MICHAEL A. SIRAGUSA
ERIE COUNTY ATTORNEY

COUNTY OF ERIE

MARK C. POLONCARZ
COUNTY EXECUTIVE
DEPARTMENT OF LAW

MICHELLE M. PARKER
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY C. TOTH
SECOND ASSISTANT COUNTY ATTORNEY

5

July 15, 2014

Mr. Scott W. Kroll, Clerk
Erie County Legislature
92 Franklin Street. 4th Floor
Buffalo, New York 14202

Dear Mr. Kroll:

In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	*Powers, Gerald v. County of Erie*
Document Received:	Notice of Claim
Name of Claimant:	Gerald E. Powers 3 Hillcrest Heights West Seneca, New York 14224
Claimant's attorney:	Claimant is proceeding *pro se*.

Should you have any questions, please call.

Very truly yours,

MICHAEL A. SIRAGUSA
Erie County Attorney

By: Michelle Parker
Michelle M. Parker
First Assistant County Attorney

MMP:dld
Enc.

7/7/14

Mr. Jeremy Toth:

In accordance with a conversation I had with Mr. Ben Swanekamp, Executive Assistant to the Erie County Commissioner of Health, I am forwarding to you a notarized copy of the letter ,with attachments, sent to Dr Gale R. Burstein, Commissioner of Health.

As it pertains to your Office, we are requesting reimbursement for the Autopsy and related expenses incurred by our family on behalf of our Son, Michael F. Powers. As the letter indicates, we had expected the Autopsy to be done by the Medical Examiner's Office but learned from the Funeral Director, that this did not happen.

Also included is a copy of the cancelled check to verify the payment we made for the Autopsy. The related expenses are part of the Hoy Funeral Home itemization of Funeral Expenses which I have available ,if needed.

Please review the letter for detailed information.Thank you for your attention to our concerns and your anticipated response.

Yours truly,

Gerald E. Powers

Gerald E. Powers
3 Hillcrest Hts.
West Seneca, N.Y. 14224
(716) 656-8657

RECEIVED
JUL - 8 2014
ERIE COUNTY
DEPARTMENT OF LAW

✓ mnl
rec'd 7/15/14

June 25, 2014

Dr. Gale R Burstein,MD,MPH,FAAP
Commissioner of Health
Erie County Department of Health
95 Franklin St.
Buffalo,NY 14202

Re:Medical Examiner Follow-Up
on Death of Michael F. Powers
(Case 0365-14)

Dear Commissioner:

I wish to bring to your attention our family' s dissatisfaction with the Erie County Medical Examiner's follow-up on the sudden death of our 42 yr old son, Michael F. Powers, whose body was found in his apartment by his mother, Claire Powers on Tues, 2/11/14.

The death we experienced was very stressful and the additional stressors included in this letter are something we do not wish on other families.

Also, we are requesting reimbursement for the Autopsy we had done through Buffalo General Hospital (which was used by the Medical Examiner to modify the Death Certificate) as well as related expenses we incurred at the Funeral Home due to the Autopsy being done after the Funeral. The expenses are outlined at the end of this letter.

Circumstances of the issues involved are as follows:

After making the proper notifications, the emergency medical responders,police and an Assistant Medical Examiner arrived at Michael's apartment making their observations of the body and the surroundings. Michael's mother made a request to the Police and to the representative from Erie County Medical Examiner's Office to have an autopsy done as Michael was only 42 yrs old, in good health as far as his family was aware, and had a very good work / attendance record employed with a full-time job as well as a part-time job. He made no health complaints to his family which he usually did if he wasn't feeling well. Mrs Powers said that those involved agreed that an autopsy was in order.

