

Northern Kentucky Medical Examiner Office  
 85 North Grand Avenue  
 Ft. Thomas, Kentucky 41075  
 859-572-3559

Date: May 20, 2014

Name: Samantha Ramsey

ME Case #: NK-14-115

To: Coroner  <b>Robert Cook</b>	County  <b>Boone</b>	From:  <b>W. Ashton Ennis, M.D.</b>
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**Recommended formulation for Parts I and II on Certification of Death:**

25. TIME OF DEATH PRONOUNCED	26. DATE PRONOUNCED DEAD (Month, Day, Year)	27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No)
28. PART I. Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. <b>IMMEDIATE CAUSE</b> (Final disease or condition resulting in death)		Approximate interval between onset and death
a. <b>Multiple Gunshot Wounds</b> DUE TO (OR AS A CONSEQUENCE OF )		Seconds to Minutes
b. _____ DUE TO (OR AS A CONSEQUENCE OF )		
c. _____ DUE TO (OR AS A CONSEQUENCE OF )		
d. _____ DUE TO (OR AS A CONSEQUENCE OF )		

<b>CAUSE OF DEATH</b>	PART II. Other significant conditions contributed to death but not resulting in the underlying cause gives in Part I.	28a. WAS AUTOPSY PERFORMED?	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF DEATH (Yes or No)		
29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Insufficient information provided	30a. DATE OF INJURY	30b. TIME OF INJURY	30c. INJURY AT WORK (Yes or No)	30d. DESCRIBE HOW INJURY OCCURRED.	
30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		30f. LOCATION (street and number or Rural Route number, City or Town)			

WAF:      5/20/14