

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

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Eastern Division
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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 bears imprint of the office seal.

By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) CHRISTOPHER BECKMAN	Age 34	Birth Date 7/15/1972	Race WHITE	Sex M
--	-----------	-------------------------	---------------	----------

HOME ADDRESS - No. - Street, City, State
3711 S. INDIAN MERIDIAN, CHOCTAW, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) OSCO - FRANK BONE	DATE 5/28/2007	TIME 4:12
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INJURED OR BECAME ILL AT (ADDRESS) OKLAHOMA COUNTY DETENTION CENTER	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE 5/26/2007	TIME 10:30
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LOCATION OF DEATH ST. ANTHONY HOSPITAL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES HOSPITAL	DATE 5/28/2007	TIME 4:00
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BODY VIEWED BY MEDICAL EXAMINER 901 N. STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 5/29/2007	TIME 11:30
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IF MOTOR VEHICLE ACCIDENT: DRIVER PASSENGER PEDESTRIAN

TYPE OF VEHICLE: AUTOMOBILE LIGHT TRUCK HEAVY TRUCK BICYCLE MOTORCYCLE OTHER: _____

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

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

Probable Cause of Death:

BLUNT FORCE HEAD TRAUMA

Other Significant Medical Conditions:

Manner of Death:

Natural Accident
Suicide Homicide
Unknown Pending

Case disposition:

Autopsy Yes No
Authorized by MEDICAL EXAMINER
Pathologist ERIC DUVAL D.O.
Not a medical examiner case

MEDICAL EXAMINER:

Name, Address and Telephone No.

ERIC DUVAL D.O.
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.



Signature of Medical Examiner

ERIC DUVAL D.O.

5/30/2007

Date

Computer generated report

0701308



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 CHRISTOPHER BECKMAN	Age 34	Birth Date 7/15/1972	Race WH	Sex M	Autopsy No 487-07	Case No 0701308
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Type of Death While in penal incarceration	Means	ID By SHERIFF'S OFFICE	Authority for Autopsy ERIC DUVAL, D.O.
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Present at Autopsy
JEFFERY GOFTON, M.D.

PATHOLOGICAL DIAGNOSIS

I. Head trauma:

- A. Bilateral subarachnoid hemorrhage
- B. Cerebral ischemia, microscopic
- C. Cerebral edema with flat gyri, narrow sulci and possible cerebellar tonsillar notching and friability
- D. Bi-temporal scalp, subgaleal and temporalis muscle acute contusions
- E. Multiple facial abrasions and lacerations
- F. Lips and oral mucosa with contused lacerations
- G. Petechial hemorrhages, conjunctival and oral mucosa

II. Neck trauma:

- A. Inferior right sternohyoid muscle contusion, 1.5 cm
- B. Transverse superficial linear abrasion, upper anterior neck

III. Upper extremity trauma:

- A. Bilateral hands and wrists with patterned, parallel, linear to curvilinear abraded contusions
- B. Focal patternless abrasions and contusions to dorsal hands and wrists
- C. Focal abrasions, posterior right elbow

Continued on Pathological Diagnosis Page 2

CAUSE OF DEATH:

BLUNT FORCE HEAD TRAUMA

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

OCME Central Division

5/29/2007 11:30 AM

ERIC DUVAL, D.O.

Forensic Pathologist

Location of Autopsy

Date and Time of Autopsy

EXTERNAL EXAMINATION

AUTOPSY NO. ML 487-07

CASE NO. 0701308

DESCRIPTION								
Height	Weight	Eyes	Pupils	Opacities, Etc.	Hair	Beard	Mustache	Circumcised
72 in.	90 kg.	GRAY	R 5 mm L 5 mm		BROWN	GOATEE	Y	Y
RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)				LIVOR (color, anterior, posterior, lateral, regional)			Body Heat	
COMPLETE				PURPLE-POSTERIOR, NOT FIXED			COOL	

DESCRIPTION OF CLOTHING:

The body is clad in one green hospital gown.

EVIDENCE OF MEDICAL TREATMENT:

A nasogastric tube protrudes from the right naris and is secured with tape. An endotracheal tube protrudes from the mouth and is secured with tape. Intravenous access is placed in the left antecubital fossa, dorsum of the right hand and dorsum of the right forearm. There are multiple needle punctures in the antecubital fossae, bilaterally. A Foley catheter is in place with a scant amount of dark yellow urine in the attached reservoir. A rectal tube is in place with a large quantity of dark brown soft feces in the attached reservoir. There are multiple ECG monitor pads adherent to the anterior chest and legs, bilaterally. An identification bracelet bearing the decedent's name is on the right wrist.

EXTERNAL EXAMINATION:

The body is that of an unembalmed, well developed, well nourished male appearing consistent with the reported age of 34 years. There are blunt force traumas to the scalp and face, which will be described in detail later. Otherwise the scalp is unremarkable. The conjunctivae demonstrate bilateral petechial and confluent subconjunctival hemorrhages. The sclera are white. The ears are normal. The patent ear canals contain no blood or fluid. The nose is intact with no hemorrhage or foreign material in the external nares. The teeth are natural and in fair repair. There are blunt force traumas to the lips and oral mucosa, which will be described in detail later. There is no foreign material in the oral cavity. There are focal abrasions on the back to be described below. Otherwise, the neck, chest, back and abdomen are unremarkable. The pelvis and anogenital region is intact and atraumatic. There are blunt force traumas to the upper and lower extremities, which will be described in detail later. The hands demonstrate pitting edema bilaterally.

Continued on External Exam Page 2

EVIDENCE OF INJURY:

There is a cluster of small red abrasions on the right upper forehead, which range in size from 0.5 to 1 cm in greatest dimension. The left middle forehead demonstrates two small red abrasions measuring 0.3 and 0.5 cm in greatest dimension. The periorbital soft tissues are swollen and demonstrate red-purple ecchymoses. There is a crusted and sutured 2.5 cm transverse linear laceration in the lateral aspect of the left eyebrow. There is a transverse 1 cm glued laceration on the lateral aspect of the right eyebrow. There is a 3 cm red abrasion over the prominence of the right cheek. Likewise there are red abrasions over the prominences of the left cheek which range in size from 2 to 3 cm in greatest dimension. There are two oblique linear lacerations on the lateral aspect of the left upper lip which range in size from 0.3 to 0.6 cm in greatest dimension. There is a transverse 1 cm laceration on the right upper lip. The inner aspects of the upper and lower lips and focally extending into the buccal mucosa demonstrate multifocal dark purple lacerated contusions, which range in size from 0.3 to 2 cm in greatest dimension. Petechial hemorrhages are focally apparent on the gingival mucosa. There is a 0.5 cm crusted abrasion on the right chin. There is a faint 5 cm red transverse linear abrasion on the upper anterior neck. The temporal regions demonstrate dark purple scalp, subgaleal and temporalis muscle hemorrhages. There are bilateral subarachnoid hemorrhages over the hemispheric convexities with cerebral edema.