On Thursday,2/13/14 when we met with David Mazur, Funeral Director at Hoy Funeral Home in West Seneca, to make funeral arrangements, and after embalming had taken place, he informed us that an Autopsy was not done, only a Toxicology testing. Furthermore, on the Death Certificate the immediate cause of death was listed as "chronic alcoholism". This was a shock to our family as we knew that Michael was not a chronic alcoholic. We later learned that the diagnosis was based on the Medical Examiner' s observations of Michael' s apartment surroundings which had 5 empty cans of beer in the room and some empty beer bottles in his closet. His body was not jaundiced and results of Autopsy and Toxicology testing showed no indications of chronic alcoholism. No consideration was given that the empty beer bottles in his closet were an accumulation that he gathered over a period of weeks with the intention to return the 2 cases to the store for deposit.

Our family was very concerned with this arbitrary diagnosis and the fact that an Autopsy was not done .

We proceeded with having a private Autopsy done through Buffalo General Hospital. We received the final Autopsy report about 4 weeks ago and your Medical Examiner's Office requested a copy from Buffalo General Hospital after which they modified the Death Certificate, printing in as the immediate cause of death "atherosclerotic cardiovascular disease", while crossing out "chronic alcoholism". We would have appreciated having a new Death Certificate issued removing "chronic alcoholism" rather than putting a line through it as an afterthought.

Shortly after learning that an Autopsy was not done and chronic alcoholism was listed on the Death Certificate, our daughter, Emily (Powers) Kawa, spoke over the phone with Katherine F. Mahoney,MD,and indicated that there was a history of heart issues in the family. Michael's grandfather (my father) also died at age 42 after a 3rd heart attack and I have had a heart attack & by-pass surgery at age 58. When personnel from the Medical Examiner's Office observed the body at time of death,there was no inquiry about family history . Dr Mahoney expressed her embarrassment over the situation as well as acknowledging the additional expense the family went through in this matter. My daughter and son-in-law researched the Erie County ,New York Department of Health Family Packet, which defines "Autopsy" and when they are to be done. "The medical examiner is required by NY State Law Section 673 to examine &

investigate deaths that are unattended by a physician or no physician is able to certify the cause of death".

There is a distinction between autopsy and toxicology exams .Our understanding is that an autopsy examines the organs; toxicology examines the liquids in the body at time of death. The 2 exams do not appear to be interchangeable although they seem to be in the Medical Examiner's report. I noticed in the letter received from the County dated 6/2/14 with the Toxicology report that there is a statement stating "Enclosed please find a copy of our Autopsy Report which you requested for the above-named individual,our case 0365-14." An Autopsy was not done by your Office???

Also,on the death certificate issued before Buffalo General Hospital got involved, it is checked that an autopsy was done???

I am including copies of the-old and new Death Certificates as well as the cover letter of Buffalo General Hospital's Autopsy Final report. The full 10 page report had been forwarded to the Medical Examiner's Office and used by the Medical Examiner to modify the Death Certificate.

In summary , we are upset about:

1.The procedures & judgments used in diagnosing our son's immediate cause of death which was eventually corrected by our families' intervention;

2.The lack of communication by the Medical Examiner's Office failing to inform us that an autopsy was not done, when, at the time of finding his body, they were in agreement that an autopsy was in order. This resulted in a great deal of stress on the family searching quickly for a resource who could perform an autopsy after the Funeral as well as changing some of the funeral arrangements and having the burial done after the Autopsy. It also increased the costs with the Funeral Home.

3.There needs to be clarification in the Erie County,NY Dept. Of Health Family Packet to distinguish in which situations a full Autopsy is done and when a Toxicology is done. Also, a statement needs to be included that communication will be made by the Medical Examiner to the family when changes in judgment are made in not doing an Autopsy and the reason for such change.

4. Why the Death Certificate stated that an Autopsy was done by the Office when,in fact,one was not done?

5.A new Death Certificate should be issued removing " chronic alcoholism" , not just crossing it out.

Hopefully, with resolve on the above issues,other Erie County families going through the death of a loved one ,will experience a more dignified approach in their time of bereavement.

As stated earlier, we are requesting reimbursement for the following expenses:

Autopsy :	$3000.00
Redressing the Body (Hoy Funeral Home):	80.00
Transport To/From Hospital :	480.00
New Death Certificates. (4):	40.00

Total.	$ 3600.00

This does not include the stress this has caused the family in addition to the grieving process when losing a loved one.

