

HENNEPIN COUNTY
MINNESOTA

Medical Examiner Annual Report for 2021



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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

Thank you for reading our 2021 Annual Report. Included within the pages is a statistical breakdown of the total caseload of our three-county service area — Hennepin, Dakota, and Scott counties — and includes referral autopsies from additional partners throughout Minnesota and Wisconsin.

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 2021, we continued construction on the new Hennepin County Medical Examiner Office located in Minnetonka. We worked with Knutson Construction and our facilities staff to build a space that will serve the residents of our jurisdiction for the next 50 years. We worked with the legislature and the Minnesota Department of Health to facilitate statutory and regulatory changes regarding office functions ranging from digital fingerprint identifications to radiology procedures.

We accomplished a great deal in 2021, never wavering in our 24/7/365 mission while managing a response to the global COVID pandemic. As we prepared to move to our new facility at the end of 2021, we placed a special focus on our office's long history and are sharing that information in the pages that follow.

I invite you to learn more about our office as highlighted in the pages that follow.



Respectfully,

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

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 (2021)

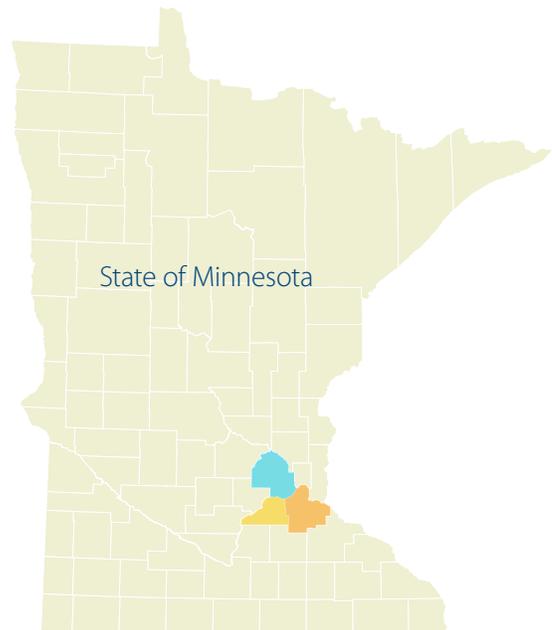
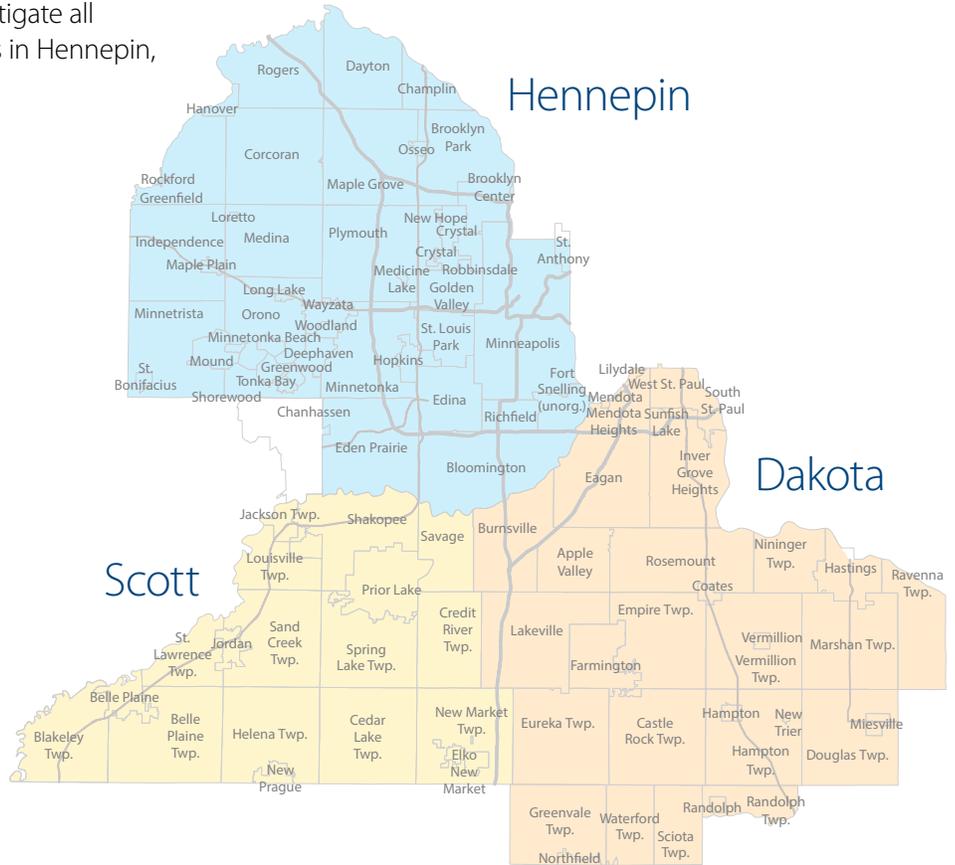
- Hennepin 1,267,416
- Dakota 442,038
- Scott 153,268

