harder to go to a scene where a child has died. Chris Stewart claims it brings him and his child closer together and he knows he has to spend as much time as possible with him due to the precious nature of life.

Mark Hammonds told a story of a co-worker he once had as an EMT. Both men did their job for years without a problem blocking out what they had seen on a daily basis. One day a man had his leg severed, and he lost it. The very next day he quit. This had a huge impact on me. I kept thinking about how I would handle seeing tragic events every day. Would I be able
to build that wall of strength? I can only imagine what would happen the day that wall come tumbling down. I would be a wreck, and possibly could not continue on.

Mark Ratliff said he knows that the body that is before him is not the loved one of the family. It is just a place holder for where that person once was. He claims that it is much easier to explain that to a family that is not who they want it to be any longer. He said that it’s harder for some to hear that rather than take comfort in it.

One major downfall of the communication in a small community is that it is at times harder to contact a family before someone else has to tell them of their loss. For instance, there was an incident last year that involved two young men in a car wreck. The parents no longer lived in the Ashland, Kentucky area and it was proving to be difficult to get a hold of them. The brother who was residing in Louisville was an EMT and was alerted before the parents could drive down from Michigan. He rushed to the hospital and demanded to see his brother’s body. The coroners told him that was not such a good idea, and the brother proceeded to say he had seen everything. He felt it was his obligation to view the body before his parents so he could give them closure without them having to go through the heart ache.

Families are the ones that are harder to deal with than the death itself. It was a major concern whether to take us to a scene in home due to how the family might react. Tales of families covering up evidence to make it seem as if it were an accident appalled me. Chris spoke of how people would try to persuade the coroners and his deputies that the death was due to a fall or other unfortunate event. I can’t believe that someone would actually think that they could trick a professional into believing that they didn’t cause the harm to this individual.

I was never aware that if the death was ruled a suicide that insurance could not be collected on that individual. Covering up a case like this can also be spotted easily by a coroner.
It’s a shame that the family could not collect the insurance that very well could help with the funeral and debts left behind, but it was a choice by the individual to take their life. Chris spoke of how it was one of the harder cases to deal with when he had to tell the family that indeed it was a suicide.

Michelle’s View

To me, death is something I could not get used to. In an adult, maybe; but a child, there is no way. I was not real surprised though to the answer we received when we asked the two deputies how they coped with death. Both Marks stated that they go in to the scene knowing that they did not put this person in this situation and that they are truly the last voice for this person. They are also the only ones thinking clearly at this moment, the shock is still setting in with the family and they cannot make clear decisions. To them, the deceased is just a number, and they want to know why case number 4567 died suddenly, or why did they kill themselves etc. Mark Hammond says that you can get used to death and Mark Ratliff says that he loved it. “I like the challenge,” he continued. These men basically suppress their emotions and make themselves become “numb” to the situation.

Chris, the actual coroner, has a different view on death though. He says that it’s not something that someone can get used to. Children are always the hardest, and the deputies agreed. But Chris says that it makes him appreciate the time he has with his family and actually brings them closer. He understands that all moments are precious because tomorrow is not promised today. The deputies and the coroner agree though, when you are called to a scene you have to arrive with an open mind. If you have any feelings then you will be biased from the start and you cannot have that when trying to make good assessments and good judgments.

Craig’s View
What is it like to deal with the families of those who have deceased? How do you explain to someone the nature of their loved one’s death if they are unwilling to accept the finds? How do you communicate to the community the importance of the job and it is vital for the community to assist you in your job? These are some of the thoughts that went through my mind when we sat down with two deputy coroners on our first day in the field. The two gentlemen we spoke with were very open to our questions and seemed to generally enjoy discussing what they do with us. These two men and no different than you or I, it is only the fact that they deal with death that many may feel they are the “other”, standing outside the norms of society and not to be associated with. As we sat around the table and engaged in idle chit-chat before the formal interview took place, I had the feeling that these men were deeply proud to be part of the coroner’s office. I sensed that they had a great deal of pride in their ability to care and communicate of those who were deceased. As we began the interview, I watched their expressions and other nonverbal cues to gage how open they were with us or, if our questions in some way made them uncomfortable. This did come through; they were open with us and really enjoyed the chance to discuss their profession with us.

To listen to them as they describe some of the various situations they have had to walk into and, the number cases that they have had to investigate in which children were involved, it is hard to imagine how they are able to wind-down after a traumatic day. They best described it as having to put “blinders” on before they enter a death scene, to focus directly on the deceased and not to allow either their feelings or any other outside interference to distract them from their work. As with any profession, one become immune or numb to the nature of the work that one has to perform and while it might be hard for us to understand how one could become immune,
both of these men agreed that if they did not, there would be no way for them to be an effective caretaker and communicator for the deceased.