The dorsal and lateral aspects of the right hand and wrist demonstrate multiple, curvilinear contused abrasions ranging from 0.5 to 3 cm in greatest dimension. Abrasions focally demonstrate a pattern consisting of paired curvilinear abrasions particularly across the dorsum of the hand and on the medial and lateral aspects of the wrists. There is a 2 cm purple-green contusion over the 2nd MCP joint. There is a 3 cm red contusion on the dorsum of the distal right forearm.

There are multiple dark red contused abrasions on the dorsal and lateral aspects of the left wrist, which have a transverse orientation and range in size from 0.6 to 3.0 cm in greatest dimension. Two fine parallel curvilinear abrasions span the dorsum of the left wrist.

There are two superficial red abrasions on the dorsum of the right elbow, which range in size from 0.5 to 1 cm in greatest dimension. There is a red-brown contusion on the posterolateral aspect of the right upper thigh which measures 2.5 cm in greatest dimension.

There are multiple dark red contused abrasions on the dorsum of the left foot and lateral malleolus, which range in size from 0.5 to 2 cm in greatest dimension. There are multiple red contusions over the dorsum of the right foot with extension onto the anterior right ankle where the contusions present a transverse, parallel linear pattern. Likewise, the dorsal right ankle demonstrates patterned, transverse linear parallel red contusions.

There are focal linear to patternless red abrasions on the dorsal right shoulder, left mid back and mid lower back ranging in size from 0.1 to 2.5 cm in greatest dimension.

GROSS EXAMINATION

AUTOPSY NO. ML 487-07

CASE NO. 0701308

The body is opened through the customary "Y" shaped incision.

Subcutaneous fat is normally distributed, moist, and bright yellow. The musculature through the chest and abdomen is rubbery, maroon, and shows no gross abnormality.

The sternum is removed in the customary fashion. The organs of the chest and abdomen are in normal position and relationship. The liver edge extends 2 cm below the right costal margin at the midclavicular line. The diaphragms are intact bilaterally.

PARIETAL PLEURA:

Smooth, glistening intact membrane with scattered petechial and confluent hemorrhages on the visceral surface, greatest about the pulmonary hila. There are small, bilateral serous pleural effusions (approximately 100 ml). There are no abnormal adhesions.

PERICARDIUM:

Is a smooth, glistening, intact membrane with scattered petechial hemorrhages on the visceral surface. The pericardial cavity, itself, contains the normal amount of clear, straw-colored fluid.

PERITONEUM:

Smooth, glistening membrane in both the abdominal and pelvic cavities. The peritoneal cavity contains no abnormal fluid or adhesions.

HEART:

Weighs 480 gm. It has a normal configuration and location. There are no adhesions between the parietal and visceral pericardium, and the latter is a smooth, glistening, fat laden characteristic membrane with scattered petechial hemorrhages. The coronary arteries arise and distribute normally with no significant atherosclerosis. The coronary ostia are normally located and widely patent. The chambers and atrial appendages are unremarkable. The valves are normally formed and measure as follows: tricuspid 13.0 cm, pulmonic 7.0 cm, mitral 11.0 cm, and aortic 6.0 cm. The endocardium is a smooth, gray, glistening, translucent membrane uniformly. The myocardium is intact, rubbery, and red-tan, with the left ventricle measuring 1.5 cm, the septum measuring 1.8 cm, and the right ventricle measuring 0.3 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The aorta (arch, thoracic and abdominal) and its major branches are unremarkable. The vena cava and major tributaries are widely patent.

NECK ORGANS:

There is a focus of dark purple hemorrhage in the inferior most aspect of the right sternohyoid muscle which measures approximately 1.5 cm in greatest dimension. Otherwise the musculature is normal, rubbery, and maroon, and the organs are freely movable in a midline position. The tongue is intact and normally papillated, without evidence of tumor or hemorrhage. The hyoid bone is intact. The cartilaginous structures forming the larynx are intact and without abnormality. The thyroid gland is symmetric, rubbery, light tan to maroon, and in its normal position without evidence of neoplasm. The epiglottis is a characteristic plate-like structure which shows no evidence of edema, trauma, or other gross pathology. The larynx is comprised of unremarkable vocal cords and folds, is widely patent without foreign material, and is lined by a smooth, glistening membrane. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

GROSS-2 CASE NO. 0701308

THYMUS:

No significant tissue is identified grossly.

LUNGS:

The right lung weighs 1200 gm, and the left weighs 1150 gm. Visceral pleurae are smooth, glistening, and intact with marked anthracosis. The left upper lobe demonstrates a 4 cm intact bleb. The overall configuration is normal. The trachea is widely patent and lined by characteristic pink membrane. Likewise, the major bronchi and bronchioles bilaterally are patent, normally formed, and contain no significant occlusive material. The pulmonary arterial tree is free of emboli or thrombi. Hemorrhage is noted in the peribronchial and perivascular soft tissue about the hila which is confluent with the previously described subpleural petechial hemorrhage. There is bilateral dark purple patchy lower lobe consolidation, right greater than left. The parenchyma is otherwise uniformly spongy, dark purple, and exudes abundant amounts of blood and clear, frothy fluid from its cut surfaces. There is no evidence of granulomatous or neoplastic disease. Hilar lymph nodes are within normal limits with relation to size, color, and consistency.

G.I. TRACT:

The esophagus shows an unremarkable mucosa, a patent lumen, and no evidence of gross pathology. The esophagogastric junction is unremarkable. The stomach is of normal configuration and is lined by a smooth, glistening, congested mucosa, has an unremarkable wall and serosa, and contains approximately 80 ml of dark brown fluid, which has passed to the duodenum. The duodenum, itself, is patent, with a markedly congested mucosa, and no evidence of acute or chronic ulceration. Jejunum and ileum are unremarkable and contain soft brown fecal material. There is no Meckel's diverticulum. The ileocecal valve is intact and unremarkable. The appendix is present. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula. Anus and rectum are unremarkable.

LIVER:

Weights 1980 gm. It is of normal configuration, rubbery, tan-yellow, and intact. Cut surface is tan-yellow.

GALLBLADDER:

Lies in its usual position, contains liquid bile, no calculi, and shows a normal mucosa. The biliary tree is intact and patent without evidence of neoplasm or calculi.

PANCREAS:

Lies in its normal position, shows a normal configuration, and is pink-tan and characteristically lobulated with no apparent gross pathology.

SPLEEN:

Weights 130 gm. The capsule is intact. The organ is rubbery, maroon, and shows characteristic follicular pattern.

ADRENALS:

Lie in their usual location, show yellow cortices and tan to gray medullae.

GROSS-3 CASE NO. 0701308

KIDNEYS:

The right kidney weighs 180 gm and the left weighs 180 gm. Both are configured normally with no abnormality. The capsules strip with ease bilaterally and the subcapsular surfaces are smooth. Sections show the organs to be moderately congested with unremarkable cortices, medullae, calyces and pelves. Ureters and blood vessels are patent and unremarkable.

URINARY BLADDER:

Contains no urine. Its serosa is unremarkable. The mucosa demonstrates a few focal pinpoint submucosal hemorrhages.

MALE GENITALIA:

The prostate is symmetric, rubbery, gray-tan, and of normal size. The seminal vesicles are unremarkable. The prostatic urethra is unremarkable. The testes are bilaterally present and show no evidence of tumor, trauma, or inflammation. The investing membranes are unremarkable as is the epididymis.

