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Dedication

This Annual Report of the Chester County Coroner Office is dedicated to the six hundred and thirty-eight persons who died of COVID-19 in this County in 2020, their families, their friends, and those who cared for them in their final days and hours.
Acknowledgments

The work ethic, compassion, and professionalism demonstrated by the Coroner Office staff truly exemplified the meaning of “essential worker” as they served our community in 2020.

The Coroner’s Office would also like to recognize the extraordinary efforts of Chester County’s Funeral Directors who worked with this office and other agencies to ensure compassionate and dignified care for each decedent despite the challenges of pandemic conditions.

Many thanks to interns Bobby Ferrante and Samantha Licwinko who helped us track COVID-19 deaths reported to this office and were ready to help wherever needed. We know these fearless and dedicated students learned lessons they can carry into the future.
Coroner’s Office Mission Statement

The Chester County Coroner’s Office is an independent agency serving the residents and honoring the deceased of the county by investigating the facts and circumstances concerning jurisdictional deaths which have occurred within Chester County in order to determine the cause and manner of death, the identity of the decedent, and to provide notification to the legal next of kin, while exhibiting the highest degree of compassion, professionalism, and integrity.

To achieve this mission, the Coroner’s Office will:

Treat decedents and their personal effects with dignity and respect, and without discrimination.

Coordinate investigative efforts with law enforcement, hospitals, and other agencies in a professional and courteous manner.

Conduct investigations and autopsies professionally, scientifically, and conscientiously.

Complete reports expeditiously with regard for the concerns of family members, the criminal justice system, and public health and safety.

Provide honest information to family members compassionately and courteously, with sensitivity for cultural differences.

Collect, compile, and disseminate information regarding deaths in a manner consistent with the laws of the Commonwealth of Pennsylvania.

Provide medical and scientific testimony as required in court and in deposition.

Promote and advance through education the science and practice of death investigation.

Promote and maintain an emotionally and physically healthy and safe working environment for the Coroner’s employees, following applicable public health and government policies.

Expand communication throughout the community at large regarding the functions of the Coroner’s Office of the County of Chester.
Letter from the Coroner

It’s been said many times and it applies to the Coroner’s Office as well: 2020 was a year like no other this office has experienced before.

The Coroner’s Office team did an amazing job of continuing operations during the COVID-19 global pandemic in accord with our mission standard of “exhibiting the highest degree of compassion, professionalism, and integrity.” Despite dangerous conditions in the field and in our facilities, and a doubled caseload, great teamwork and dedication on the part of every staff member allowed us to continue to carry out our essential services.

Deaths due to contagious diseases constituting a public health hazard fall under the jurisdiction of the Coroner according to state statutes governing the office. Accordingly, we worked closely with hospitals, long-term-care facilities, and the Chester County Health Department to document the 638 COVID-19 deaths that occurred in Chester County in 2020. A special section in this report is dedicated to a description of the Coroner’s Office response to the pandemic and a statistical analysis of these deaths.

Unfortunately, Chester County also continued to experience deaths due to substance abuse, suicide, falls, and sudden “natural” deaths due to undiagnosed or untreated diseases and conditions. The number of accidental drug overdose deaths increased slightly in 2020 compared to 2019, while deaths attributed to suicide decreased. All are discussed in more detail in this report.

Data remains an important output of our office. Our website https://chesco.org/209/Coroner continued to provide summarized data on a monthly basis. We added a section for reporting COVID-19 deaths to the website, and posted weekly updates on our Facebook page during the height of the first surge. We noticed a trend towards older age groups experiencing drug overdose deaths and a large increase in deaths due to falls, primarily in the elderly.

Using CARES (pandemic) funding, the County was able to rapidly install a temporary morgue on County property in May 2020 to address pandemic restrictions on use of hospital morgue space. In early 2020 the Board of Commissioners contracted Crime Lab Design, an internationally-known forensic center consulting firm, to do a Forensic Center Needs Assessment. The results of this Assessment were presented to the County in July 2020. As of the end of 2020, however, no further action had been taken to realize this important infrastructure project.

Although a public ceremony was not possible in 2020, the Coroner’s Office nevertheless continued to care for Chester County’s “Forgotten Souls” by interring the cremains of 39 unclaimed persons in the County crypt at Philadelphia Memorial Park.

Christina VandePol, M.D.
Coroner of the County of Chester
March 31, 2021
Executive Summary

Some of the Coroner’s Office accomplishments, events, and activities in 2020 are summarized here:

- A total of 4,906 cases were investigated, including 1,823 death investigations and 3,083 cremation reviews and authorizations. This was a 30.2% increase over the 2019 caseload.
- COVID-19 was the most common cause of death in Chester County in 2020.
- Excluding COVID-19 deaths, there was a 4% increase in natural deaths in 2020.
- The 1,290 jurisdictional deaths included 4 homicides, 267 accidental deaths, and 53 suicides. In 16 cases, the manner of death could not be determined.
- Accidental deaths included 108 drug overdoses, 107 falls, and 29 motor vehicle accidents. Accidental drug overdose deaths increased by 4 from 2019, and deaths due to falls increased by 40%.
- Full autopsies were performed in 168 jurisdictional deaths. COVID-19 cases were not autopsied unless otherwise suspicious. The number of autopsies was lower than in 2019 due to safety precautions during the pandemic.
- A total of 576 transports of decedents, twice as many as 2019, took place. Before the temporary morgue was installed, pandemic conditions required frequent transfers between hospitals or to a private funeral home morgue. After the temporary morgue was in use, transports back and forth to autopsy (in a different location) became necessary.
- First Deputy Coroner Sophia Garcia-Jackson was promoted to Chief Deputy Coroner in recognition of her extensive death investigation experience, excellence in staff training, and contributions to many improvements in our operations.
- Resilience and teamwork ensured that essential services to Chester County residents, hospitals, law enforcement, and funeral homes were uninterrupted even during the COVID-19 surges of April-May and November-December.
- Death certification was rapidly transitioned to the Electronic Death Registration System (EDRS) in April, facilitating processing of death certificates and cremation.
- A Forensic Facility Needs Assessment was completed by Crime Lab Design in a 4-month period despite the pandemic.
- Coroner Christina VandePol, M.D., published an article on “Death Certification in the Time of COVID.”
- The cremains of 39 unclaimed decedents were interred in Chester County’s crypt at Philadelphia Memorial Park in Frazer.
- Organ and/or tissue donation by 68 donors to Gift of Life were approved by Chester County Coroner’s Office in 2020.
Introduction

Description of Chester County and Its Population

The United States Census Bureau estimate for the population of Chester County as of July 1, 2019 was 524,989, a 5.2% increase since April 2010. The 2020 census will determine more accurately the makeup of Chester County’s population, but recent estimates are that it is 78.8% White, 7.6% Hispanic or Latino, 6.2% Black or African American, and 6.1% Asian peoples, with 2% identifying with two or more races, or as American Indian/Alaska native (0.3%) or Native Hawaiian or other Pacific Islander (0.1%).

Approximately 22.5% of residents are under the age of 18, 60.7% between the ages of 18 and 64, and 16.8% 65 or older. Females make up 50.8% of the population in Chester County.