We are prepared to seek Legal Counsel but would prefer to reach a satisfactory closure with your Office so we can put this issue behind us. Thank you for your time and attention to this letter and your anticipated response. I can be reached at the address listed below.

Yours truly,

Gerald E. Powers

Gerald E. Powers
3 Hillcrest Heights.
West Seneca,NY 14224
(716)656-8657

7/7/14

Joseph Grzybowski

JOSEPH GRZYBOWSKI
Lic. #01GR6286555
Notary Public-State of New York
Qualified In ERIE
My Commission Expires JULY 29,2017

ACCOUNT	PAGE
000000013002266	3 OF 3

00000331-0001313-Page 3 of 3-FIDS154IG70108231405-00000500

GERALD E. POWERS
3 HILLCREST HEIGHTS
WEST SENECA, NY 14224

3695

DATE 2/15/14

PAY TO THE ORDER OF U.B. Pittsburgh $3000.00

Three Thousand and no/100 DOLLARS

M&T Bank

MEMO Autopsy Michael Powers

Gerald E Powers

⑆022000046⑆ ⑈3002266⑈3695

Check #3695 Paid :04/29/2014 $3000.00

ENDORSE HERE

Deposit Only
UB Pittsburgh, Inc.

Check #3695 Paid :04/29/2014 $3000.00

DOH-1051 (9/2011)

