

12008-04464

Bo8-  
2295

### REPORT OF INVESTIGATION BY MEDICAL EXAMINER

**OCME USE ONLY**  
08-5475  
 Case number  
**MAY 16 2008**  
 Date received  
 Res  NR

DECEDENT: Rayford E. Cofer  
First Middle Last Suffix

RESIDENCE: Franklin, NC Franklin  
Number and Street City, State County

AGE: 63 SEX:  Male  Female  Unknown

RACE:  Black  Native American  Oriental  White  Unknown

HISPANIC ORIGIN:  Yes  No  Unknown

#### INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	5/14/08	~ 3pm	Levine Science Research Center Durham, NC	Durham
DEATH			SAME	
VIEW OF BODY	5/15/08	pm	<input type="checkbox"/> Scene of death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input checked="" type="checkbox"/> Other <u>OCME</u> <input type="checkbox"/> Not viewed	
M.E. NOTIFIED	5/14/08	pm	LAW ENFORCEMENT AGENCY: _____	
LAST KNOWN TO BE ALIVE	5/14/08	~ 3pm	OFFICER: _____ TELEPHONE: _____ Death occurred while in custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

AUTOPSY:  None  M.E. Authorized  Non-M.E. Autopsy facility: \_\_\_\_\_

BLOOD SAMPLE:  Mailed  Obtained by pathologist  Reason not obtained: \_\_\_\_\_

IF CLINICAL ALCOHOL DONE, RESULT: \_\_\_\_\_ By whom: \_\_\_\_\_

PROBABLE CAUSE OF DEATH:  Pending

- Skin and airway steam burns  
DUE TO
- Steam pipe explosion  
DUE TO
- \_\_\_\_\_  
DUE TO
- \_\_\_\_\_  
DUE TO

**OCME REVIEW**

- \_\_\_\_\_  
DUE TO
- \_\_\_\_\_  
DUE TO
- \_\_\_\_\_  
DUE TO
- \_\_\_\_\_  
DUE TO

CONTRIBUTING CONDITIONS

Natural  Accident  Homicide  Suicide  Undetermined

Reviewer: [Signature] Date: 6/19/08

Information in this block supersedes that contained in space at left.

**SDC**  
 None  
 AL  
 Dictated  
 COG

CONTRIBUTING CONDITIONS

MANNER OF DEATH:  
 Natural  Accident  Homicide  Suicide  Pending

hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

HHS 1114 (Revised 10/00)  
 Medical Examiner (Review 10/02)

[Signature] 5/15/08 Durham  
 Signature of Medical Examiner Date County of Appointment M.E. Number

MEDICAL HISTORY

- Alcoholism, Diabetes, IV drug abuse, Ischemic heart disease, Smoking, Seizure disorder, Cancer, Hypertension, Depression, HIV/AIDS, Other, Attending Physician, City

MEANS OF DEATH

Steam pipe rupture/explosion

- VEHICLE: Type of vehicle associated with this decedent: Passenger car, Pickup truck, Truck--more than 2 axles, Motorcycle, Bicycle, Farm vehicle, ATV, Moped, Other, Position: Driver, Passenger, Pedestrian, Unknown, Devices: Seat restraints, Air bag, Helmet, Child restraint, None, Unknown, Number of vehicles involved, GUN: Rifle--Caliber, Handgun--Caliber, Shotgun--Gauge, Unknown, INSTRUMENT: Blunt, Sharp, Description, TOXIC AGENT(S) SUSPECTED: Alcohol, Others, DROWNING: Pond, Lake or river, Ocean, Pool, Bathtub, Other, Life preserver: Yes, No, Unknown, Able to swim: Yes, No, Unknown, Activity, FIRE: Suspected cause, Smoke detector: Yes, No, Unknown, FALL: From, to, Approximate distance, feet

ACTIVITY OF DECEDENT AND PREMISES

FATAL INJURY OR ILLNESS: Activity Unspecified/working in vicinity of steam pipes, Type of place building, Specific location basement mechanical room

Fatal injury or illness occurred on a job: Yes, No, Unknown, If yes, was employment: Primary job, Secondary, Volunteer work, Unknown, Name of this employing firm or agency Duke University, Type of business or industry Maintenance, Decedent's occupation steamfitter

