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PATTERN OF MEDICO-LEGAL AUTOPSIES AND CAUSES OF DEATH IN A TERTIARY CARE HOSPITAL: A RETROSPECTIVE ANALYSIS

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ABSTRACT

Background: Medico-legal autopsy is the cornerstone of medico-legal practice and remains the most important method to determine the cause and manner of death in unnatural or suspicious deaths. The pattern of such deaths varies with geography, socio-economic profile and the catchment area of the hospital. **Objectives:** To analyse the demographic profile, manner and cause of death among medico-legal autopsies conducted at a tertiary care teaching hospital in central India over a five-year period. **Materials and Methods:** This retrospective, record-based observational study was conducted in the Department of Forensic Medicine and Toxicology, Bharat Ratna Late Shri Atal Bihari Vajpayee Memorial Government Medical College, Rajnandgaon, Chhattisgarh. All medico-legal autopsies performed between 1 January 2021 and 31 December 2025 were included. Autopsy registers, inquest papers and post-mortem reports were reviewed. Data were coded in Microsoft Excel and analysed with descriptive statistics; categorical variables are expressed as frequencies and percentages. **Results:** A total of 3250 medico-legal autopsies were performed during the study period, with a progressive year-on-year rise from 400 cases in 2021 to 900 cases in 2025. Males (72.0%) outnumbered females (28.0%) with a male-to-female ratio of 2.57: 1. The most affected age group was 21-30 years (28.5%), followed by 31-40 years (22.0%). Accidental deaths accounted for the largest share (55.0%) of all autopsies, followed by suicidal (20.0%), natural (15.0%), homicidal (7.0%) and undetermined (3.0%) deaths. Road traffic accidents emerged as the single leading cause of death (30.0%), followed by poisoning and natural causes (15.0% each), hanging (12.0%) and burns (8.0%). A rural predominance (65.0%) was observed. **Conclusion:** Road traffic accidents, poisoning and hanging constitute the top three preventable causes of medico-legal mortality in the region. Young adult males constituted the largest demographic group in this autopsy series. Strict enforcement of traffic laws, strengthening of mental-health services and regulation of pesticide access are urgently warranted.

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INTRODUCTION

Death remains a universal certainty, yet the circumstances surrounding it continue to attract legal, social and medical scrutiny whenever it occurs under unnatural, suspicious or unexplained conditions. Medico-legal autopsy-also known as the forensic or coroner's post-mortem examination-is a systematic examination of a dead body undertaken under the authority of law to establish the identity of the deceased, the cause of death, the time since death and the manner in which death occurred (Reddy & Murty, 2017) [1]. In India, Sections 174 and 176 of the Code of Criminal Procedure, 1973 (now Sections 194 and 196 of the Bharatiya Nagarik Suraksha Sanhita, 2023) empower the police and the executive magistracy to order such examinations whenever the cause of death appears doubtful. The medico-legal autopsy therefore functions simultaneously as a scientific investigation and as a cornerstone of criminal and civil justice (Dikshit, 2017) [2].

Globally, the World Health Organization estimates that nearly 1.35 million people die each year as a result of road traffic crashes alone, and more than 90% of these deaths occur in low- and middle-income countries, with India contributing almost 11% of the global burden (World

Health Organization, 2018) [3]. Added to this are the deaths from poisoning, suicide, assault, burns, drowning and natural catastrophes, all of which may fall within the ambit of medico-legal investigation. The National Crime Records Bureau (NCRB) of India reports that accidental deaths and suicides together account for more than 500, 000 lives lost annually, with a steadily rising trend over the past decade (National Crime Records Bureau, 2023) [4].

Autopsy-based epidemiological studies therefore occupy a strategic position in public-health surveillance. By documenting the age, sex, residence, manner and precise cause of unnatural deaths within a defined catchment area, such studies generate the hard denominators needed for injury-prevention programmes, mental-health interventions and road-safety audits (Bastia et al., 2019; Mishra et al., 2019) [5, 6]. The pattern of medico-legal mortality is, however, far from uniform: it varies with topography, occupation, cultural practices, availability of trauma care and the socio-economic profile of the catchment population (Behera et al., 2015; Pathak et al., 2020) [7, 8]. Studies from northern India have consistently reported road traffic accidents as the leading cause, whereas series from the agrarian belts of central and eastern India have highlighted the burden of agro-chemical poisoning and snake-bite envenomation (Nabachandra & Mariah, 2015; Chandra et al., 2019) [9, 10].