Area by county in square miles

- Hennepin 607
- Dakota 587
- Scott 368

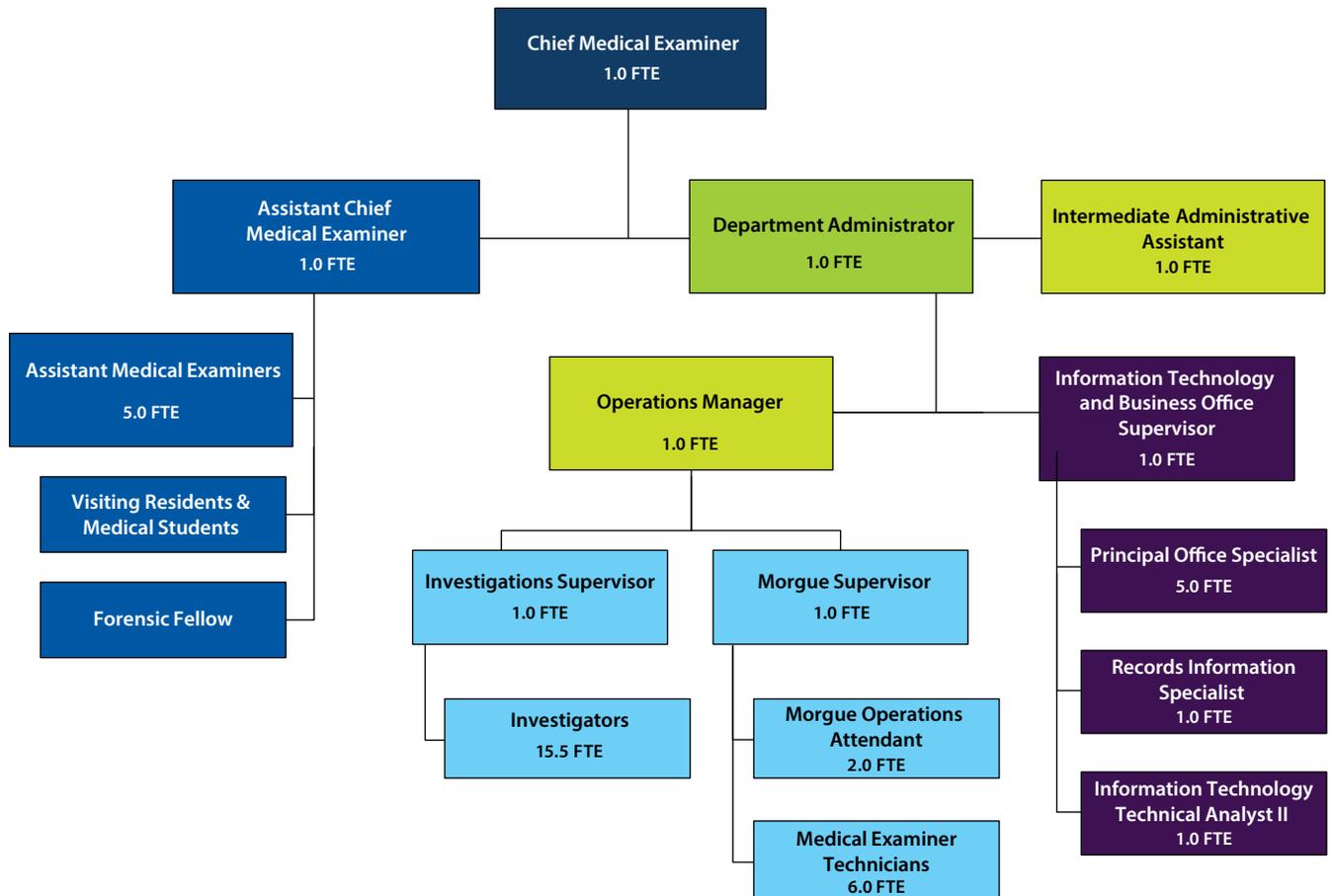
Number of cities by county

- Hennepin**
45 cities and 1 unorganized territory (Fort Snelling)
- Dakota**
21 cities and multiple townships and unincorporated communities
- Scott**
7 cities and multiple townships and unincorporated communities



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

Organizational Chart



2021

43.5 Full-Time Equivalent (FTE) positions

Note: Students and limited duration are not included in the total FTE count.

Medical Examiner's Office Adopted Budget — 2021

The Medical Examiner is responsible for investigation of all known or suspected homicides, suicides, accidental deaths, drug-related deaths, medically unattended deaths, and deaths which might constitute a threat to public health and safety that occur under the Hennepin County Medical Examiner's jurisdiction including Hennepin, Dakota and Scott counties. The office provides autopsy services for other jurisdictions on a referral basis and is responsible for cremation services. The Medical Examiner harnesses innovative technologies and solutions in a regional office that services a diverse population with timely, accurate, and compassionate investigations run by professional staff equipped with state-of-the-art technology and resources.

Budget Summary	2019 Actual	2020 Budget	2021 Budget
Budgeted Property Tax Requirement*	\$4,979,129	\$5,242,738	\$5,406,173
Other Taxes	0	0	0
Federal	0	65,300	0
State	0	0	0
Local	1,461,175	1,736,226	1,660,785
Investment Earnings	0	0	0
Fees for Services	121,975	121,975	60,988
Fines and Forfeitures	0	0	0
Licenses and Permits	496,040	496,040	490,000
Other Revenue	186,151	225,000	190,000
Other Financing	0	0	0
Total Revenues	\$7,244,470	\$7,801,239	\$7,807,946
Personal Services	\$5,811,819	\$5,903,170	\$6,218,822
Commodities	68,253	90,700	87,800
Services	1,448,039	1,689,469	1,448,724
Public Aid Assistance	0	0	0
Capital Outlay	0	0	0
Other Charges	49,958	117,900	52,600
Grants	0	0	0
Total Expenditures	\$7,260,252	\$7,801,239	\$7,807,946
Budgeted Positions (Full-Time Equivalents)	41.1	42.3	43.5

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

Combating the CSI effect

Primetime television, and crime dramas in particular, are widely known for influencing the “CSI effect.” The ability to solve criminal and medical mysteries in under an hour with commercials is a remarkable feat. The only problem is, that isn’t reality. The CSI effect happens when the public has unreasonable expectations about the capabilities of forensic science technology, and the professionals who rely on it.

As death investigation professionals we too dream of computers with limitless access to information, futuristic displays, and rapid field tests for every conceivable need.

In reality, forensic science is a highly fragmented field, with many subspecialties working independently towards a final outcome. Unlike the Hollywood personifications, investigations are methodical and rely on multi-agency coordination. In the Medical Examiner’s Office, forensic pathologists rely on technologies such as X-rays and CT scans to help diagnosis disease or document injuries. Medicolegal death investigators and forensic autopsy technicians use fingerprints to identify decedents.

The scope of work is governed by state statutes, the information protected by privacy laws, and technology regulated by compliance standards. These guideposts maintain integrity, but they also limit authority and contribute to the length of time it takes to complete an investigation.

In 2021, the Hennepin County Medical Examiner used legislative action to combat the CSI effect by breaking down barriers to information access and modernizing regulatory standards.

Digital Fingerprints

The use of ink-rolled fingerprints to identify decedents has been the standard in death investigation for decades. The advent of handheld, mobile digital scanning technology revolutionized the quality and speed of fingerprint identifications, but medical examiners were not authorized in Minnesota to access fingerprint databases.

Inked submissions had to be routed through a law enforcement agency and compared manually by a criminalist, or fingerprint technician. This is an inefficient process that could take hours or days. Print quality was limited by both the skill of the technician and the condition of the tissue.



Digital technology uses optical scanners and algorithms to produce high-quality digital fingerprints that can be compared to millions of records virtually instantaneously.

The Hennepin County Medical Examiner’s Office, with the support of the Minnesota Bureau of Criminal Apprehension and other law enforcement agencies, introduced legislation permitting the direct electronic submission of fingerprints to digital databases at the state and federal level.

Today, because of that legislative action, identifications can be achieved in minutes, just like on television.

Combating the CSI effect, continued

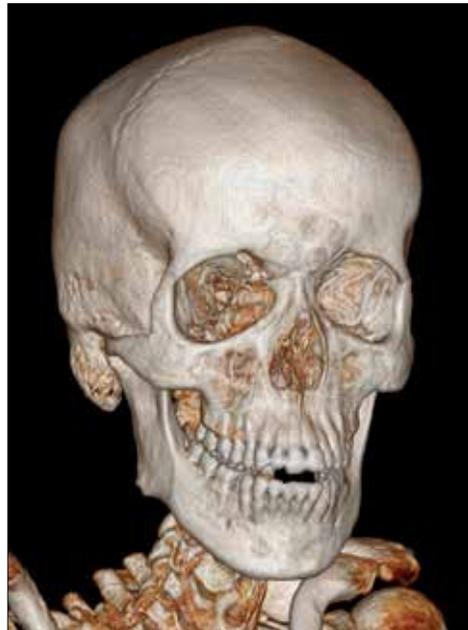
Radiation Safety

X-rays are a common tool physicians use to diagnosis injury and illness. Ionizing radiation, the type found in X-rays, is potentially harmful to living tissue and therefore highly regulated. When you go to the clinic, a technician certified in radiation safety escorts you to a specially designed room and protects your vital organs with lead aprons. These precautions, or regulations, are designed to protect the patient from the harmful effects of radiation. Modern radiology equipment is highly automated and pre-programmed to maximize efficiency and reduce patient risk.

