



12018-00231

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CHIEF MEDICAL EXAMINER
Raleigh, North Carolina 27699-3025

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY
14-9451
Case Number
1/3/18
Date Received
<input type="checkbox"/> Res <input type="checkbox"/> NR

DECEDENT: Erica Lynn Parsons
First Middle Last Suffix
RESIDENCE: 218 Miller Chapel Rd. Rowan Salisbury Salisbury Rowan
Number and Street City, State County
AGE: 13 SEX: ☐ Male ☒ Female ☐ Unknown
RACE: ☐ Asian ☐ Black ☐ Native American ☒ White ☐ Other
HISPANIC ORIGIN: ☐ Yes ☐ No ☒ Unknown

INFORMATION ABOUT OCCURRENCE				
	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	unknown	unknown	218 Miller Chapel Rd	Rowan Salisbury
DEATH	9/28/14 unknown	unknown	unknown foundation chestfield	SC.
VIEW OF BODY	9/28/16	10:00	<input type="checkbox"/> Scene of Death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral Home <input checked="" type="checkbox"/> Morgue OCME	<input type="checkbox"/> Not Viewed
ME NOTIFIED	9/28/16	8:00	Facility Name	
LAST KNOWN TO BE ALIVE	Dec 2011	unknown	LAW ENFORCEMENT AGENCY: Rowan Sheriff's Department OFFICER: Chad Moose TELEPHONE: 704-216-8687	

AUTOPSY: ☐ None ☒ M.E. Authorized ☐ Non-M.E./Private-Facility Name: _____BLOOD SAMPLE : Mailed by: ☐ ME after External ☐ Pathologist after Autopsy ☒ Reason not obtained: Skeletonized remains

IF CLINICAL ALCOHOL PERFORMED, RESULT: _____ Where: _____

PROBABLE CAUSE OF DEATH: ☒ Pending

1. _____
DUE TO
2. _____
DUE TO
3. _____
DUE TO
4. _____
DUE TO

CONTRIBUTING CONDITIONS
MANNER OF DEATH:☐ Natural ☐ Accident ☒ Homicide ☐ Suicide ☐ Pending

This Section "OCME REVIEW ONLY"		SDC
1. Homicidal Violence of undetermined means	DUE TO	<input checked="" type="radio"/> None
2. _____	DUE TO	AL
3. _____	DUE TO	Dictated
4. _____	DUE TO	COG
CONTRIBUTING CONDITIONS		
MANNER OF DEATH:		
Natural Accident <input checked="" type="checkbox"/> Homicide Suicide Undetermined		
Reviewer: [Signature]		Date: 1/5/18
Information in this block supersedes that contained in space at left.		

I 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.

Julie A. Hull, MD Digitally signed by Julie A. Hull, MD
Date: 2017.01.26 19:35:20 -05'00'
Signature of Medical Examiner1/3/18
DateWhe
County of Appointment

Print Name of Medical Examiner

DHHS 1114 (Revised 2013)

MEDICAL HISTORY

- ☐ Alcoholism ☐ Cancer ☐ Depression ☐ Diabetes ☐ Hypertension
☐ Ischemic Heart Disease ☐ Seizure Disorder ☐ Smoking ☐ Substance Abuse
☐ Other _____ Physician _____ City _____

MEANS OF DEATH

- ☐ VEHICLE: Type of vehicle associated with this decedent:
☐ ATV ☐ Bicycle ☐ Farm Equipment ☐ Moped ☐ Motorcycle ☐ Passenger Car
☐ Pickup Truck ☐ Truck—more than 2 axle ☐ SUV ☐ Other _____
 Position: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Unknown
 Devices: ☐ Seat Restraints ☐ Air Bag ☐ Helmet ☐ Child Restraint ☐ None ☐ Unknown
 Number of Units Involved: _____
☐ GUN: ☐ Rifle-Caliber _____ ☐ Handgun-Caliber _____ ☐ Shotgun-Gauge _____ ☐ Unknown
☐ INSTRUMENT: ☐ Asphyxial ☐ Blunt ☐ Sharp Description: _____
☐ TOXIC AGENT(S) SUSPECTED: ☐ Alcohol ☐ Others _____ ☐ Noted in Summary on Page 4
☐ DROWNING: ☐ Bathtub ☐ Lake ☐ Ocean ☐ Pond ☐ Pool ☐ River ☐ Other _____
 Life Preserver: ☐ Yes ☐ No ☐ Unknown Able to swim: ☐ Yes ☐ No ☐ Unknown
 Activity: _____
☐ FIRE: Suspected Cause: _____ Smoke Detector: ☐ Yes ☐ No ☐ Unknown
☐ FALL: From: ☐ Sitting ☐ Standing ☐ Other _____ Approximate Distance _____ (Feet)

ACTIVITY OF DECEDENT AND PREMISES

Work Related:

- 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 _____
 Type of business or industry _____ Decedent's occupation _____

*Activity on a job that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

Non-Work Related: (See Examples Below)

- FATAL INJURY OR ILLNESS: Activity _____ ☒ Unknown
 Type of place unknown _____ Specific location unknown _____

Examples-Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fight, 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, etc.

