

Canyon County Coroner's Record

Coroner: Scott Jessen

Case No: 0590/N/B/17

Decedent: Anderson, Emerson Joe

Case Date: 07/20/2017

Type of Death: Natural

Case Type: Burial

Manner of Death: Natural

Funeral Home: Dakans

Agency:

SSN: 000-00-0000

Birth Date: 03/17/2014

Age: 3

Gender: M

Phone: (000) 000-0000

Home Location:

Address: 28708 E OF Parma Rd Trlr E Parma ID

COPY

Cause of Death:

Aspiration of Gastric Contents

Seizure Disorder

Photos:

Canyon County Sheriff's Office

Medical History:

Seizures

Care Center:

Death Actual Date: 07/20/2017

Time:

Estimate Date From:

Time: 12:30

Pronounced Date: 07/20/2017

Time: 16:55

Estimate Date To:

Time: 13:30

Location:

Organization:

Address: 28708 Parma Rd Trlr E Parma ID

Stricken / Injury

Estimate Date From:

Time: 12:30

Actual Date: 07/20/2017

Time:

Estimate Date To:

Time: 13:30

Location:

Organization:

Address: 28708 E OF Parma Rd Trlr E Parma ID

Found Date: 07/20/2017

Time: 14:00

Agency: Canyon County Coroner

Organization:

Found By

Relationship

Relationship Type

Whittier,

Deputy

Law Enforcement

Scott, Justin

Detective

Law Enforcement

ID By Agency: Canyon County Coroner

ID By Documents

ID By Organization:

Identified By

Relationship

Relationship Type

Anderson, Ashton 208-697-8472

Mother

Family

Anderson, Charles Eugene

Father

Family

Exam Date:

Time:

Place:

Rigor: Yes

Livor: Yes

Fixed: No

Anterior: No

Posterior: Yes

Suicide Note: No

Alcohol Use: No

Drug Use: No

Toxicology

Comprehensive

Clothing Blue Nylon Shorts

Canyon County Coroner's Record

Case Summary

NOTIFICATION:

On 7-20-17 at about 1543, I was called by Chief Deputy Rhodes and told of an unattended death in Parma involving a Followers family. I gathered the information and called Coroner DeGeus-Morris and informed her of the call, then I called CCSO Dispatch to inform them of the call. I told dispatch that I did not have an address yet, and I met Dep. Whittier at the Old Fort Boise Park in Parma to go to the residence. I was told that the residence was a camp trailer off of a dirt road of Parma Rd. The closest address we could determine was just East of 28708 Parma Rd. Detectives later determined the grid coordinates to be: 43 degrees, 47', 19" North, 116 degrees, 55', 54" West.

ARRIVAL:

When I arrived at the location, I found that Ken Alger, one of the church elders, was waiting for me at the turn off to the property to guide me in to the residence. I had spoken with Ken earlier and he told me that he would be waiting to show us where to go. Myself followed by Dep. Whittier drove to the residence site where we found several people from the church waiting with the family for support. Ken introduced myself and Dep. Whittier to the mother (Ashton) and the father (Charles) of the decedent (Emerson)

OBSERVATIONS OF THE DECEDENT:

When I first saw the decedent he was on the couch/bed in the main area of the camp trailer. The family was living in a camp trailer on the property while trying to improve the property. The decedent is a 3 year old boy, wearing only blue nylon shorts. I could see that there was rigor beginning, and livor was present, but not fixed, and still blanched to the touch. There were no visible injuries on the decedent, other than some scratches, and nicks on the lower legs of the decedent. These injuries are consistent with a small boy running around & playing in a rural type setting. The interior temp was 80+ degrees, and outside was in the 90's.

INTERVIEW WITH ASHTON:

Ashton told me that including the decedent they had 5 children, none of which other than the decedent had any health issues. I was told that the decedent had been afflicted with seizures since he was about 1 year old. I was told that the first seizure was in close proximity to a high fever. As the decedent aged, the frequency of the seizures increased, but the severity seemed to decrease. Ashton told me that the seizures seemed to follow periods of stress, and extreme fatigue. I was told that the seizures were coming about every 3 weeks, and he seemed to have them about 2-3 times a day, depending on his activity.