REGISTRAR'S NUMBER: 740

PERMIT NUMBER: 00564

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

*0062.2C. 06.04.2014

STATE FILE NUMBER

1. NAME: FIRST Michael MIDDLE F. LAST POWERS
2. SEX: MALE [X] FEMALE [ ]
3A. DATE OF DEATH: MONTH Feb. DAY 11 YEAR 2014
3B. HOUR: 4:00 p.m.
4A. PLACE OF DEATH (Check one): HOSPITAL OR ER [ ] HOSPITAL OUTPATIENT [ ] HOSPITAL INPATIENT [ ] NURSING HOME [ ] PRIVATE RESIDENCE [X] HOSPICE FACILITY [ ] OTHER (Specify) [ ]
4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR
4C. NAME OF FACILITY: 570 Fargo Avenue
4D. LOCALITY: CITY [X] VILLAGE [ ] TOWN [ ] Buffalo
4E. COUNTY OF DEATH: Erie
4F. MEDICAL RECORD NO.: n/a
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? NO [X] YES [ ]
5. DATE OF BIRTH: MONTH Nov DAY 27 YEAR 1971
6A. AGE IN YEARS: 42
6B. IF UNDER 1 YEAR: ENTER months days
6C. IF UNDER 1 DAY: ENTER hours minutes
7A. CITY AND STATE OF BIRTH (If not USA, Country and Region/Province): Buffalo, NY
7B. IF ARE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:
8. SERVED IN U.S. ARMED FORCES? (Specify yes or no) NO [X] YES [ ] Army
9. DECEDENT'S HISPANIC ORIGIN (Check the box that best describes whether the decedent was of Hispanic origin or not): A [X] No, not Spanish/Hispanic/Latino; B [ ] Yes, Mexican, Mexican American, Chicano; C [ ] Yes, Puerto Rican; D [ ] Yes, Cuban; E [ ] Yes, Other Spanish/Hispanic/Latino (Specify)
10. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself/herself to be): A [X] White/Caucasian; B [ ] Black or African American; C [ ] Asian Indian; D [ ] Chinese; E [ ] Filipino; F [ ] Japanese; G [ ] Korean; H [ ] Vietnamese; I [ ] Native Hawaiian; J [ ] Guamanian or Chamorro; K [ ] Samoan; L [ ] American Indian or Alaska Native (Specify); P [ ] Other Asian (Specify); R [ ] Other Pacific Islander (Specify); S [ ] Other (Specify)
11. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed by the decedent): 1 [ ] 8th grade or less; 2 [ ] 9th-12th grade, no diploma; 3 [ ] High school graduate or GED; 4 [ ] Some college credit, but no degree; 5 [ ] Associate's degree; 6 [X] Bachelor's degree; 7 [ ] Master's degree; 8 [ ] Doctoral or Professional degree
12. SOCIAL SECURITY NUMBER: 059-56-6156
13. MARITAL STATUS (Never married): MARRIED [X] 1; WIDOWED [ ] 2; DIVORCED [ ] 4; SEPARATED [ ] 5
14. SURVIVING SPOUSE (Enter birth name of spouse, if married or separated):
15A. USUAL OCCUPATION (Do not write retired): Technology
15B. KIND OF BUSINESS OR INDUSTRY: Tech
15C. NAME AND LOCALITY OF COMPANY OR FIRM: Main Street Host, Williamsville, NY
16A. RESIDENCE (State or Country if not USA): NY
16B. County or Region/Province if not USA: Erie
16C. LOCALITY: CITY [X] VILLAGE [ ] TOWN [ ] Buffalo
16D. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES [ ] NO [ ] IF NO, SPECIFY TOWN:
16E. STREET AND NUMBER OF RESIDENCE: 570 Fargo Ave.
16F. ZIP CODE: 14213
17. BIRTH NAME OF FATHER / PARENT: FIRST Gerald MI E. LAST Powers
18. BIRTH NAME OF MOTHER / PARENT: FIRST Claire MI H. LAST Hughes
19A. NAME OF INFORMANT: Records of Hoy Funeral Home, Inc.
19B. MAILING ADDRESS (Include zip code): 3855 Seneca St., West Seneca, NY 14224
20A. METHOD: 1 [ ] Burial; 2 [ ] Cremation; 3 [ ] Donation; 4 [ ] Entombment; 5 [ ] Removal; 6 [ ] Other (Specify) — MONTH Feb. DAY 17 YEAR 2014
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Nativity Cemetery
20C. LOCATION (City or town and state): Orchard Park, NY
21A. NAME AND ADDRESS OF FUNERAL HOME: Hoy Funeral Home, Inc. 3855 Seneca St., West Seneca, NY 14224
21B. REGISTRATION NUMBER: 00811
22A. NAME OF FUNERAL DIRECTOR: David A. Mazur
22B. SIGNATURE OF FUNERAL DIRECTOR: David A. Mazur
22C. REGISTRATION NUMBER: 12292
23A. SIGNATURE OF REGISTRAR: Gerald A. Chwalinski
23B. DATE FILED: MONTH 2 DAY 14 YEAR 2014
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Wendy Nobile
24B. DATE ISSUED: MONTH 2 DAY 14 YEAR 2014

