

BOARD OF MEDICOLEGAL INVESTIGATIONS  
OFFICE OF THE CHIEF MEDICAL EXAMINER

AMENDMENT TO REPORT OF INVESTIGATION

Full Name of Decedent: CHARLES BOHANAN

Date of Death: 10/16/2005

City/County of Death: OKLAHOMA CITY/OKLAHOMA

File Number: 0502043

Medical Examiner: INAS YACOUB M.D.

ITEMS AMENDED:

Cause Of Death

Manner Of Death

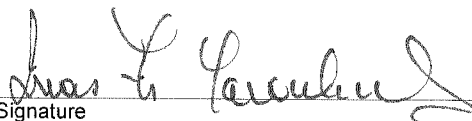
Other

RACE OF DECEASED IS AMENDED TO READ AMERICAN  
INDIAN

05/01/2006

Date

Signature



**BOARD OF MEDICOLEGAL INVESTIGATIONS  
OFFICE OF THE CHIEF MEDICAL EXAMINER**

OFFICE USE ONLY

Central Office  
901 N. Stonewall  
Oklahoma City, Oklahoma 73117  
(405) 239-7141 Fax (405) 239-2430

Eastern Division  
1115 West 17th  
Tulsa, Oklahoma 74107  
(918) 582-0985 Fax (918) 585-1549

\_\_\_\_\_ Co \_\_\_\_\_  
I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.  
By \_\_\_\_\_  
Date \_\_\_\_\_

**REPORT OF INVESTIGATION BY MEDICAL EXAMINER**

DECEDENT First-Middle-Last Names (Please avoid use of initials) <b>CHARLES BOHANAN</b>	Age <b>54</b>	Birth Date <b>12/19/1950</b>	Race <b>HISPANIC</b>	Sex <b>M</b>
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HOME ADDRESS - No. - Street, City, State  
**18 1/2 SOUTHWEST 25TH STREET, OKLAHOMA CITY, OK**

**AMENDED**

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) <b>JAMES HALL PRESBY CHAPLAIN</b>	DATE <b>10/16/2005</b>	TIME <b>11:40</b>
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INJURED OR BECAME ILL AT (ADDRESS)	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
<b>OKLAHOMA COUNTY JAIL</b>	<b>OKLAHOMA CITY</b>	<b>OKLAHOMA</b>	<b>JAIL</b>	<b>Unknown</b>	<b>Unknown</b>
LOCATION OF DEATH	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
<b>PRESBYTERIAN HOSPITAL</b>	<b>OKLAHOMA CITY</b>	<b>OKLAHOMA</b>	<b>HOSPITAL</b>	<b>10/16/2005</b>	<b>20:41</b>
BODY VIEWED BY MEDICAL EXAMINER	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
<b>901 NORTH STONEWALL</b>	<b>OKLAHOMA CITY</b>	<b>OKLAHOMA</b>	<b>MORGUE</b>	<b>10/17/2005</b>	<b>8:36</b>

IF MOTOR VEHICLE ACCIDENT:  DRIVER  PASSENGER  PEDESTRIAN

TYPE OF VEHICLE:  AUTOMOBILE  LIGHT TRUCK  HEAVY TRUCK  BICYCLE  MOTORCYCLE  OTHER: \_\_\_\_\_

DESCRIPTION OF BODY PHYSICAL EXAMINATION	RIGOR	LIVOR	EXTERNAL OBSERVATION			
				NOSE	MOUTH	EARS
Jaw <input type="checkbox"/> Complete <input type="checkbox"/>		Color _____	Beard _____	BLOOD <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck <input type="checkbox"/> Absent <input type="checkbox"/>		Lateral <input type="checkbox"/>	Hair _____			
Arms <input type="checkbox"/> Passing <input type="checkbox"/>		Posterior <input type="checkbox"/>	Eyes: Color _____	OTHER <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legs <input type="checkbox"/> Passed <input type="checkbox"/>		Anterior <input type="checkbox"/>	Opacities _____			
Decomposed <input type="checkbox"/>		Regional _____	Pupils: R _____ L _____			
		Body Length _____	Body Weight _____			

Significant observations and injury documentations - (Please use space below)  
SEE AUTOPSY PROTOCOL

<b>Probable Cause of Death:</b> <b>MENINGOENCEPHALITIS</b>	<b>Manner of Death:</b> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/>	<b>Case disposition:</b> Autopsy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Authorized by <u>MEDICAL EXAMINER</u> Pathologist <u>INAS YACOUB M.D.</u> Not a medical examiner case <input type="checkbox"/>
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Other Significant Medical Conditions:

**MEDICAL EXAMINER:**  
Name, Address and Telephone No.  
**INAS YACOUB M.D.**  
**901 N. STONEWALL**  
**OKLAHOMA CITY, OK 73117**

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.