On 7-20-17 Ashton told me that the decedent got up late, at about 0730-0800. She prepared school work for the kids, and set them to working on it, eventually the decedent and a brother were outside playing in the yard at about 10-1130. Ashton said that she had lunch then she put the decedent down for a nap in his bed which was the top bunk in the rear of the trailer. Ashton said that she also took a nap, and when she got up, when took a quick shower, then gave a shower to one of the other children. All of this happened at about 1360-1340. Ashton said that at about 1420, she went to wake up the decedent to give him a shower, and discovered him lifeless in bed. Ashton said that she could see that one of his ears was deep red, and that he had vomited in bed. Ashton said that she pulled him down from the bunk, and tried to begin CPR, but he was too far gone. I was told that she then called her husband and family to tell them of the death.

INFORMATION:

After the husband and the rest of the family had arrived at the scene by the time I was called. The decedent had been lying on the couch, and had been cleaned up prior to my arrival. It doesn't appear and attempt to conceal anything, but rather a religious practice. At this point, it appears that the death may be related to a seizure disorder. Additionally, it is not known if the decedent aspirated his vomit while asleep /in seizure while down for a nap.

Detectives arrived, and conducted interviews, and Dep. Whittier photographed the scene as well as having the parents of the decedent complete written statements.

Canyon County Coroner's Record

Coroner: Scott Jessen

Case No: 0590/P/P/17

Decedent: Anderson, Emerson Joe

ACTION TAKEN:

I took custody of the decedent from the scene. The decedent's father carried the decedent to my vehicle, and we placed him in the vehicle. I took the decedent to West Valley Medical Center ER for imaging. I had called the house supervisor of WVMC to coordinate the imaging. When I arrived at WVMC I was met by the supervisor, and we brought the decedent in to the ER on a gurney. We took the decedent to a private room where personnel from Radiology brought the portable x-ray machine to the room and took a full set of x-rays. The CD of images will be picked up by me on 7-21-17. After imaging was completed, I took the decedent back to the Canyon County Morgue to await autopsy which is tentatively set for 7-24-17 at 0830.

DISPOSITION:

Pending Autopsy

Scott Jessen, 804

Deputy Coroner

CANYON COUNTY CORONER'S OFFICE
1115 Albany
Caldwell, Idaho 83605

Vickie Degeus-Morris
Coroner

AUTOPSY REPORT

NAME: Anderson, Emerson

AUTOPSY #CC17-027

DATE OF BIRTH: 03/17/2014 AGE: 3 SEX: M

DATE OF DEATH: July 20, 2017

DATE OF AUTOPSY: July 24, 2017

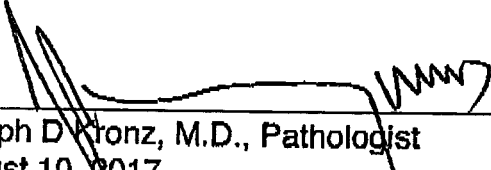
PROVISIONAL ANATOMIC DIAGNOSES

1. Gastric contents involving the trachea, main stem bronchi and smaller airways.
2. 10 mL of serous fluid, right chest cavity; 5 mL of fluid, left chest cavity.
3. Multiple small contusions and abrasions involving predominantly the upper and lower extremities, corpus.

An autopsy is performed on the body of Emerson Anderson as identified by the Canyon County Coroner. By report, the deceased had a seizure disorder since approximately age 1. The seizures had appeared to increase in number with age, but decrease in severity, and were brought on by periods of stress or fatigue. The deceased was placed in bed for a nap and was discovered lifeless in bed and had vomited.

The autopsy demonstrates evidence of gastric aspiration with gastric contents present in the trachea, bilateral main stem bronchi and smaller airways. There was no evidence of significant trauma.

The cause of death is gastric aspiration likely due to seizure disorder.


Joseph D. Cronz, M.D., Pathologist
August 10, 2017

COPY

GROSS AUTOPSY PROTOCOL
July 24, 2017

Anderson, Emerson
CC17-027

EXTERNAL EXAMINATION:

The body for examination is that of a 3-year-old Caucasian male. The body is wrapped in a BSU blanket and has red and black shorts on and a diaper. The body weighs 26 pounds and has a measured crown-to-heel length of 105.4 cm. The head circumference is 51.4 cm. The chest circumference is 54.6 cm. The abdominal girth is 52.1 cm. The hair is short and blond. The irises are blue. The conjunctivae, sclerae and oral mucosa demonstrate no evidence of petechial hemorrhages. The upper and lower frenula are intact. There is good dentition. The two anterior upper teeth, numbers 8 and 9, are absent. The gingiva appears atraumatic in this area. There is no evident bite marks within the tongue. There is a contusion on the left cheek measuring 1.1 x 0.5 cm. There are multiple small abrasions present on both upper extremities that appear of varying ages measuring 0.2 to 0.6 cm. There are multiple abrasions involving the bilateral lower extremities, left greater right, that appear of varying ages measuring from 0.2 to 1.2 cm. The soles of the feet are dirty. There is an abrasion on the midback just left of midline measuring 1.0 x 0.5 cm. The chest has a normal configuration. The abdomen has a normal configuration. Genitalia are that of an uncircumcised male. Both testes are down and palpate normal. The anus appears atraumatic. There is no palpable lymphadenopathy.

