

Medical Examiner Annual Report for 2024



Hennepin County Medical Examiner — Annual Report for 2024

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Hennepin County Medical Examiner

Mission

To investigate and determine cause and manner of death in all cases within the jurisdiction of the office in compliance with Minnesota statutes, and to advance the knowledge of death investigative professionals and partnering agencies through training and education to improve health, safety, and quality of life.

Vision

The Medical Examiner envisions a standard of excellence whereby death investigative professionals conduct thorough, accurate death investigations by harnessing innovative technologies and solutions in a regional office that serves a diverse population with timely, accurate, and compassionate investigations run by professional staff equipped with state-of-the-art technology and resources.

Welcome

In these pages you will find the 2024 Annual Report for the Medical Examiner's Office. Included within the pages is a statistical breakdown of the total caseload of our three-county service area — Hennepin, Dakota, and Scott counties.

The Hennepin County Medical Examiner's Office is accredited by the National Association of Medical Examiners and administers an Accreditation Council for Graduate Medical Education approved fellowship program in forensic pathology.

In 2024 our organization welcomed, for the first time in our history, a full-time forensic anthropologist. Her skills range from human identification to unmasking clandestine graves to mass fatality planning, and she has already become a resource to medical examiner offices and law enforcement across the state, as well as neighboring states.

In the following pages, I invite you to learn more about our office and the important work we do.



Respectfully,

A handwritten signature in black ink, appearing to read "A. Baker M.D.", with a stylized flourish.

Andrew Baker, M.D.

Chief Medical Examiner of
Hennepin, Dakota, and Scott counties



Jurisdiction map

The Hennepin County Medical Examiner's Office has jurisdiction to investigate all sudden or unexpected deaths in Hennepin, Dakota, and Scott counties.

Population by county (2024)

Hennepin 1,273,334

Dakota 453,156

Scott 157,206

Area by county in square miles

Hennepin 607

Dakota 587

Scott 368

Number of cities by county

Hennepin

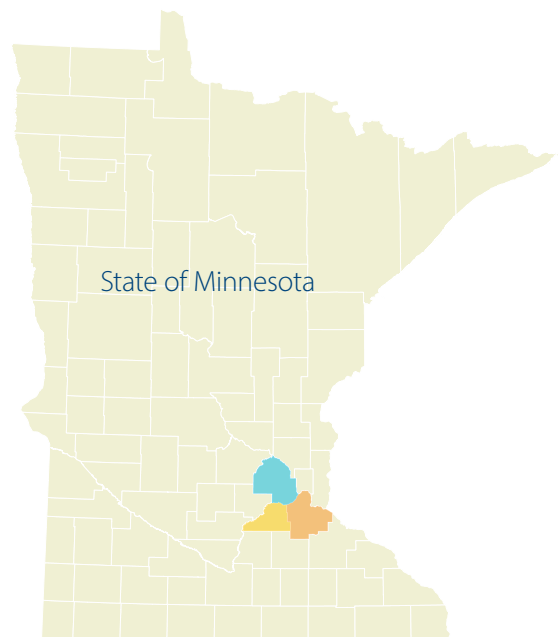
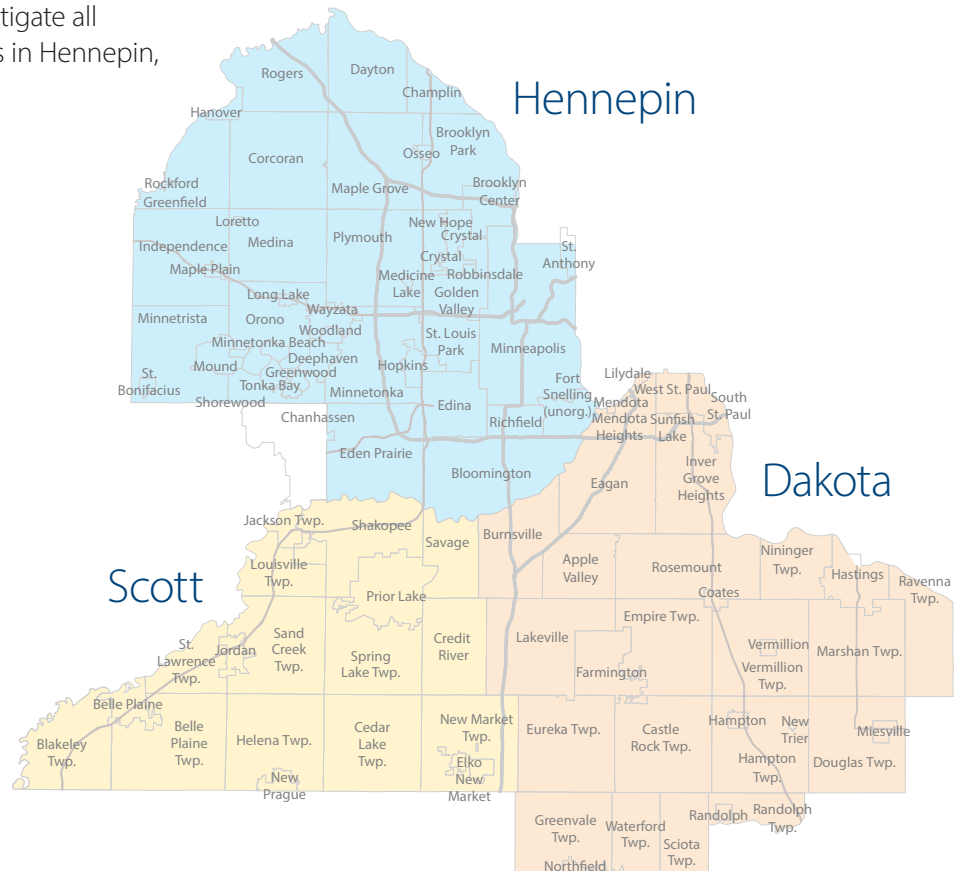
45 cities and 1 unorganized territory (Fort Snelling)

Dakota

21 cities and multiple townships and unincorporated communities

Scott

8 cities and 10 townships, multiple unincorporated communities, and the Shakopee Mdewakanton Sioux Community



Andrew M. Baker, M.D., Chief Medical Examiner
of Hennepin, Dakota, and Scott counties.

Drug deaths and the Medical Examiner

By Andrew Baker, M.D.

Drug deaths: a national epidemic

I don't recall when the nation started referring to our drug deaths as an "epidemic," but the term seemed firmly entrenched by around 2015.

In 2017, a New York Times article showed drug deaths were now higher than other public health burdens: gun deaths, car crash deaths, and HIV deaths. In 2016, drug deaths topped 63,600, higher than the worst year of gun deaths in 1993, car crash deaths in 1972, and HIV deaths in 1995.