- DEATH: Type of place unknown _____ Specific location unknown _____
 Death occurred while in custody: ☐ Yes ☒ No ☐ Unknown
 If yes, was in: ☐ County Jail ☐ State Prison ☐ Federal Prison ☐ Police Presence
 Death occurred in State Operated Facility: ☐ Yes ☒ No

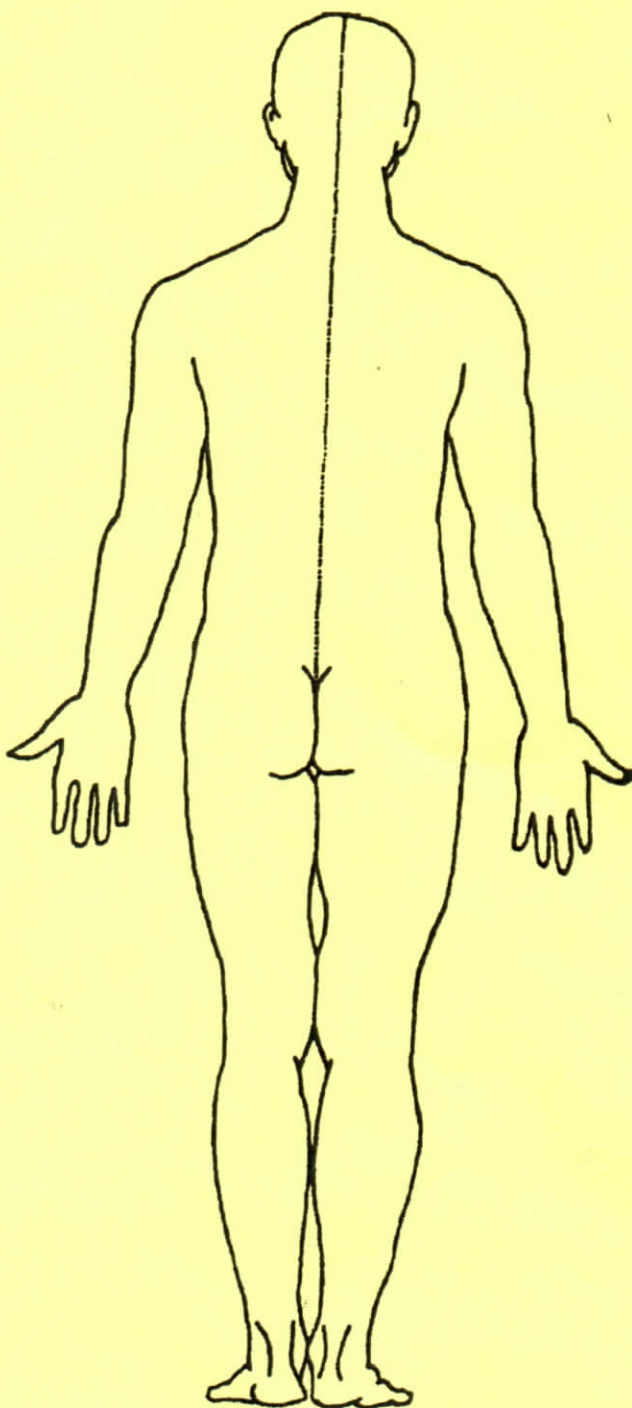
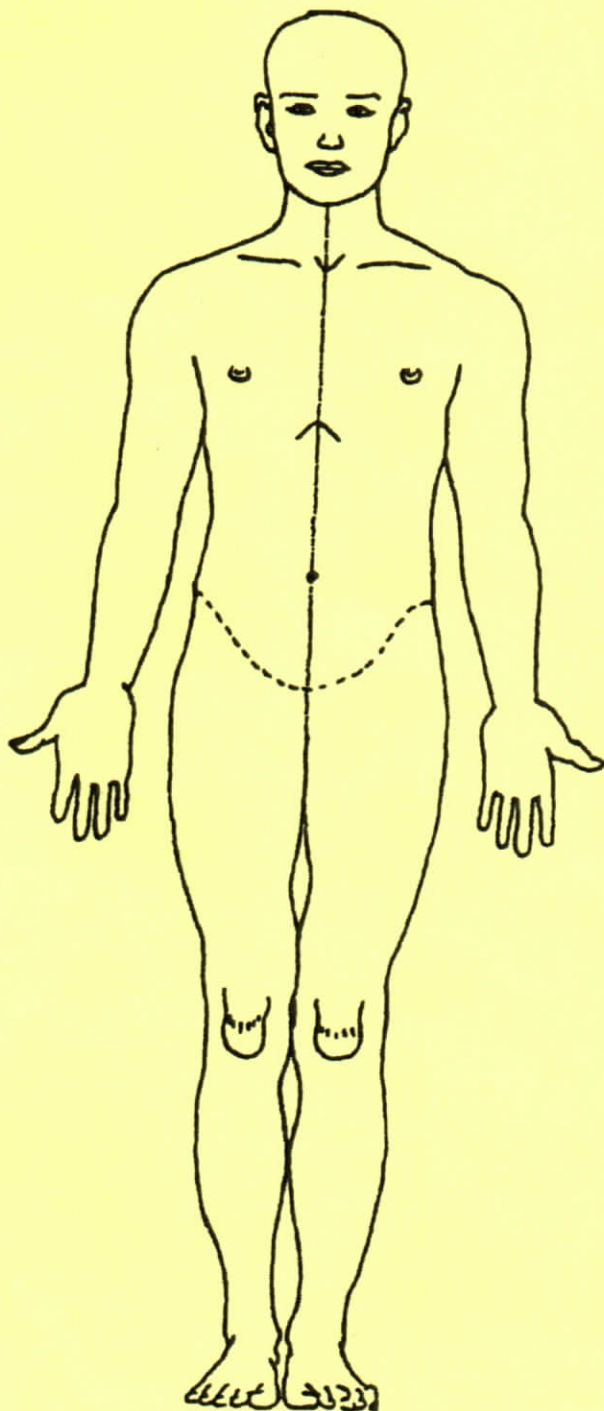
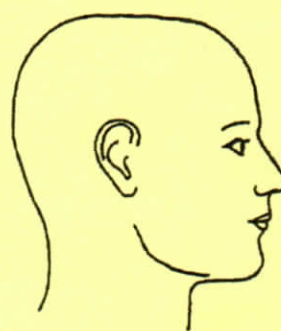
DESCRIPTION OF BODY