The Coroner’s Office serves the geographic area that includes 760 square miles of Chester County. It is bounded by Lancaster County to the west, Berks County to the north, Montgomery County to the northeast, Delaware County to the east, New Castle County in the state of Delaware to the southeast and Cecil County in the state of Maryland to the south.

Included within the County of Chester are 57 townships, 15 boroughs, one city, three airports and several colleges and universities.

Chester County has five acute care hospitals: Brandywine Hospital, Chester County Hospital, Jennersville Hospital, Paoli Memorial Hospital, and Phoenixville Hospital, with one level-2 trauma center at Paoli Memorial Hospital. There are two veterans’ facilities, the Coatesville Veterans Affairs Medical Center (federal) and the Southeast Veterans Center (state facility). Also located in the County of Chester are multiple hospice agencies, 75 Long Term Care facilities (nursing homes, assisted living, and congregate living), and over 56 home health care and hospice agencies.

Jurisdiction and State Statutes

The Coroner’s Office assumes jurisdiction on certain categories of deaths which occur in the County of Chester, regardless of whether the decedent was a County resident or non-resident. County residents who die in other counties do not fall under the Coroner’s Office jurisdiction, even if the precipitating event for the death occurred in Chester County. Only the Coroner can certify a death that occurred by other than a natural manner.
According to Pennsylvania Statute (16 P.S. § 1218-B “Coroner’s Investigation”), the categories of deaths that fall under the Coroner’s purview are:

1. Sudden death not related to a known medical condition or not certified by a licensed physician
2. Deaths occurring under suspicious circumstances including if alcohol, a drugs or other toxic compounds may have had a direct bearing on the outcome
3. Deaths occurring as a result of violence or trauma, whether apparently homicidal, suicidal or accidental
4. Any case where trauma, chemical injury, drug overdose or therapy, or medical treatment directly or indirectly contributed to, aggravated, or precipitated the death
5. A perioperative death in which the death is not readily explainable on the basis of prior disease
6. Deaths where the body is unidentified or unclaimed.
7. Deaths known or suspected to be due to a contagious disease and constituting a public hazard *(Due to this statute, all known or suspected COVID-19 deaths are required to be reported to the Coroner’s Office)*
8. Deaths occurring in prison or a penal institution or while in custody of police
9. A death of an individual whose body is to be cremated, buried at sea, or otherwise disposed of so as to be thereafter unavailable for examination
10. Sudden unexplained infant deaths
11. A stillbirth (fetal death over 16 weeks gestation per Pennsylvania law)

The role of the Coroner is to investigate the facts and circumstances concerning the death for the purpose of determining the cause and manner of death and whether there is sufficient reason for the Coroner to believe that the death may have resulted from a criminal act or criminal neglect of a person other than the deceased. If the investigation does not provide the necessary information, the coroner may perform an autopsy and/or conduct an inquest.

As part of his/her investigation, the Coroner shall determine the identity of the deceased and notify the next of kin of the death. Per coroner and medical examiner standards and our office policy, a scientific method of identification is required for all homicides and also whenever a visual identification is not able to be performed or is not confirmatory. Currently acceptable scientific methods are fingerprint comparison, dental comparison, and DNA comparison.
Coroner’s Office Staff and Facilities

The Coroner’s Office professional staff at the end of 2020 consisted of the Coroner, a Chief Deputy Coroner, a First Deputy Coroner, an Office Manager, 9 Deputy Coroners (5 full-time and 4 part-time), 4 part-time Transporters, 3 contracted (per diem) Forensic Pathologists, an Autopsy Technician, and 2 temporary part time positions, one administrative and one transporter. All are County employees except the Coroner, who is an elected official, and the Forensic Pathologists, who are independent contractors. Under routine circumstances, one or two Deputy Coroners, a Transporter, and a Supervisor were on duty to respond to dispatches 24/7/365 in 2020.

The Office has two administrative/investigator vehicles used by investigators for scene responses throughout the County, and three transport vehicles, two vans and a Ford F250 truck. One of the vans was acquired in late 2020 due to retirement of an old vehicle in December 2019.

Administrative offices are in the Government Services Building (GSC) at 601 Westtown Road in West Chester (West Goshen Township). In May of 2020, a temporary morgue area (refrigerated body storage) was constructed at the GSC due to lack of hospital morgue space from increased pandemic deaths and the risks to personnel of exposure to bodies at hospitals that may have been infected with the SARS CoV2 virus. The newly constructed storage cooler holds up to 12 bodies and an adjacent freezer holds bodies. Having a freezer allows storage of decomposed bodies and bodies of unclaimed decedents. Previously, decomposed bodies had to be taken to Bucks County, and unclaimed bodies were cremated within one week due to biohazard and lack of storage.

In 2020 we continued to use the old space at Chester County Hospital for autopsies, but had to severely curtail the number of autopsies because the hospital autopsy room does not meet CDC requirements to safely perform autopsies in infectious disease cases. Early in the pandemic, COVID-19 testing was not readily available, so we did not know if a decedent was infected or not. Furthermore, our presence in a hospital environment where COVID-19 patients were hospitalized or in the morgue posed a risk to our staff as well as to hospital staff and patients.

Coroner and Staff Functions

The staff members of the Coroner’s Office are involved in a wide variety of activities commensurate with the mission of the office. These include responding to and investigating deaths falling under the Coroner’s purview, performing postmortem examinations, certifying the cause and manner of death, and providing information and assistance to families. Investigators, who are familiar with the emotional trauma of an unexpected death, communicate directly with the family as do the Coroner and Chief Deputy Coroner, who review findings with families in order to answer the many questions that accompany a sudden or traumatic loss of life.

In all cases investigated by the Coroner, it is essential that the decedent’s identity is established and the next-of-kin is located and notified regarding the death. In certain cases, identification requires additional effort in locating pre-mortem dental, medical, or police records. Another function of the Coroner’s Office is identifying the legal next-of-kin and informing them of a death. Some individuals may have died leaving no next-of-kin or next-of-kin cannot be located. The Coroner’s Office is frequently assisted by law enforcement in identifying bodies or next of kin. Ensuring that all leads have been exhausted in pursuit of next-of-kin can be a very time-consuming but ultimately rewarding effort.

All autopsies are performed by a board-certified forensic pathologist at the direction of the Coroner. If a postmortem examination (autopsy, toxicology, other tests) is required in order to determine cause and manner of death, various body fluids and tissues for microscopic and toxicological analysis may be examined in addition to the anatomic examination. Photographs are taken during an autopsy and are available for review at a later date if needed. Photographic documentation is also an essential item in those cases where the pathologist must provide court testimony. The forensic pathologists, Coroner, and investigators provide testimony in court and at depositions. Staff also participates in meetings with police, medical professionals, and attorneys.

Autopsy reports and related data from individual investigations are provided to law enforcement agencies, prosecuting attorneys, and other agencies including Occupational Safety and Health Administration (OSHA), Federal Aviation Administration, National Transportation Safety Board, the Consumer Product Safety Commission and the Drug Enforcement Agency if they are involved with the case.
Funeral homes that plan on cremating an individual who died in Chester County are required to complete a cremation authorization request and submit a copy of the death certificate to our office. An investigator reviews these documents and if there are no medical questions relating to the death of the individual, the office will issue a cremation authorization. If there are medical questions relating to the death, a case is opened and the Coroner’s staff will investigate the death before issuing a cremation authorization.