Forensic pathologists rely on X-rays for much the same purpose as their clinical colleagues. The stark difference is that regulatory protocols designed to protect living patients are not applicable in a medical examiner setting.

Minnesota laws governing the use of ionizing radiation differentiated between human and non-human subjects, but not living and non-living humans. This seemingly trivial omission required the Medical Examiner's Office to comply with several impractical and unnecessary patient safety standards.

In 2021, the Minnesota Department of Health Radiation Control, at the request of the Hennepin County medical examiner, introduced a statutory amendment defining the standard of care for living persons, and thereby eliminating patient safety requirements for deceased persons.



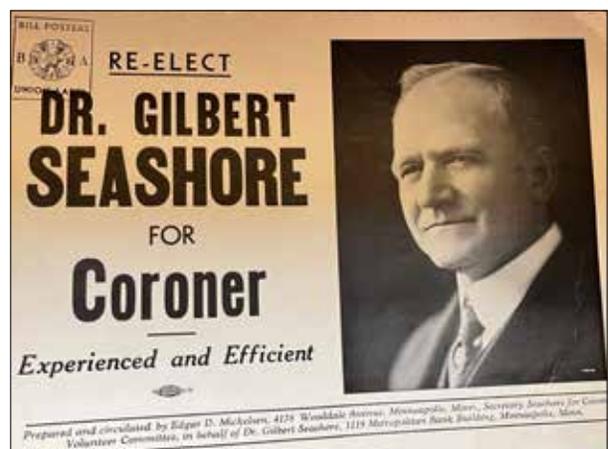
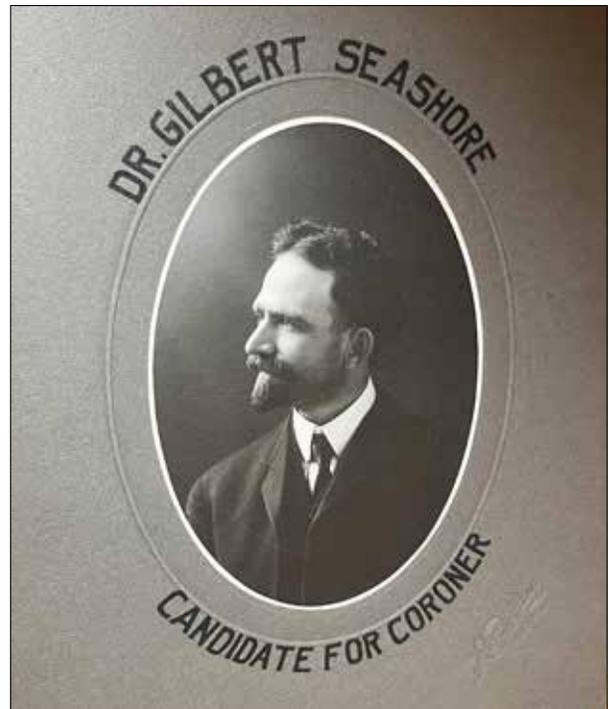
Today, forensic pathologists and autopsy technicians have the ability to utilize advanced imaging such as X-rays and computed tomography (CT). These technologies both enhance diagnostic capabilities and allow the pathologist to render 3-D images for attorneys and jurors to visualize.

Through legislative action, the Medical Examiner's Office has incrementally closed the gap between Hollywood and reality, and improved the quality of death investigations for residents.

Coroners and Medical Examiners: past and present

James Kistler was born in 1856 in Pennsylvania. Raised on a farm and planning to become a teacher, he switched to medicine and graduated from Jefferson College of Medicine in Philadelphia. He moved to Minneapolis in 1883 and built the Kistler building at 644 6th Avenue North, where he practiced his entire career. **Dr. James Kistler** was also Hennepin County's coroner from 1894-1895, and again in 1905 for a three-year term.

On July 14, 1874, the second child of Alfred and Sophia Seashore, Gilbert Seashore, was born in Dayton, Iowa. Gilbert received his medical degree from the University of Minnesota School of Medicine. In 1908, a group of friends convinced the 34-year-old **Dr. Gilbert Seashore** to run for Hennepin County Coroner against Dr. Kistler. Years after this first election, Dr. Seashore recalled, "My first day in office satisfied me that I had stepped into an awful mess." With a horse, a buggy, and no deputies and no investigators, Dr. Seashore personally investigated 455 cases in his first year in office. One of Dr. Seashore's most storied cases was the murder of investigative journalist Walter Liggett, who specialized in exposés of Twin Cities organized crime. Liggett was struck down by a Thompson machine gun in a shooting outside his Minneapolis apartment in 1935. Despite multiple eyewitnesses identifying Isadore Blumenfeld, better known as "Kid Cann," Blumenfeld was acquitted of the crime and lived until 1981. In his 34 years in office, Dr. Seashore oversaw the investigation of some 24,000 murders, suicides, and fatal accidents of all kinds. According to his obituary, "Dr. Seashore was credited with establishing numerous reforms in office. Hennepin County's system of protecting property of the dead has been copied in many cities. The system of recording deaths became a model for coroner offices in other parts of the country. Dr. Seashore also instituted the policy of



identifying the dead in Hennepin county through fingerprints." Dr. Seashore retired as Hennepin County Coroner on December 31, 1942, and died on August 1, 1951.

Dr. Russell Heim, born in 1886, was elected Hennepin County Coroner in 1942. At the time, the job was still a part-time position that involved performing autopsies and supervising the morgue. It wasn't Heim's work as coroner that was his downfall, but his private medical practice. Federal drug agents had become curious about the unusual number of prescriptions for narcotics that Heim issued from his West Lake Street office. A criminal investigation began in May of 1952, with two narcotics bureau agents and numerous local pharmacists setting up a sting operation against Heim. Even his own patients and an office nurse gave evidence against him, reporting that he had used their names to falsify prescriptions. A Federal jury found Dr. Heim guilty after what was one of the longest trials held in a Minneapolis Federal Court up to that time. He was convicted on all 229 counts. Dr. Heim served 17 months in prison, receiving a pardon from President Eisenhower in 1959. He died in 1960.

Dr. Reinald Johnson was appointed Hennepin County Coroner following Heim's conviction. Johnson was born in 1910, in Isanti, Minnesota, the son of dairy farmers. He took his medical training at the University of Minnesota and served in World War II, rising to the rank of Captain and commanding a large hospital in Manila. Johnson opened his medical practice in St. Louis Park in November 1946 and later practiced at Swedish and Methodist Hospitals. He served as coroner through 1954.

In 1955, **Dr. William Guthrie** assumed the helm as Hennepin County Coroner, playing a pivotal role in the office's history. On a spring morning in 1955, what appeared to be a bundle of clothes in a Minneapolis alley turned out to be the lifeless body of a young woman named Elizabeth Mary Moonen. Moonen was a patient of Minneapolis dentist Dr. Arnold Axilrod. Axilrod admitted he had been with Moonen the night before her body was found, and he was upset that the pregnant Moonen was threatening to expose him as the father.