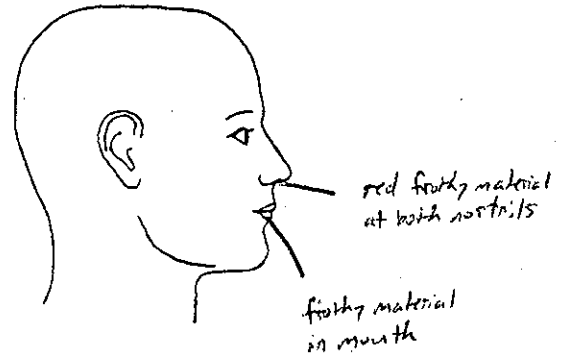
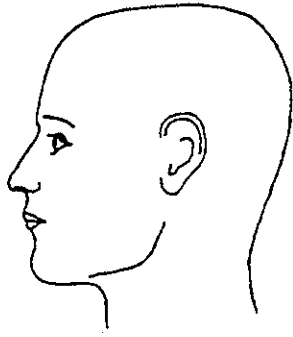
DEATH: Type of place, Specific location

Examples: Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, etc. Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc. Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, car, etc. On a job: Any activity that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

DESCRIPTION OF BODY

- CONDITION: Intact, Decomposition, Skeletonized, Embalmed, Charred, Prolonged immersion, Exhumed, RIGOR: None, 1+, 2+, 3+, LIVOR: None, Anterior, Posterior, Lateral, HEIGHT: 69 inches, Estimate, WEIGHT: 214 pounds, Estimate, BODY TEMPERATURE: Warm, Cool, Cold, HAIR: Color brown, Beard, Mustache, EYES: Color brown?, Abnormalities, TEETH: Upper, Lower, Natural, Dentures, Abnormalities, CLOTHING: brown boots, white socks, brown gloves, tan brown belt, blue pants, black underwear, blue t-shirt, blue, VALUABLES: \$1.02 in change, black nylon rope, No valuables