The Coroner, Chief Deputy Coroner, and Forensic Pathologists participate in a variety of medical conferences, and provide information on a regular basis to law enforcement and to medical personnel on various aspects regarding the role and function of the Coroner’s Office.

The Coroner’s Office staff analyzes its data to better understand trends in mortality, including infant and child deaths, suicide, falls, drug overdoses, alcohol-related deaths, and in 2020, COVID-19 deaths.

The public is kept informed about public health and safety issues as well as the activities of the Coroner’s Office by press releases, up-to-date statistics on the agency website, a social media presence (Facebook @ChesCoCoronerPA), and presentations to schools, senior communities, and other organizations. In 2020, presentations had to be curtailed due to the pandemic.

**Strategic Goals and Objectives**

Chester County government developed a new 5-year plan in 2018 to cover the period from 2019 through 2023. The baseline year is 2019. The Coroner’s Office identified the following strategic goals and related objectives necessary for the Coroner’s Office to continue to provide timely and legally defensible death investigations over that time period:

- **Planning for Future Needs**
  - The majority of investigators will be certified by the American Board of Medicolegal Death Investigators (ABMDI)
  - Shifts will be adequately staffed to handle daily caseload without overtime
  - 100% of bodies will be able to be stored in a modern refrigerated County morgue
  - The Mass Fatality Plan will be updated and reviewed annually
o Death certificates will be processed by the Electronic Death Reporting System (EDRS)

- Achieving Accreditation by the International Association of Coroners and Medical Examiners
  o Meet Administrative Standards
  o Meet Investigation Standards
  o Meet Morgue, Autopsy, and Laboratory Standards

- Improving Communication
  o Monthly death statistics available on the website within 30 days
  o Annual Report available on the website within 90 days
  o 100% increase from 2019 to 2023 in number of public communications and presentations to hospitals, schools, health care providers, criminal justice agencies, seniors, and other community organizations
Death Investigations

Overview

Death investigations are classified, counted, and reported in three different categories: non-jurisdictional, jurisdictional, and cremation authorization. Non-jurisdictional cases are natural deaths which are reported to the Coroner’s Office and a decision is made that further investigation by this office is not needed. The decedent’s health care provider must be willing and able to certify the death, otherwise it becomes jurisdictional. Jurisdictional cases are deaths that meet the statutory requirements for reporting to the Coroner and a decision is made that further investigation by this office is needed to determine the cause and manner of death. The manner of death for jurisdictional cases can be natural (e.g. pneumonia due to COVID-19) or non-natural (homicide, suicide, accident, undetermined, or pending investigation). Non-natural deaths can only be certified by the Coroner.

In 2020, the Chester County Coroner’s Office conducted 1,823 death investigations and authorized 3,083 cremations (Table 1). Due to the COVID-19 pandemic, a number of striking changes from 2019 are obvious. COVID-19 is a reportable infectious disease that resulted in a public health hazard and any death resulting from COVID-19 therefore falls under Coroner jurisdiction per Pennsylvania statute. This drastically increased the number of total cases (Figure 1) jurisdictional cases, natural cause cases, body transports, and cremation permits, while decreasing the number of autopsies that could be performed due to safety restrictions.

Even when COVID-19 deaths are excluded, the number of reported deaths in 2020 exceeded that of 2019 by almost 7% and that of 2018 by 4%. Excess deaths in 2020 have been noted elsewhere in the United States and are variously attributed to failure to recognize early COVID-19 cases and/or increased mortality from other disease processes and accidental or suicide deaths. Data from Chester County alone are too small to draw such conclusions.

Full autopsies were able to be performed on only 26% of 2020 jurisdictional cases (excluding COVID-19 deaths) compared to 51% in 2019. Safety concerns, especially during the first surge (April-June), precluded some autopsies. This was due to lack of appropriate PPE, limited access to hospitals (where we have our autopsy room), or the autopsy room not meeting
CDC standards for infectious disease autopsies. Due to the limitation on autopsies, the number of toxicology only investigations increased from 37 in 2019 to 122 in 2020.

Accidental deaths increased by 17% from 2019 to 2020. There was also a jump in undetermined manner of death, from 9 cases in 2019 to 16 in 2020. There was no meaningful change in suicide or homicide deaths.

**Table 1. 2020 Statistical Summary**

<table>
<thead>
<tr>
<th>Reported Cases</th>
<th>1,823</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-jurisdictional Cases</td>
<td>533</td>
</tr>
<tr>
<td>Jurisdictional Cases</td>
<td>1,290</td>
</tr>
<tr>
<td>Natural Causes</td>
<td>1,482</td>
</tr>
<tr>
<td>COVID-19 (confirmed 619, presumed 19)</td>
<td>638</td>
</tr>
<tr>
<td>Accidental</td>
<td>267</td>
</tr>
<tr>
<td>Suicide</td>
<td>53</td>
</tr>
<tr>
<td>Homicide</td>
<td>4</td>
</tr>
<tr>
<td>Undetermined</td>
<td>16</td>
</tr>
<tr>
<td>Non-Human Remains</td>
<td>1</td>
</tr>
<tr>
<td>Full Autopsies</td>
<td>168</td>
</tr>
<tr>
<td>External Examination Only</td>
<td>39</td>
</tr>
<tr>
<td>Toxicology Only</td>
<td>122</td>
</tr>
<tr>
<td>Transports (total)</td>
<td>576</td>
</tr>
<tr>
<td>Unidentified Bodies</td>
<td>0</td>
</tr>
<tr>
<td>Exhumations</td>
<td>0</td>
</tr>
<tr>
<td>Cremation permits issued*</td>
<td>3,083</td>
</tr>
</tbody>
</table>

![Number of Deaths](chart.jpg)

*Figure 1 Total Annual Deaths 2015-2020*
Manner of Death: Homicide

The Coroner classifies a death as a homicide if the death results from injuries inflicted by another person. In this context, the word homicide does not necessarily imply the existence of criminal intent behind the action of the other person. The prosecuting attorney determines whether and what kind of charges will be filed against the person inflicting the death. In 2020, the Coroner classified four deaths as homicides.

The four homicide victims were 22, 27, 40, and 73 years of age, respectively. All four were male. Three were African-American and one was Caucasian. All four deaths were from firearm injuries.
Manner of Death: Accidental

The Coroner certified 267 deaths as accidental in 2020. For the first time in recent years, the number of deaths due to falls was almost the same as the number of accidental drug overdose deaths. This was due almost entirely to an increase in the number of fall-related deaths, from 76 in 2019 to 106 in 2020. This office does not know the reason for this unexpected increase in fall-related deaths, and we plan further analysis of these deaths in 2021.

The number of deaths due to a motor vehicle collision comprised the third most common type of accidental death (11%), but decreased from 2019, probably due to less driving, especially early in the pandemic.

![Figure 2 Accidental Deaths in 2020](image)
Accidental Drug Overdose Deaths

The number of accidental drug overdose deaths was 108, a 4% increase from the 104 accidental drug overdoses in 2019. This increase reversed the trend of annual decreases in overdose deaths in 2018 and 2019.

As in past years, demographic analysis showed males (79% of cases) and Caucasians (80% of cases) to be disproportionately represented in drug overdose death statistics.