Autopsies at that time were performed by pathologists around the county for the coroner, and Ms. Moonen's autopsy was performed by Dr. John Coe. An Illinois native, Dr. Coe moved to Minnesota to attend and play football at Carleton. He switched his planned career choice when World War II broke out and he learned the Army had a need for more physicians. In the Axilrod trial, he faced a spectacle that attracted national media attention. To make matters worse, Coe contracted hepatitis—a common occupational hazard for pathologists at the time—shortly before the trial and his own physician advised against leaving the hospital to testify, as Dr. Coe was so weak. Coe eventually persuaded his physician to allow him to testify, but he had to do so from a wheelchair and take frequent breaks.

Many of the events described above were catalysts for Hennepin County to retire its coroner system and replace it with a medical examiner system. In 1962, Hennepin County and the state of Minnesota moved to transition to an appointed and qualified medical examiner system—a move supported by Dr. Guthrie.



The Hennepin County Medical Examiner's Office has had only three chief medical examiners since its establishment in 1963. Dr. Andrew Baker, left, current chief medical examiner, has served since 2004. Dr. Garry Peterson, center, led the department from 1984 to 2004. Dr. John Coe, right, was the first chief medical examiner, serving from 1962 to 1984.

Dr. John Coe became Hennepin County's first medical examiner. Considered one of the most influential founders of forensic pathology in the United States, Coe's pioneering work ranged from early postmortem toxicology to the interpretation of gunshot wounds. So highly regarded was Dr. Coe that he was one of six forensic pathologists tapped by the US House of Representatives Select Committee on Assassinations to examine and render opinions on the injuries to President John Kennedy, assassinated in 1963, and Dr. Martin Luther King, Jr., assassinated in 1968. Dr. Coe also served as the head of the pathology department at Hennepin County Medical Center while he was mentoring the next generation of forensic pathologists.

One of Dr. Coe's protégés was **Dr. Garry Peterson**, a Minneapolis native. When Dr. Coe retired in 1984, Dr. Peterson was named to be his successor. Dr. Peterson was instrumental in setting the national standards by which forensic autopsies were performed, and facilities inspected and accredited.

Dr. Andrew Baker, an Iowa native and graduate of the University of Iowa College of Medicine, trained under Dr. Peterson from 1997-1998. From 1998 to 2002, Dr. Baker served as a forensic pathologist in the US Air Force. Following the terrorist attacks of September 11, 2001, Baker was one of the core team of forensic scientists tasked with identifying all of the remains from the crash of American Airlines Flight 77 into the Pentagon in Washington DC. He returned to Hennepin County in 2002, and in 2004 was appointed Hennepin County Medical Examiner when Dr. Peterson retired. In 2013, the office expanded its service area to include Dakota and Scott Counties. At about the same time, the office began formally developing the documentation that would justify the building of a new, larger, state of the art medical examiner facility that would serve the region for 50 or more years.



Architectural rendering of the new Hennepin County Medical Examiner Office located in Minnetonka, opening in January 2022.



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 under 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 County 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:

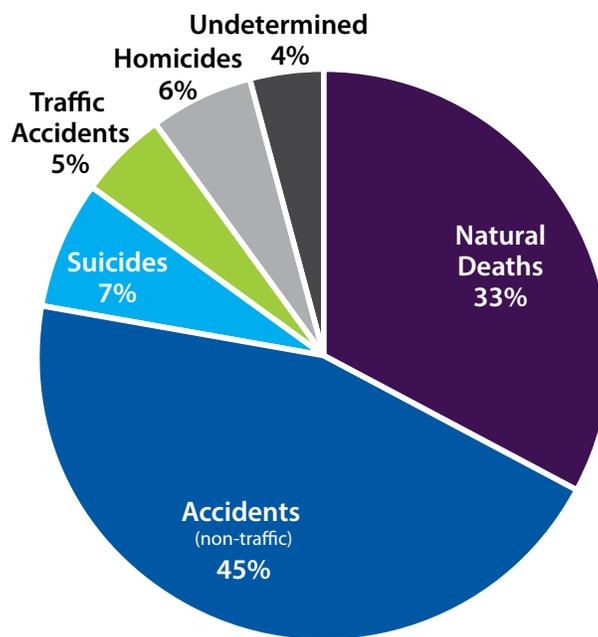
1. Unnatural deaths, including violent deaths arising from homicide, suicide, or accident;
2. Deaths due to a fire or associated with burns or chemical, electrical, or radiation injury;
3. Unexplained or unexpected perinatal and postpartum maternal deaths;
4. Deaths under suspicious, unusual, or unexpected 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.

2021 Aggregate Data: Total, Hennepin, Dakota, and Scott Counties:

	Total	Hennepin	Dakota	Scott	Referral
Total Cases	9,336	6,952	1,813	531	40
Total Case Percentage	100%	74.5%	19.4%	5.7%	0.4%
Jurisdiction Accepted	2,728	2,222	384	123	0
Jurisdiction Declined	6,195	4,364	1,426	405	0
Jurisdiction Accepted	2,728	2,222	384	123	
Natural Deaths	953	731	170	52	
Accidents (non-traffic)	1,208	1009	149	50	
Traffic Accidents	125	107	12	6	
Suicides	206	158	35	13	
Homicides	139	129	9	1	
Undetermined	97	86	10	1	
Total Medical Examiner Autopsies	1,467	1,169	198	60	
Complete Autopsies	1,454	1,157	198	59	40
Partial Autopsies	13	12	0	1	
External Examinations	60	55	3	2	
Autopsies at Other Institutions (JA cases)	4	4	0	0	
HCME-HCMC Inpatient Autopsies	36	36	0	0	
HCME-HCMC ER Autopsies	94	94	0	0	
Total Donations	808	590	170	44	
Eyes	592	425	129	36	
Tissue/Bone (ME & hospital referred)	200	149	41	8	
Organs	16	16	0	0	
Scene Visits by Investigators	1,476	1,182	222	72	
Cremations Approved	11,381	9,023	1,841	517	
Subpoenas Answered	123	120	1	0	2
Bodies Transported	2,448	2,080	248	80	40

Jurisdiction Accepted Cases by Manner of Death: Hennepin, Dakota, and Scott Counties 2021

	Hennepin		Dakota		Scott		Total
	total	by %	total	by %	total	by %	
Jurisdiction Accepted	2222	81%	384	14%	123	5%	2728
Natural Deaths	731	77%	170	18%	52	5%	953
Accidents (non-traffic)	1116	84%	161	12%	56	4%	1333
Traffic Accidents	107	85%	12	10%	6	5%	125
Suicides	158	77%	35	17%	13	6%	206
Homicides	129	93%	9	6%	1	1%	139
Undetermined	86	89%	10	10%	1	1%	97