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN – OR – CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.
Certifier's Name: DR. KATHERINE F. MALONEY, M.D.
License No.: # 250114
Signature: Katherine Maloney
Date: Month 02 Day 12 Year 2014
Certifier's Title: 0 [ ] Attending Physician; 0 [ ] Physician acting on behalf of Attending Physician; 1 [ ] Coroner; 2 [X] Medical Examiner / Deputy Medical Examiner
Address: # 501 KENSINGTON AVENUE, BUFFALO, ERIE, NEW YORK 14214
25B. If coroner is not a physician, enter Coroner's Physician's name & title:
License No.:
Signature:
25C. If certifier is not attending physician, enter Attending Physician's name & title:
License No.:
Address:
26A. Attending physician attended deceased: FROM Month Day Year TO Month Day Year
26B. Deceased last seen alive by attending physician: Month Day Year
26C. Pronounced Dead: ON 02 11 2014 AT 4:00 P.M.
27. MANNER OF DEATH: NATURAL CAUSE [X] 1; ACCIDENT [ ] 2; HOMICIDE [ ] 3; SUICIDE [ ] 4; UNDETERMINED CIRCUMSTANCES [ ] 5; PENDING INVESTIGATION [ ] 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 [ ] NO; 1 [X] YES
29A. AUTOPSY? NO [ ] 0; YES [X] 1; REFUSED [ ] 2
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 [ ] NO; 1 [X] YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE:
(A) ~~Chronic cytochlysis~~ ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
DUE TO OR AS A CONSEQUENCE OF:
(B)
DUE TO OR AS A CONSEQUENCE OF:
(C)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):
DID TOBACCO USE CONTRIBUTE TO DEATH? 0 [ ] NO; 1 [ ] YES; 2 [ ] PROBABLY; 3 [X] UNKNOWN
31A. IF INJURY, DATE: MONTH DAY YEAR
HOUR:
31B. INJURY LOCALITY: (City or town and county and state)
31C. DESCRIBE HOW INJURY OCCURRED:
31D. PLACE OF INJURY:
31E. INJURY AT WORK? NO [ ] 0; YES [ ] 1
31F. IF TRANSPORTATION INJURY, SPECIFY: 1 [ ] Driver/Operator; 2 [ ] Passenger; 3 [ ] Pedestrian; 4 [ ] OTHER (Specify)
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO [X] 0; YES [ ] 1
33A. IF FEMALE: 0 [ ] Not pregnant within last year; 1 [ ] Pregnant at time of death; 2 [ ] Not pregnant, but pregnant within 42 days of death; 3 [ ] Not pregnant, but pregnant 43 days to 1 year before death; 4 [ ] Unknown if pregnant within past year
33B. DATE OF DELIVERY: MONTH DAY YEAR

For use by physician or institution:
NAME OF DECEDENT: Michael Powers
DATE OF DEATH: AM PM
TIME OF DEATH:
#03665-14

DOH-1961 (8/2011)

RECORDER'S DISTRICT: 1401
REGISTER NUMBER: 00564

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. NAME: FIRST Michael MIDDLE F. LAST POWERS
2. SEX: MALE [X] 1 FEMALE [ ] 2
3A. DATE OF DEATH: MONTH Feb. DAY 11 YEAR 2014
3B. HOUR: 4:00 p m
4A. PLACE OF DEATH (Check one): DOA [ ] ER [ ] HOSPITAL OUTPATIENT [ ] HOSPITAL INPATIENT [ ] NURSING HOME [ ] PRIVATE RESIDENCE [X] HOSPICE FACILITY [ ] OTHER (Specify) [ ]
4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR
4C. NAME OF FACILITY: (If not facility, give address) 570 Fargo Avenue
4D. LOCALITY: (Check one and specify) CITY [X] VILLAGE [ ] TOWN [ ] Buffalo
4E. COUNTY OF DEATH: Erie
4F. MEDICAL RECORD NO: n/a
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO [X] YES [ ]
5. DATE OF BIRTH: MONTH Nov. DAY 27 YEAR 1971
6A. AGE IN YEARS: 42 yrs.
6B. IF UNDER 1 YEAR ENTER: months days
6C. IF UNDER 1 DAY ENTER: hours minutes
7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Buffalo, NY
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:
8. SERVED IN U.S. ARMED FORCES? (Specify years) NO [X] 0 YES [ ] 1
9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino. A [X] No, not Spanish/Hispanic/Latino B [ ] Yes, Mexican, Mexican American, Chicano C [ ] Yes, Puerto Rican D [ ] Yes, Cuban E [ ] Yes, Other Spanish/Hispanic/Latino (Specify)
10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be. A [X] White C [ ] Black or African American C [ ] Asian Indian D [ ] Chinese E [ ] Filipino F [ ] Japanese G [ ] Korean H [ ] Vietnamese I [ ] Native Hawaiian J [ ] Guamanian or Chamorro K [ ] Samoan N [ ] American Indian or Alaska Native (Specify) P [ ] Other Asian (Specify) R [ ] Other Pacific Islander (Specify) S [ ] Other (Specify)
11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. 1 [ ] ≤ 8th grade 2 [ ] 9th-12th grade; no diploma 3 [ ] High school graduate or GED 4 [ ] Some college credit, but no degree 5 [ ] Associate's degree 6 [X] Bachelor's degree 7 [ ] Master's degree 8 [ ] Doctorate/Professional degree
12. SOCIAL SECURITY NUMBER: 059-56-6156
13. MARITAL STATUS: NEVER MARRIED [X] 1 MARRIED [ ] 2 WIDOWED [ ] 3 DIVORCED [ ] 4 SEPARATED [ ] 5
14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated.
15A. USUAL OCCUPATION: (Do not enter retired) Technology
15B. KIND OF BUSINESS OR INDUSTRY: Tech
15C. NAME AND LOCALITY OF COMPANY OR FIRM: Main Street Host, Williamsville, NY
16A. RESIDENCE: (State or Country if not USA) NY
16B. County or Region/Province if not USA: Erie
16C. LOCALITY: (Check one and specify) CITY [X] VILLAGE [ ] TOWN [ ] Buffalo
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES [X] NO [ ] IF NO, SPECIFY TOWN:
16D. STREET AND NUMBER OF RESIDENCE: 570 Fargo Ave.
16E. ZIP CODE: 14213
17. BIRTH NAME OF FATHER / PARENT: FIRST Gerald MI E. LAST Powers
18. BIRTH NAME OF MOTHER / PARENT: FIRST Claire MI H. LAST Hughes
19A. NAME OF INFORMANT: Records of Hoy Funeral Home,
19B. MAILING ADDRESS: (Include zip code) Inc. 3855 Seneca St., West Seneca, NY 14224