*Inas Yacoub, M.D.*

Signature of Medical Examiner \_\_\_\_\_ INAS YACOUB M.D. \_\_\_\_\_  
Date **4/10/2006**

Computer generated report **0502043**



Board of Medicolegal Investigations  
Office of the Chief Medical Examiner  
901 N. Stonewall  
Oklahoma City, Oklahoma 73117  
(405) 239-7141 Voice  
(405) 239-2430 Fax

**CERTIFICATION**  
I hereby certify that this document is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.  
By \_\_\_\_\_  
Date \_\_\_\_\_

## REPORT OF AUTOPSY

Decedent <b>CHARLES BOHANAN</b>	Age <b>54</b>	Birth Date <b>12/19/1950</b>	Race <b>HI</b>	Sex <b>M</b>	Autopsy No <b>831-05</b>	Case No <b>0502043</b>
Type of Death <b>While in penal incarceration</b>	Means	ID By <b>TOE TAG</b>	Authority for Autopsy <b>INAS YACOUB, M.D.</b>			
Present at Autopsy <b>Mike Griffin</b>						

### PATHOLOGICAL DIAGNOSIS

- I. Meningoencephalitis; status-post medical treatment
- II. 1.9 x 1.4 x 1.0 cm acoustic schwannoma, left, incidental

Comment: This 54 year old inmate was "found down" in his prison cell. He was taken to the hospital, evaluated and treated for meningitis. Microscopic sections confirmed the above. It is my opinion that the probable cause of death is meningoencephalitis. The manner of death is best listed as natural.

### CAUSE OF DEATH:

**MENINGOENCEPHALITIS**

The facts stated herein are true and correct to the best of my knowledge and belief.

OCME Central Division

10/17/2005 8:36 AM

INAS YACOUB, M.D.

Pathologist

Location of Autopsy

Date and Time of Autopsy

## EXTERNAL EXAMINATION

**AUTOPSY NO. ML 831-05**

**CASE NO. 0502043**

DESCRIPTION								
Height	Weight	Eyes	Pupils	Opacities, Etc.	Hair	Beard	Mustache	Circumcised
68 in.	76 kg.	Brown	R 5 mm L 5 mm		Brn/Gry	yes	yes	no
RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)				LIVOR (color, anterior, posterior, lateral, regional)			Body Heat	
Jaw and Extremities				Posterior			COOL	

The body is that of a well developed male appearing the stated age of 54. His head is atraumatic and covered in shoulder length brown and gray hair. The eyes are brown with 5 mm pupils and pale conjunctiva. There is a gray mole on the right cheek, 0.8 cm in diameter. A thin goatee and mustache are present. The ears are unremarkable. The natural teeth are present and the left upper incisor is broken and discolored. The neck is atraumatic with the trachea in the mid-line. An internal jugular intravenous catheter is present. The chest is symmetrical. There are needle puncture sites in both right and left antecubital fossa and on the dorsal aspect of both hands. There is a central line in the right femoral vein and an IV in the right wrist. There is an EKG pad present on the right lower quadrant of the abdomen. There is a slightly crusted healing lesion on the dorsal aspect of the left hand, 1 x 0.6 cm. There are irregular macular pigmented lesions on the right thumb, index, and middle fingers. There is minimal hair on the lower legs and a scar on the dorsal right foot just proximal to the great toe, 1.1 x 1.4 cm.

## GROSS EXAMINATION

AUTOPSY NO. ML 831-05

CASE NO. 0502043

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### **BRAIN AND MENINGES:**

The scalp is opened through the customary intermastoid incision and shows no trauma. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The brain weighs 1490 gm. Dura and leptomeninges are smooth, slightly opaque, and thickened. Cranial nerves and circle of Willis arise and distribute normally. There is minimal, patchy atherosclerosis at the branch point of both internal carotid arteries. Externally the brain is swollen and dusky. Multiple serial sections of cerebral hemispheres show slightly dilated ventricles with softening of the white matter on the left and right around the basal ganglia. There is a tan-white, firm nodule at the left cerebellar pontine angle which measures 1.9 x 1.4 x 1.0 cm and has a tan cut surface with areas of hemorrhage. The base of the skull is intact without osseous abnormality.

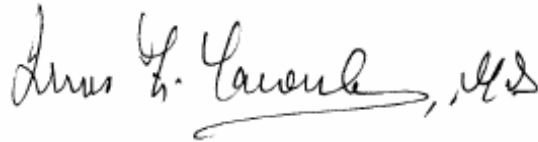
**MICROSCOPIC EXAMINATION**

**AUTOPSY NO. ML 831-05**

**CASE NO. 0502043**

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Microscopic sections revealed a benign left acoustic schwannoma and extensive meningoencephalitis.

A handwritten signature in black ink, reading "Inas Y. Yacoub, M.D.", with a long horizontal flourish extending from the end of the name.

**April 07, 2006**  
**IZY/ns**

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**INAS YACOUB, M.D.**

**BOARD OF MEDICOLEGAL INVESTIGATIONS  
OFFICE OF THE CHIEF MEDICAL EXAMINER**

901 N.Stonewall  
Oklahoma City, Oklahoma 73117

**REPORT OF LABORATORY ANALYSIS**

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Re. \_\_\_\_\_ Co. \_\_\_\_\_

I hereby certify that this is a true  
and correct copy of the original  
document. Valid only when copy  
bear im-print by the office seal.