BRAIN AND MENINGES:

The scalp is opened through the customary intermastoid incision and demonstrates bi-temporal dark purple, scalp, subgaleal and temporalis muscle hemorrhages measuring up to 10 cm in greatest dimension. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The brain weighs 1290 gm. There is a thin film of bright red subarachnoid hemorrhage over the hemispheric convexities, bilaterally, largely over the parietal, temporal and occipital regions. Otherwise the dura and leptomeninges are unremarkable. Cranial nerves and circle of Willis arise and distribute normally and show no significant pathology. Externally the brain appears slightly swollen with flattening of the gyri and narrowing of the sulci. There is a suggestion of cerebellar tonsillar notching. The tips of the cerebellar tonsils are friable. Multiple serial sections of cerebral hemispheres, midbrain, pons, medulla, and cerebellum show no gross pathological change apart from intense congestion. The ventricular system is also symmetric and unremarkable. The base of the skull is intact without osseous abnormality.

RIBS:

Intact.

PELVIS:

Intact.

VERTEBRAE:

Intact.

BONE MARROW:

Moist and dark red. Unremarkable

MICROSCOPIC EXAMINATION

AUTOPSY NO. ML 487-07

CASE NO. 0701308

Representative section of brain demonstrates acute hemorrhage in the subarachnoid space consisting of intact and degenerating erythrocytes. There are scattered, pigment laden histiocytes. There is no appreciable inflammatory reaction. There are numerous red pyknotic neurons and neuronal drop-out throughout the midcortex.

Representative sections of right temporalis muscle demonstrate acute interstitial hemorrhage with focal collections of mixed inflammatory cells. There is no obvious hemosiderin deposition.

Representative sections of lungs demonstrate acute pneumonia. Alveolar spaces are filled and distended with hemorrhage and an acute inflammatory infiltrate. Scattered throughout are numerous spherical, slightly refractile, eosinophilic foreign bodies along with other scattered fragments of degenerating foreign material consistent with aspirated gastric contents. Anthracotic pigment is prominent. There is marked vascular congestion. There is marked congestion and acute hemorrhage in large caliber peribronchial and perivascular soft tissues.

Representative sections of heart demonstrate variable myocyte hypertrophy and focal thin wavy fibers.

Representative sections of kidneys demonstrate a rare globally sclerotic glomerulus, congestion and focal autolysis. No pathologic refractile material is seen under polarized light.

A representative section of liver shows moderate, periportal to mid-zonal, macrovesicular steatosis. Delicate fibrous bands radiate from portal tracts and central veins.



March 19, 2008
ED/al

ERIC DUVAL, D.O.

PATHOLOGICAL DIAGNOSIS
(Continued)

AUTOPSY NO. ML 487-07

CASE NO. 0701308

IV. Foot and ankle trauma:

- A. Parallel linear patterned contusions, anterior and posterior right ankle
- B. Patternless abraded contusions to dorsal feet and left ankle
- C. Right posterolateral thigh contusion

V. Back trauma:

- A. Focal superficial linear to patternless abrasions on posterior right shoulder, left midback and mid lower back

VI. Heart with epicardial petechial hemorrhages

VII. Hepatic steatosis

VIII. Lungs:

- A. Acute aspiration pneumonia
- B. Vascular congestion and marked anthracosis
- C. Left upper lobe intact pleural bleb
- D. Bilateral serous pleural effusions (100 ml)
- E. Pleural petechial and confluent hemorrhages with peribronchial and perivascular soft tissue hemorrhage at the hila

Comment: This 34 year old male was an inmate at the Oklahoma County Jail. He was reported to experience seizure-like activity in his cell. He was subsequently restrained after a struggle with multiple officers and transferred to the in-house medical clinic. Upon examination by medical personnel, he was found to be unresponsive without spontaneous respirations or heart rate. He responded to resuscitative efforts and upon admission at a nearby hospital, he was found to have acute subarachnoid hemorrhage and brain edema with severe anoxic encephalopathy. Facial and extremity trauma was also noted. He remained comatose and expired two days after admission.

At autopsy, there were acute bilateral subarachnoid hemorrhages with brain swelling and large contusions on the sides of the head in the temporal regions of the scalp. There were abrasions, lacerations and contusions of the face and lips. Patterned injuries on the wrists and ankles were consistent with restraints. Toxicological studies for ethyl alcohol and screened drugs on hospital acquired blood, dated 5-26-07, was negative.

The cause of death is blunt force head trauma. At the time of this report, after extensive investigation, no consistent and reasonable explanation for the decedent's injuries has been proposed. It is my opinion that the decedent's head trauma is non-accidental. The manner of death is considered homicide.

November 08, 2007



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

901 N.Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

OFFICE USE ONLY

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: 0701308

LABORATORY NUMBER: 071813

DECEDENT'S NAME: CHRISTOPHER BECKMAN

DATE RECEIVED: 5/30/2007

MATERIAL SUBMITTED BLOOD, VITREOUS, LIVER, BRAIN, GASTRIC,
HOSPITAL SPECIMENS

HOLD STATUS: 5 YEARS

SUBMITTED BY: ERIC DUVAL D.O.

MEDICAL EXAMINER: ERIC DUVAL D.O.

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (HOSPITAL; 5-26-07)

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

BLOOD BASES

BLOOD EIA - Amphetamine, Methamphetamine, Cocaine, Opiates*, PCP, Barbiturates, Benzodiazepines*

*This test does not detect Oxycodone, Methadone, Lorazepam, or Nitrobenzodiazepines.

RESULTS:

