

**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

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) CYRIL WAYNE ELLIS	Age 44	Birth Date 02/07/1961	Race BLACK	Sex M
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HOME ADDRESS - No. - Street, City, State
OKLAHOMA COUNTY JAIL, OKLAHOMA CITY, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) MARK POOLER CHAPLIN PRESBY TOWER	DATE 11/20/2005	TIME 11:00
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INJURED OR BECAME ILL AT (ADDRESS) OKLAHOMA COUNTY JAIL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE 08/12/2005	TIME Unknown
LOCATION OF DEATH OU PRESBYTERIAN HOSPITAL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES HOSPITAL	DATE 11/20/2005	TIME 02:12
BODY VIEWED BY MEDICAL EXAMINER 901 N. STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 11/21/2005	TIME 09:30

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 checked="" type="checkbox"/>	Color <u>PURPLE</u>	Beard <u>YES</u> Hair <u>BLACK</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Neck <input type="checkbox"/> Absent <input type="checkbox"/>	Lateral <input type="checkbox"/>	Eyes: Color <u>BROWN</u> Mustache <u>YES</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arms <input type="checkbox"/> Passing <input type="checkbox"/>	Posterior <input checked="" type="checkbox"/>	Opacities _____				
	Legs <input type="checkbox"/> Passed <input type="checkbox"/>	Anterior <input type="checkbox"/>	Pupils: R <u>4MM</u> L <u>4MM</u>				
	Decomposed <input type="checkbox"/>	Regional _____	Body Length <u>74 INCHES</u> Body Weight <u>92 KG</u>				

Significant observations and injury documentations - (Please use space below)
NO TRAUMA; OLD ABDOMINAL SCAR; SEE CME-1B6

Probable Cause of Death:

METASTATIC NEUROENDOCRINE CARCINOMA

Manner of Death:

Natural Accident
Suicide Homicide
Unknown Pending

Case disposition:

Autopsy Yes No
Authorized by _____
Pathologist JEFFERY GOFTON M.D.
Not a medical examiner case

Other Significant Medical Conditions:

MEDICAL EXAMINER:

Name, Address and Telephone No.

JEFFERY GOFTON 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.

Signature of Medical Examiner

JEFFERY GOFTON M.D.

11/21/2005

Date

Computer generated report

0502324

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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: 0502324

LABORATORY NUMBER: 053625

DECEDENT'S NAME: CYRIL WAYNE ELLIS

DATE RECEIVED: 11/22/2005

MATERIAL SUBMITTED: BLOOD, VITREOUS

HOLD STATUS: 60 DAYS

SUBMITTED BY: JEFFERY GOFTON M.D.

MEDICAL EXAMINER: JEFFERY GOFTON M.D.

NOTES: NO TOXICOLOGICAL ANALYSIS REQUESTED

ETHYL ALCOHOL:

Blood:

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

RESULTS:

12/08/2005

DATE

Philip Kemp, Ph.D.

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

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

BLACK HAIR

BROWS RAISED 4" PUPILS

SCLEERAL JAUNDICE

CONJUNCTIVAE CONJUNCTIVAE

CLOUDED CORNER

NATURAL TEETH FAIR

SUBCUTANEOUS
PIT WITH
IV

MONITOR
PAD

OSCILLATION
IN 30CM

10 TAG

CIRCUMCISED MALE

NO TRAUMA

CRAB IN
WHITE/BLUE PYRAMID
BOTTOMS

RIFLE CARTRIDGE

92 kg
74 in

10 TAG

Name ELLIS, CYRIL

Case No. 0502324