

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

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

Eastern Division
1115 West 17th
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(918) 582-0985 Fax (918) 585-1549

Re _____ Co _____

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By _____
Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) CLIFFORD BRANNON	Age 34	Birth Date 12/23/1972	Race BLACK	Sex M
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HOME ADDRESS - No. - Street, City, State
724 N. MUSGRAVE, OKLAHOMA CITY, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) NONA JOHNSON - ST ANTHONY'S HOSPITAL	DATE 06/02/2007	TIME 23:50
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INJURED OR BECAME ILL AT (ADDRESS) OKLAHOMA COUNTY JAIL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE 05/30/2007	TIME Unknown
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LOCATION OF DEATH ST. ANTHONY'S HOSPITAL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES HOSPITAL	DATE 06/02/2007	TIME 23:30
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BODY VIEWED BY MEDICAL EXAMINER 901 N. STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 06/03/2007	TIME 12:00
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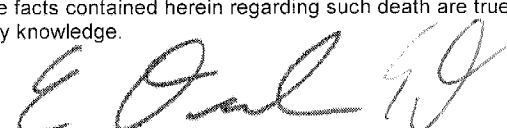
IF MOTOR VEHICLE ACCIDENT: DRIVER PASSENGER PEDESTRIAN

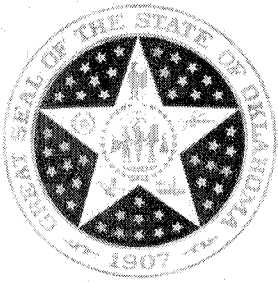
TYPE OF VEHICLE: AUTOMOBILE LIGHT TRUCK HEAVY TRUCK BICYCLE MOTORCYCLE OTHER: _____

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

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

Probable Cause of Death: ISCHEMIC CEREBRAL INFARCTION Due To: CEREBRAL ARTERY THROMBOSIS	Manner of Death: 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"/>	Case disposition: Autopsy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Authorized by <u>MEDICAL EXAMINER</u> Pathologist <u>ERIC DUVAL D.O.</u> Not a medical examiner case <input type="checkbox"/>
Other Significant Medical Conditions: HISTORY OF COCAINE USE, HYPERTENSION AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		

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. Computer generated report	Date 06/03/2007 0701359
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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
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 By _____
 Date _____

REPORT OF AUTOPSY

Decedent CLIFFORD BRANNON	Age 34	Birth Date 12/23/1972	Race BL	Sex M	Autopsy No 508-07	Case No 0701359
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Type of Death Unattended during fatal illness	Means	ID By Hospital	Authority for Autopsy ERIC DUVAL, D.O.
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Present at Autopsy
JEFFERY GOFTON, M.D.

PATHOLOGICAL DIAGNOSIS

I. Heart

- a. Cardiomegaly (500 gm) and left ventricular hypertrophy
- b. Right coronary artery with marked atherosclerosis, approximately 80% luminal stenosis and luminal thrombus
- c. Left anterior descending coronary artery with moderate atherosclerosis and approximately 70% luminal stenosis

II. Lungs

- a. Acute pneumonia and pulmonary edema (combined weight 1620 gm)
- b. Right pulmonary artery with luminal thrombus, inferior, 1st generation

III. Brain

- a. Left cerebral hemisphere with ischemic changes, edema and uncal, tonsillar, and left cingulate gyrus herniation
- b. Left middle cerebral artery with intraluminal thrombus
- c. Dural sinuses with intraluminal thromboses

IV. Bilateral antecubital veins with thromboses and phlebitis

V. Superficial mucosal erosions of epiglottis and laryngeal mucosa

Comment: This 34 year old male was reported by cellmates to have spontaneously fallen to the floor while using the toilet. He was transported to a nearby hospital where he was intubated and found to be displaying clinical signs of stroke (i.e. right-sided hemiparesis). A urine drug screen was reported to be positive for cocaine and cannabinoids. A CAT scan of the head showed left cerebral hemisphere edema and left to right mid-line shift, consistent with stroke. Death by neurologic standards was established. His clinical course was complicated by pneumonia and sepsis. He remained comatose and expired three days after admission. His past medical history was significant for hypertension, cocaine and marijuana use.

Continued on Page 2

**CAUSE OF DEATH: ISCHEMIC CEREBRAL INFARCTION
 DUE TO CEREBRAL ARTERY THROMBOSIS
 OSC: HISTORY OF COCAINE USE, HYPERTENSIVE AND ATHEROSCLEROTIC
 CARDIOVASCULAR DISEASE**

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

ERIC DUVAL, D.O.