NONE DETECTED

07/23/2007

DATE

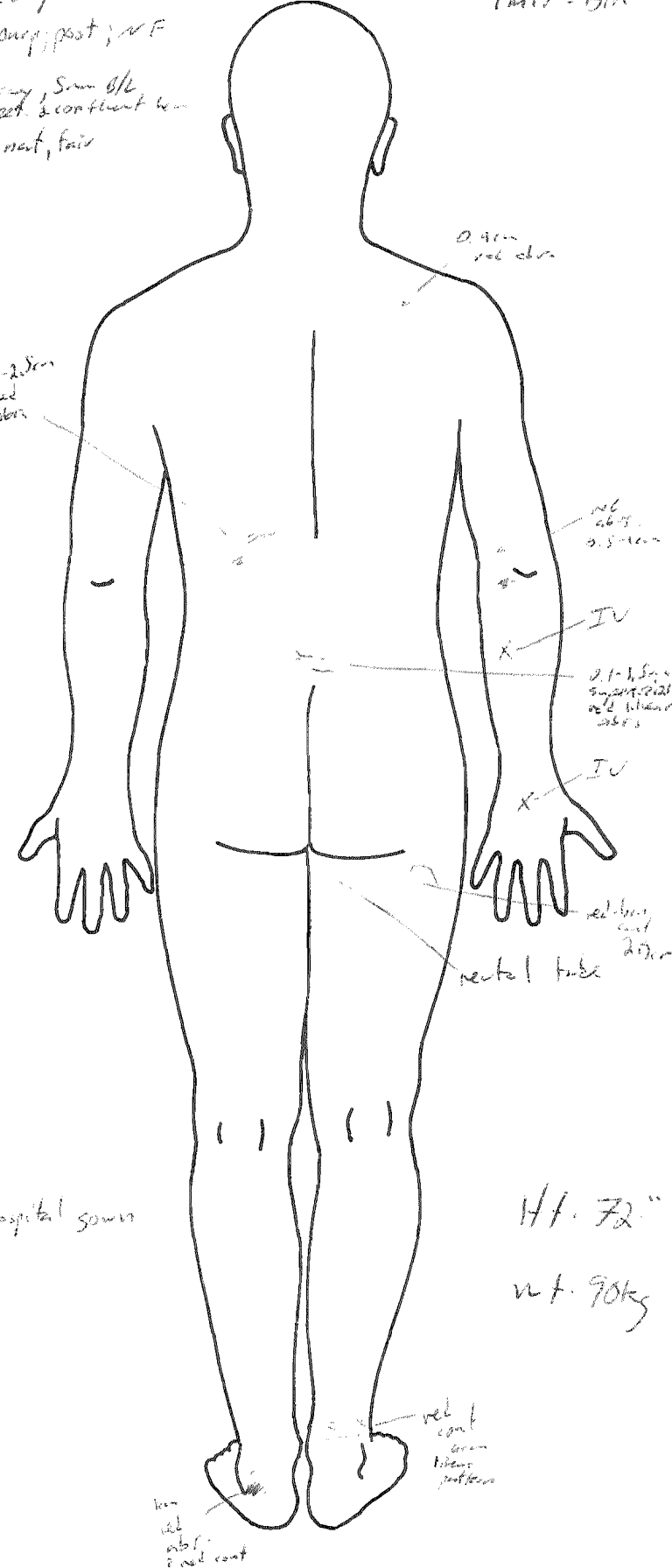
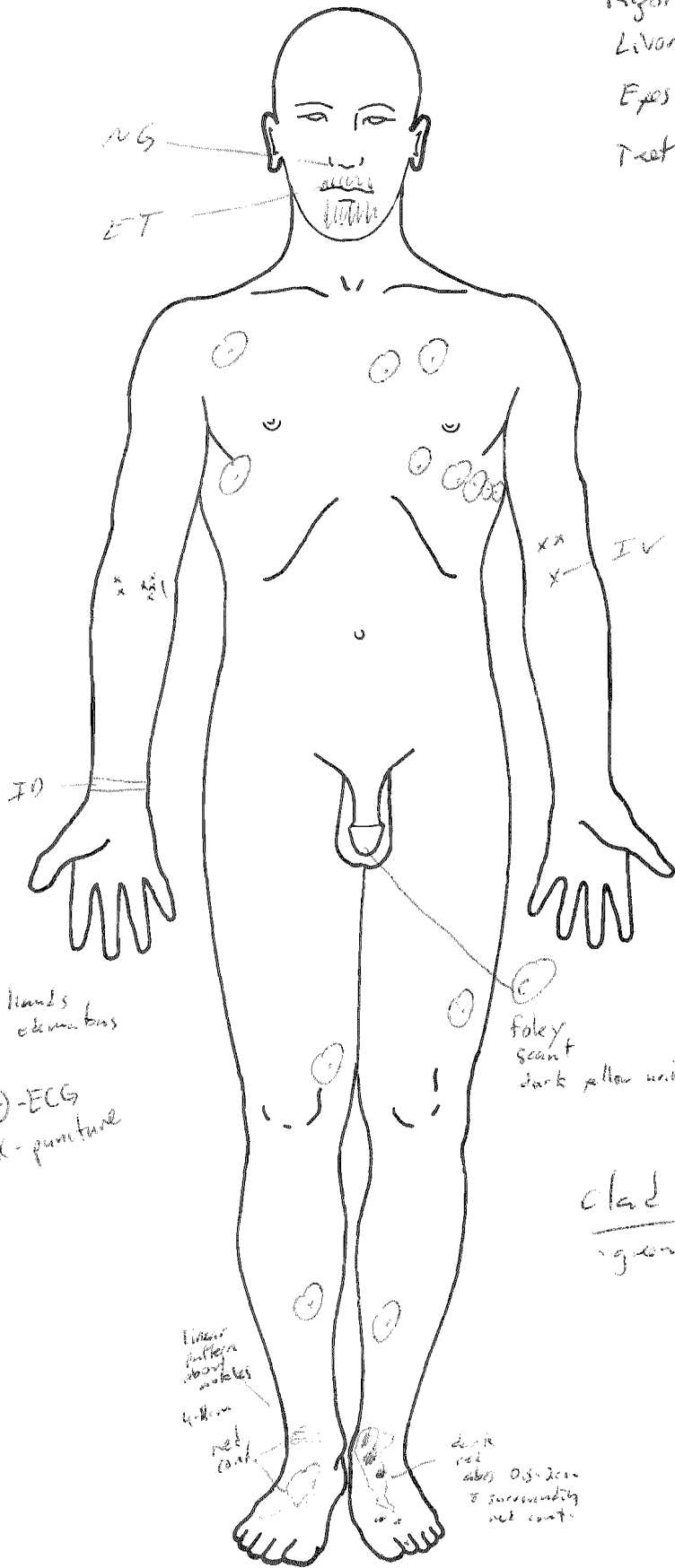
Phil Kemp, Ph.D.

PHILIP KEMP, Ph.D., DABFT, Chief Forensic Toxicologist

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

Rigor - complete
 Livor - purp, post; w/F
 Eyes - gray, some blk
 pet. & conjunctiva
 Teeth - neat, fair