The age distribution shifted to older age groups in 2020. There were fewer deaths in the 25-44 years age group and more deaths in all the older age groups (Figure 2). The Coroner’s Office does not have sufficient data to adequately analyze the reason for this shift although it is presumed to have some relationship to the COVID-19 pandemic which impacted the health of older people to a greater degree than younger people in 2020.

![Accidental Drug Overdose by Age Group: 2019 and 2020](image)

Figure 3 Accidental Drug Overdose Deaths by Age Group: 2019-2020

Extensive forensic toxicological testing is performed on all suspected drug overdose deaths. This allows confirmation of the cause of death as well as identification of trends in both illicit and prescription drug abuse.
Figure 3 shows the number of times individual drugs were found on toxicological testing. In most fatal drug deaths, multiple drugs were present. **Fentanyl/fentanyl analogs remained the most common category of drugs and were present in 74% of accidental drug overdose deaths** compared to 78% in 2019. Methamphetamine was found in approximately 31% of 2020 deaths compared with 20% in 2019. Xylazine, a large animal anesthetic used as a cutting agent for other drugs, continued to be a common finding in Chester County. Alcohol, almost always in combination with other drugs, continued to show up in about one-fourth of all deaths. Prescription drugs gabapentin and trazodone were in the top ten drugs found for the first time.

**Figure 4 Most Common Drugs in Overdose Deaths - 2020**

The Chester County Coroner’s Office shares its data and insights regarding overdose deaths with a number of agencies, including the District Attorney’s office, the Chester County Overdose Prevention Task Force, the Regional Overdose Prevention Coalition, the Pennsylvania Department of Health, and Overdosefreepa.pitt.edu. The latter organization aggregates and analyzes data for most Pennsylvania counties.

**Deaths due to Falls**

There were 107 fall-related deaths in 2020 accounting for 40% of accidental deaths. This was an **increase of 40%** from the 76 fall-related deaths that occurred in 2019. Almost all (98%) of these deaths were in those age 65 years or older. Falls were sometimes a direct cause of death,
such as when they resulted in head injuries. Falls were also often an indirect cause of death. For example, a fall may have resulted in a fracture that required surgery with the subsequent hospital course including complications such as pneumonia or sepsis.

The increase in fall-related deaths was unexpected and the reasons are not understood at the time of this report. It is possible that increased time at home, less exercise, and/or lack of care for various medical conditions – all related to the COVID-19 pandemic – contributed to the increased mortality from falls in the elderly population.

**Motor Vehicle Collisions**

Motor vehicle collisions accounted for the third largest number of accidental deaths, 29/267 (11%), a slight decrease from the 33 such deaths in 2019. Decedents were driver/operators in the majority of cases (21/29), while 4 were passengers, and 2 were pedestrians. Drivers were motorcyclists in 4 cases and bicyclists in 2 cases.

Eighteen drivers had toxicological testing performed. Testing was not performed in other drivers due to time elapsed since the accident. Seven drivers had blood alcohol levels above 0.08, while 2 tested positive for marijuana, and one each tested positive for methamphetamine, fentanyl, and oxycodone.

**Other Causes**

Eight accidental deaths were due to other causes. Three were due to asphyxiation, with 2 due to mechanical asphyxiation and one due to suffocation. Other causes were fire, blunt impact trauma, anaphylaxis, and exsanguination.

**Manner of Death: Suicide**

Suicides are those deaths caused by self-inflicted injuries with evidence of intent to end one’s life. Evidence of intent can include explicit expression such as a suicide note or verbal threat, or an act constituting implicit intent, such as deliberately placing a gun to one’s head or rigging a vehicle’s exhaust.

In 2020, there were 53 suicides, a slight decrease from 2019 when there were 57. This continues a downward trend from 2018 when there were 63 suicides. Individuals who committed suicide were from 16 to 87 years old. Forty-seven (89%) were male.
The cause of death is shown in Figure 5. As in 2019, firearms were the most common and hanging the second most common method of suicide.

Figure 6 Suicide Cause of Death - 2020
Manner of Death: Natural

Not all natural deaths are reported to this Office, so data in this section is derived only from reported cases. Reported cases usually involve a sudden and unexpected death in an apparently healthy individual, or no physician able or willing to certify the death, or no next of kin, or suspicious circumstances surrounding the death. The Coroner’s Office assumed jurisdiction and responsibility for certification in 976 (66%) of reported natural deaths, and released responsibility for certification to the attending physician in 506 cases.

In 2020, 1,482 deaths due to natural causes were reported to the Coroner’s Office. This was an 83% increase from 2019. By far the most common cause of death was COVID 19, 638 (43%) of natural manner deaths. Cardiac events, accounted for 390 deaths in 2020, 26% of the reported natural deaths. Natural deaths included 31 fetal demises, discussed in the Child Fatalities section below. As shown in Figure 6, the majority of natural deaths occurred in the oldest age groups.

Excluding COVID-19 deaths, there was a 4% increase in natural deaths in 2020.
COVID-19 Deaths

As noted above, COVID-19 caused by infection with the novel coronavirus, SARS-CoV-2, was the most common cause of death in Chester County in 2020. Chester County experienced two surges in COVID-19 deaths, as shown in Figure 7. Most COVID-19 deaths were in older residents (Figure 8).

Figure 8 COVID-19 Deaths by Month 2020

Figure 9 COVID-19 Deaths by Age Group 2020
During the first surge of the COVID-19 pandemic in Chester County, 81% of deaths occurred in residents of long term care facilities, primarily nursing homes. This includes those who were admitted to hospitals from long term care facilities. The In the News section at the end of this Annual Report includes press releases concerning this COVID-19 deaths and long term care facilities. As the second surge had not ended by December 31, 2020, the analysis described here is limited to the 367 deaths occurring during the first surge, defined as January 1, 2020 through June 30, 2020.

During the first surge, approximately half of decedents were male and half were female. Since the majority of nursing home residents are female, this suggests that males may have disproportionately affected by COVID-19. Race and ethnicity showed that 82.5% succumbing to COVID-19 were white, 11.2% percent were Black or African-American, 1.9% were Asian (including Asian Indian), and 1.3% percent were Hispanic. Eleven (3.0%) had no available data for race. Figure 7 compares the proportion of decedents of each race who died of COVID-19 with the proportion of residents of that race in Chester County. White residents died of COVID-19 at a rate approximately equivalent to their representation in the Chester County population. Black or African-American residents died of COVID-19 at a disproportionately higher rate while Asian and Hispanic residents died at disproportionately lower rates compared to their representation in the population.

Figure 10 COVID-19 Deaths by Race/Ethnicity
Almost all of those dying of COVID-19 during the first surge had pre-existing medical conditions. The three most common conditions were hypertension (79%), cardiovascular diseases (58%), and cognitive deficits (53%). Cardiovascular conditions included coronary artery disease, congestive heart failure, and atrial fibrillation. Cognitive deficit was almost always a form of dementia. Many of those who died were residents of a memory care or dementia unit in the nursing home. Because data is not available on the prevalence of these conditions in the Chester County population as a whole or the long term care population, it is not possible to determine if these conditions were disproportionate in COVID-19 deaths.

**Manner of death: Undetermined**

There were 16 cases in 2020 where the Coroner certified the manner of death as undetermined. In four of these, the cause of death was also unable to be determined.

If an extensive investigation and autopsy cannot clarify the circumstances of how the death happened, the manner of death is classified as undetermined. Undetermined cases are periodically reviewed and reclassified if new information has become available.

