

Canyon County Coroner's Record

Coroner: Vicki Degeus-Morris

Case No: 0439/N/B/13

Decedent: Shippy, Oliver Samuel

Case Summary

I was called by the Elders of the Followers of Christ to report a death of a newborn. When I arrived I was taken into the bedroom to find the mother of the infant lying in bed and the infant was swaddled in a blanket on the nearby changing table. I was told by the mother that this was the 7th child and that she had had an uneventful pregnancy and an easy delivery. She stated that the baby was full term. She also said he was born at 0930 hrs on the 8th and that he had struggled to breathe ever since. She stated that he would cry a little and then he would stop to catch his breath. She said he was not nursing yet and that all they had been able to give him was sugar water. His breathing became more labored as time went on and he expired at 0700 on July 9th. The residence was clean and orderly. The other children, that I saw, were clean and their hair was combed. There were no signs of trauma. I transported the infant to the morgue pending autopsy.

Vicki DeGeus-Morris
Canyon County Coroner

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Coroner: Vicki Degeus-Morris

Case No: 0439/N/B/13

Decedent: Shippy, Oliver Samuel

Case Date: 07/09/2013

Type of Death: Natural

Case Type: Burial

Manner of Death: Natural

Funeral Home: Dakans

Agency:

SSN: 000-00-0000

Birth Date: 07/08/2013

Age: 0

Gender: M

Phone: (000) 000-0000

Home Location:

Address: ██████████ Caldwell ID

Death Actual Date: 07/09/2013 Time: 07:00

Pronounced Date: 07/09/2013 Time: 07:00

Location:

Address: ██████████ Caldwell ID

Stricken / Injury

Actual Date: 07/09/2013 Time: 07:00

Location:

Address: ██████████ Caldwell ID

Found Date: 07/09/2013 Time: 08:30

Agency:

Found By

Shippy, Latisha

ID By Agency:

ID By Organization:

Identified By

Exam Date: 07/10/2013

Rigor: No

Alcohol Use: No

Toxicology

Clothing:

Livor: No

Fixed: No

Drug Use: No

Anterior: No

Cause of Death:

Merconium Aspiration Syndrome

Photos:

Medical History:

Care Center:

Estimate Date From:

Estimate Date To:

Organization:

Time:

Time:

Estimate Date From:

Estimate Date To:

Organization:

Time:

Time:

Organization:

Relationship Type

Family

ID By Documents

Relationship Type

Place: Autopsy

Posterior: No

Suicide Note: No