By \_\_\_\_\_

Date \_\_\_\_\_

ME CASE NUMBER: 0502043

LABORATORY NUMBER: 053211

DECEDENT'S NAME: CHARLES BOHANAN

DATE RECEIVED: 10/17/2005

MATERIAL SUBMITTED: BLOOD, VITREOUS, URINE

HOLD STATUS: 60 DAYS

SUBMITTED BY: INAS YACOUB M.D.

MEDICAL EXAMINER: INAS YACOUB M.D.

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**NOTES:** NO TOXICOLOGICAL ANALYSIS REQUESTED

**ETHYL ALCOHOL:**

Blood:

Vitreous:

Other:

**CARBON MONOXIDE**

Blood:

**TESTS PERFORMED:**

**RESULTS:**

10/27/2005

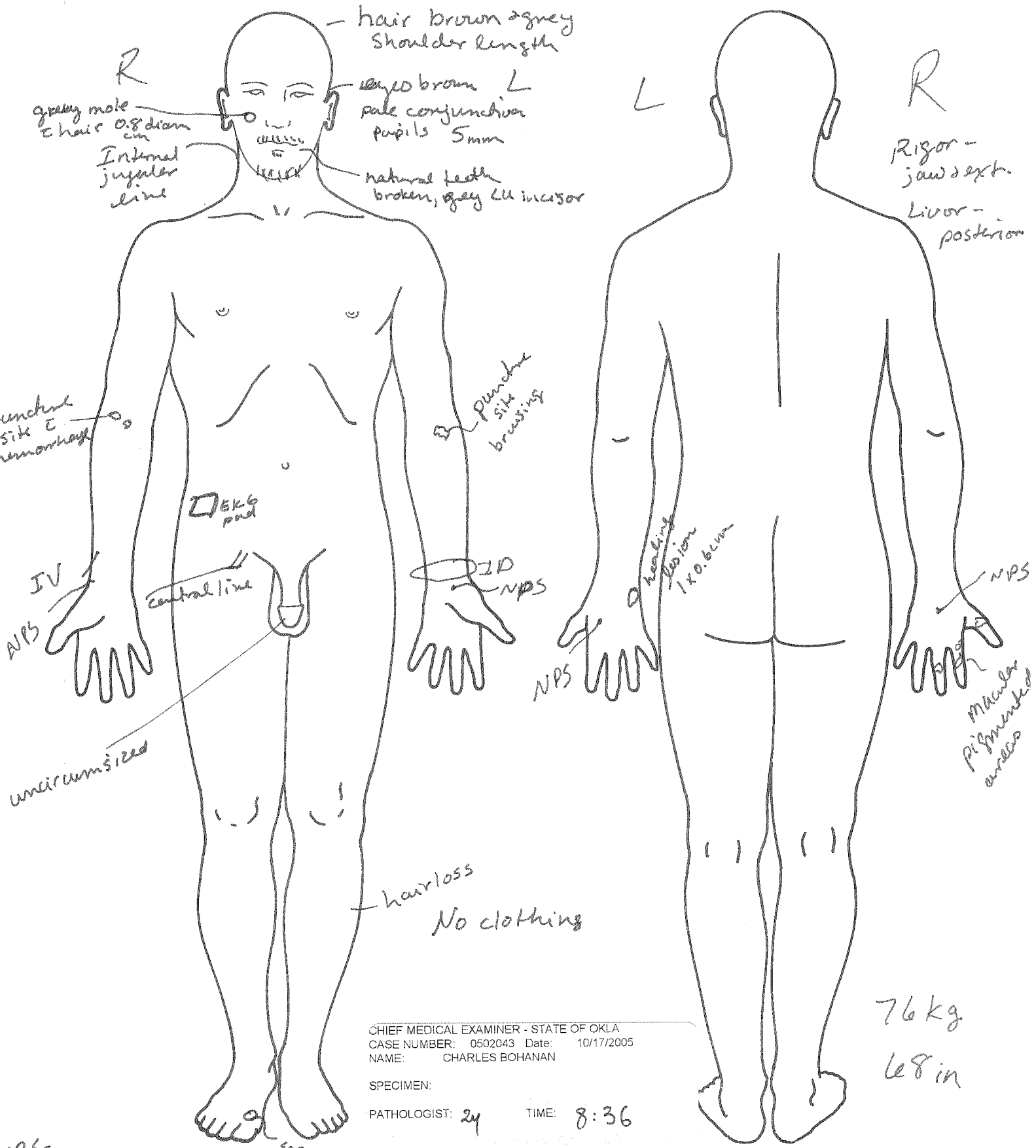
DATE



BYRON CURTIS, Ph.D., Deputy Chief Forensic Toxicologist

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FULL BODY, MALE - ANTERIOR AND POSTERIOR VIEWS (VENTRAL AND DORSAL)



CHIEF MEDICAL EXAMINER - STATE OF OKLA  
 CASE NUMBER: 0502043 Date: 10/17/2005  
 NAME: CHARLES BOHANAN

SPECIMEN:

PATHOLOGIST: 24 TIME: 8:36

NPS = needle puncture site

Name Charles Bohanan

Case No. 0562043 831-05