A couple of weeks later, we were able to sit down and speak with the County Coroner to get his take on how he deals with death. The one thing I notice is, unlike his deputies, he does find more difficult to detach himself from the job, especially when dealing with cases involving children. The County Coroner has a young child himself at home; he told us how lucky he is to come home to his child each day knowing that another father will never be able to again. This little window into his personal life really told us a lot about the type of man he is and the care and attention he has for not only the deceased but, for the family as well.

The Facilities

Linsay’s View

When the day came for us to finally visit the coroner’s office, I could feel myself being somewhat reluctant. I thought this feeling was completely understandable because I was heading into unfamiliar territory for myself. As I pulled up to the building, it kind of reminded me of my elementary school due to the fact it looked rather run down on the outside. We went and they had us sit around this table to ask our questions. It was very informal.

The Boyd County Coroner’s office is in the process of putting a morgue in their building. They will be the only county in their area to have a morgue on their premises, which is huge for Boyd County. They have even had neighboring counties request to use their facilities. However, they cannot commit to other counties due to the fact that they have no idea how it is even going to run for them. They were able to show us the morgue and how it is coming along. It will be able to hold twelve to fourteen bodies, which is very impressive for a coroner’s office.
Also while we were there that day, they took us into the evidence room. This is where they keep all of the evidence they have collected in the cases they are working on. When we walked into the room, there was a book laying there with a name on top of it. It took a couple of seconds before the deputy noticed and once he did he made sure to turn it over. They had told us that they cannot determine a case to be suicide unless there is a suicide note. In this particular case, they had found the girl with this book opened up to a specific page. Once they did some investigating, they realized that the book had been opened up to a prayer of death. This meant they could rule it a suicide. However, the case is still open due to further investigation.

After the evidence room, they then let us look in the coroner’s office. The coroner’s office is where they keep the body bags. The deputy got one of the body bags out and asked if we wanted to hold it. I was extremely apprehensive at first, but I also knew that I may never be given this opportunity again while I am still alive. When I took it in my hands, I could not believe how heavy it was. I cannot even imagine how heavy it could be with an actual body inside. This experience gave me an explanation as to why on television you see four to five people carrying a body bag with a body in it, and you can definitely tell that they are putting forth quite a bit of effort to carry it. I was a little uncomfortable due to the fact I had not a clue as to what body had been in this bag.

As we kept requesting to see everything a coroner could see on a day to day basis, the day finally came where the coroner himself took us to the hospital. He took us to King’s Daughters Medical Center to the ER in Ashland, KY. Once in the ER, we were led to the trauma room. He explained that this is where he does most of his work because when victims are brought in, they get worked on in there. He then asked the charge nurse to come in to speak with us. She told us that when a patient becomes deceased, the family of that person is the new
patient. I found that to be a nice way for her to explain it. After we left the trauma room, the coroner then took us down to the hospital’s morgue. Their morgue is basically a holding place until the coroner or a funeral director can come to pick up the body. One of the main things that I took away from the hospital was the communication that was evident between the coroner and the nurses. As soon as we walked through those doors, everyone that Chris passed spoke to him. You could definitely tell that they respected him and his job. It made me feel important to be associated with him, even though I knew I was there just to observe.

Lena’s View

The office itself is very plain. There aren’t any creepy items stuck here or there. It’s a lived in office it seems. Chris himself has a nice office complete with pictures, a sitting area, and tidy desk. I felt as if I were a family that was dealing with a death that it would be easy to talk about the autopsy reports or why things were developing the way they were in a case. All three men made it evident that they were always available for the families any time day or night.

The conference room where we had our first encounter with the Mark’s was spacious and available for trainings. I found it amazing how the men were so eager to learn about their trade from conferences, take notes, even ask to use a power point the presenter had made, and bring it back to teach their coworkers. It seemed to me that there was an entire realm of communication within the office itself that was extremely healthy. The office extends outside of the walls and into the homes of others with family gatherings and dinners.

The evidence room was what made the most lasting impression on me of this entire journey. Upon walking in I got a feeling that was not comforting. There are few things that make me feel uncomfortable, but suicide is one of them. It pained me to hear stories of suicides
and letters that were left behind. To me, the bottles of pills that were lying out in the office bothered me.

Mark told us about a woman that had committed suicide many years before and had left a note behind. The husband wanted to see the letter, but the previous coroner had told him it was lost. When Chris came into office, the husband tried once more to retrieve the letter. The previous coroner was in fact trying to protect the husband's well-being. Chris found the letter, and it was anything but pleasant. The husband was hurt, but at the same time he found closure in something he had fretted over for many years.

The hospital was a location I had feared going. I don't like the idea of some people going in and not coming out. I realize that people are healed there, but it still freaked me out. When we walked in the door I was amazed at the amount of people who knew Chris by name and had no questions as to why he was there with four students.