Forensic Pathologist

OCME Central Division

Location of Autopsy

6/3/2007 12:00 PM

Date and Time of Autopsy

PATHOLOGICAL DIAGNOSIS

(Continued)

AUTOPSY NO. ML 508-07

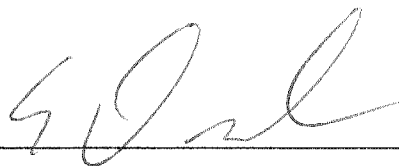
CASE NO. 0701359

Comment continued:

At autopsy, there was thrombotic occlusion of the left middle cerebral artery and changes in the brain consistent with a left hemispheric stroke. The lungs showed an acute bilateral pneumonia. Thromboses in the dural sinuses, heart, and right lung are felt to be complications of the initial stroke and possible sepsis. Toxicological analysis of hospital acquired blood dated 5-30-07 for ethyl alcohol and screened drugs was negative.

At autopsy, there was no anatomic or microscopic cause for the cerebral artery occlusion and subsequent stroke. There were no traumatic injuries identified and drug screening was negative. The cause of death is felt to be due to ischemic cerebral infarction due to cerebral artery thrombosis. The manner of death is considered natural. Other significant conditions include history of cocaine use and hypertensive and atherosclerotic cardiovascular disease.

March 1, 2008
EJD/al



ERIC DUVAL, D.O.

EXTERNAL EXAMINATION

AUTOPSY NO. ML 508-07

CASE NO. 0701359

DESCRIPTION								
Height	Weight	Eyes	Pupils	Opacities, Etc.	Hair	Beard	Mustache	Circumcised
68 in.	105 kg.	BROWN	R 4 mm L 4 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 blue hospital gown.

EVIDENCE OF MEDICAL TREATMENT:

A nasogastric tube protrudes from the left naris. There are multiple ECG monitor pads adherent to the anterior torso and right proximal arm. Intravenous access is placed in the anterior left forearm. There are needle punctures on the dorsum of the hands, bilaterally. There is a pulseoximeter lead on the right 5th finger. A Foley catheter is in place with approximately 150 ml of dark yellow urine in the attached reservoir. Kendall cuffs are placed on the distal legs bilaterally. There is a hospital identification bracelet bearing the decedent's name 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. The scalp is unremarkable. The conjunctivae are slightly edematous with no petechial 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. The lips and oral mucosa are intact with no evidence of injury. There is no foreign material in the oral cavity. The neck is unremarkable and without trauma.

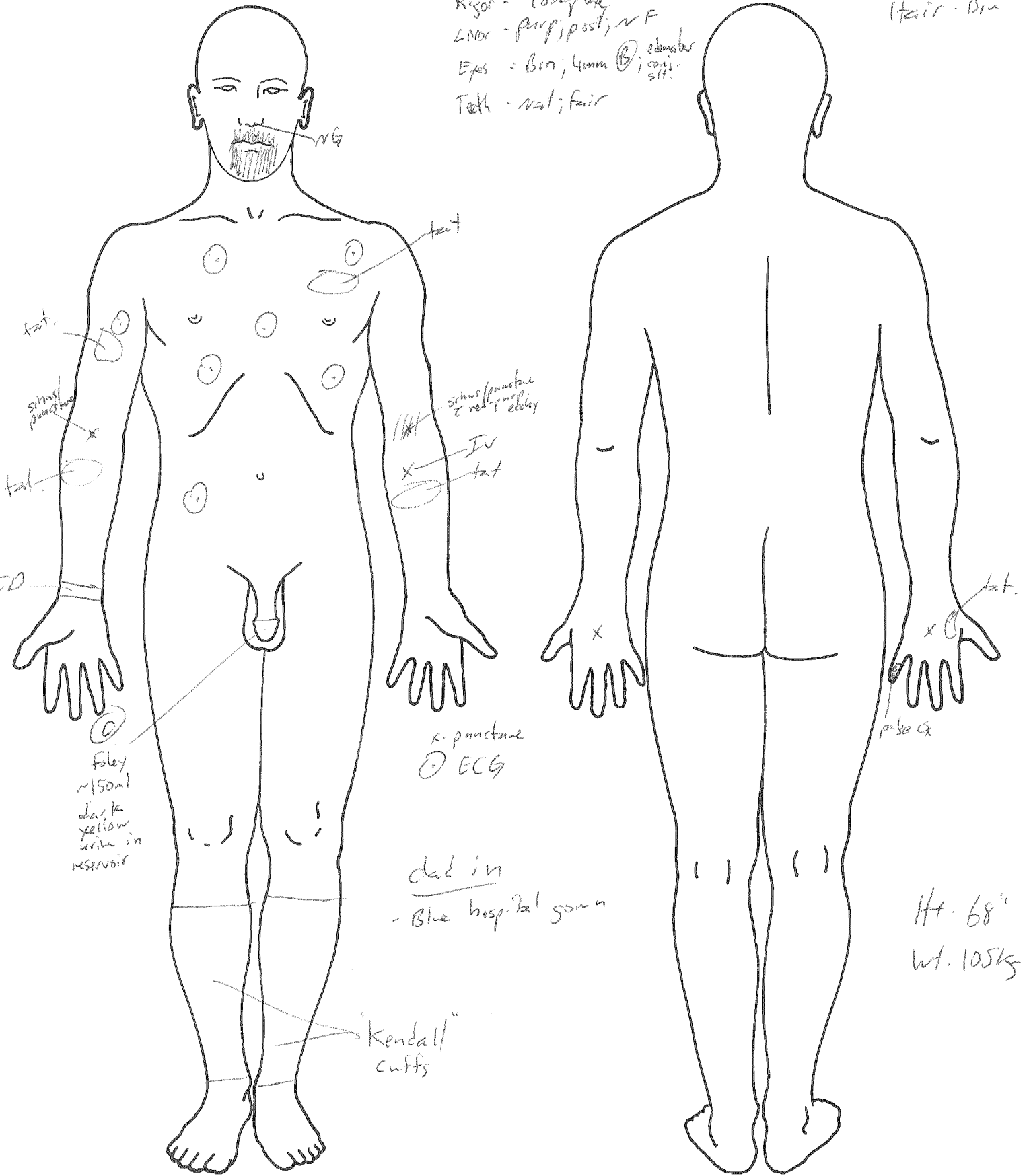
There is a tattoo on the upper left chest. Otherwise the chest, abdomen and back are unremarkable and without trauma. The pelvis and anogenital region is intact and atraumatic.