DISPOSITION

20A. 1 [X] BURIAL 2 [ ] CREMATION 3 [ ] REMOVAL 4 [ ] HOLD 5 [ ] DONATION OF BODY 6 [ ] ENTOMBMENT MONTH Feb. DAY 17 YEAR 2014
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Nativity Cemetery
20C. LOCATION: (City or town and state) Orchard Park, NY
21A. NAME AND ADDRESS OF FUNERAL HOME: Hoy Funeral Home, Inc. 3855 Seneca St., West Seneca, NY 14224
21B. REGISTRATION NUMBER: 00811
22A. NAME OF FUNERAL DIRECTOR: David A. Mazur
22B. SIGNATURE OF FUNERAL DIRECTOR: David A. Mazur
22C. REGISTRATION NUMBER: 12292
23A. SIGNATURE OF REGISTRAR: Gerald A. Chwalinski
23B. DATE FILED: MONTH 2 DAY 14 YEAR 2014
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Wendy Nobile
24B. DATE ISSUED: MONTH 2 DAY 14 YEAR 2014

CERTIFIER

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.
Certifier's Name: DR. KATHERINE F. MALONEY, M.D.
License No.: # 250114
Signature:
Date: Month 02 Day 12 Year 2014
Certifier's Title: 0 [ ] Attending Physician 0 [ ] Physician acting on behalf of Attending Physician 1 [ ] Coroner [X] Medical Examiner / Deputy Medical Examiner
Address: # 501 KENSINGTON AVENUE, BUFFALO, ERIE, NEW YORK 14214
25B. If coroner is not a physician, enter Coroner's Physician's name & title
License No.
Signature:
25C. If certifier is not attending physician, enter Attending Physician's name & title
License No.
Address:
26A. Attending physician attended deceased: FROM TO
26B. Deceased last seen alive by attending physician
26C. Pronounced dead: Date 02 11 2014 Time 4:00 P.M.
27. MANNER OF DEATH: NATURAL CAUSE [X] 1 ACCIDENT [ ] 2 HOMICIDE [ ] 3 SUICIDE [ ] 4 UNDETERMINED CIRCUMSTANCES [ ] 5 PENDING INVESTIGATION [ ] 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 [ ] NO 1 [X] YES
29A. AUTOPSY? 0 [ ] NO YES [X] 1 REFUSED [ ] 2
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 [ ] NO 1 [X] YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)
PERIOD WHICH ELAPSED BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE
(A) Chronic alcoholism
DUE TO OR AS A CONSEQUENCE OF
(B)
DUE TO OR AS A CONSEQUENCE OF:
(C)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)
D.D. TOBACCO USE CONTRIBUTE TO DEATH? 0 [ ] NO 1 [ ] YES 2 [ ] PROBABLY 3 [X] UNKNOWN
31A. IF INJURY: DATE MONTH DAY YEAR HOUR
31B. INJURY LOCALITY: (City or town and county and state)
31C. DESCRIBE HOW INJURY OCCURRED
31D. PLACE OF INJURY
31E. INJURY AT WORK? NO 0 YES 1
31F. IF TRANSPORTATION INJURY, SPECIFY: 1 [ ] Driver/Operator 2 [ ] Passenger 3 [ ] Pedestrian
32. WAS DECEDENT HOSPITALIZED IN THE PAST YEAR? NO YES
33A. IF FEMALE: 0 [ ] Not pregnant within past year 1 [ ] Pregnant at time of death 2 [ ] Not pregnant but pregnant within 42 days of death
33B. DATE OF DELIVERY: MONTH DAY YEAR