**Child Fatalities**

The Coroner is a member of the Chester County Child Fatality Review Committee and the Coroner or Chief Deputy Coroner regularly participates on the Committee. We report on those child deaths that occurred within the County, regardless of residence of the decedent.

The Commonwealth of Pennsylvania categorizes anyone under 21 as a “child” for purposes of inclusion in Child Fatality Review Committees. The deaths of 13 persons under age 21 were investigated by the Coroner’s Office in 2020. Five (5) were less than one (1) year of age. The manner of death for the 13 child deaths in Chester County was natural in 4 cases, accidental in 4 cases, undetermined in 4 cases, and suicide in 1 case. Two died of COVID-19.

Fetal demises (also known as stillbirths) are reported for fetuses 16 weeks gestation or older (per Pennsylvania law). A total of 31 such reports were received in 2020.
Unclaimed Individuals

In some circumstances the County of Chester becomes responsible for the disposition of an individual’s body after death:

1) No other family members are known to exist.
2) Legal next of kin cannot be located after an exhaustive search.
3) The family refuses to provide for the final arrangements for financial or other reasons.

In recent years, there has been an increase in the number of next of kin relinquishing rights to the deceased individual to the Coroner’s office because they cannot or do not want to incur the expense associated with the final arrangements for their relative.

There were 28 county cremations in 2020. The cremains of unclaimed individuals are kept by the Coroner’s office for a minimum of one year, after which time they are interred in a crypt donated to the county unless family or an interested party comes forward to claim them. Claiming cremains after the County has taken responsibility for disposition requires a fee of up to $3500 in order to compensate the County.

The Coroner’s Office inters cremated remains of veterans and non-veterans in alternate years. In September of 2020, the Coroner’s Office interred the cremains of 39 non-veteran decedents at Philadelphia Memorial Park in Frazer, PA. Due to the COVID-19 pandemic, the interment was private and attended only by two members of the Coroner’s Office staff.

Organ Donation

The Chester County Coroner’s Office is proud of its cooperation with Gift of Life, the regional Organ Procurement Organization (OPO). Our office is contacted by Gift of Life on all hospital deaths of potential donors to confirm whether a death is a Coroner case and if so, what organs or tissue may be able to be donated if permission is granted by the family.

Table 2 summarizes organ and tissue donations from cases reported to the Chester County Coroner’s Office by Gift of Life in 2020. Thirty-two organs from 10 donors were transplanted and 135 tissues from 58 donors were recovered.
### Table 2 Organ and Tissue Donation 2020

<table>
<thead>
<tr>
<th>Organ Donation</th>
<th></th>
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<tbody>
<tr>
<td>Potential Organ Donors</td>
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<tr>
<td>Actual Organ Donors</td>
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<tr>
<td>Family Declined</td>
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<tr>
<td>Coroner Declined</td>
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<tr>
<td>Organs Transplanted</td>
<td>32</td>
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<tr>
<td>Kidneys</td>
<td>14</td>
</tr>
<tr>
<td>Livers</td>
<td>10</td>
</tr>
<tr>
<td>Lungs</td>
<td>4</td>
</tr>
<tr>
<td>Heart</td>
<td>4</td>
</tr>
</tbody>
</table>

| Tissue Donation                     |       |
| Gift of Life contacts about hospital deaths | 1193  |
| Approved Coroner Case Tissue Donors  | 58    |

| Tissues Recovered per donor         |       |
| Corneas                             | 38    |
| Bone                                | 40    |
| Skin                                | 37    |
| Heart Valve                         | 7     |
| Vein                                | 6     |

### In the News

#### External News Reports

The Chester County Coroner and the Coroner’s Office were mentioned in a number of news publications in 2020. Available links are provided here.

2. [https://www.unionvilletimes.com/?p=45886](https://www.unionvilletimes.com/?p=45886)
7. [https://www.phoenixvillenews.com/chester-county-coroners-office-investigating-2-fatal-acidents/article_6aa98f75-0734-5b09-a0ee-b3df4c4587e7.html](https://www.phoenixvillenews.com/chester-county-coroners-office-investigating-2-fatal-acidents/article_6aa98f75-0734-5b09-a0ee-b3df4c4587e7.html)
8. [https://downingtowntimes.com/?p=22993](https://downingtowntimes.com/?p=22993)
February 18, 2020
2019 Accidental Deaths

The Chester County Coroner’s Office has released information on 2019 accidental deaths in Chester County. A total of 225 accidental deaths were investigated, slightly fewer than in 2018 (232) and 2017 (234). Drug overdoses, falls, and motor vehicle collisions accounted for most of the accidental deaths.

Drug overdose remained the most common cause of accidental death in the County, comprising 46% of such deaths. A total of 104 accidental drug overdoses were reported, a 7% decrease compared to 2018. This continues a downward trend from the peak of 144 overdose deaths in 2017. White men in the 25-34 and 35-44 age groups continued to be the predominant demographic group dying of a drug overdose. Fentanyl, present in more than 2/3 of cases, remained by far the most frequently identified substance on toxicology testing. The majority of drug overdose deaths involved multiple substances. Heroin, cocaine, and ethanol were each present in approximately 25% of cases. Xylazine, a large animal anesthetic often used to adulterate illicit drugs in this County, was present in approximately 23% of cases.

Coroner Christina VandePol, M.D., stated “The intense efforts to combat the opioid epidemic appear to be having an impact, at least as far as fatal overdoses. Hopefully, we have turned a corner, but it’s still a tragedy when more than 100 people in our County die of a preventable cause. Many of these deaths are now occurring in people who have sought and received treatment or who have been incarcerated, so in my opinion we need to take a closer look at those situations to see how we can do better.”

Falls continued to be the second most common cause of accidental death, but unlike drug overdose deaths, deaths attributed to falls are on the rise. In 2017, 45 people died after a fall but this increased to 76 in 2019. The percentage of accidental deaths from falls rose from 19% in 2017 to 27% in 2018 and then 34% in 2019.

“The increased incidence of falls as a preventable cause of death is alarming,” said VandePol. “It reflects the aging of our population, as almost 80% of fall-related deaths are in those over the age of 80. The actual incidence is probably higher, because we are not always...
notified when an elderly person dies after a fall. Analysis of fall-related and other preventable
deaths in our older residents has been and will continue to be a focus of the Coroner’s Office.”

March 10, 2020
Sophia Garcia-Jackson appointed Chief Deputy Coroner

The Chester County Coroner’s Office is pleased to announce the appointment of Sophia
Garcia-Jackson to the position of Chief Deputy Coroner. Garcia-Jackson has been the First
Deputy Coroner for the past year and came to Chester County after almost 6 years as a
medicolegal death investigator with the New Jersey Medical Examiner’s Office. Her
responsibilities as First Deputy Coroner have included establishing an investigator training
program, supervising and strengthening the transporter function, updating the Coroner’s Office
Mass Fatality plan, and expanding the department’s public outreach program. In addition to a
Master’s degree in Forensic Medicine, Garcia-Jackson has been a diplomate of the American
Board of Medicolegal Investigators (D-ABMDI) since 2017.