Hair - Brun



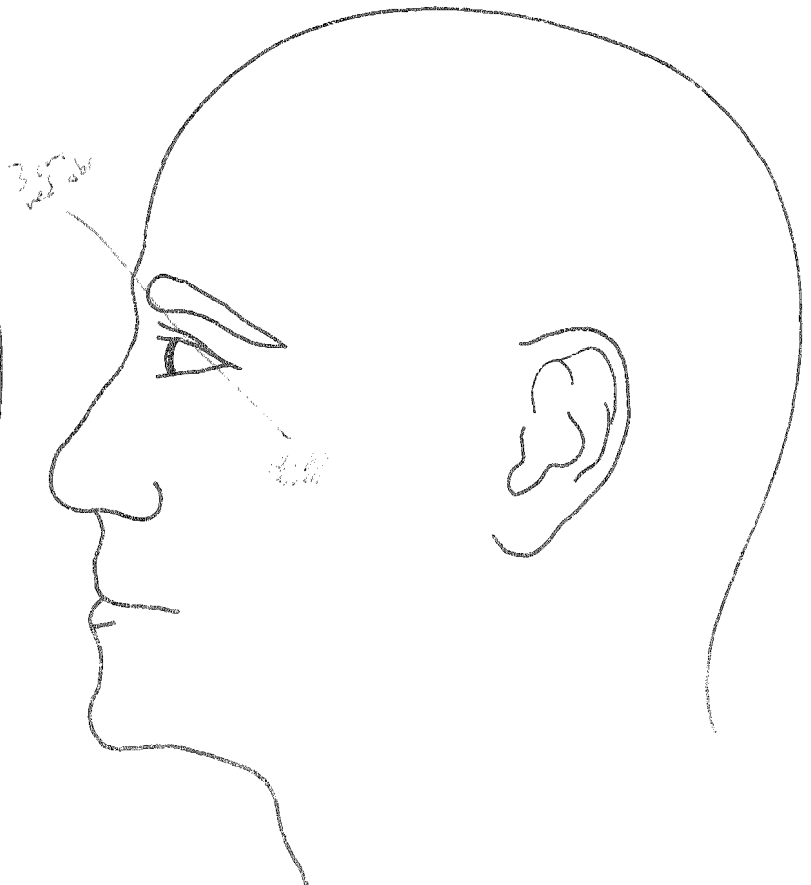
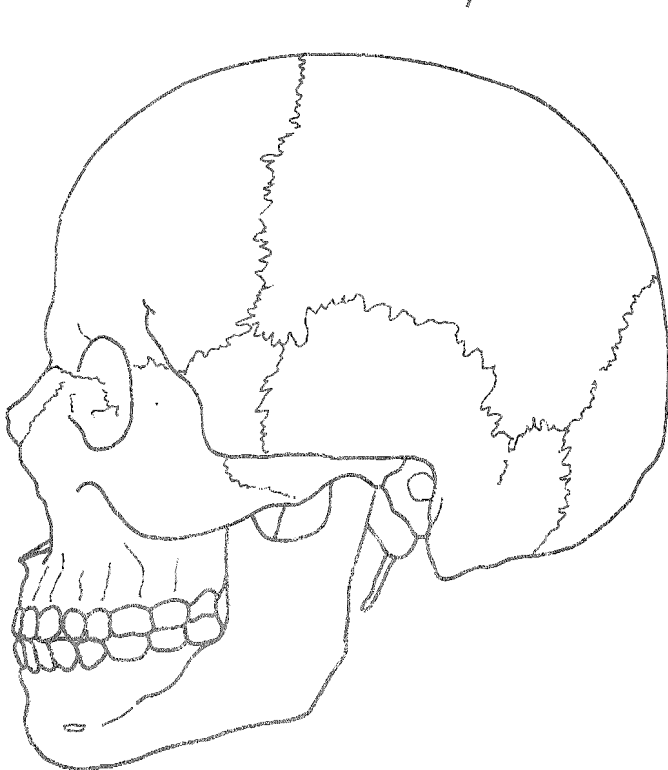
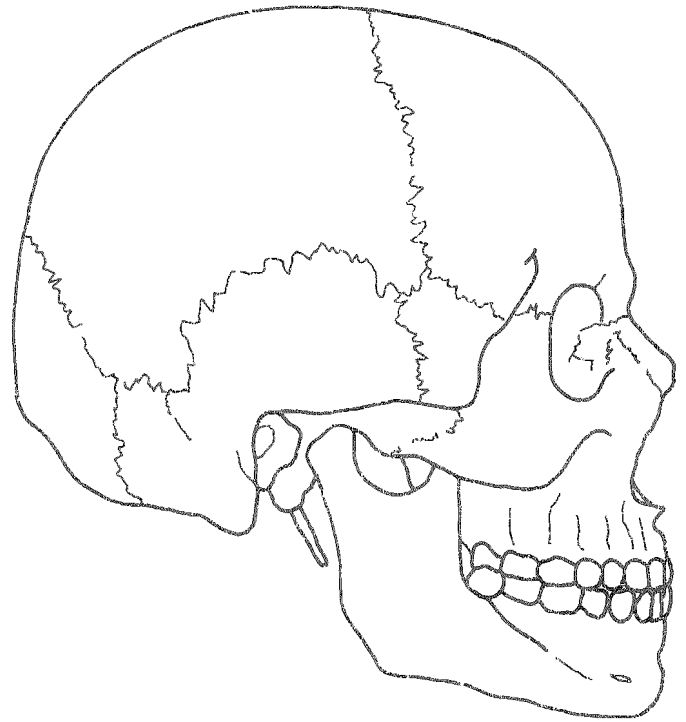
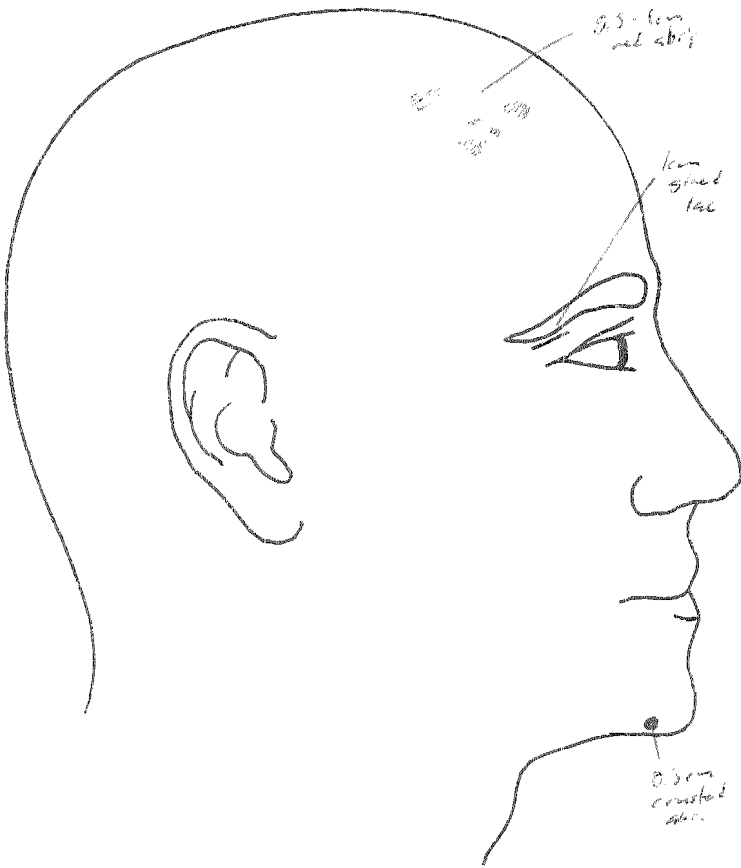
Hands elevated
 3-ECG
 X-puncture

HT: 72"
 wt: 90kg

Name Christopher Beckman

Case No. 0701308 (48707)