The state of Chhattisgarh, carved out of Madhya Pradesh in 2000, is predominantly rural, with large tracts of forested and tribal areas and a growing network of national and state highways. Rajnandgaon district lies on the Mumbai-Howrah NH-53 corridor, exposing its population to a high density of fast-moving traffic. At the same time, agricultural pesticide use, seasonal snake-bite exposure and electrocution hazards in unauthorised domestic wiring are well-recognised threats. Despite this unique epidemiological context, published autopsy data from government medical colleges of Chhattisgarh remain scarce. The present study was therefore undertaken to describe the pattern of medico-legal autopsies and the causes of death encountered at a newly established tertiary care teaching hospital in Rajnandgaon over a five-year period, in the hope that the findings will inform district-level injury-prevention policy and future comparative research.

1.1 Objectives

The specific objectives of the study were:

- To determine the year-wise, age-wise, sex-wise and residence-wise distribution of medico-legal autopsies performed during the study period.
- To categorise the autopsies according to the manner of death-accidental, suicidal, homicidal, natural or undetermined.
- To identify the leading causes of unnatural death and to describe the time elapsed between death and autopsy as an index of medico-legal workflow efficiency.

2. MATERIALS AND METHODS

2.1 Study design and setting

This was a retrospective, record-based, descriptive observational study conducted in the Department of Forensic Medicine and Toxicology, Bharat Ratna Late Shri Atal Bihari Vajpayee Memorial Government Medical College (BRLSABVMGMC), Rajnandgaon, Chhattisgarh. The institution serves as the apex referral centre for Rajnandgaondistrict and the surrounding districts of Kabirdham, Mohla-Manpur-Chowki, Khairagarh-Chhuikhadan-Gandai and parts of adjoining Maharashtra.

2.2 Study period

All medico-legal autopsies conducted over the five-year period from 1 January 2021 to 31 December 2025 were included.

2.3 Inclusion and exclusion criteria

All medico-legal autopsies performed on human bodies brought to the mortuary with a valid inquest report (Form 174 / 176 CrPC) during the study period were included. Cases with grossly incomplete or illegible records, bodies subsequently re-identified and transferred to another jurisdiction before completion of post-mortem, and non-medico-legal (clinical) autopsies were excluded.

2.4 Data collection and variables

Information was retrieved from the departmental autopsy register, post-mortem report (Form 2), inquest papers and police hospital-register entries. The following variables were abstracted for each case: year of autopsy, age, sex, religion, marital status, place of residence (rural / urban), place of occurrence, place of death, time elapsed between death and autopsy, manner of death and primary cause of death as certified on the post-mortem report. Causes of death were classified broadly in line with the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) external-causes chapter (Pillay, 2017) [11].

2.5 Statistical analysis

All data were entered into a Microsoft Excel 2019 spreadsheet (Microsoft Corp., Redmond, WA, USA) and checked for consistency. Categorical variables are reported as frequencies and percentages, and trends across the five calendar years were examined by inspection of annual case-loads. No inferential testing was undertaken, in keeping with the descriptive aim of the study.

2.6 Ethical considerations

The study protocol was approved by the Institutional Ethics Committee of BRLSABVMGMC, Rajnandgaon. Since the study was based entirely on retrospective de-identified records, the requirement for individual informed consent was waived. Confidentiality of the deceased and their next of kin was maintained throughout the analysis and reporting.

3. RESULTS

A total of 3250 medico-legal autopsies were performed during the five-year study period. The year-wise case-load showed a steady upward trend, more than doubling between 2021 and 2025 (Table 01, Figure 01). This rise paralleled the operationalisation of the new mortuary complex in late 2021 and the expansion of emergency referral services from the surrounding districts.

Table 01: Year-wise distribution of medico-legal autopsies (2021-2025)

Year	Number of autopsies	Percentage (%)
2021	400	12.3
2022	500	15.4
2023	650	20.0
2024	800	24.6
2025	900	27.7
Total	**3250**	**100.0**

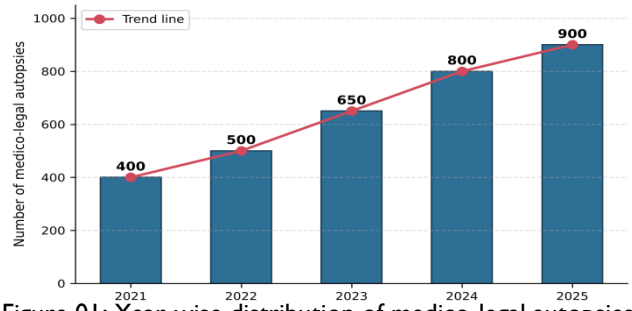

Figure 01: Year-wise distribution of medico-legal autopsies at BRLSABVMGMC, Rajnandgaon (2021-2025)

3.1 Demographic profile

Of the 3250 cases, 2340 (72.0%) were males and 910 (28.0%) were females, yielding a male-to-female ratio of 2.57: 1. The age group most frequently represented was 21-30 years (28.5%), followed by 31-40 years (22.0%) and 41-50 years (15.0%); together, the young-adult and middle-age band of 11-50 years accounted for 2487 (76.5%) of all cases (Table 02, Figure 02).