Originally from California, Garcia-Jackson has an undergraduate degree in
Anthropology from California State University, Chico, where she also earned a certificate in
forensic identification while working at the University’s Human Identification Lab. She then
completed a Master’s degree in Forensic Medicine at the Philadelphia College of Osteopathic
Medicine, including an internship at the Philadelphia Medical Examiner’s Office. Garcia-
Jackson’s ongoing training includes a Forensic Science Training Program with the New York
City Office of the Chief Medical Examiner. Most recently, as required by Pennsylvania law, she
successfully completed Pennsylvania’s Basic Coroner Education Course.

“I am thrilled that Sophia will be our Chief Deputy Coroner,” said Coroner Christina
VandePol, M.D. “After reviewing applications from around the country, it was clear that the
right person was our own First Deputy Coroner, Sophia Garcia-Jackson. Sophia is recognized
as an expert medicolegal death investigator not only by our staff, but by our colleagues in local
It's important to have a highly qualified Chief Deputy Coroner because by law that person steps in if anything happens to the Coroner.”

Garcia-Jackson resides in West Whiteland Township with her husband, Blake, and their dog Chico, a Chihuahua mix. She met her husband while both were on a study abroad program in Ghana, West Africa. She loves cooking and the Coroner’s Office is the frequent beneficiary of her culinary talent.

April 17, 2020

Early Report on COVID-19 Deaths in Chester County

The Chester County Coroner’s Office (CCCO) is releasing information on COVID-19 deaths reported to this office. The first reported COVID-19 death in Chester County was on March 28, 2020. As of 5 pm on April 16, 2020, 52 deaths were confirmed with 32 reported in just the past week (April 10 through April 16). An additional 5 presumed COVID-19 deaths were reported, with testing either pending or not done.

By state law, “a death known or suspected to be due to contagious disease and constituting a public hazard” is reportable to the coroner of the county in which the death occurs. This applies to hospitals, long term care facilities, medical practitioners, and even funeral homes. Coroners receive death reports real time, before death certificates are registered, so the number of deaths we report will always be higher than those reported by public health departments. At the national level, the delay is even longer: the Center for Disease Control and Prevention notes that their mortality data will usually lag 1-2 weeks behind that of state vital statistics offices.

All COVID-19 deaths to date have been due to lung disease, primarily pneumonia. The age range for the 52 persons who have died of COVID-19 in Chester County is 57 to 98 years, with 71% being 75 years or older. Twenty women and 32 men have died. Two decedents were of South-east Asian descent, 6 were African-American, and 44 were white. Most died in a hospital setting, but 14 passed away in a long term care facility, and 3 in a private residence. Among the 52 decedents were 13 residents of other counties who died in a Chester County hospital. The duration of symptoms or illness prior to death ranged from 2 days to approximately 3 weeks.
Underlying medical conditions were present in all decedents, with the most common being hypertension, diabetes, and heart disease.

Coroner Christina VandePol, M.D., stated “This has been a terrible and tragic week. It is unbelievably sad to lose so many of our elders so fast. The grief and shock of those who have lost a spouse, a parent, or a grandparent to this virus is so much worse because of the speed of the illness and because they are often unable to say goodbye.”

“I would like to thank all the funeral homes who are providing refrigerated storage space for the Coroner’s Office non-COVID-related deaths. They have stepped up to provide our community with a very valuable service during this time of need.”

With regard to COVID-19 data reporting, Dr. VandePol said “I don’t think we know the extent of infection or even the true number of deaths due to this virus because of the lack of testing available here and elsewhere. That’s due to a massive systemic failure at the federal level, in my opinion. Some coroners and medical examiners are starting to make their own test kits and perhaps we’ll be doing the same soon. We’ve been fortunate so far to receive some from hospitals, some from the State Bureau of Laboratories, and some from our County Health Department, but there’s never enough to go around. Why is that?”

April 28, 2020

State Sen. Muth, Chester County Coroner VandePol Call for Immediate Investigation into Chester County Southeast Veterans Center amidst Growing COVID-19 Concerns

State Senator Katie Muth (D – Berks, Chester, Montgomery) and Chester County Coroner Christina VandePol, M.D. are calling for an immediate investigation into the handling of the COVID-19 outbreak at the Southeast Veterans’ Center in East Vincent Township, Chester County.

As of Sunday, April 26, 27 COVID-related deaths were reported to the Chester County Coroner’s Office, the most of any facility in Chester County. Conflicting information was provided to the Coroner’s Office regarding whether COVID-19 testing was or was not done in these cases. Because health care providers employed or contracted by the State are completing the death certificates for all deaths at the facility, the Coroner’s Office is usually unable to fully confirm that what is listed on the death certificate matches with the report provided to the Coroner. However, the Coroner's Office does have to review death certificates before cremation can be authorized. In some cases, the cause of death for decedents at the Veterans' Center was certified as COVID-19, even though testing was never performed, according to the report provided to the Coroner. Inconsistencies and lack of information from the state and county entities have also shown discrepancies in reporting both positive cases and death counts.

It is unknown whether residents showing signs of COVID-19 were not tested because of a shortage of test kits, or if they were advised by the State and County Health Departments that they could "presume" someone died of COVID-19 under the conditions prevalent at the Veterans' Center, or if there were other factors that interfered with testing. On Friday, April 24, Dr. VandePol was told by a source that tests had now been provided by the state and that "everyone" was to be tested going forward. However, on Sunday, April 26, the Veterans' Center
was, again, reporting deaths to the Coroner's Office as "presumed" COVID-19 deaths with no test performed.

VandePol said "The sheer number of deaths at the Veterans' Center in such a short period of time warrants an immediate investigation. We have no idea what is going on there or how this outbreak is being handled. Are all COVID-19 deaths being reported to us, as they should be by law? It appears that since Monday, April 27, they are no longer being reported to my office. Are there deaths written off as due to other causes because the residents are not being tested? Are appropriate safety precautions in place for residents and staff? I've been informed the State has suspended inspections of long-term care facilities as well as ombudsman programs. Families have little or no access to their loved ones, either. So, this is a closed system with no one able to see what is going on. That's a recipe for disaster."

The Southeast Veterans Center is in state senate district 44, represented by State Senator Katie Muth. After three weeks of back and forth with state and county entities, trying to get answers about what was being done to improve the outbreak, Sen. Muth was frustrated and concerned about the lack of clear protocol. “The situation at the Southeast Veterans is absolutely unacceptable. For the last three weeks, I’ve received calls and emails from concerned family members, worried about their loved ones, asking questions about what’s being done to stop further spread of this virus. Long-term care facilities, like SEVC, are struggling to keep the virus from infecting both residents and staff, and with inadequate testing capacity and unreliable supply chains for personal protective equipment (PPE), this struggle becomes even more challenging. There are many unanswered questions about the surge of cases and deaths at the center, and without answers of substance, it’s clear that the current plan is failing.”