INTERNAL EXAMINATION:

Abdominal Cavity

There is no fluid in the abdominal cavity. The peritoneal surfaces are smooth. The liver and spleen do not extend below the costal margin in the midclavicular line. There is no hemorrhage in the iliopsoas muscle.

Thoracic Cavity and Mediastinum

There is approximately 10 mL of clear fluid in the right chest and 5 mL present in the left chest. The pleural surfaces are smooth.

Thymus

The thymus weighs 58 grams. On cut section, it is normal.

Heart

The heart weighs 92 grams. The pericardial and epicardial surfaces are normal. The valve circumferences are as follows: Tricuspid valve, 7.4 cm; mitral valve, 6.2 cm; pulmonic valve, 4.2 cm; and aortic valve, 3.4 cm. The foramen ovale is not probe patent. The myocardium is normal. The endocardium is normal. The left ventricular wall thickness is 0.7 cm. The right ventricular wall thickness is 0.3 cm. The coronary arteries have a normal distribution on the surface of the heart without apparent abnormalities.

Lungs

The right lung weighs 166 grams. The left lung weighs 141 grams. The tracheal and bronchial mucosa are remarkable for apparent gastric contents involving the trachea and both main stem bronchi out into smaller airways. No pulmonary emboli are identified.

GROSS AUTOPSY PROTOCOL
July 24, 2017

Anderson, Emerson
CC17-027

Diaphragm

The surfaces of the diaphragm are smooth and intact.

Liver

The liver weighs 628 grams. The capsular surface is smooth. On cut section, the liver is normal. The gallbladder is normal.

Spleen

The spleen weighs 131 grams. The capsule is smooth. The splenic parenchyma is normal.

Pancreas

The pancreas weighs 22 grams. It is serially sectioned and is grossly normal.

Adrenals

The right adrenal weighs 5 grams and the left adrenal weighs 4 grams. The adrenal parenchyma is normal.

Kidneys

The right kidney weighs 78 grams. The left kidney weighs 69 grams. Their surfaces are smooth. On cut section, the renal parenchyma is normal.

Pelvic Organs

The bladder is normal and contains a small amount of urine.

Neck Organs

The thyroid is serially sectioned in situ and is grossly normal. The epiglottis and larynx are normal.

Cranial Cavity

The scalp and calvaria are normal. The brain weighs 1220 grams in the fresh state. The brain surfaces are normal. There is no evidence of herniation. The brain is undergoing fixation for brain cutting.

Spinal Cord

The upper spinal cord is normal.

Esophagus

The esophagus is normal.

Stomach

The stomach contains approximately 20 mL of mucoid material. The stomach is normal.

Intestines and Mesentery

The intestines are normal. An appendix is present in the right lower quadrant.

Summary of Material Obtained

Blood, urine and vitreous.

GROSS AUTOPSY PROTOCOL
July 24, 2017

Anderson, Emerson
CC17-027

X-rays

Skeletal survey x-rays demonstrate no evidence of bony trauma or abnormalities.



Web: www.axisfortox.com
 Phone: (317) 759-4TOX

Laboratory Case Number: 3127214	Subject's Name: ANDERSON, EMERSON J
Client Account: 11550 / CCCID01 Physician: Report To: Canyon County Cor ATTN: Vicki Degeus-Morris 1115 Albany # 138 1014 E. Belmont St. Caldwell, ID 83605	Agency Case #: 590/P/P/17 Date of Death: 07/20/2017 Test Reason: Other Investigator: JESSEN Date Received: 07/25/2017 Date Reported: 08/02/2017

Laboratory Specimen No: 40664526	Date Collected: 07/24/2017 09:00
Container(s): 01:RTB Blood,SVC	Test(s): 70510 Comprehensive Drug Panel