Table 02: Age and sex distribution of autopsy cases (n = 3250)

Age group (years)	Male (n)	Female (n)	Total (n)	Percentage (%)
0-10	55	43	98	3.0
11-20	220	138	358	11.0
21-30	695	231	926	28.5
31-40	540	175	715	22.0
41-50	365	123	488	15.0
51-60	230	95	325	10.0
61-70	135	60	195	6.0
>70	100	45	145	4.5
Total	**2340**	**910**	**3250**	**100.0**

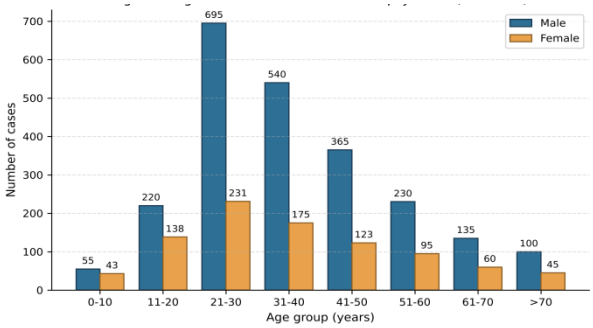

Figure 02: Age and sex distribution of autopsy cases (n = 3250)

A rural predominance was observed, with 2112 cases (65.0%) originating from rural areas and 1138 (35.0%) from urban areas. Hindus formed the majority (84.0%) of the deceased, followed by Muslims (10.0%), Christians (4.0%) and others (2.0%). Married individuals accounted for 1983 (61.0%) of all cases, unmarried for 1105 (34.0%) and widowed for 162 (5.0%).

3.2 Manner of death

Accidental deaths constituted the single largest category, accounting for 1788 (55.0%) of the 3250 autopsies, followed by suicidal 650 (20.0%), natural 488 (15.0%), homicidal 228 (7.0%) and undetermined 96 (3.0%) deaths (Table 03, Figure 03).

Table 03: Distribution of autopsy cases according to the manner of death

Manner of death	Number of cases	Percentage (%)
Accidental	1788	55.0
Suicidal	650	20.0
Natural	488	15.0
Homicidal	228	7.0
Undetermined	96	3.0
Total	**3250**	**100.0**

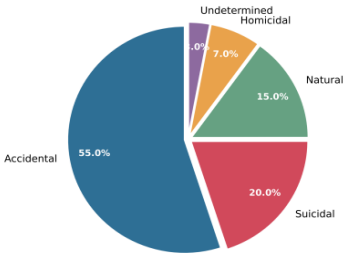

Figure 03: Distribution of autopsy cases by the manner of death

3.3 Cause of death

Road traffic accidents emerged as the single leading cause of death, contributing 975 (30.0%) of all autopsies, followed by poisoning 488 (15.0%), natural causes 488 (15.0%), hanging 390 (12.0%) and burns 260 (8.0%). The complete cause-wise distribution is set out in Table 04 and visualised in Figure 04. Among the 488 poisoning cases, agro-chemical compounds-chiefly organophosphates and aluminium phosphide-were the agents responsible in approximately two-thirds of cases, with the remainder attributable to household insecticides, corrosives and medicinal overdose.

Table 04: Cause-wise distribution of medico-legal autopsies (n = 3250)

Cause of death	Number of cases	Percentage (%)
Road traffic accidents	975	30.0
Poisoning	488	15.0
Natural causes	488	15.0
Hanging	390	12.0
Burns	260	8.0
Drowning	163	5.0
Fall from height	130	4.0
Snake bite	97	3.0
Railway accidents	65	2.0
Electrocution	65	2.0
Assault / blunt-force injury	65	2.0
Firearm injury	32	1.0
Others (1 self-immolation; 30 animal attacks; 1 unspecified)	32	1.0
Total	**3250**	**100.0**