NAME OF DECEDENT: Michael Powers #030-14
DATE OF DEATH: AM/PM
TIME OF DEATH:
USE by physician or medical examiner:

Autopsy Final Report

ACCESSION:	COLLECTED DATE/TIME:	RECEIVED DATE/TIME:	PATHOLOGIST:
AU-14-0000023	02/17/2014 12:18	02/17/2014 12:20	BALOS,LUCIA L.MD

Autopsy Final Report – 05/04/2014 13:16

Final Diagnosis

Triple vessel coronary artery disease, heart
- LAD: 95% stenosis and calcification
  - Focal plaque rupture and subtotal luminal thrombus.
- RCA: 60% stenosis and calcification
- Left circumflex: 50% stenosis and calcification
- Cardiomegaly (530 gms)

Features suggestive of acute preterminal myocardial ischemia, left ventricle, heart

Myocardial fibrosis consistent with remote infarct, posterior medial wall, left ventricle, heart

Moderate atherosclerosis, infrarenal aorta

Focal edema and congestion, upper lobe, right lung (920 gms)

Acute passive congestion and mild, patchy steatosis, liver.

Benign hyperplasia, prostate

Dilation, proximal esophagus

Status post embalming

Comment: The medical examiner's toxicology and scene investigation findings are not available for correlation, however, the extent of coronary artery disease with recent focal plaque rupture would indicate that coronary artery disease and myocardial ischemia is a proximate contribution to this man's death.

LUCIA L BALOS MD
(Electronically signed)
05/04/2014 13:16
LLB/SD

Kaleida Health Center for Laboratory Medicine Amherst	Kaleida Health Center for Laboratory Medicine	Kaleida Health Buffalo General Hospital Genetics Laboratory	Kaleida Health Children's Hospital Laboratory	Kaleida Health DeGraff Laboratory	Clinical Laboratories of the Buffalo General Hospital	Niagara Falls Memorial Medical Center Dept. of Pathology
1540 Maple Road Amherst, NY 14221	115 Flint Road Williamsville, NY 14221	100 High Street Buffalo, NY 14203	219 Bryant Street Buffalo, NY 14222	445 Tremont Street P O Box 0750 N.Tonawanda, NY 14120	100 High Street Buffalo, NY 142013	621 10th Street, PO Box 708 Niagara Falls, NY 14302
Phone: (716) 568-3700 Fax: (716) 568-3021	Phone: (716) 626-7200 Fax: (716) 633-2361	Phone: (716) 859-7743 Fax: (716) 859-7746	Phone: (716) 878-7743 Fax: (716) 888-3926	Phone: (716) 690-2170 Fax: (716) 690-2336	Phone: (716) 859-1987 Fax: (716) 859-3221	Phone: (716) 278-4337 Fax: (716) 278-4676