Drug deaths continued to climb, reaching a peak of 107,941 in 2022. Opioids were involved in 75% of those deaths—81,000 people. The early months of the COVID-19 pandemic and lockdown added further fuel to the fire. COVID-19 produced fear, anxiety, and isolation that devastated people at risk for substance use disorders. The epidemic is so pervasive that now, one in three American adults knows someone who has died of a drug overdose.

The process we follow to investigate possible drug deaths

The way the Medical Examiner investigates deaths that appear drug related is more complex than you might think. We can't just collect blood from someone who's died, send the blood to a lab, get a number back, and be confident we've diagnosed the cause of death.

A proper process requires a full death investigation, examination of the death scene, review of the medical history, a complete autopsy, and comprehensive toxicological testing. We also must rule out competing natural or traumatic causes of death. Only when we have all this data can the postmortem toxicology results begin to make sense.

The method we follow has been endorsed by the National Association of Medical Examiners since 2013. It's critical for public health and the criminal justice system that we provide accurate and defensible answers in every death we investigate.

The approach we follow is time-intensive and labor-intensive. It has stretched many medical examiner and coroner systems to their breaking point. But time and again, Hennepin County leadership has given the Medical Examiner's Office the resources we need to maintain national accreditation and follow national standards.

Far too many Americans still die from drug deaths every year. But there may be hope on the horizon. Nationally in 2023, drug deaths dropped for the first time since 2018. It appears that in 2024 drug deaths dropped another almost 27%, reaching their lowest since 2019.

It saddens me that 400 residents of the counties we serve died of drug deaths in 2024. But our numbers mirror national trends, with 2024 deaths below our peak of more than 600 in 2022.

The Medical Examiner's Office partners with many county and state agencies to provide meaningful data as quickly as possible. We're doing our part to continue to bring down the number of these tragic deaths.

References

www.nytimes.com/interactive/2017/06/05/upshot/opioid-epidemic-drug-overdose-deaths-are-rising-faster-than-ever.html

National Center for Health Statistics, National Vital Statistics System, mortality data file.

[https://archive.cdc.gov/www_cdc_gov/media/releases/2020/p1218-overdose-deaths-covid-19.html#:~:text=Over%2081%2C000%20drug%20overdose%20deaths,Control%20and%20Prevention%20\(CDC\)](https://archive.cdc.gov/www_cdc_gov/media/releases/2020/p1218-overdose-deaths-covid-19.html#:~:text=Over%2081%2C000%20drug%20overdose%20deaths,Control%20and%20Prevention%20(CDC)).

Kennedy-Hendricks A, Ettman CK, Gollust SE, et al. Experience of Personal Loss Due to Drug Overdose Among US Adults. JAMA Health Forum. 2024;5(5):e241262. doi:10.1001/jamahealthforum.2024.1262

New grant fuels effort to identify long-term unidentified persons

In December 2024, the Hennepin County Medical Examiner's Office (HCME) received three years of funding from the Bureau of Justice Assistance through the Missing and Unidentified Human Remains Program.

The grant supports three main goals:

- Identify long-term unidentified individuals in our care
- Create a process for long-term management and case review
- Expand outreach and public awareness around missing and unidentified persons

In service of these goals, the grant helps us:

- Improve our reporting
- Do more forensic testing
- Broaden our search for evidence related to the person's identity

A systematic review of cases

With this grant, and the addition of a full-time forensic anthropologist, we have launched a comprehensive review of all long-term unidentified cases.

The systematic review is part of our long-term unidentified case management plan.

Organizing and reviewing all cases

The first stage of the full review starts with an inventory of records and cases.

The inventory puts all these items into a single digital case file management system:

- Physical records
- Digital records
- Images
- Files

The inventory also reviews physical skeletal remains and specimens. This helps us identify available samples if the case needs more forensic testing.

We also enter and update cases in our digital case management system.

This process helps us track:

- Where remains or samples are stored
- What testing has already been done
- What advanced forensic analyses are still needed
- What test results are still pending

Special task group

To meet our goals, we created the Long-term Unidentified Remains Taskgroup. Professionals in our office make up the task group:

- The forensic anthropologist
- Medicolegal death investigators
- Autopsy technicians

The task group spearheads our efforts at long-term identification. The group meets monthly to share updates, assess progress, and prioritize actions for identification.

Every case is periodically reviewed on a schedule, increasing the individual's chances of being solved.

Using forensic science to reevaluate older cases

Many of our unidentified cases are decades old and may not have had access to today's forensic tools. With help from the grant, we can now revisit these cases using new and updated methods.

Advancements and analyses include:

- DNA analyses
- Facial approximation
- Advanced medical imaging
- Anthropology exams
- Odontological (dental) assessments
- Digital fingerprint databases

All case data is uploaded to public databases such as NamUs (National Missing and Unidentified Persons System) to increase visibility.

A new era for DNA testing

We will conduct DNA testing on all individuals who don't have viable profiles in local and national databases. We test DNA from:

- Soft tissue (from the original autopsy)
- Bone samples (for skeletal cases)

DNA is compared to existing databases or reference samples from family members. These samples are collected from relatives who volunteer to help the investigation.

Using Investigative Genetic Genealogy

We also use DNA for one of the newest forensic tools: investigative genetic genealogy. It combines DNA analysis and traditional genealogy. This technique:

- Uses public opted-in DNA databases
- Builds a family tree for the unidentified person
- Identifies possible relatives, possibly through distant connections
- Allows us to find relatives and request a comparison sample

This method has already helped solve numerous cold cases nationwide, including one of our previously unidentified persons from 1986.

Engaging the public

"Missing Persons Day"

Public involvement is key to solving these difficult cases. That's why we're launching an annual Missing Persons Day event starting in summer 2026.

The event will feature:

- 2D and 3D facial approximations of unidentified persons
- Medical examiner staff to collect DNA, family reference samples, or case information
- Safe spaces for families to speak to medical examiner investigators
- Educational presentations to about how the identification process works

Our goal is to create a welcoming space for families to learn, ask questions, and participate in the search for answers.