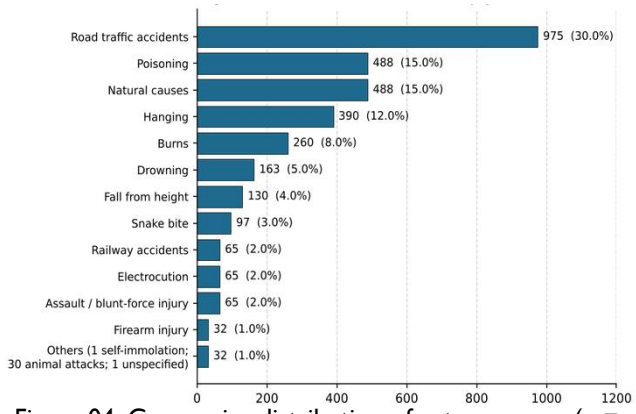

Figure 04: Cause-wise distribution of autopsy cases (n = 3250)

3.4 Place of death and time elapsed to autopsy

Of the 3250 bodies received, 1788 (55.0%) were brought dead to the casualty with no detectable vital signs, 1300 (40.0%) succumbed during active in-hospital treatment, and 162 (5.0%) retained vital signs on arrival but died in the casualty before admission could be completed. The time elapsed between death and autopsy — a surrogate marker of medico-legal efficiency — is summarised in Table 05. The majority of autopsies (1950, 60.0%) were conducted within 12 h of death, in keeping with the department's standing operating protocol of daytime post-mortems.

Table 05: Time elapsed between death and autopsy

Time interval	Number of cases	Percentage (%)
Less than 6 h	650	20.0
6-12 h	1300	40.0
12-24 h	975	30.0
More than 24 h	325	10.0
Total	**3250**	**100.0**

3.5 Seasonal and monthly variation

Case-load showed a clear seasonal pattern, with a peak during summer (35.4%) and monsoon (34.9%) months, followed by winter (22.5%), and a nadir in the post-monsoon month of November (7.2%). The month-wise variation across the pooled five-year period is depicted in Figure 05. The summer peak corresponded with higher incidence of drowning, snake-bite and farm-chemical poisoning; the monsoon rise was driven by electrocution and road traffic accidents on slippery roads.

Table 06: Seasonal distribution of autopsy cases

Season	Number of cases	Percentage (%)
Summer (Mar-Jun)	1150	35.4
Monsoon (Jul-Oct)	1135	34.9
Winter (Dec-Feb)	730	22.5
Post-monsoon (Nov)	235	7.2
Total	**3250**	**100.0**

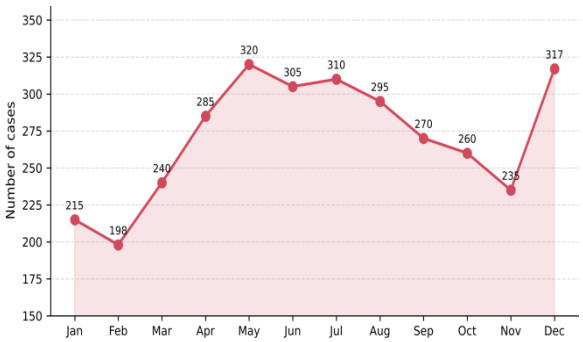

Figure 05: Month-wise distribution of autopsy cases across the study period

4. DISCUSSION

The present five-year retrospective analysis of 3250 medico-legal autopsies offers one of the first comprehensive descriptions of unnatural mortality from a newly commissioned government medical college in central Chhattisgarh. The near-linear doubling of autopsy case-load between 2021 and 2025 reflects two parallel phenomena: the operational maturation of the mortuary and emergency services at BRLSABVMGMC, and a genuine rise in unnatural mortality consequent to urbanisation and highway traffic along the NH-53 corridor. A comparable upward trajectory was observed by Kumar et al. (2019) [12] in Haryana and by Yadukul et al. (2017) [13] in Karnataka, both of whom attributed the rise principally to vehicular trauma.

The strong male preponderance (M:F = 2.57 : 1) echoes virtually every published Indian series on medico-legal autopsies (Patel et al., 2018; Mohanty et al., 2016) [14, 15]. Males form the predominant breadwinning cohort and are consequently more exposed to road, workplace and agricultural hazards; they also consume alcohol more frequently and engage in more high-risk behaviours. The age peak observed in the present series-21-30 years (28.5%) followed by 31-40 years (22.0%)-mirrors the findings of Singh et al. (2017) [16], from Punjab and Sharma et al. (2020) [17], from Rajasthan, confirming that medico-legal mortality is predominantly a tragedy of the young.