This past weekend, following press coverage of the conditions at SEVC, staff members from SEVC contacted legislator offices, asking for help and intervention. Muth said that she has spoken directly to several employees over the last few days. “Hearing their stories and struggles brought me to tears. This isn’t just a lack of supplies or staffing shortages, this is healthcare providers crying out for help because they feel their patients are at extreme risk because of a failing protocol.” One staff member told me that one of their patients asked them how to get out of there because they feel like they are in a death trap. Staff are fearful of losing their jobs or retaliation because they’ve been instructed to not speak out about anything related to the SEVC, but at the same time feel like if they don’t speak out, more veterans will die and spread will continue. Other staff members stated that employees showing symptoms of COVID-19, and confirmed positive for the virus, are being told they must come to work, or they won’t be paid. This is simply irresponsible and perpetuating spread within the facility. Employees are at risk since they are directed to provide inadequate care and to underplay the severity of the situation, in turn jeopardizing resident health and their own health.” Muth said that other disturbing details reported by staff members included improper isolation of suspected or confirmed positive residents, inconsistent disinfectant and cleaning procedures, sending letters to family members stating the cause of death was something other than covid-19 related but medical charts saying otherwise, inaccurate reporting of death rate, lack of testing for residents, and individuals with roommates waiting hours for the body of a veteran that passed away to be removed from the room, and supervisors instructing staff to change or edit medical charts and records.
“It is imperative that the Southeast Veteran Center provide a safe environment for the veteran residents, and the dedicated staff who serve them. Failing our Veterans and their families, and failing our frontline workers is simply not an option. Therefore, we are calling for an immediate investigation, to properly protect the employees and, in return, save the lives of those who were willing to sacrifice their lives for us.”

May 4, 2020
COVID-19 Weekly Deaths in Chester County

The Chester County Coroner’s Office is releasing data showing that the number of new COVID-19 deaths reported for the past week was 39, down from a high of 56 in the week ending April 19, 2020.

The first confirmed COVID-19 death in Chester County occurred on March 28, 2020, with rapid increases in the number of deaths reported weekly thereafter. As of midnight May 3, 2020, the cumulative number of COVID-19 deaths reported to the Coroner’s Office since March 28 was 196. The Coroner’s Office counts all deaths that occur within Chester County, regardless of residence of the decedent.

“This is encouraging,” said Chester County Coroner Christina VandePol. “While we mourn the loss of 39 more souls to the coronavirus pandemic this past week, we are finally seeing an effect from all the sacrifices everyone is making. There are still new hot spots popping up, so no one should think it’s over, but we are hopeful this downward trend will continue.”

The elderly have suffered the greatest number of fatalities from COVID-19. Currently 161 (82%) of the reported Chester County COVID-19 deaths are from long term care facilities. Six facilities have had 10 or more of their residents die of confirmed or probable COVID-19. As previously reported, the Southeast Veterans Center has been hard-hit, reporting a total of 33 deaths to our office. Another facility is located in Montgomery County, but severely ill residents have been brought to a Chester County hospital where they later died. Facilities differ in size and these are raw numbers, not per capita data. True mortality rates cannot be calculated as COVID-19 testing of the entire population of a facility has not been conducted for any long term care facility.

“Our long term care facilities take care of elderly persons with significant medical conditions such as lung, heart, and neurological diseases who often cannot be cared for in other settings,” said VandePol. “My impression is that the staff at these facilities has been doing the best they can while struggling with lack of staffing and other resources, including PPE and COVID-19 tests. We need to support them as they bear the burden of caring for this vulnerable population during this pandemic.”
July 24, 2020
Nursing Home Deaths

The Chester County Coroner’s Office is reporting a significant drop in the number of nursing home residents dying with COVID-19 in June and July. In May, 135 such deaths were reported, compared to 25 in June and 8 so far in July.

For all of 2020 to date, 380 COVID-19 deaths have been reported to the Coroner’s Office, with 318 (83.6%) being residents of long term care facilities. Seventeen facilities have had 5 or more residents die of the novel coronavirus, while an additional 21 facilities have lost at least one resident.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Municipality</th>
<th>COVID-19 Deaths</th>
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</thead>
<tbody>
<tr>
<td>Southeastern Veterans Center</td>
<td>East Vincent</td>
<td>42</td>
</tr>
<tr>
<td>Green Meadows</td>
<td>Willistown</td>
<td>33</td>
</tr>
<tr>
<td>Brandywine Hall</td>
<td>East Bradford</td>
<td>30</td>
</tr>
<tr>
<td>Phoenix Center</td>
<td>Phoenixville</td>
<td>26</td>
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<tr>
<td>Parkhouse</td>
<td>Montgomery County</td>
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<tr>
<td>Aventura at Pembrooke</td>
<td>West Goshen</td>
<td>18</td>
</tr>
<tr>
<td>Barclay Friends</td>
<td>West Chester</td>
<td>17</td>
</tr>
<tr>
<td>Wellington</td>
<td>East Goshen</td>
<td>16</td>
</tr>
<tr>
<td>Bellingham (Memory Unit)</td>
<td>East Goshen</td>
<td>13</td>
</tr>
<tr>
<td>St. Martha’s</td>
<td>Caln</td>
<td>13</td>
</tr>
<tr>
<td>Freedom Village</td>
<td>West Brandywine</td>
<td>11</td>
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<tr>
<td>Simpson Meadows</td>
<td>East Caln</td>
<td>8</td>
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<tr>
<td>Arbor Terrace</td>
<td>Willistown</td>
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<tr>
<td>Hickory House</td>
<td>Honey Brook</td>
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<tr>
<td>Highgate at Paoli Pointe</td>
<td>Tredyffrin</td>
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<tr>
<td>Bellingham (Independent)</td>
<td>East Goshen</td>
<td>5</td>
</tr>
<tr>
<td>Newport Meadows</td>
<td>Lancaster County</td>
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</table>

Deaths due to contagious disease are reportable to the Coroner of the county in which the death occurs even if the decedent’s residence was elsewhere. Nursing home residents from nearby counties are therefore counted if they die in a Chester County hospital.

Chester County Coroner Dr. Christina VandePol commented “It's wonderful to see the number of COVID-19 deaths in nursing homes going down. But our involvement in these deaths has brought to my attention that most deaths in long-term-care facilities are not required to be reported to us. State law should be amended to require all deaths in congregate care settings be reported to the Coroner or Medical Examiner. Most nursing homes are closed loop systems, with the same people who supervise patient care issuing the death certificates. Death certificates are sometimes issued based on information given over the phone to an on-call physician. There is a lot of room for miscommunication and conflict of interest. Our elderly, their families, and our community deserve to have access to an independent and objective review whenever a death occurs in these circumstances.”
The Chester County Coroner’s Office is releasing data on drug overdose deaths in Chester County from January 1, 2020 through June 30, 2020. A total of 58 deaths have been confirmed to be due to an accidental drug overdose. This is fewer than the 68 overdose deaths reported mid-way through 2019, but the Coroner’s Office cautioned that it is not possible to accurately predict a total for all of 2020. In 2019, for example, the second half of the year saw a drop in overdose deaths so the total for the year was 105 deaths.

There have been news reports of surges in drug overdose deaths elsewhere in the state during the COVID-19 pandemic, but that trend has not been observed so far in Chester County. The Pennsylvania Department of Health has no 2020 drug death data on their website at this time.

The demographic profile of those who have died of an accidental drug overdose so far in 2020 has shifted compared to previous years. While the affected population remains predominantly male (82%) and white (80%), almost half of overdose deaths this year have been in those over age 45. By comparison, for all of 2019, only 31% of deaths were in those over age 45. The oldest person dying of a drug overdose so far in 2020 was in their 70’s.