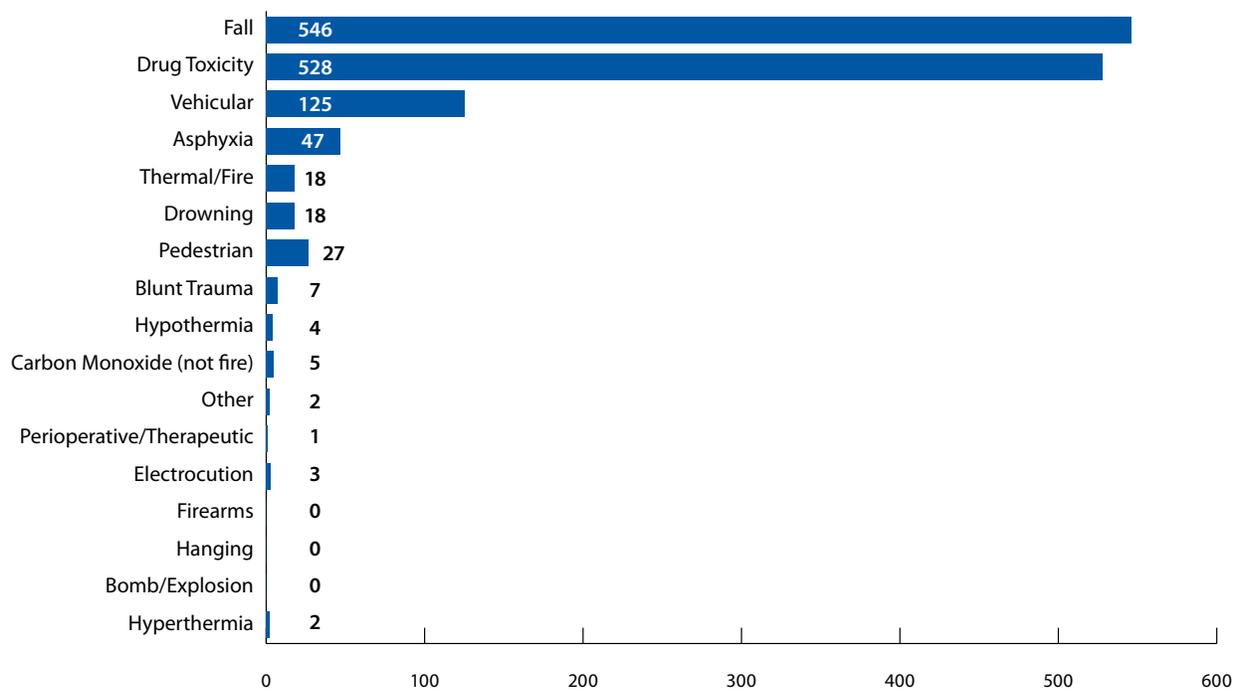


Natural Deaths: Hennepin, Dakota, and Scott Counties 2021

	Total (Exam + No Exam)			Total
	Hennepin	Dakota	Scott	
Arteriosclerotic Heart Disease	39	11	2	52
Arteriosclerotic and Hypertensive Heart Disease	30	8	2	40
Hypertensive Heart Disease	16	5	0	21
Valvular Heart Disease	3	0	0	3
Aortic Disease	4	2	0	6
Cardiac (miscellaneous)	8	2	2	12
Natural Causes	426	87	28	541
Chronic Alcoholism	73	25	9	107
Cerebrovascular Disease	11	5	1	17
Seizure Disorder	6	1	0	7
Neurological Disease (other)	1	2	0	3
Respiratory (asthma, COPD)	4	1	0	5
Gastrointestinal and Hepatic	12	3	0	15
Genitourinary and Renal	1	1	0	2
Infectious Diseases	46	13	4	63
Diabetes and metabolic	19	2	0	21
Pulmonary Thromboemboli	16	1	3	20
Prematurity	1	0	0	1
Malignancy	9	1	1	11
Congenital Diseases	2	0	0	2
Debility	1	0	0	1
Other	3	0	0	3
TOTAL	731	170	52	953

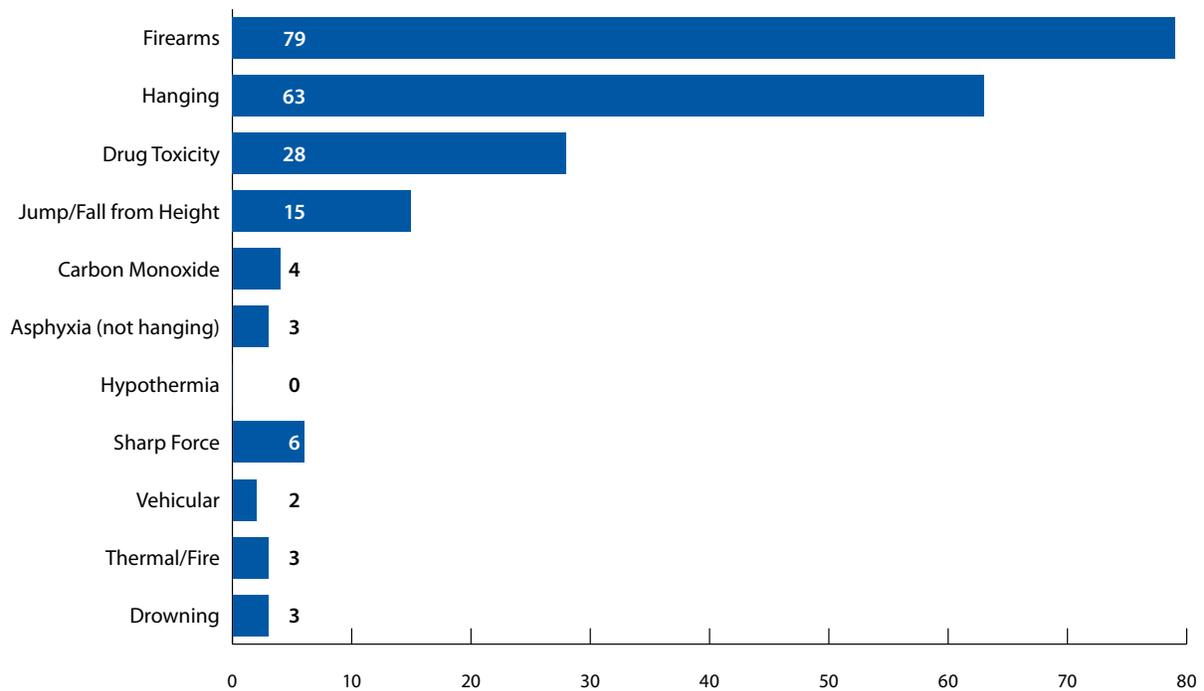
Accident Deaths: Hennepin, Dakota, and Scott Counties 2021

	Hennepin	Dakota	Scott	TOTAL
Fall	437	82	27	546
Drug Toxicity	453	54	21	528
Vehicular	107	12	6	125
Asphyxia	42	4	1	47
Thermal/Fire	17	1	0	18
Drowning	15	3	0	18
Pedestrian	26	1	0	27
Blunt Trauma	5	2	0	7
Hypothermia	4	0	0	4
Carbon Monoxide (not fire)	4	1	0	5
Other	1	1	0	2
Perioperative/Therapeutic	1	0	0	1
Electrocution	3	0	0	3
Firearms	0	0	0	0
Hanging	0	0	0	0
Bomb/Explosion	0	0	0	0
Hyperthermia	2	0	0	2
TOTAL	1116	161	56	1,333