HEAD – SURFACE AND SKELETAL ANATOMY, LATERAL VIEW

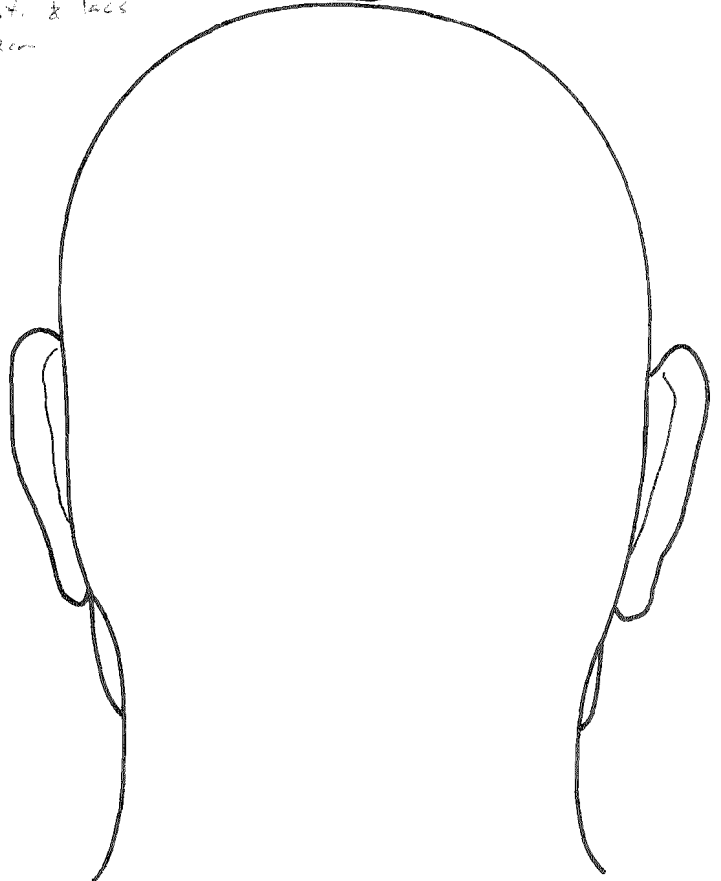
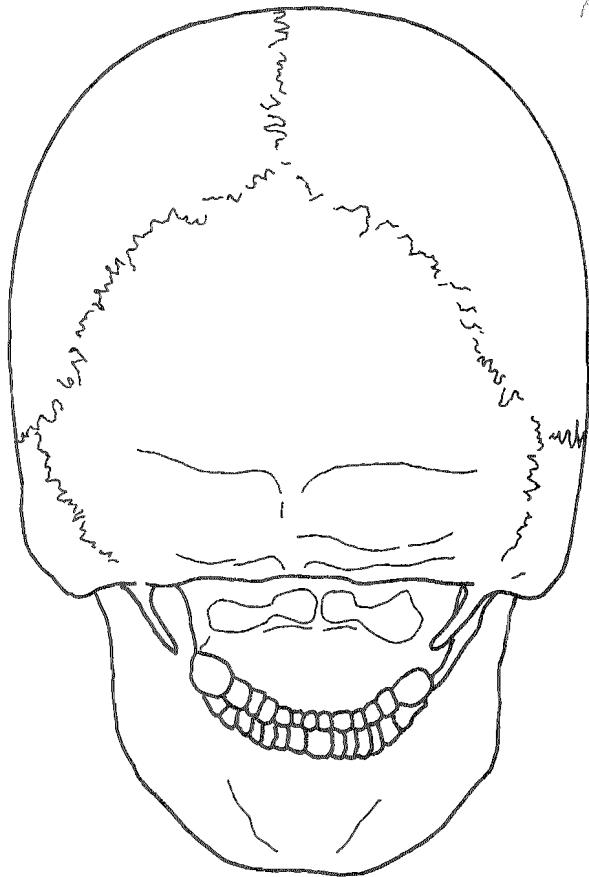
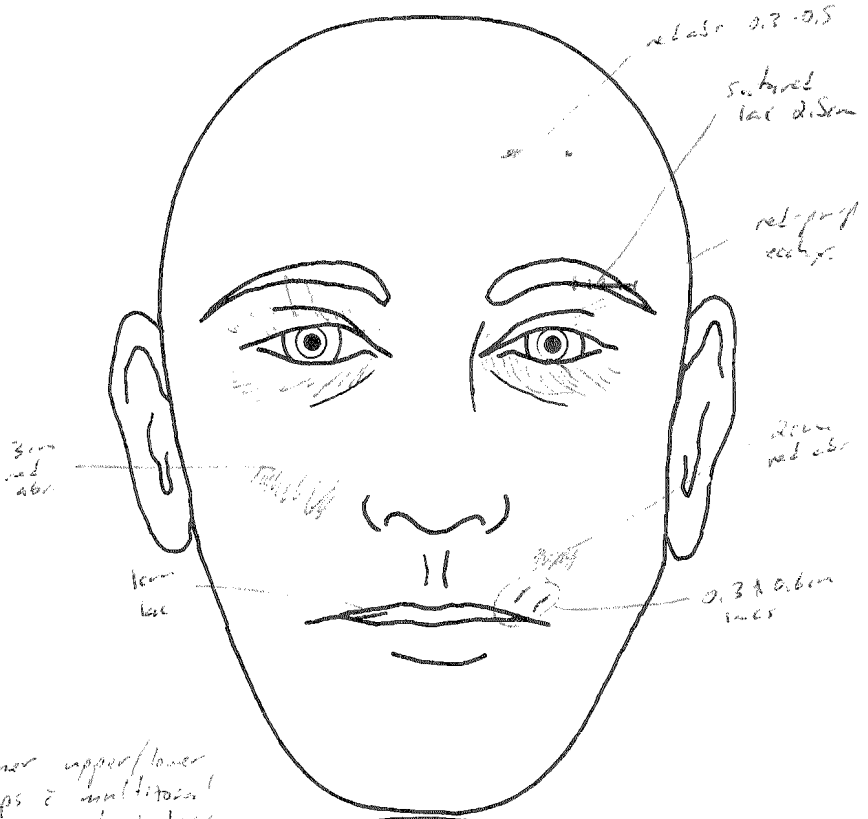
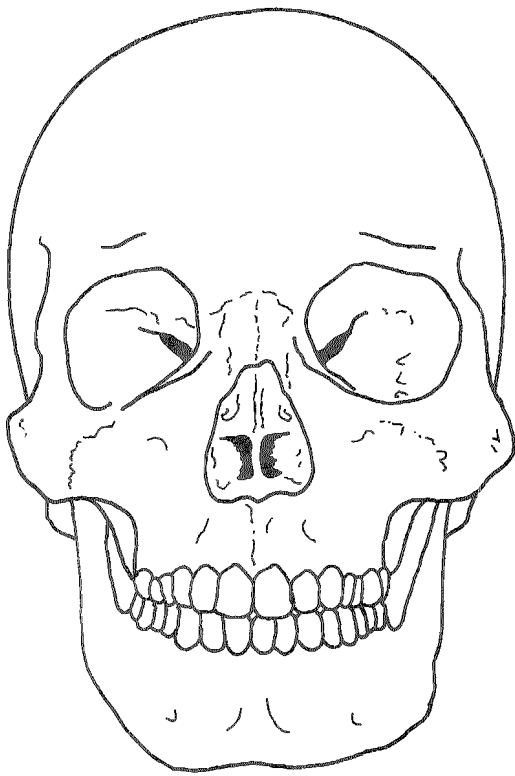