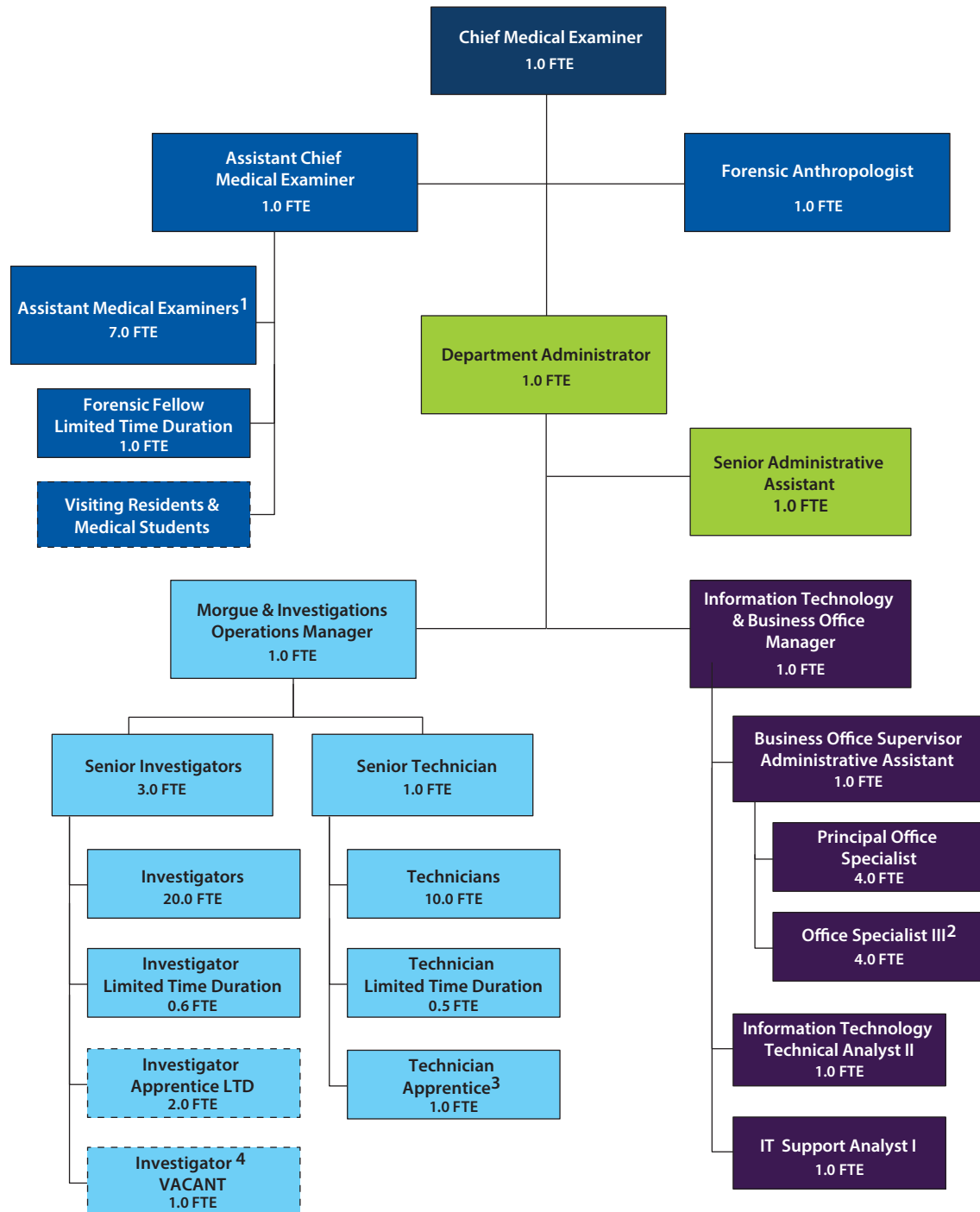
Honoring the past, hoping for closure

Some of HCME's unidentified cases go back as far as the 1960s—before digital records, DNA analysis, or national fingerprint databases. These cases are difficult, but not impossible. It's also most successful with an interdisciplinary and interagency approach.

With the federal grant and help from our partners at the city, state, and national levels, we hope to provide some long-awaited closure for families missing loved ones.

Thank you to the families, staff, and partners who support this ongoing effort.

Organizational Chart



2024 (as of June 1, 2024)

Full-Time Equivalent (FTE) positions: 62.0

ME funded FTE positions: 59.0

Opioid funded FTE positions: 3.0

Limited Time Duration FTE positions: 3.1

1–3 1.0 FTE OS funded

4 1.0 FTE MEI Apprentice vacancy

Medical Examiner's Office

Adopted budget — 2024

The Medical Examiner is responsible for investigating all known or suspected homicides, suicides, accidental deaths, drug related deaths, medically unattended deaths, and those that constitute a threat to public health and safety in Hennepin, Dakota, and Scott counties. The office provides autopsy services for other jurisdictions on a referral basis and provides authorization for cremation.

Budget summary	2022 Actual	2023 Budget	2024 Budget
Budgeted property tax requirement*	\$6,762,111	\$7,358,965	\$7,507,704
Other taxes	0	0	0
Federal	339,292	271,133	0
State	0	0	0
Local	1,807,093	2,194,599	2,386,616
Investment earnings	0	0	0
Fees for services		45,000	59,724
Fines and forfeitures	0	0	0
Licenses and permits	626,800	570,000	575,250
Other revenue	246,281	122,000	132,758
Other financing	0	0	0
Total revenues	\$9,781,577	\$10,561,697	\$10,662,052
Personal services	\$7,136,316	\$8,361,174	\$8,864,857
Commodities	120,919	105,940	49,306
Services	2,048,271	1,768,350	1,657,789
Public aid assistance	0	0	0
Capital outlay	-1,479	0	0
Other charges	23,819	326,233	90,100
Grants	0	0	0
Total expenditures	\$9,327,845	\$10,561,697	\$10,662,052
 Budgeted positions (Full-Time Equivalents)	 52.6	 58.1	 65.1

*Reflects the adjusted property tax requirement budget, not actual property tax collections.

Functions of the Medical Examiner

Receiving death reports

When a reportable death occurs, the Medical Examiner's Office gathers pertinent data, including the person's name, address, age, sex, race, marital status, next of kin, a summary of medical history, physical findings, and name of last attending physician.

Preserving evidence

At the location of the death, the Medical Examiner Investigator takes custody and arranges transport of the body, personal property, and associated evidence.

Deciding jurisdiction

The Medical Examiner decides who has jurisdiction to investigate the death, and reserves the right to accept or decline jurisdiction. If the person died from natural causes and has seen an attending physician within 365 days, the office usually declines jurisdiction. If the office accepts jurisdiction, or if the death is due in part to an injury, the Medical Examiner must sign the death certificate.

Facilitating tissue, eye, and organ donation

The Medical Examiner must receive notification and provide authorization before any agency arranges to recover tissues, eyes, or organs.

Performing autopsies

The Medical Examiner determines whether state interest compels an autopsy to answer medical and legal questions in the public interest, to protect public health, or to address a question of law. Families have the right under state law to object to an autopsy in some circumstances.

Determining cause and manner of death

The Medical Examiner assists families, law enforcement agencies, and the legal system by determining a scientifically unbiased and logical cause and manner of death. In many cases, family members benefit from the information derived from a death investigation and autopsy.

Managing public and private information

Basic demographic information and the cause and manner of death are matters of public record under Minnesota law (Minnesota Statute §13.83). The Medical Examiner treats the rest of the information as protected non-public data and gives it the same discretion as a medical record.

In homicide cases, the Medical Examiner provides information and autopsy reports only to the law enforcement agencies investigating the death and to the prosecutor in the county where the homicide occurred.