For Pathologists Only:
Refer to Autopsy Report ☒

- CONDITION: ☐ Intact ☐ Decomposed ☐ Fragmented ☐ Skeletonized
☐ Embalmed ☐ Charred ☐ Prolonged immersion
 RIGOR: ☐ None ☐ 1+ ☐ 2+ ☐ 3+
 LIVOR: ☐ None ☐ Anterior ☐ Posterior ☐ Lateral Color: _____
 LENGTH: _____ ☐ Estimate WEIGHT: _____ ☐ Estimate
 BODY TEMPERATURE: ☐ Warm ☐ Cool ☐ Cold HAIR: Color _____ ☐ Facial _____
 EYES: Color _____ Abnormalities _____
 TEETH: LOWER: ☐ Natural ☐ Dentures ☐ None UPPER: ☐ Natural ☐ Dentures ☐ None
 PHOTOGRAPHS: ☐ Yes ☐ No RADIOGRAPHS: ☐ Yes ☐ No
 CLOTHING: _____ ☐ Not Clothed
 VALUABLES: _____ ☐ No Valuables

BODY DIAGRAMS**Legend:**

A= Abrasion	G= Gunshot
B= Burn	L= Laceration
C= Contusion	S= Stab



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

(Print in Center)

MEDICAL EXAMINER PRELIMINARY SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH*

According the information received from the Rowan County Sheriff's Office, Erica Lynn Parsons, was reported missing by a juvenile family member on 7/30/2013 who stated she had been missing since December 2011 when she was reportedly sent to live with her grandmother. Erica would have been 13 years old at the time the report was filed.

Investigators were led to an area where the body was buried in SC. Digging in the area has produced some skeletal remains, believed to be human. She had been buried, naked, so no clothing found. Lt Moose will transport her tomorrow and will have dental records and DNA samples for testing if necessary.

PURPOSE: To document the findings of a Medical Examiner investigation. *This is not an autopsy report. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a); within fourteen (14) days of Medical Examiner's examination.

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, 3025 Mail Service Center, Raleigh, NC 27699-3025

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, Raleigh, NC 27699-3025