There are tattoos on the lateral aspect of the right upper arm, anterior aspects of the forearms, and dorsum of the right hand. There is a deep sinus / puncture in the antecubital fossae, bilaterally. There is associated red-purple ecchymoses on the left. The upper and lower extremities are otherwise bilaterally symmetric and unremarkable.

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

Rigor - complete
 LNor - purp, post, w F
 Eyes - Brn; 4mm (B) i; cons; slit.
 Teeth - nat; fair

Hair - Brn



Name Clifford Brannon

Case No. 0701359 (508-07)

Date 6/3/07

GROSS EXAMINATION

AUTOPSY NO. ML 508-07

CASE NO. 0701359

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 without associated adhesions or abnormal effusions.

PERICARDIUM:

Is a smooth, glistening, intact membrane, and 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:

Weights 500 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. The coronary arteries arise and distribute normally. The proximal aspect of the left anterior descending coronary artery demonstrates focal, moderate atherosclerotic changes with approximately 70% luminal stenosis. The right coronary artery demonstrates focal, marked atherosclerotic changes with approximately 80% luminal stenosis focally. The proximal aspect of the right coronary artery demonstrates a pink-red occlusive thrombus. 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 8.0 cm, mitral 9.5 cm, and aortic 6.0 cm. The endocardium is a smooth, gray, glistening, translucent membrane uniformly. The myocardium of the left lateral free wall demonstrates a 2 cm area of subendocardial red-purple mottling. Otherwise the myocardium is intact, rubbery, firm, and red-tan, with the left ventricle measuring 1.8 cm, the septum measuring 1.9 cm, and the right ventricle measuring 0.6 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:

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 demonstrates two focal superficial mucosal ulcerations measuring 0.5 and 1 cm in greatest dimension. There is no evidence of edema. The larynx is comprised of unremarkable vocal cords and folds, is widely patent without foreign material. The

GROSS-2 CASE NO. 0701359

lateral aspects of the laryngeal mucosa immediately inferior to the true cords demonstrates superficial ulceration measuring up to 1.5 and 2 cm in greatest dimension. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

THYMUS:

No significant tissue is identified grossly.

LUNGS:

The right lung weighs 740 gm, and the left weighs 680 gm. Visceral pleurae are smooth, glistening, and intact with moderate anthracosis and no bleb formation. 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 inferior first branch of the right pulmonary artery demonstrates occlusion with a large, cylindrical dark purple thrombus. The lower lobes of the lungs bilaterally are dark purple, rubbery and exude abundant amounts of blood and clear frothy fluid from its cut surfaces. The remaining pulmonary parenchyma is uniformly spongy, tan-black to dark purple, and exudes moderate amounts of blood and clear frothy fluid from its cut surfaces. There is no evidence of consolidation, 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, is lined by a hyperemic, intact mucosa, has an unremarkable wall and serosa, and contains approximately 20 ml of tan-green mucus which has passed to the duodenum. The duodenum, itself, is patent, shows an unremarkable 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 2280 gm. It is of normal configuration, rubbery, tan, and intact. Cut surface shows no pathology.