Types of reportable cases

Deaths that meet certain criteria in Hennepin, Dakota, or Scott counties must be reported, including all sudden or unexpected deaths and all deaths that may be due entirely, or in part, to any factor other than natural disease. These include:

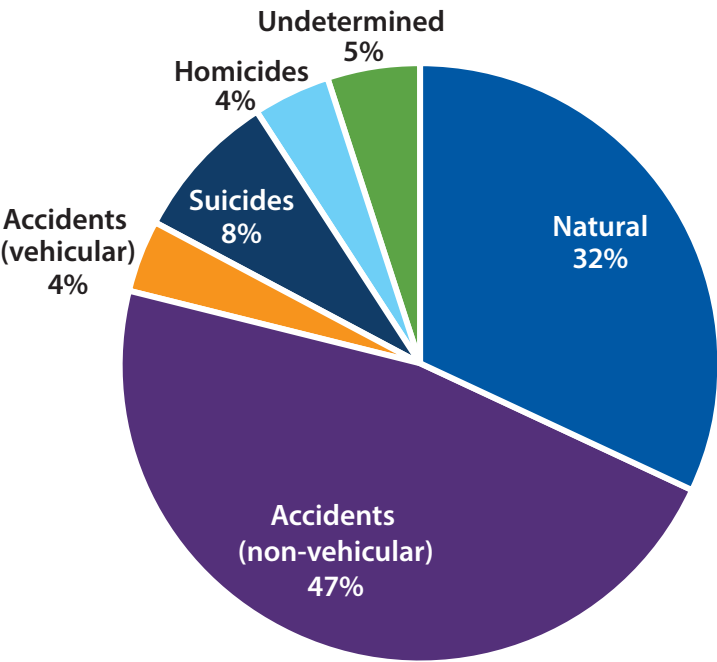
1. Unnatural deaths, including violent deaths arising from homicide, suicide, or accident;
2. Deaths due to a fire or associated with burns or chemical, electrical, or radiation injury;
3. Unexplained or unexpected perinatal and postpartum maternal deaths;
4. Deaths under suspicious, unusual, or unexpected circumstances;
5. Deaths of people whose bodies are to be cremated or otherwise disposed of in such a manner that the bodies will later be unavailable for examination;
6. Deaths of inmates of public institutions and people in custody of law enforcement officers, who have not been hospitalized primarily for organic disease;
7. Deaths that occur during, in association with, or as the result of diagnostic, therapeutic, or anesthetic procedures (these include operating room deaths);
8. Deaths due to culpable neglect;
9. Stillbirths of 20 weeks or longer gestation, not attended by a physician;
10. Sudden deaths of people not affected by recognizable disease;
11. Unexpected deaths notwithstanding a history of underlying disease;
12. Deaths in which a fracture of a major bone such as a femur, humerus, or tibia has occurred within the past six months;
13. Deaths not attended by a physician, occurring outside of a licensed health care facility or licensed residential hospice program;
14. Deaths of people not seen by their physician within the past 120 days;
15. Deaths occurring in an emergency department;
16. Stillbirths or deaths of newborn infants in which there has been maternal use of or exposure to unprescribed controlled substances, including street drugs, or in which there is history or evidence of maternal trauma;
17. Unexpected deaths of children;
18. Solid organ donors;
19. Unidentified bodies;
20. Skeletonized remains;
21. Deaths occurring within 24 hours of arrival at a health care facility, if death is unexpected;
22. Deaths associated with the decedent's employment;
23. Deaths of nonregistered hospice patients or patients in unlicensed hospice programs; and
24. Deaths attributable to acts of terrorism.

2024 aggregate data: Total, Hennepin, Dakota, and Scott counties:

	Total	Hennepin	Dakota	Scott	Other
Total reported cases	9,193	6,513	2,054	607	19
Total case percentage	100%	70.8%	22.3%	6.6%	0.2%
Jurisdiction accepted	2,572	2,078	390	104	0
Jurisdiction accepted	2,572	2,078	390	104	
Naturals	821	648	132	41	
Accidents (not traffic)	1,194	979	178	37	
Traffic accidents	101	82	14	5	
Suicides	216	149	52	15	
Homicides	106	102	4	0	
Undetermined	128	112	10	6	
Total examinations	1,378	1,099	201	59	19
Total autopsies	1,244	996	181	55	12
External examinations	99	80	15	4	0
Autopsies at other institutions	12	11	1	0	0
Anthropology exams	23	12	4	0	7
Total donations	821	640	137	44	
Eyes	527	380	112	35	
Tissues/bones	222	190	23	9	
Organs	72	70	2	0	
Other data					
Scene visits	1,311	1,033	218	60	
Cremations approved	11,687	8,993	2,062	632	
Subpoenas answered	195	167	15	3	
Bodies transported	1,708	1,363	255	71	
Unclaimed remains	15	13	2	0	
Data requests	5,507	0	0	0	

Jurisdiction accepted cases by manner of death: Hennepin, Dakota, and Scott counties 2024

	Hennepin		Dakota		Scott		Total
	total	by %	total	by %	total	by %	
Jurisdiction accepted	2,078	81	390	15	104	4	2,572
Naturals	648	79	132	16	41	5	821
Accidents (not traffic)	979	82	178	15	37	3	1,194
Traffic accidents	82	81	14	14	5	5	101
Suicides	149	69	52	24	15	7	216
Homicides	102	96	4	4	0	0	106
Undetermined	112	87	10	8	6	5	128