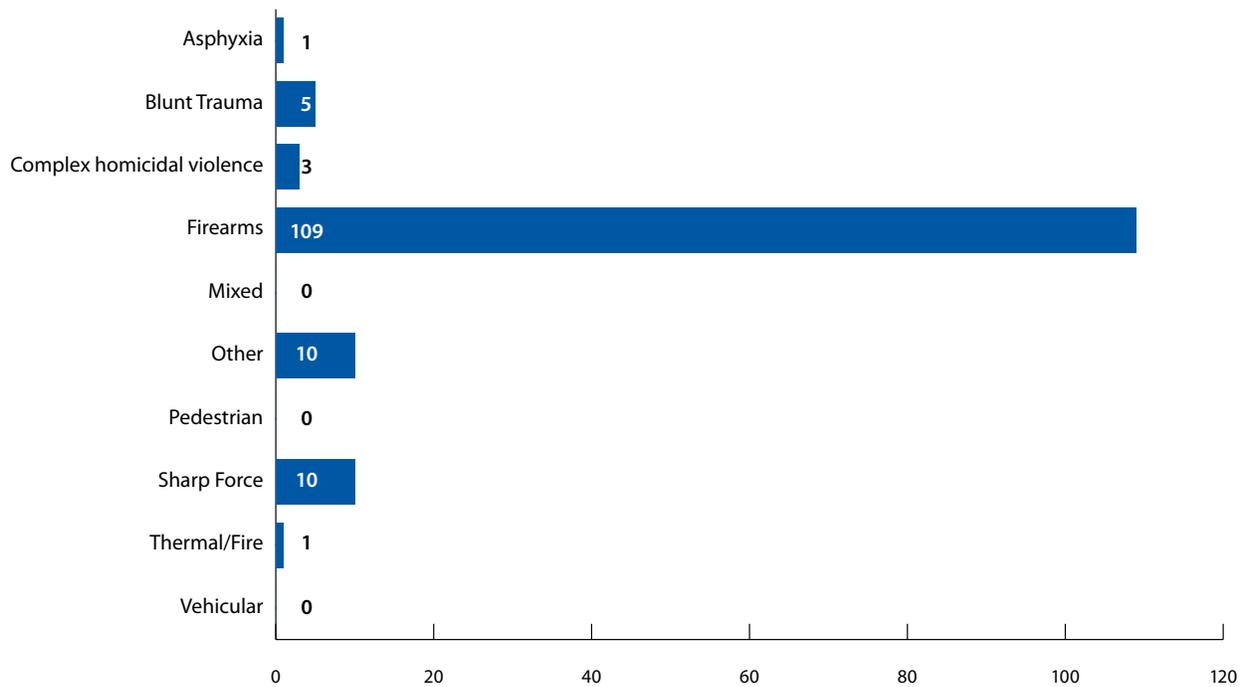
Suicide Deaths: Hennepin, Dakota, and Scott Counties 2021

	Hennepin	Dakota	Scott	TOTAL
Firearms	59	14	6	79
Hanging	47	10	6	63
Drug Toxicity	23	4	1	28
Jump/Fall from Height	14	1	0	15
Carbon Monoxide	1	3	0	4
Asphyxia (not hanging)	1	2	0	3
Hypothermia	0	0	0	0
Sharp Force	5	1	0	6
Vehicular	2	0	0	2
Thermal/Fire	3	0	0	3
Drowning	3	0	0	3
TOTAL	158	35	13	206



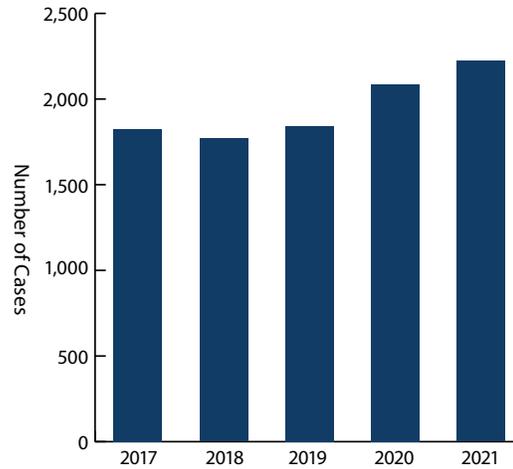
Homicide Deaths: Hennepin, Dakota, and Scott Counties 2021

	Hennepin	Dakota	Scott	TOTAL
Asphyxia	0	1	0	1
Blunt Trauma	4	1	0	5
Complex homicidal violence	3	0	0	3
Firearms	104	5	0	109
Mixed	0	0	0	0
Other	8	2	0	10
Pedestrian	0	0	0	0
Sharp Force	9	0	1	10
Thermal/Fire	1	0	0	1
Vehicular	0	0	0	0
TOTAL	129	9	1	139



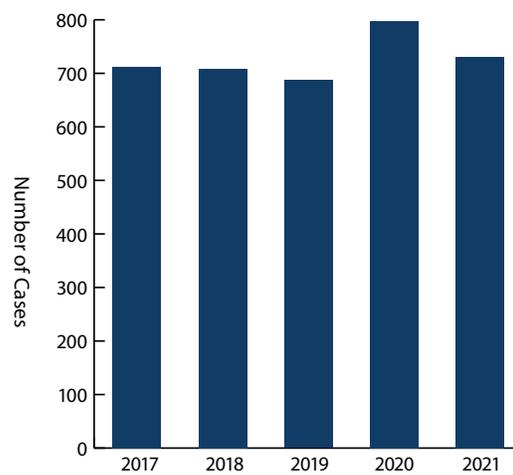
Cases Accepted: Hennepin County 2017–2021

Year	Number of Cases
2017	1,823
2018	1,769
2019	1,841
2020	2,088
2021	2,222



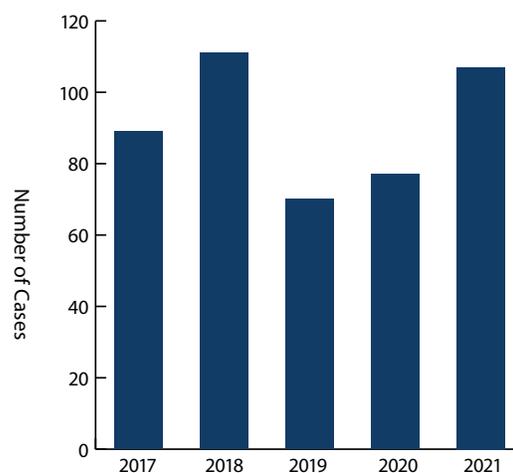
Natural Deaths: Hennepin County 2017–2021