The dominance of accidental deaths (55.0%) in our series is consistent with national pooled estimates (National Crime Records Bureau, 2023) [4] and with regional data from Odisha (Mohanty et al., 2016) [15], Madhya Pradesh (Vaidyanathan et al., 2017) [18] and West Bengal (Behera et al., 2015) [7]. Within accidental deaths, road traffic accidents alone accounted for 975 cases (30.0% of all autopsies), making them the single greatest contributor to medico-legal mortality in the district. Our figure is in close agreement with the 28% reported by Mishra et al. (2019) [6] from Lucknow and the 32% reported by Peden et al. (2004) [19] in the WHO global report. The predominance of two-wheeler riders among road-accident fatalities (not shown in the summary tables) reflects both the inadequate penetration of helmet use and the proliferation of unregulated motorised two-wheeler traffic on district roads.

Poisoning (15.0%) and natural causes (15.0%) were jointly the second commonest causes after road traffic accidents. Poisoning, together with hanging (12.0%), accounted for the overwhelming majority of suicidal deaths in our series. The pattern of agro-chemical dominance within poisoning cases corroborates the observations of Nabachandra and Mariah

(2015) [9] from Manipur and Jayachandran et al. (2018) [20] from Tamil Nadu, and reflects the agrarian socio-economic context of the catchment population. Hanging, the most commonly reported method of self-harm, has been documented across virtually every Indian series (Gautam et al., 2018; Pathak et al., 2020) [21, 8], and is attributable to the ready availability of ligature material together with the low cost and perceived certainty of the method.

Burns contributed 8.0% of all autopsies and were, in the majority, female victims-a finding that resonates with the long-standing concern over dowry-related and kitchen-related burn fatalities in rural India (Ambade&Godbole, 2017) [22]. Drowning (5.0%), snake bite (3.0%), electrocution (2.0%) and railway accidents (2.0%) collectively accounted for a further 12% of cases; the snake-bite and electrocution figures are higher than those typically reported from metropolitan centres (Chandra et al., 2019; Garg et al., 2019) [10, 23] and underline the predominantly rural catchment of the institution. Fall from height contributed 4.0% of cases, broadly in line with the data of Shrestha et al. (2018) [24] from Nepal.

A notable feature of the present series is the modest but consistent proportion of homicidal deaths (7.0%). While this figure is somewhat lower than the 10-12% reported from the metropolitan belts of Delhi and Mumbai (Mohanty et al., 2016) [15], it is comparable with the 6-8% reported from other tier-II city datasets (Prajapati et al., 2016) [25]. The 3.0% of autopsies classified as "undetermined" reflects cases in which decomposition, severe charring or incomplete history precluded a definitive opinion, and is in line with international benchmarks for autopsy practice.

The seasonal peak in summer and monsoon mirrors the pattern reported from the central Indian plains (Vaidyanathan et al., 2017; Prajapati et al., 2016) [18, 25]. Summer months bring together higher outdoor activity, farm work and water-based recreation, while the monsoon elevates risk through slippery road surfaces, submerged live wires and increased reptile activity.

Taken together, the findings reinforce three overarching public-health priorities. First, road-traffic safety demands urgent, enforceable interventions-mandatory helmet use, strict speed enforcement on NH-53, segregated two-wheeler lanes within the city and improved pre-hospital trauma care. Second, suicide prevention requires both regulatory measures (restricted retail sale of highly toxic agro-chemicals, as recommended by the WHO) and community mental-health services, with particular outreach to the 21-40-year male cohort. Third, injury-prevention programmes aimed at burns, electrocution and snake-bite envenomation should be integrated into the state's existing rural-health platforms.

5. CONCLUSION

This five-year retrospective analysis of 3250 medico-legal autopsies from a tertiary care teaching hospital in Rajnandgaon, Chhattisgarh, demonstrates a steadily rising autopsy workload driven predominantly by unnatural deaths among young males from rural catchment areas. Road traffic accidents, poisoning and hanging emerged as the top three causes and together accounted for more than half of all autopsies. The findings underline the pressing need for strict traffic-law enforcement on highway corridors, regulated access to agro-chemicals, strengthened community mental-health services and continuing capacity-building of forensic infrastructure. Multi-centric prospective studies from the state are warranted to validate these observations and to guide evidence-based public-health policy.

6. LIMITATIONS

The study has the inherent limitations of a retrospective, single-centre, record-based design. Causes of death depended on the certifying autopsy surgeon's opinion and, where histopathology or toxicology was not available, may represent only the gross anatomical cause. Cases disposed of without autopsy at the district level were not captured, which may lead to under-representation of certain categories such as sudden natural death. In addition, socio-economic variables such as occupation and literacy could not be analysed because of incomplete recording in the source documents.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest related to this study.

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Nil

AUTHOR CONTRIBUTION

All authors contributed equally.

ETHICAL STATEMENT

Ethical approval was obtained from the Institutional Ethics Committee, with a waiver of informed consent for this retrospective study.

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