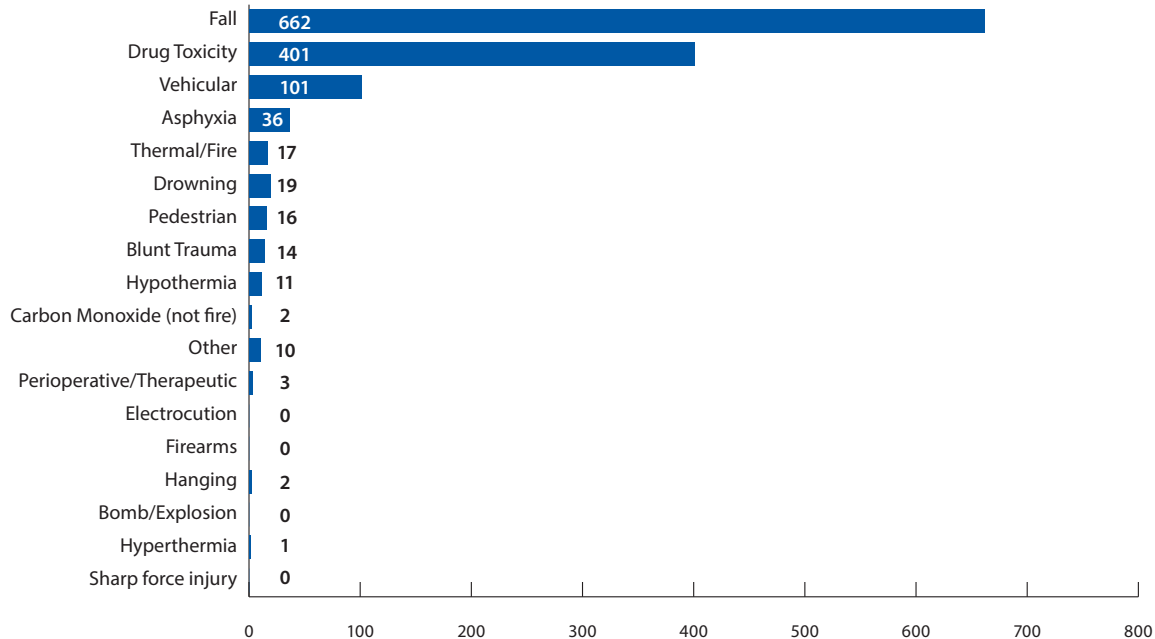


Natural deaths: Hennepin, Dakota, and Scott counties 2024

	Total (exam + no exam)			
	Hennepin	Dakota	Scott	Total
Arteriosclerotic heart disease	35	7	1	43
Arteriosclerotic and hypertensive heart disease	35	4	5	44
Hypertensive heart disease	13	0	0	13
Valvular heart disease	2	0	0	2
Aortic disease	4	1	0	5
Cardiac (miscellaneous)	13	6	1	20
Natural causes	361	78	25	464
Chronic alcoholism	61	15	3	79
Cerebrovascular disease	13	2	0	15
Seizure disorder	5	0	0	5
Neurological disease (other)	5	1	1	7
Respiratory (asthma, COPD)	6	1	0	7
Gastrointestinal and hepatic	13	1	2	16
Genitourinary and renal	3	0	0	3
Infectious diseases	25	5	1	31
Diabetes and metabolic	18	6	2	26
Pulmonary thromboemboli	20	3	0	23
Prematurity	3	0	0	3
Malignancy	7	1	0	8
Congenital diseases	2	0	0	2
Debility	0	0	0	0
Other	4	1	0	5
TOTAL	648	132	41	821

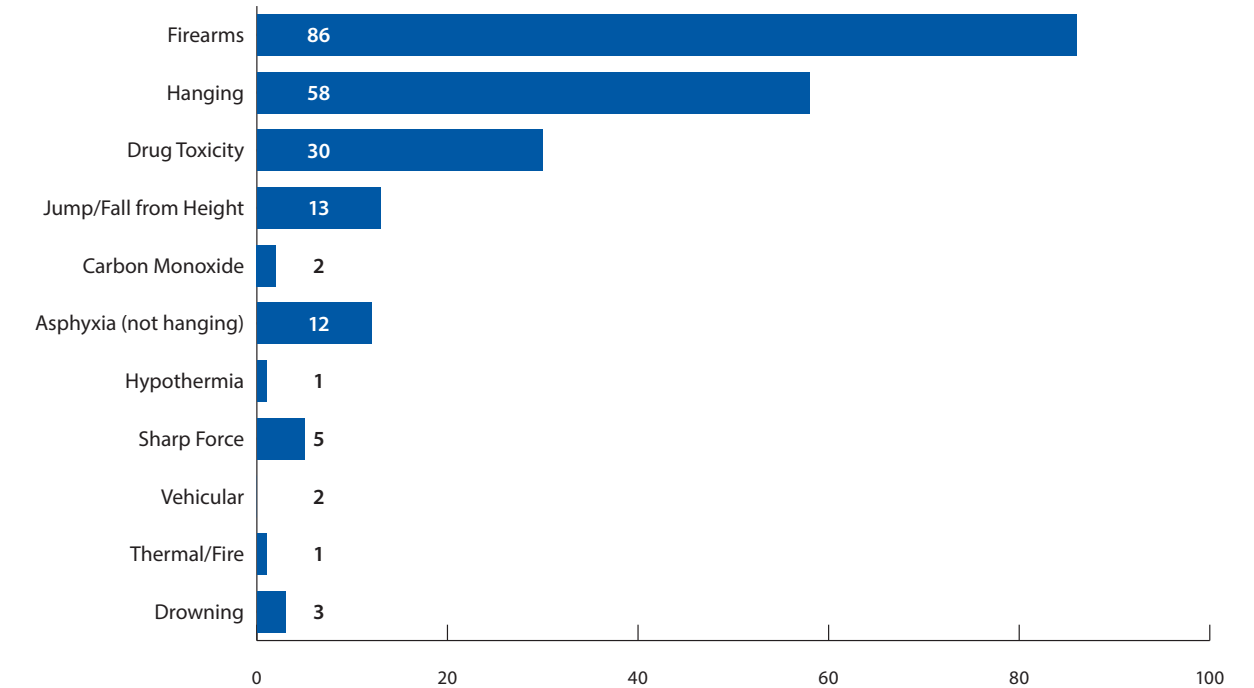
Accident deaths: Hennepin, Dakota, and Scott Counties 2024

	Hennepin	Dakota	Scott	TOTAL
Fall	520	117	25	662
Drug toxicity	349	41	11	401
Vehicular	82	14	5	101
Asphyxia	26	9	1	36
Thermal/fire	16	1	0	17
Drowning	18	1	0	19
Pedestrian	16	0	0	16
Blunt trauma	10	4	0	14
Hypothermia	9	2	0	11
Carbon monoxide (not fire)	1	1	0	2
Other	8	2	0	10
Perioperative/therapeutic	3	0	0	3
Electrocution	0	0	0	0
Firearms	0	0	0	0
Hanging	2	0	0	2
Bomb/explosion	0	0	0	0
Hyperthermia	1	0	0	1
Sharp force injury	0	0	0	0
TOTAL	1,061	192	42	1,295