Year	Number of Cases
2017	712
2018	708
2019	687
2020	797
2021	731



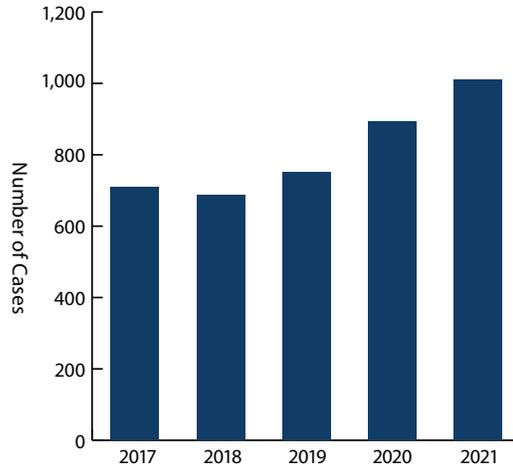
Traffic Accidents: Hennepin County 2017–2021

Year	Number of Cases
2017	89
2018	111
2019	70
2020	77
2021	107



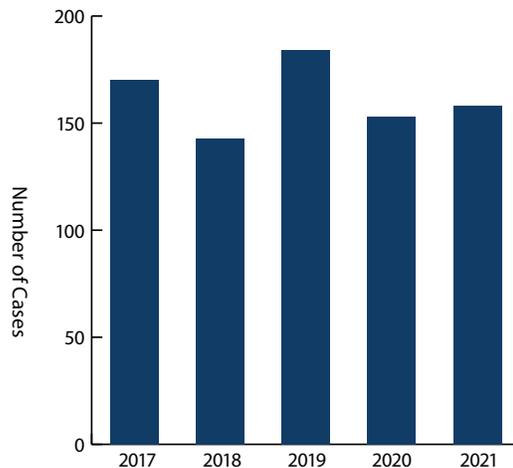
Accidents (Non-Traffic): Hennepin County 2017–2021

Year	Number of Cases
2017	710
2018	687
2019	752
2020	893
2021	1,009



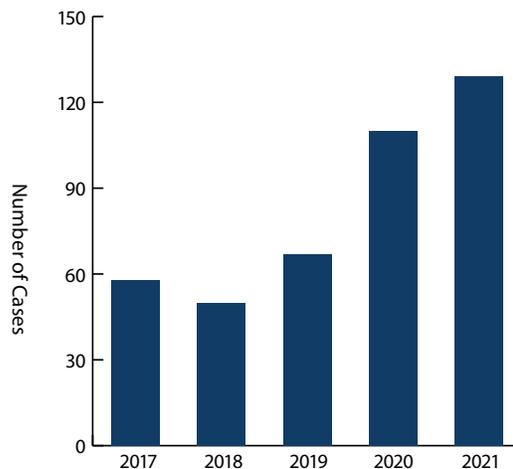
Suicide Deaths: Hennepin County 2017–2021

Year	Number of Cases
2017	170
2018	143
2019	184
2020	153
2021	158



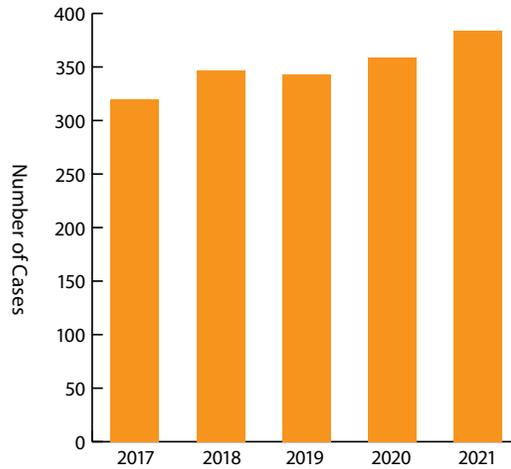
Homicide Deaths: Hennepin County 2017–2021

Year	Number of Cases
2017	58
2018	50
2019	67
2020	110
2021	129



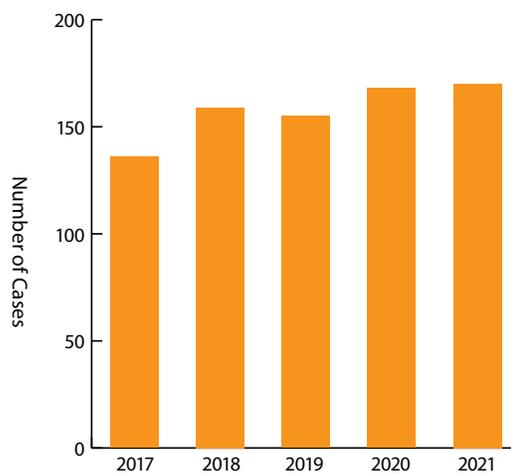
Cases Accepted: Dakota County 2017–2021

Year	Number of Cases
2017	320
2018	347
2019	343
2020	359
2021	384



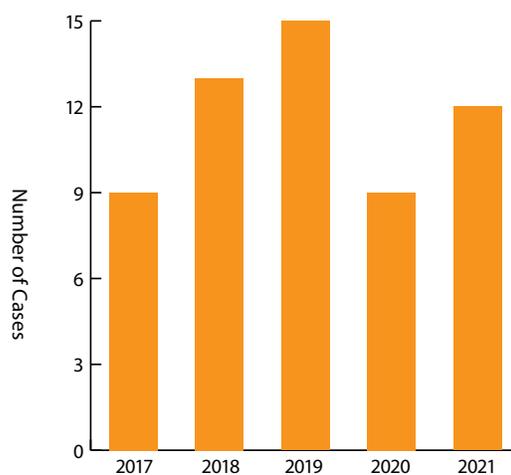
Natural Deaths: Dakota County 2017–2021

Year	Number of Cases
2017	136
2018	159
2019	155
2020	168
2021	170



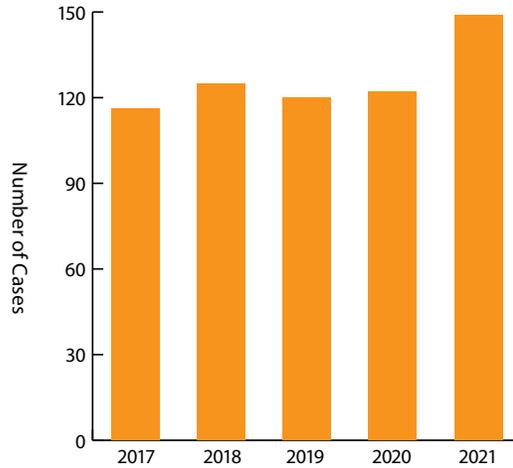
Traffic Accidents: Dakota County 2017–2021

Year	Number of Cases
2017	9
2018	13
2019	15
2020	9
2021	12



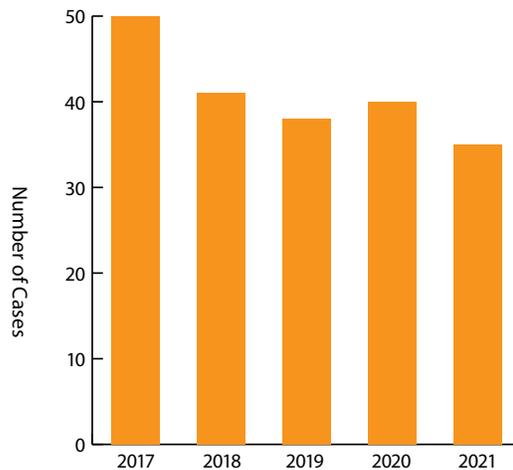
Accidents (Non-Traffic): Dakota County 2017–2021