BODY DIAGRAMS

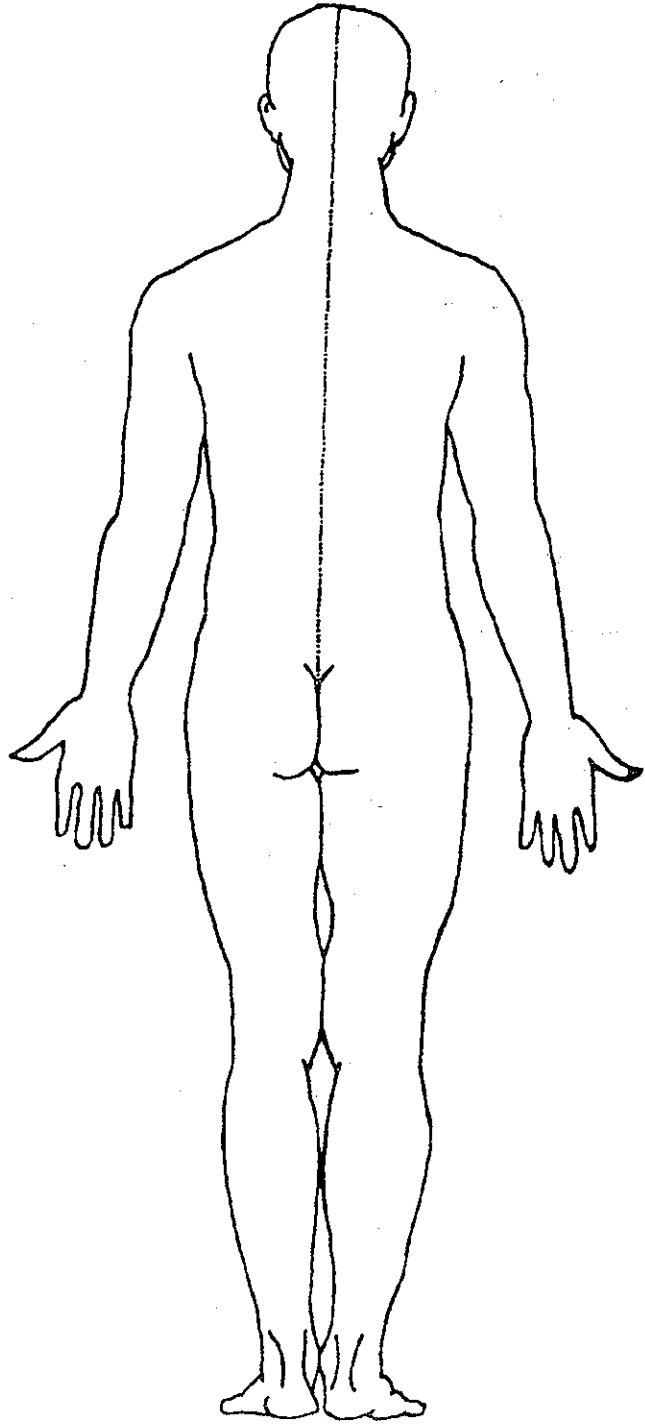
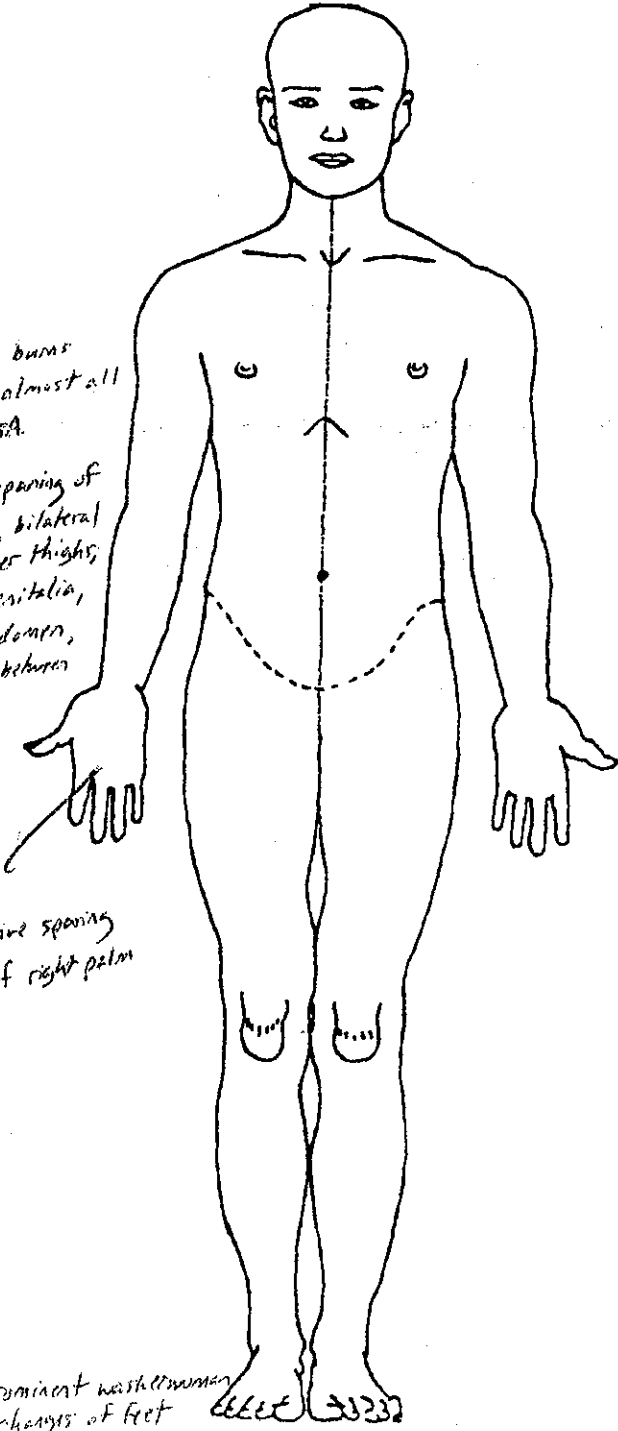


Extensive burns involving almost all of his TBSA.

- relative sparing of both feet, bilateral upper inner thighs, external genitalia, lower abdomen, and skin between buttocks

relative sparing of right palm

prominent washerman's changes of feet



Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams.

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

The decedent was a 63-year-old male who was killed at work when a steam pipe burst/exploded in a small confined place where he was working.

J. J. [Signature]  
5/15/08

**PURPOSE:** To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a).

**PREPARATION:** The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.

**DISTRIBUTION:** Mail original copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

**DISPOSITION:** This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.

**COPIES:** Additional copies may be ordered from the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.