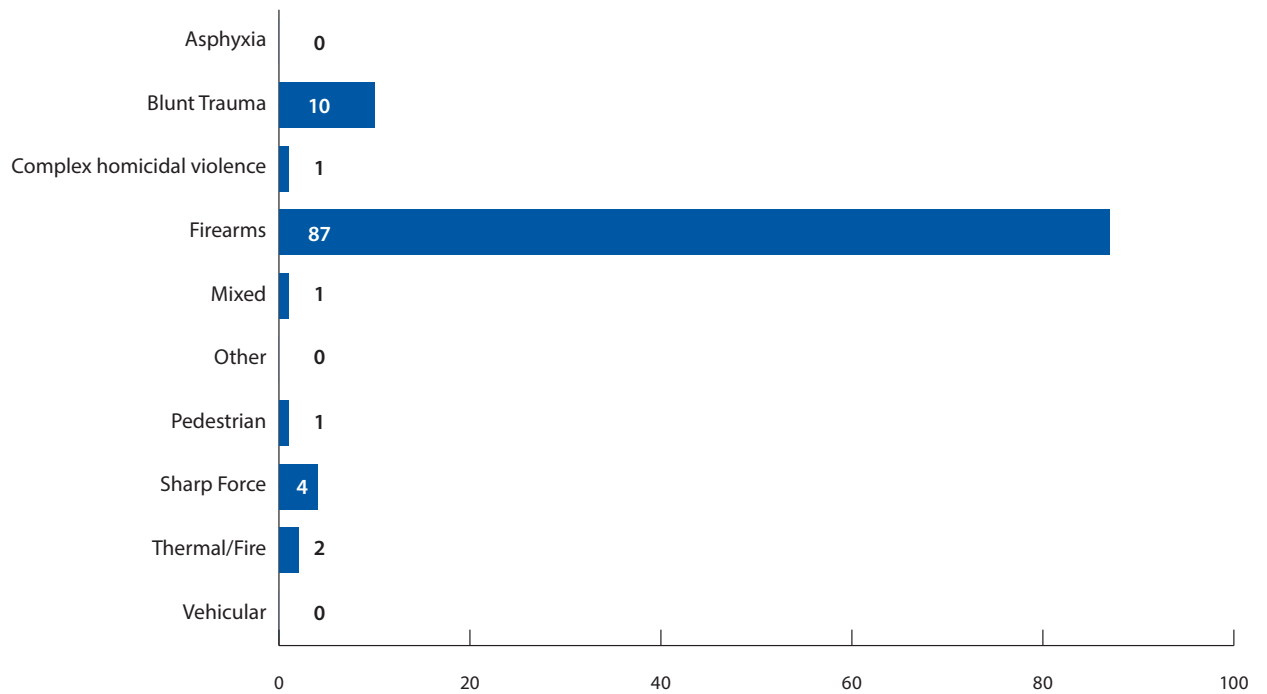
Suicide Deaths: Hennepin, Dakota, and Scott Counties 2024

	Hennepin	Dakota	Scott	TOTAL
Firearms	52	27	7	86
Hanging	46	6	6	58
Drug toxicity	17	12	1	30
Jump/fall from height	11	1	1	13
Carbon monoxide (not fire)	1	1	0	2
Asphyxia (not hanging)	10	2	0	12
Hypothermia	1	0	0	1
Sharp force	5	0	0	5
Vehicular	0	2	0	2
Thermal/fire	1	0	0	1
Drowning	2	1	0	3
TOTAL	149	52	15	216



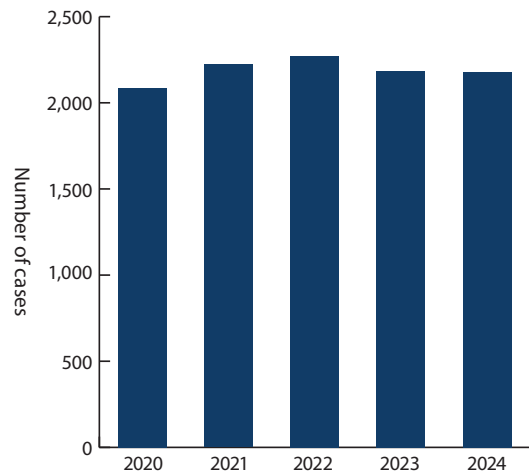
Homicide deaths: Hennepin, Dakota, and Scott Counties 2024

	Hennepin	Dakota	Scott	TOTAL
Asphyxia	0	0	0	0
Blunt trauma	9	1	0	10
Complex homicidal violence	0	1	0	1
Firearms	85	2	0	87
Mixed	1	0	0	1
Other	0	0	0	0
Pedestrian	1	0	0	1
Sharp force	4	0	0	4
Thermal/fire	2	0	0	2
Vehicular	0	0	0	0
TOTAL	102	4	0	106



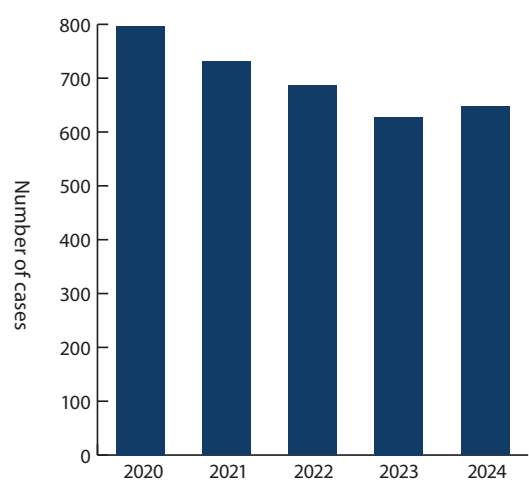
Cases accepted:
Hennepin County 2020–2024

Year	Number of cases
2020	2,088
2021	2,222
2022	2,270
2023	2,183
2024	2,078



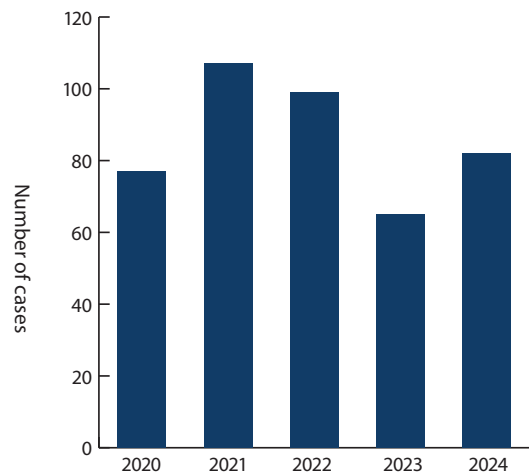
Natural deaths:
Hennepin County 2020–2024

Year	Number of cases
2020	797
2021	731
2022	687
2023	628
2024	648



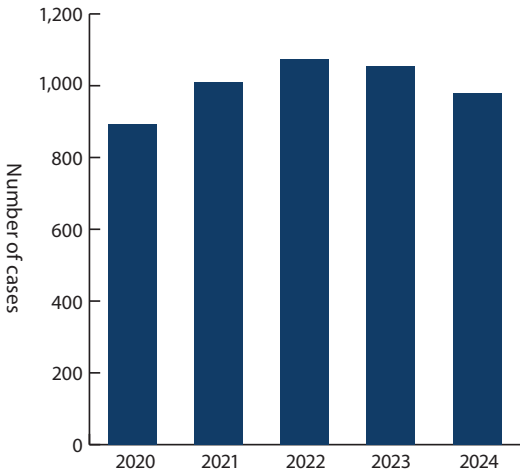
Traffic accidents:
Hennepin County 2020–2024