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
AMPHETAMINES	Negative				
BARBITURATES	Negative				
BENZODIAZEPINES	Negative				
CANNABINOIDS	Negative				
COCAINE/METABOLITES	Negative				
FENTANYL	Negative				
METHADONE/METABOLITE	Negative				
OPIATES	Negative				
OXYCODONE/METABOLITE	Negative				
PHENCYCLIDINE	Negative				
PROPOXYPHENE/METABOLITE	Negative				
ALCOHOL	Negative				
Methanol	Negative				
Ethanol	Negative				
Acetone	Negative				
Isopropanol	Negative				
ANALGESICS	Negative				
ANESTHETICS	Negative				
ANTIBIOTICS	Negative				
ANTICONVULSANTS	Negative				
ANTIDEPRESSANTS	Negative				
ANTI HISTAMINES	Negative				
ANTIPSYCHOTICS	Negative				

COPY

ANDERSON, EMERSON J

Laboratory Case #: 3127214

Printed Date/Time: 08/02/2017, 16:46

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FORENSIC TOXICOLOGY

Web: www.axisfortox.com

Phone: (317) 759-4TOX

Laboratory Specimen No: 40664526

Continued..

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
CARDIOVASCULAR AGENTS	Negative				
ENDOCRINE AGENTS	Negative				
GASTROENTEROLOGY AGENTS	Negative				
NARCOTICS	Negative				
NEUROLOGY AGENTS	Negative				
SEDATIVES/HYPNOTICS	Negative				
STIMULANTS	Negative				
UROLOGY AGENTS	Negative				

Specimens will be kept for at least one year from the date of initial report

ANDERSON, EMERSON J

Laboratory Case #: 3127214

Printed Date/Time: 08/02/2017, 16:46

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FORENSIC TOXICOLOGY

Web: www.axisfortox.com

Phone: (317) 759-4TOX

Laboratory Specimen No: 40664528

Date Collected: 07/24/2017 09:00

Container(s): 01:UR Urine, Random

Test(s): 80080 Urine Analysis (R)

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
AMPHETAMINES	Negative				
Amphetamine	Negative				
Methamphetamine	Negative				
MDMA	Negative				
BENZODIAZEPINES	Negative				
Temazepam	Negative				
Lorazepam	Negative				
Alprazolam	Negative				
a-OH-Alprazolam	Negative				
Nordiazepam	Negative				
Oxazepam	Negative				
7-Aminoclonazepam	Negative				
BUPRENORPHINE/METABOLITE	Negative				
Buprenorphine	Negative				
Norbuprenorphine	Negative				
CARISOPRODOL/METABOLITE	Negative				
Meprobamate	Negative				
COCAINE/METABOLITES	Negative				
Benzoylcegonine	Negative				
FENTANYL	Negative				
Fentanyl	Negative				
Norfentanyl	Negative				
METHADONE/METABOLITE	Negative				
Methadone	Negative				
EDDP	Negative				
OPIATES	Negative				
Morphine	Negative				
6-Monoacetylmorphine	Negative				
Codeine	Negative				
Hydrocodone	Negative				
Hydromorphone	Negative				
Oxycodone	Negative				
Oxymorphone	Negative				

ANDERSON, EMERSON J

Laboratory Case #: 3127214

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Web: www.axisfortox.com
Phone: (317) 759-4TOX

Laboratory Specimen No: 40664528

Continued..

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
PHENCYCLIDINE	Negative				
Phencyclidine (PCP)	Negative				
TRAMADOL/METABOLITE	Negative				
Tramadol	Negative				
O-Desmethyltramadol	Negative				

ANDERSON, EMERSON J

Laboratory Case #: 3127214

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FORENSIC TOXICOLOGY

Web: www.axisfortox.com

Phone: (317) 759-4TOX

Laboratory Specimen No: 40664530

Date Collected: 07/24/2017 09:00

Container(s): 01:VIT_CON Vitreous,EYE

Test(s): 49901

Volatiles Not Performed

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
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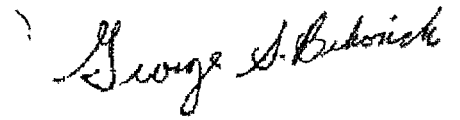
< Volatile Testing Not Performed >

Due to negative blood, tissue, and/or urine volatile (Acetone, Ethanol, Isopropanol, and Methanol) results, volatile testing was not performed on the vitreous specimen.

George S. Behonick, Ph.D., F-ABFT

Laboratory Case #:3127214
Print Date/Time:08/02/2017, 16:46

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This individual may not have performed any of the analytical work