Name Christopher Beckman

Case No. 0701308

Date 5/29/07

HEAD – SURFACE AND SKELETAL ANATOMY, ANTERIOR AND POSTERIOR VIEWS

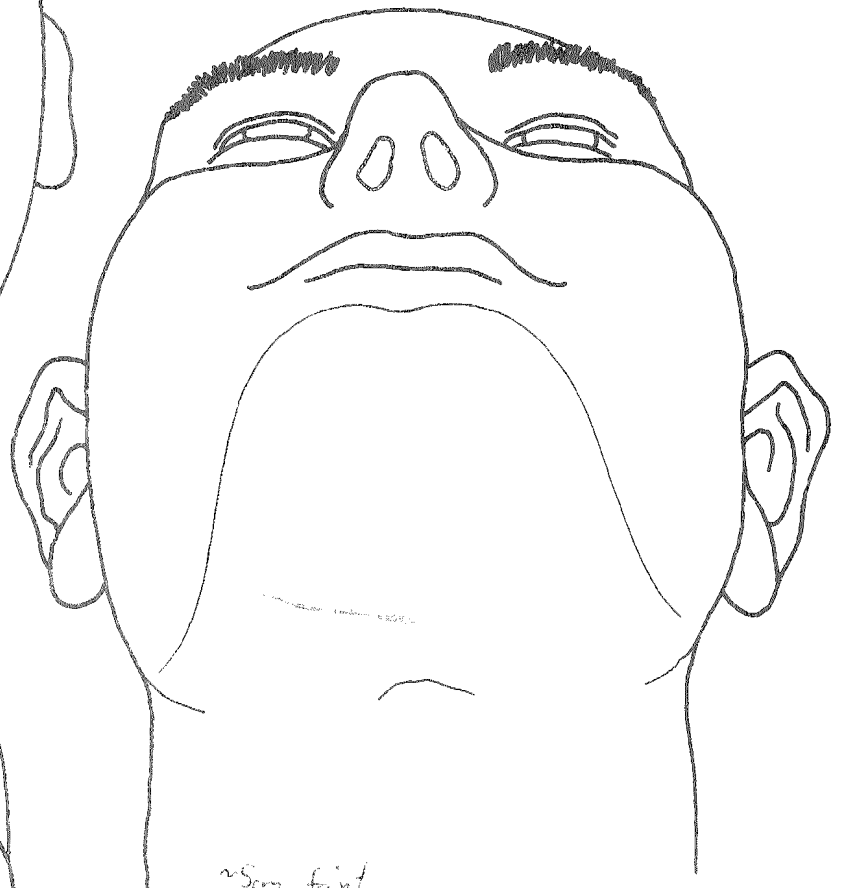
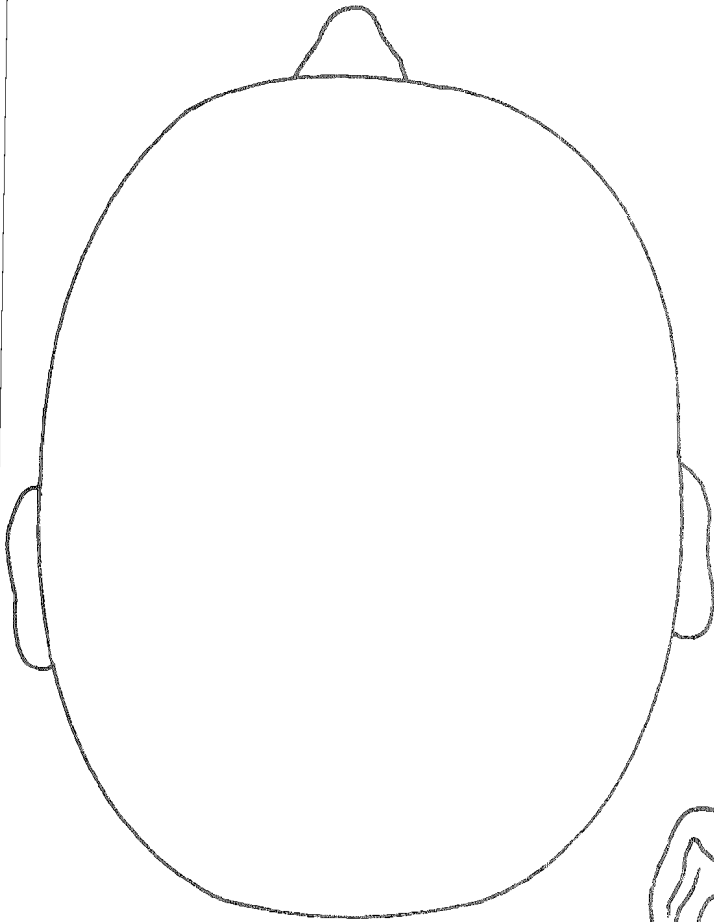