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

GROSS-3 CASE NO. 0701359

ADRENALS:

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

KIDNEYS:

The right kidney weighs 240 gm and the left weighs 240 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 and mucosa are unremarkable.

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 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 1390 gm. The posterior aspect of the sagittal sinus and the transverse and sigmoid sinuses demonstrate occlusion with dark purple thromboses. The leptomeninges demonstrate intense congestion, right greater than left. The cranial nerves and circle of Willis arise and distribute normally. The left middle cerebral artery and its distal tributaries are focally occluded with red-brown, grumus luminal contents. Externally the brain is soft, left greater than right, with flattening of the gyri and narrowing of the sulci. There is notching of the unci, cerebellar tonsils, and left cingulate gyrus, all of which are markedly soft and friable. The basilar cisterns are obliterated. Serial sectioning of the cerebral hemispheres demonstrates relatively softening, friability, and pallor, left greater than right. These changes appear to be greatest in the parietal and temporal regions. Serial sectioning of the brain stem and cerebellum demonstrate marked softening and friability. The ventricular system is nearly obliterated. The base of the skull is intact without osseous abnormality.

RIBS:

Intact.

PELVIS:

Intact.

VERTEBRAE:

Intact.

BONE MARROW:

Moist and dark red. Unremarkable

GROSS-4 CASE NO. 0701359

UPPER AND LOWER EXTREMITIES:

Dissection of the antecubital fossae demonstrates bilateral cubital vein thrombosis with periadventitial and subcutaneous hemorrhage, left greater than right.

Dissection of the subclavian and axillary veins reveals no thrombosis.

Upon dissection of the posterior legs, the superficial and deep vascular structures reveal no thromboses and are widely patent.

MICROSCOPIC EXAMINATION

AUTOPSY NO. ML 508-07

CASE NO. 0701359

Representative sections of antecubital veins show occlusive luminal thrombi consisting of fibrin and intact and degenerating red and white blood cells. There is an associated acute phlebitis with periadventitial acute inflammation and hemorrhage.

A representative section of right cerebral cortex shows vascular congestion.

A representative section of left cerebral cortex shows vascular congestion and edema with focal red, ischemic neurons.

A representative section of cerebellum shows cortical rarefaction.

Representative sections of left thalamus and basal ganglia show vascular congestion, edema and rarefaction with focal red, ischemic neurons and neuronal dropout.

A representative section of lung shows an acute pneumonia. The alveolar spaces are variably filled with an acute inflammatory infiltrate, pigment laden mononuclear cells and hemorrhage. There is marked congestion and edema.

A representative section of pulmonary artery thrombus demonstrates an organizing thrombus composed of alternating layers of erythrocytes, fibrin, platelets, and white blood cells.

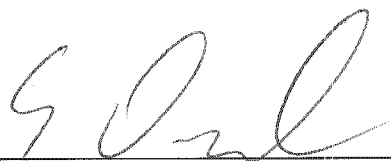
A representative section of left ventricular freewall demonstrates variable myocyte hypertrophy and vascular congestion.

A representative section of right coronary artery shows intimal thickening with a luminal thrombus composed of fibrin, platelets, red and white blood cells.

A representative section of left middle cerebral artery demonstrates intraluminal thrombus composed of fibrin, platelets, intact and degenerating red and white blood cells.

Sections of dural sinus thrombi show intraluminal clots consisting of fibrin, platelets, red and white blood cells.

March 1, 2008
EJD/al




ERIC DUVAL, D.O.

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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Date _____	

ME CASE NUMBER: 0701359

LABORATORY NUMBER: 071855

DECEDENT'S NAME: CLIFFORD BRANNON

DATE RECEIVED: 06/04/2007

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

HOLD STATUS: 30 DAYS

SUBMITTED BY: ERIC DUVAL D.O.

MEDICAL EXAMINER: ERIC DUVAL D.O.

NOTES:

ETHYL ALCOHOL:

Blood:

Vitreous:

Other: NEGATIVE - SERUM (HOSPITAL; 5-30-07)

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

BLOOD BASES

BLOOD ACID/NEUTRALS

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

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

RESULTS:

NONE DETECTED

06/20/2007

DATE



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