Year	Number of cases
2020	77
2021	107
2022	99
2023	65
2024	82



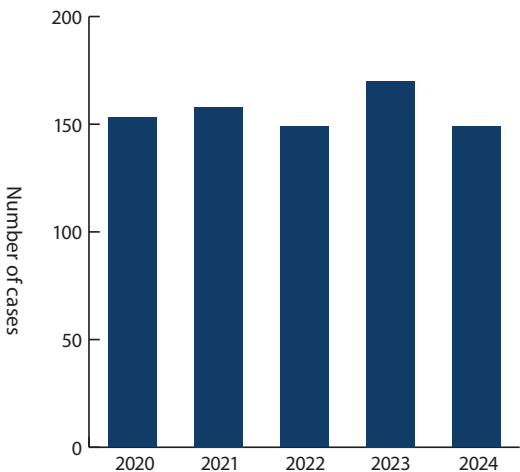
Accidents (non-traffic):
Hennepin County 2020–2024

Year	Number of cases
2020	893
2021	1,009
2022	1,073
2023	1,055
2024	979



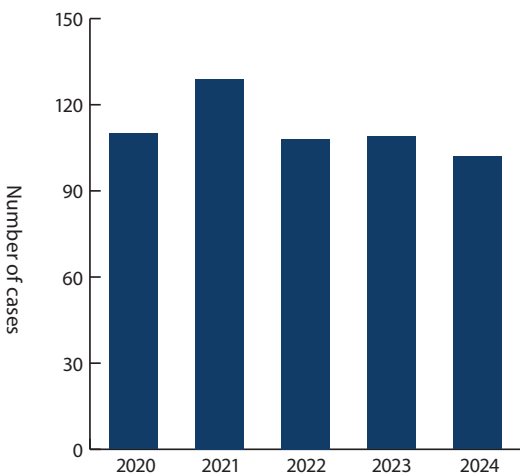
Suicide deaths:
Hennepin County 2020–2024

Year	Number of cases
2020	153
2021	158
2022	149
2023	170
2024	149



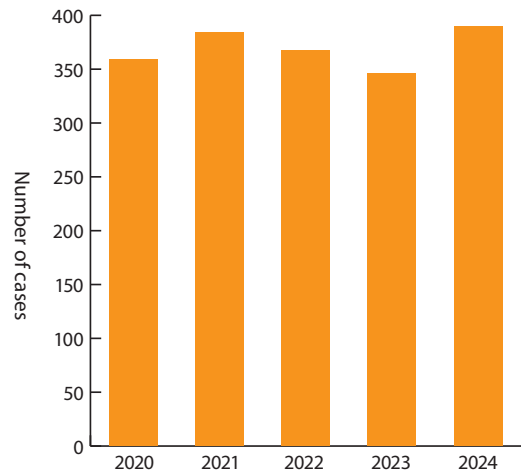
Homicide deaths:
Hennepin County 2020–2024

Year	Number of cases
2020	110
2021	129
2022	108
2023	109
2024	102



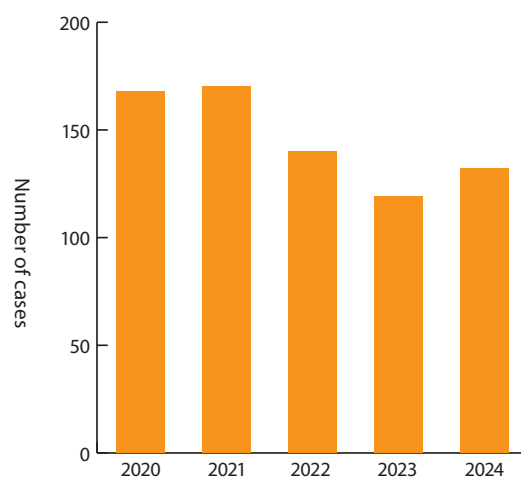
Cases accepted:
Dakota County 2020–2024

Year	Number of cases
2020	359
2021	384
2022	367
2023	346
2024	390



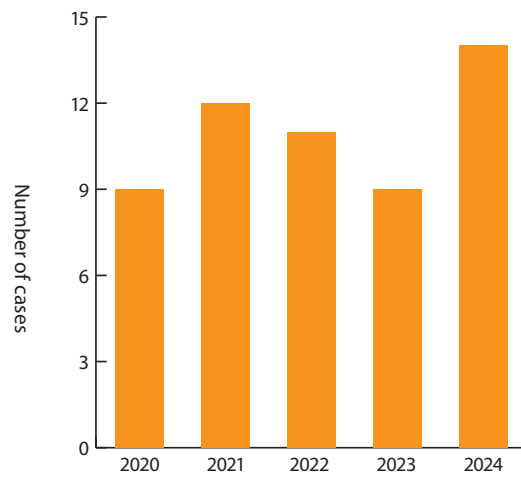
Natural deaths:
Dakota County 2020–2024

Year	Number of cases
2020	168
2021	170
2022	140
2023	119
2024	132



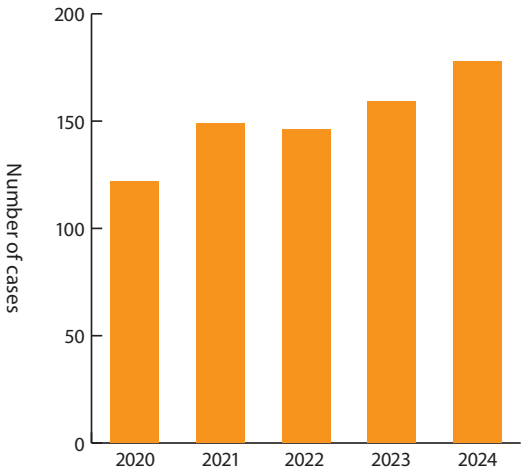
Traffic accidents:
Dakota County 2020–2024

Year	Number of cases
2020	9
2021	12
2022	11
2023	9
204	14



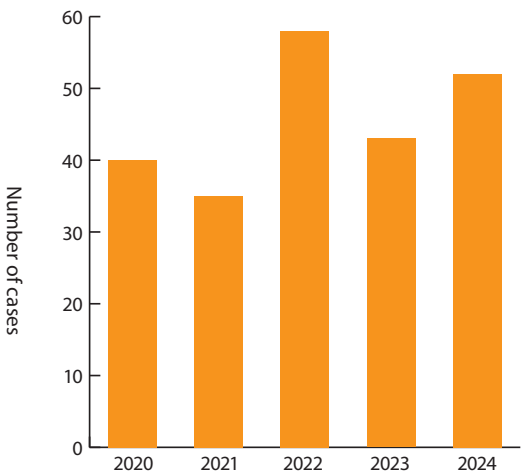
Accidents (non-traffic):
Dakota County 2020–2024