Chris disappeared briefly and returned to take us into the trauma room. We went inside and he briefly gave us a rundown of what could possibly happen in the trauma room. There are ultimately two options, and he explained how they handled things from a medical standpoint. Soon after arriving in the room, a nurse from the ER entered and explained in a more extensive route what happens in the ER.

We learned a lot about the protocol for someone who is on the brink of death. I found it interesting that the nurses will bag the hands in paper bags if there is a gunshot wound or questionable activity. I also found the fact that they would call the coroner if it was a possibility that death was near to be eerie. The nurse told stories of good and bad about her interactions with the county coroner. There were tales of successful recovery and ones that ended that could make you cry.
The morgue in the hospital had a funny smell of chemicals and was very cramped. The freezer was luckily empty the day we ventured to the lower levels of the hospital. There were organs in plastic containers and we learned upon leaving the hospital there were severed limbs in the freezer. To my amazement the freezer in the hospital could only hold three bodies. For King’s Daughter Medical Center I found that impressive due to the large size of the facility.

The morgue that is being built downstairs below the office of the county coroner is a sight to see. It is being built at the moment, but I was impressed at how large and organized it soon would be. The morgue will be able to hold twelve bodies at a time, and fourteen in a crunch. This will soon be very beneficial to the community due to having to send off a body for an autopsy to Frankfort, Kentucky. The autopsies will soon be done on sight, and there will be a great communication barrier broke down so that everyone will be on the same page.

Michelle’s View

Going into the office I was kind of surprised that the coroner’s office had a secretary. We were then taken to the office that the coroner used, which was a very nice office. There were pictures on the wall. It had a counter area with a coffee pot and a sink. Across from that there were two nice chairs separated by a small end table and off to the side was his desk that was very neat and clean. This seemed like a very comfortable place to sit and go over autopsy reports and the actual death certificate.

Across from the office was the evidence room, which the deputies were more than happy to show us. There were lockers and file cabinets with dates and alphabetical letters making things seem extremely organized. On top of the filing cabinets was a book that one of the deputies quickly flipped over because it had a post-it with the name of the victim. They told us that this girl had committed suicide and although there was no note there was this book left
behind and it was marked on a prayer that was a prayer used before death. They told us its little things like that, that can help them determine cause of death and maybe help figure out why this person did this.

The meeting room we sat in was very spacious and set up like any other conference room. There was a large table in the center surrounded by a few chairs. There was also a projection screen perfect for slides and PowerPoint’s, as well as a television suitable for showing DVD’s. There were even training materials lying out on the table when we arrived. They apparently had a meeting a few days before we arrived. As we sat in the conference room we were told all about the coroner and his job and the job of the deputies. They shared stories that they had experienced not only as a deputy but in their other jobs as well. Although there is no actual morgue yet, it is being constructed at this time and we were permitted to go see it.

As we walked down the stairs we were told that the morgue will house twelve bodies and in a crunch, fourteen. Once we got to the door we found that it was a very secure facility. One of the deputies had to call someone to get the pass code for the lock; it had apparently just been put on a few days before. Once we were in it was kind of hard to imagine what the facility would look like. The entire room was bare except for a light coming down from the ceiling and a sink in the middle of the floor. We had to step over a patch of floor not sealed, we were told that was where they were laying the plumbing and the sink would go there. The freezer would be on the wall facing the door as we walked in and there would be examination tables in the middle. The men were very excited as they told us all of this. There is so much more to the county coroner’s office than I had ever imagined!

Craig’s View
The coroner’s office used to reside at a funeral home when the previous coroner, who was a mortician, occupied that position. Now they share a building with the Emergency Response Center in Boyd County. The office itself would be approximately the size of a double wide trailer with six offices of varying shapes and sizes. This may seem to be a little cramped as far as working space in concerned however, in Boyd County the coroner’s office is not, yet, a full time position and only one coroner or deputy is on call at any given time. Once they complete their morgue and begin to expand their range of expertise, I imagine it will only be a matter of time before the coroner’s office is made into a full time position.

We meet with the two deputy coroner’s in their training and meeting room which had attached to it an area where they had two computers setup for internet and e-mail purposes. This is a wide area with enough room to accommodate a fair amount of people should it need to be setup as a command center during a crises. As you leave the training room, there are two offices on either side of the small hallway. To the right is the communications center filled with all of the means of electronic communications devices designed to keep the coroner’s office up-to-date and informed. To the left is a storage area that holds all of the various pieces equipment needed to go out into the field and to take proper care of the deceased. This is also the area in which the coroner will sit down the loved ones of the deceased to better explain how their loved one died and to provide any support necessary to help the loved ones of the deceased. As one walks towards the front of the building, you can veer off to the left and go into either the evidence room which has all of the possessions that the coroner’s office deem necessary from the deceased to help them in the determination of how the deceased died. Across from the evidence room is the coroner’s office which contains the needles, body bags, evidence bags, and a wide variety of evidence gathering tools needed while at the site of the deceased. As you leave the office and
back towards the front of the building, you have the receptionists’ office, a small and cramped area complete with a desk and a couch.