Year	Number of Cases
2017	116
2018	125
2019	120
2020	122
2021	149



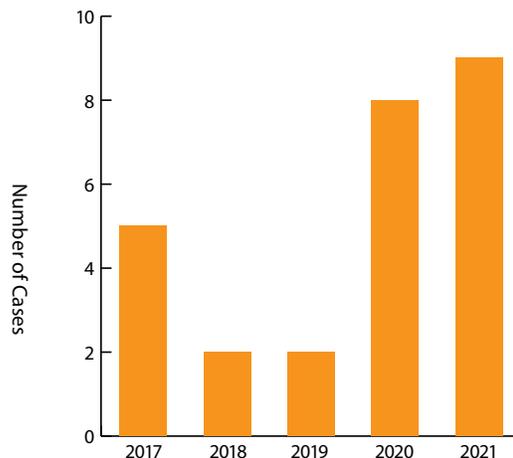
Suicide Deaths: Dakota County 2017–2021

Year	Number of Cases
2017	50
2018	41
2019	38
2020	40
2021	35



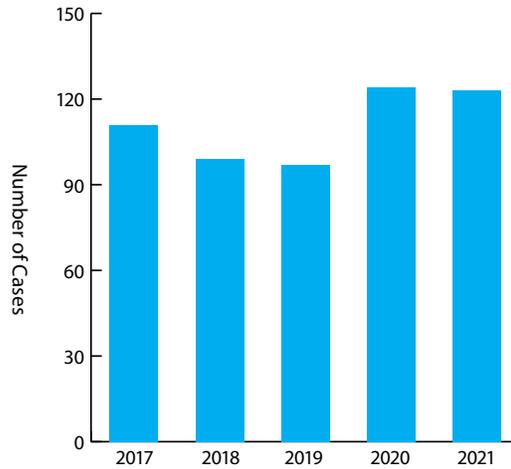
Homicide Deaths: Dakota County 2017–2021

Year	Number of Cases
2017	5
2018	2
2019	2
2020	8
2021	9



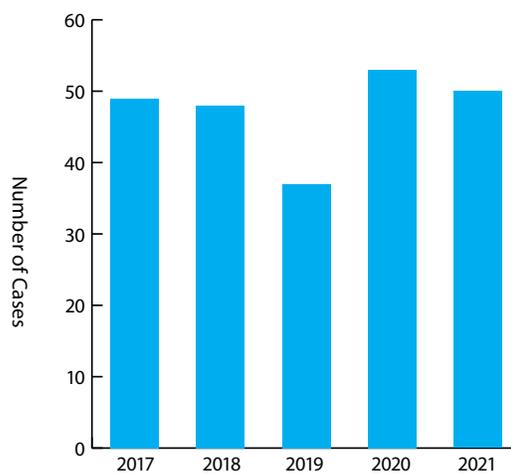
Cases Accepted: Scott County 2017–2021

Year	Number of Cases
2017	111
2018	99
2019	97
2020	124
2021	123



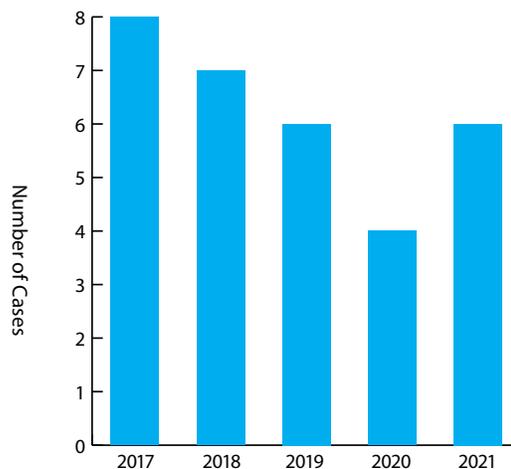
Natural Deaths: Scott County 2017–2021

Year	Number of Cases
2017	49
2018	48
2019	37
2020	53
2021	52



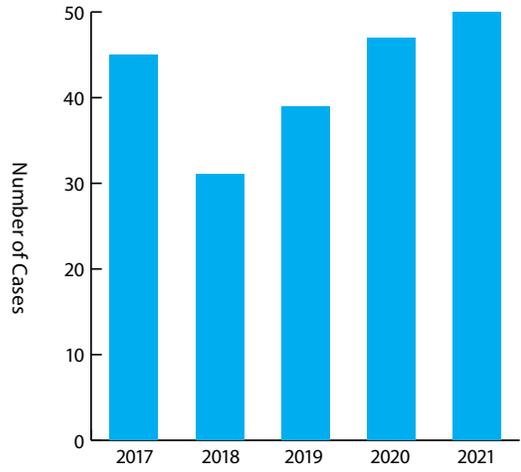
Traffic Accidents: Scott County 2017–2021

Year	Number of Cases
2017	8
2018	7
2019	6
2020	4
2021	6



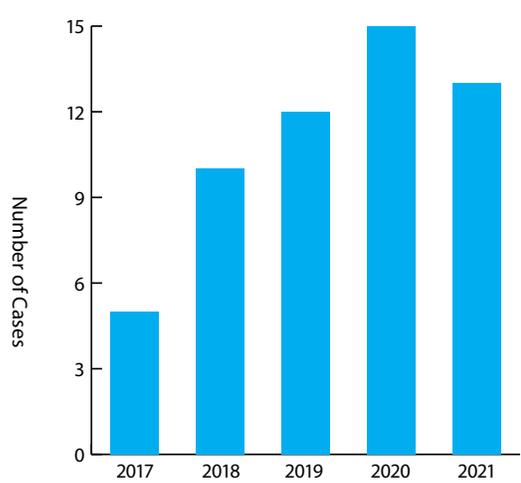
Accidents (Non-Traffic): Scott County 2017–2021

Year	Number of Cases
2017	45
2018	31
2019	39
2020	47
2021	50



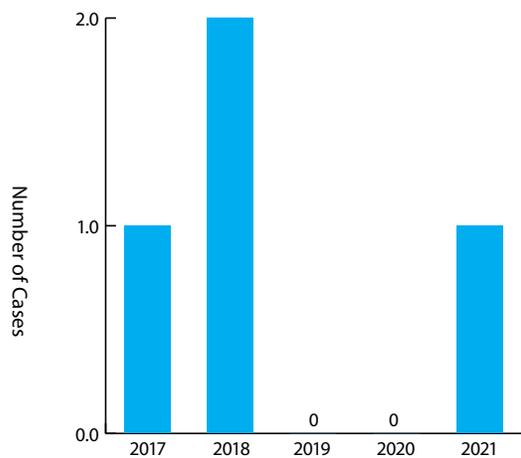
Suicide Deaths: Scott County 2017–2021

Year	Number of Cases
2017	5
2018	10
2019	12
2020	15
2021	13



Homicide Deaths: Scott County 2017–2021

Year	Number of Cases
2017	1
2018	2
2019	0
2020	0
2021	1





Hennepin County
Medical Examiner

14250 County Road 62
Minnetonka, MN 55345

612-215-6300

hennepin.us/me

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