“We are no longer surprised to find that someone in their 50’s, 60’s, or 70’s died of an overdose,” said Chester County Coroner Dr. Christina VandePol. “Many of the older decedents had a long history of substance abuse, often decades, and it was not always suspected or identified by their health care providers, if and when they sought help for other problems. It’s also clear that addiction ravaged many of these lives over time, resulting in homelessness, unemployment, and estrangement from family. Another observation is that alcoholism was a common co-existing or pre-existing condition in this population. I will be sharing our findings with the Chester County Overdose Prevention Task Force. I believe a customized approach is needed to reach this older demographic.”

Toxicological tests showed that fentanyl, a synthetic opioid found in approximately 78% of 2020 deaths, remained the predominant drug responsible for overdose deaths in Chester County. Most fatalities involve multiple drugs, both illicit and prescription. A new finding is that methamphetamine has replaced heroin as the second most common drug found in overdose deaths. Methamphetamine was present in 30% of cases so far in 2020, compared to about 18% in all of 2019. Xylazine, a large animal anesthetic presumably used as a cheap adulterant, was the third most common substance found. It was present in 28% of cases, always in combination with other drugs, usually including fentanyl. The Coroner’s Office issued a statement about xylazine when it first appeared in Chester County overdose deaths early in 2019 and it has steadily increased since then.
September 7, 2020, updated September 8, 2020
Turnpike Multiple Fatality Accident

The Chester County Coroner’s Office has identified the three victims who died in Saturday’s Pennsylvania Turnpike accident as Santana Ashford, 34, of East Lampeter Township, Gabrielle Marie Ashford, 24, of Lititz Borough, and Jehu Young Jr, 14, of West Hempfield Township, all of Lancaster County.

The accident involved 2 passenger vehicles and took place at approximately 11 a.m. on September 5, 2020 between Route 29 and the Downingtown exit of the eastbound Pennsylvania Turnpike. Pennsylvania State Police King of Prussia is investigating the cause of the accident.

September 11, 2020
Interment of Unclaimed Cremains

Image caption: Memorial Crypt Plaque at Philadelphia Memorial Park. Photo Credit Donna De Stefano

The Chester County Coroner’s Office is planning to inter the unclaimed cremains of the following 28 individuals in the near future. Unclaimed cremains of non-veterans are interred every two years in a crypt donated to Chester County in 2018 by Philadelphia Memorial Park, Frazer, PA. A memorial ceremony for the first interment took place November 8, 2018. Due to current gathering restrictions, a ceremony will not be held this year.

All cremains have been retained by the Coroner’s Office for at least one year. The names of decedents to be interred are provided as a final notification to any next of kin (closest living relative). If you are the next of kin or an interested party who would like to claim someone’s cremains, please call the office at 610-344-6165.

Robert Clarke, 61, of Caln Township, died March 2, 1999; manner natural.
Clarence Troup, 71, of Coatesville City, died May 8, 2006; manner natural.
John Sapone, 53, of Sadsbury Township, died October 1, 2006; manner natural.
Henry Masterson, 52, of Honey Brook Township, died January 24, 2007; manner natural.
Deborah McKeon, 61, of Phoenixville City, died August 23, 2017; manner natural.
Thomas Jones, 83, of Middletown Township, Delaware County, died November 27, 2017; manner accidental.
Joseph Logan, 65, of Coatesville City, died December 19, 2017; manner natural.
Anthony Fazio, 74, of Kennett Township, died January 10, 2018; manner natural.
Robert Williams, 62, of West Goshen Township, died March 10, 2018; manner accidental.
John Ostrander, 65, of East Vincent Township, died March 14, 2018; manner natural.
Robert Patten, 62, of West Pottsgrove Township, Montgomery County, died April 2, 2018; manner natural.
Thomas Joseph Christenson, 60, Westtown Township, died April 18, 2018; manner natural.
Lewis T. Blackwell, 84, of Spring City Borough, died May 10, 2018; manner natural.
Marcella Zelmanoff, 75, of Phoenixville Borough, died October 7, 2018; manner accidental.
Theodore Stevens, 60, of West Chester Borough, died October 28, 2018; manner natural.
Michele Scott, 46, of Coatesville City, died November 4, 2018; manner accidental.
Cheryl Landon, 60, of Coatesville City, died December 4, 2018; manner natural.
Randy Wemett, 73, of Coatesville City, died December 6, 2018; manner natural.
Angel Rios, 57, of West Chester Borough, died January 10, 2019; manner natural.
Frank Krull, 52, of West Caln Township, died February 12, 2019; manner natural.
David G. Barr, 60, of Coatesville City, died February 19, 2019; manner natural.
William Marshall, 68, of West Chester Borough, died February 28, 2019; manner natural.
Carolyn K. Seager, 64, of Caln Township, died April 23, 2019; manner natural.
Charles Baker, 51, of New Garden Township, died June 5, 2019; manner accidental.
Mary Yarnall, 76, of West Chester Borough, died July 18, 2019; manner natural.
Eliauro E. Budanauro, 75, of Downingtown Borough, died September 6, 2019; manner natural.
Doris Deluna, 65, of Pottstown Borough, Montgomery County, died September 8, 2019; manner natural.
Larry E. Powell, 78, Phoenixville Borough, died February 24, 2019; manner natural.

December 21, 2020
Second Surge of COVID-19 Deaths

The Chester County Coroner Office is reporting a second surge in COVID-19 deaths in Chester County. After a slowdown in infections and deaths during the summer months, 136 COVID-19 related deaths have been reported since October 1, with 82 in the first 3 weeks of December. The total number of SARS-CoV-2 virus-related fatalities so far this year is now 524. This is likely an undercount since some COVID-19 deaths are not being reported as required.
In the first surge, April through June 2020, 347 persons here lost their lives to the pandemic. The majority of deaths during that period were in residents of long term care facilities. The elderly, those 75 or older, are still the most vulnerable, but only about 46% of deaths during this second surge have been in residents of nursing homes or other institutional settings. Instead, household and community-acquired SARS-CoV-2 infections, documented in decedents as young as 2 years of age, are fueling the current surge.

"Whenever we respond to a home death now, we have to assume COVID-19 could be a factor," said Chester County Coroner Christina VandePol. "We often do a post-mortem SARS-CoV-2 test, especially with unattended home deaths. We’ve documented infection in several sudden, unexpected deaths, including in younger people. Then we have to determine the role of the infection in the death, by review of medical records, an autopsy, or other tests. The previously reported COVID-19 home death of a 19-year-old student, for example, was confirmed at our request by a Center for Disease Control and Prevention (CDC) pathology lab.”

Little is known about transmission of the SARS-CoV-2 virus after death, so Chester County staff as well as first responders and funeral home workers have to remain vigilant. Chester County Coroner Office employees are essential workers and must remain on duty 24/7. Social distancing is not an option during most scene responses, so full PPE, including better technology such as half-face respirators, is required. Quarantine is not used except in case of symptoms or positive testing due to the need to maintain staffing. To date, two Coroner Office employees have fallen ill with COVID-19, but neither was infected at work.

"The tragic loss of so many in our community is devastating. Our hearts go out to the thousands of people who are going through the holidays missing family members and friends they’ve lost in the pandemic." said Coroner Christina VandePol. "Sadly, I expect it to get worse before it gets better. What we're seeing now is uncontrolled spread of the virus. It's everywhere. The vaccines are our best hope for a better 2021. But I expect it may be 2022 before we all put away our masks."