Name Christopher Beckman

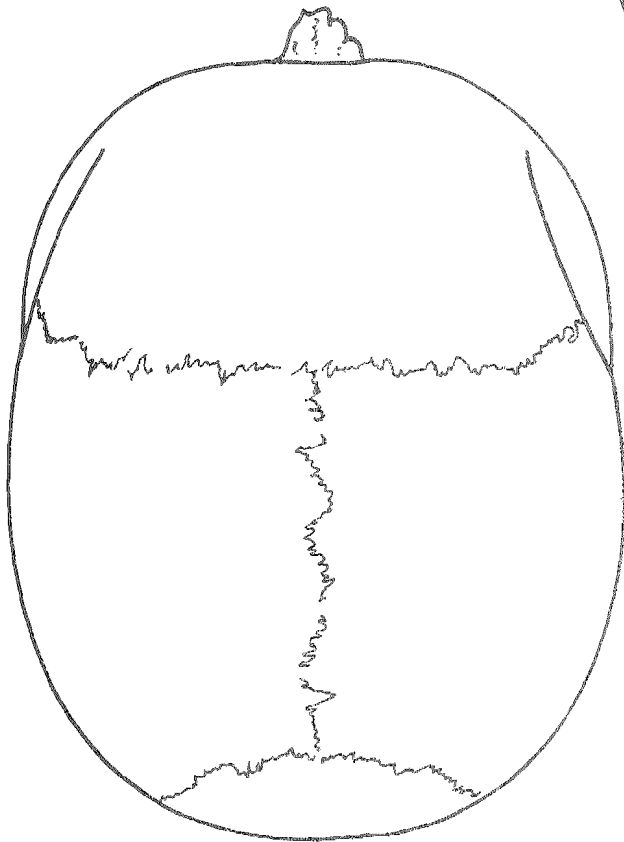
Case No. 0701308

Date 5/29/07

HEAD – SURFACE AND SKELETAL ANATOMY, SUPERIOR VIEW – INFERIOR VIEW OF NECK

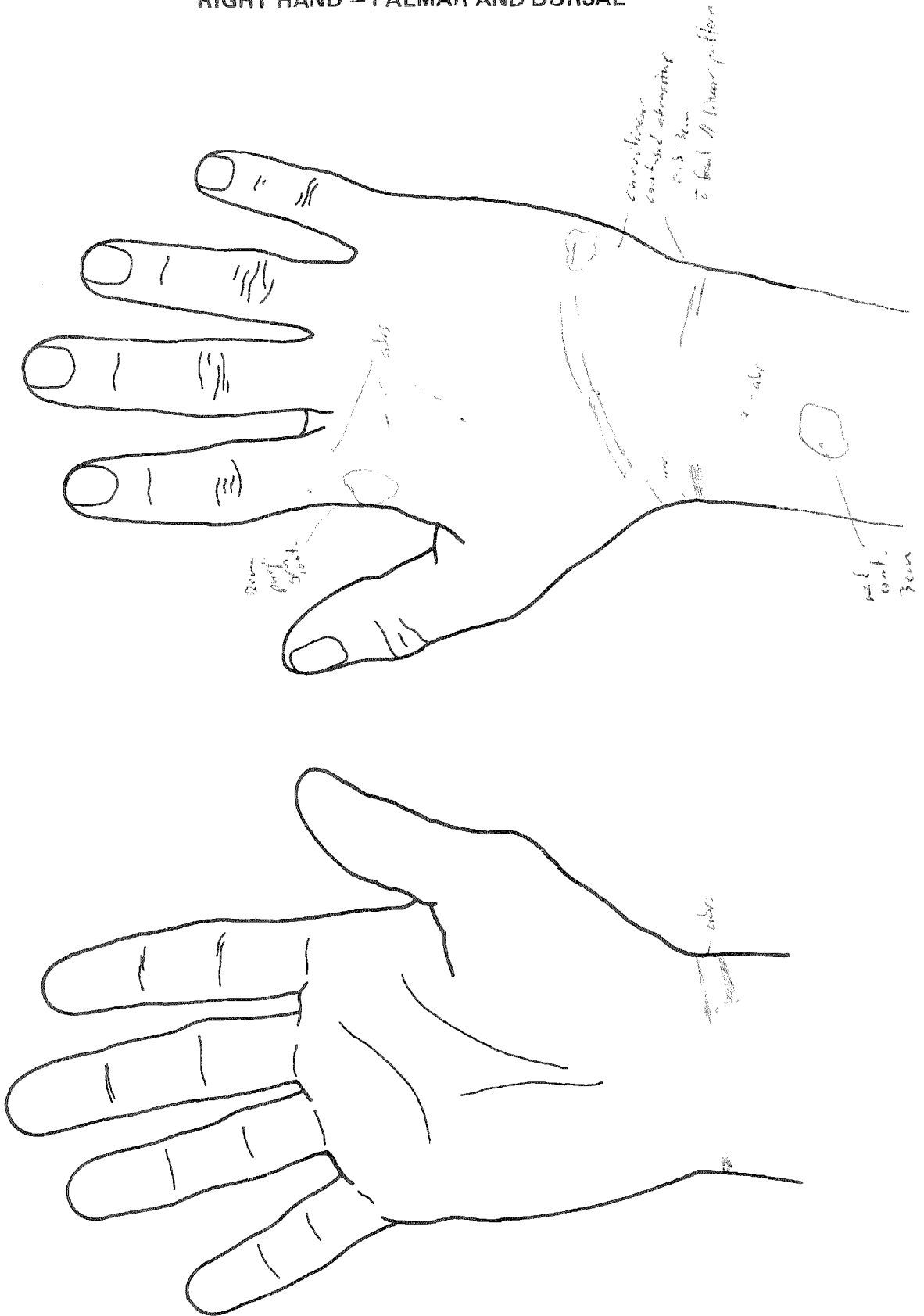


~ Some faint red obs.



Name Christopher Beckman Case No. 0701308
Date 5/29/07

RIGHT HAND - PALMAR AND DORSAL

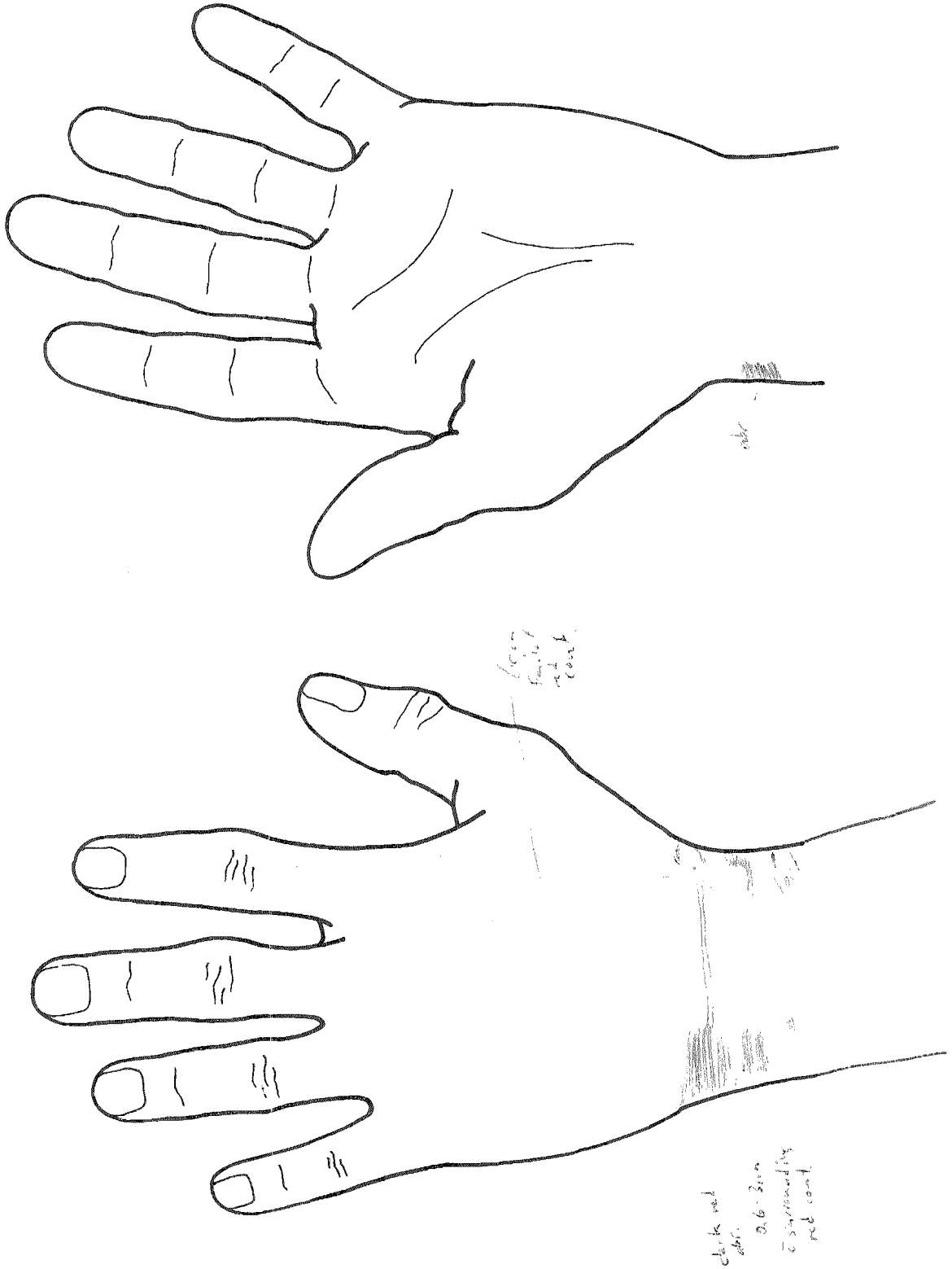


Name Christopher Beckman

Case No. 0701308

Date 5/29/07

LEFT HAND - PALMAR AND DORSAL



Name Christopher Beckman

Case No. 0701308

CME-1B9 (Series 1978)

Date 5/29/07