A short walk downstairs and you are presented with the locked, chrome doors that lead to the morgue. At the time of our research it was not complete but, it should be ready for use before the end of June of this year provided they do not run into difficulties with the various agencies that must sign off on the project. The morgue itself does not appear to be a large as I would have thought; I expected it to be a very large area full of tables, freezers, and all sorts of autopsy equipment glistening in the light off the room. The deputies as well as the coroner told us that they will be able hold up to fourteen bodies if a serious situation occurs and, they will be able to perform all of their investigative research on the bodies in a controlled environment, under their care. I will admit I felt a bit odd standing in the middle of this room know that in a few short weeks, where I stood, bodies will be laid out on a table while the coroners go about the business of determining the cause of death.

I had a very similar feeling when we went over to King’s Daughter’s Medical Center and took the long stairway down to the hospital’s freezer. I was more unconformable here because, to the left you have a clear cabinet filled with plastic containers, some semi see thru, containing various organs. The chill in the air did not help to put me easy either, seeing the empty chrome table shining brightly underneath the fluorescent lighting. This is a very small space with only enough room for a body on the table and two, small, individuals to harvest from the body those things necessary to facilitate in the investigation of the deceased death. It is no wonder why the hospital no longer wished to keep a morgue, they did not have the room to properly care for the deceased.
Conclusion

Feelings at the end

Linsay’s Feelings

Now that I am on the other side of this project, I have mixed feelings. I thoroughly enjoyed researching the coroner’s office. I met some really great guys who were able to share facts, stories, and a wealth of knowledge. The down side was that I did not have the chance to face my fears. Throughout this process, I was not given the opportunity to actually watch the coroners work on the deceased. In some ways it was good that there were no bodies for us to observe, but for our research purposes it did not allow us to have the full insider’s view. I am very happy that I had the opportunity to take a deep look into the life of a coroner whose job everyday is to deal with death, a job that to most probably view as morbid, but to them is a service.

Lena’s Feelings

After my time with the Boyd County Coroner’s Office, I was intrigued and better educated. I felt as if this project was not only beneficial for a class, but for me to better understand that those who have a career in death are just normal people. I realize now that they have other jobs, families, and friends just as I do. They are passionate about their job, and eager to tell others. They men we encountered were more than happy to tell stories, show us around, and even let us into their lives. When we finally made it to the hospital I was amazed at how welcoming the staff was. Everyone knew the coroners name. They would greet him with a hello and a smile. When we were introduced to one of the nurses in the ER she seemed excited to talk about her job even though there were good days and bad days. Walking to the morgue was still an experience that had my stomach turning, but upon entering it I was intrigued about what
happened there. I learned more in the hours spent with the coroner’s than I imagined, and couldn’t have asked for a better experience.

Michelle’s Feelings

After doing this research I feel I have learned a great deal about not only the job of the corner, the great things he is doing in my community. The men we spoke with were so nice and willing to volunteer any information that we needed. I was so relieved that they did not have a problem with four undergrads wanting to learn about them and their jobs. I do wish they had called us to go out on a call with them. Although they are great at communicating they are not the best listeners because we later learned that they did not want to have to take all four of us on a run, we voiced early on that all four of us would not be able to go at one time because our own busy schedules.

Going to the hospital was a different experience than I had expected as well. Everyone was incredibly friendly and completely okay with four undergrad students poking around the ER. An RN came in and told us anything and everything we needed to know. The Coroner took us down to the morgue at the hospital which was cool, because it gave us a better understanding about how their morgue will look. The actual morgue was cold, which should not have surprised me because of the freezer, but for some reason it did. There was also more of an odor in the morgue than I expected. It smelled of death and chemicals, Chris told us that the odor should really not be there.

All in all this has been a great experience. Although I did not get to go on a run and see them on the job, it did give me much better idea as to what it is these people do and why they do it. I am glad there are people like this working in my home county taking care of those I love, because this is a job I know I cannot do.
Craig’s Feelings

After researching the coroner’s office and, having the opportunity to speak with them and to see how they perform their duties, I have an even greater respect for the job they perform than what I did at the beginning as this research. The men that I had the pleasure to speak with care deeply about the nature of their work and feel that they are the last, and sometimes only, voice for those who have died. The coroner himself is committed to educating the community so he can provide a better degree of service whether he is dealing with the police department, the judicial system, the hospital system, or the loved ones of the deceased. The men and women who perform this much needed service and not only sensitive to the deceased that they speak for but, they are equally as sensitive to the ones who are left behind and their ability to be an effective and empathic communication is vital in this line of work.
References