Year	Number of cases
2020	122
2021	149
2022	146
2023	159
2024	178



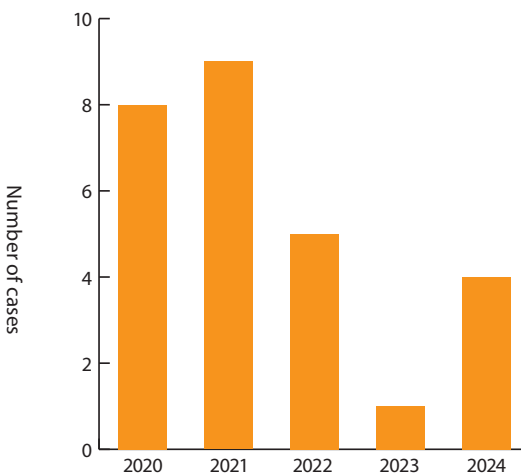
Suicide deaths:
Dakota County 2020–2024

Year	Number of cases
2020	40
2021	35
2022	58
2023	43
2024	52



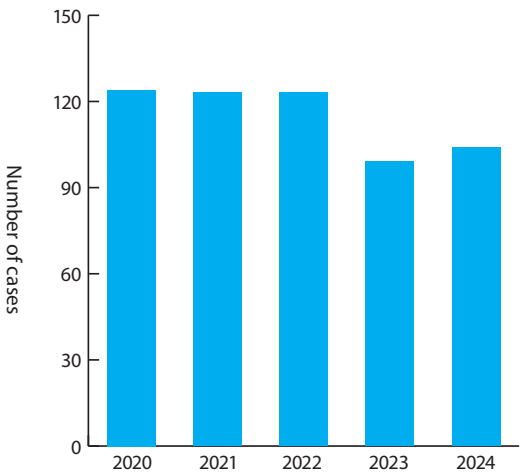
Homicide deaths:
Dakota County 2020–2024

Year	Number of cases
2020	8
2021	9
2022	5
2023	1
2024	4



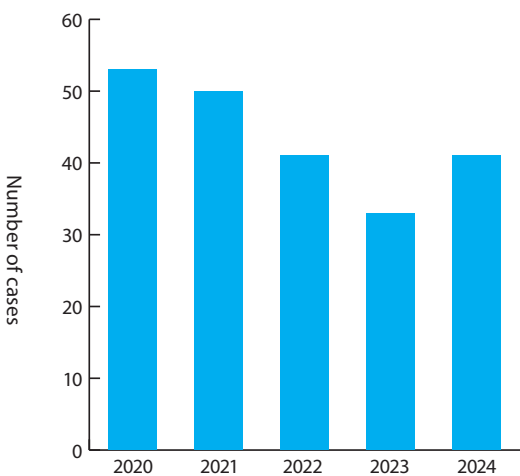
Cases accepted:
Scott County 2020–2024

Year	Number of cases
2020	124
2021	123
2022	123
2023	99
2024	104



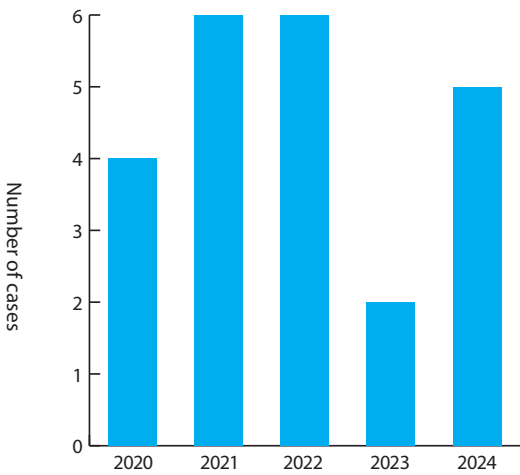
Natural deaths:
Scott County 2020–2024

Year	Number of cases
2020	53
2021	52
2022	41
2023	33
2024	41



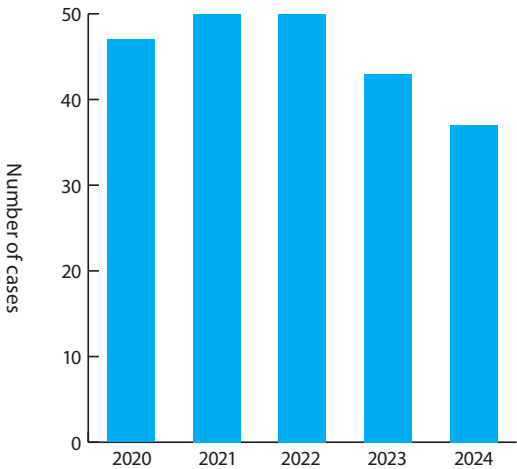
Traffic accidents:
Scott County 2020–2024

Year	Number of cases
2020	4
2021	6
2022	6
2023	2
2024	5



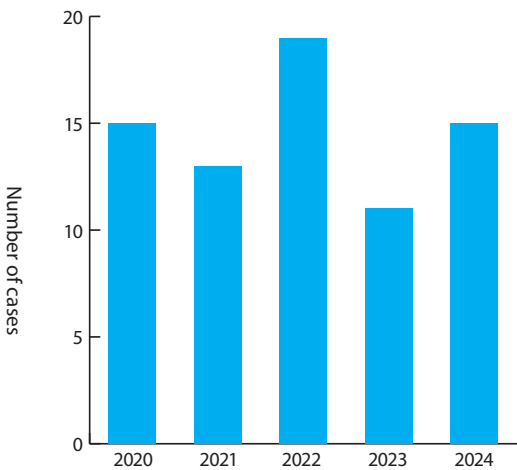
Accidents (non-traffic):
Scott County 2020–2024

Year	Number of cases
2020	47
2021	50
2022	50
2023	43
2024	37



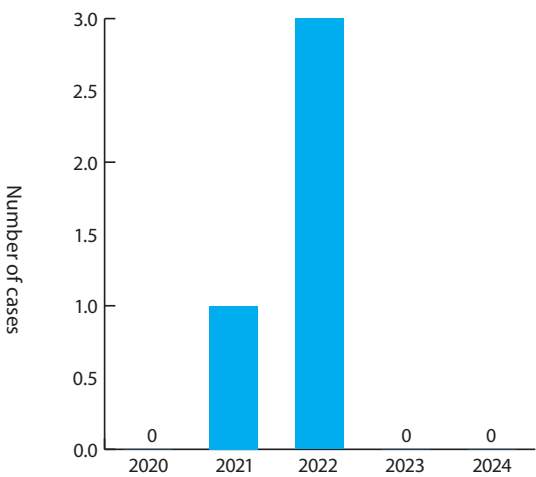
Suicide deaths:
Scott County 2020–2024

Year	Number of cases
2020	15
2021	13
2022	19
2023	11
2024	15



Homicide deaths:
Scott County 2020–2024

Year	Number of cases
2020	0
2021	1
2022	3
2023	0
2024	0





Hennepin County
Medical Examiner

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Andrew M. Baker, M.D., Chief Medical Examiner
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