

**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) GARY JOYNER	Age 46	Birth Date 01/08/1959	Race BLACK	Sex M
--	-----------	--------------------------	---------------	----------

HOME ADDRESS - No. - Street, City, State  
201 NORTH SHARTEL, OKLAHOMA CITY, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) BILL OK. COUNTY JAIL	DATE 09/03/2005	TIME 12:20
---	--------------------	---------------

INJURED OR BECAME ILL AT (ADDRESS) 201 NORTH SHARTEL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE Unknown	TIME Unknown
LOCATION OF DEATH 201 NORTH SHARTEL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE 09/03/2005 FOUND	TIME 10:20 FOUND
BODY VIEWED BY MEDICAL EXAMINER 901 NORTH STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 09/04/2005	TIME 08:30

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 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:

**CARDIAC ARRHYTHMIA**

Due To: **CARDIOMYOPATHY (N.O.S.)**

Other Significant Medical Conditions:

**THYROMEGALY**

Manner of Death:

Natural  Accident   
Suicide  Homicide   
Unknown  Pending

Case disposition:

Autopsy Yes  No   
Authorized by MEDICAL EXAMINER  
Pathologist INAS YACOUB M.D.  
Not a medical examiner case

**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.

12/21/2005

Date

Computer generated report

**0501744**



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>GARY JOYNER</b>	Age <b>46</b>	Birth Date <b>1/8/1959</b>	Race <b>BL</b>	Sex <b>M</b>	Autopsy No <b>719-05</b>	Case No <b>0501744</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  
**STEVE MULLINS**

### PATHOLOGICAL DIAGNOSIS

- I. Cardiomegaly (460 gm), pulmonary congestion and edema
- II. Thyromegaly (60 gm) with focal chronic inflammation
- III. Pulmonary aspiration
- IV. 1.5 x 1.0 cm, 3.0 x 2.0 cm, 1.0 x 0.5 cm scars in the right kidney, and 2.0 x 1.0 cm scar in the left kidney
- V. Status-post medical treatment
- VI. Two small round scars in the front of the right elbow and small scar in the front of the left elbow

Comment: This 46 year old inmate was found unresponsive in the cell top bunk. EMS was called but he could not be resuscitated. He had no known prior medical problems. A complete autopsy was performed and revealed the above findings. Microscopic sections revealed no inflammation in the heart, lungs, brain or meninges. Toxicology revealed a negative enzymatic immunoassay and no drugs or ethyl alcohol in his blood. Vitreous electrolytes revealed a low sodium (107 mEq / L) and 13 mg / dL glucose. It is my opinion that the probable cause of death is cardiac arrhythmia due to cardiomyopathy (N.O.S). The manner of death is best listed as natural.

#### CAUSE OF DEATH:

**CARDIAC ARRHYTHMIA DUE TO CARDIOMYOPATHY (N.O.S.)  
OSC: THYROMEGALY**

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

OCME Central Division

9/4/2005 8:30 AM

INAS YACOUB, M.D.

Pathologist

Location of Autopsy

Date and Time of Autopsy

**EXTERNAL EXAMINATION**

**AUTOPSY NO. ML 719-05**

**CASE NO. 0501744**

DESCRIPTION									
Height	Weight	Eyes	Pupils		Opacities, Etc.	Hair	Beard	Mustache	Circumcised
70 in.	83 kg.	BROWN	R 4 mm	L 4 mm		GRAY-BLACK	Y	Y	N
RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)				LIVOR (color, anterior, posterior, lateral, regional)			Body Heat		
FULL				PURPLE-POSTERIOR			COOL		

**DESCRIPTION OF CLOTHING:**

The decedent is received wearing a white pair of socks, an orange pair of pants with the inscription "Oklahoma Co. Jail" and a white pair of briefs.

**EXTERNAL EXAMINATION:**

The body is that of a well developed adult male. Examination of the decedent's head reveals no conjunctival petechiae and no petechiae on the face. No blood is observed in the nose, mouth or ear canals, however pink material consistent with food is observed in the nose and mouth. Examination of the nose does not reveal remarkable findings. Examination of the mouth reveals natural teeth with decay and missing upper and lower central teeth, intact frenula and no injury to the lips or gums. Examination of the head does not otherwise reveal remarkable findings.

Examination of the neck does not reveal remarkable findings. Notably, no masses, scars or curvilinear abrasions are noted.

Examination of the chest and abdomen reveals two EKG leads on the lower aspect of the abdomen. Examination of the genitalia does not reveal remarkable findings.

Examination of the lower extremities reveals scars on the right knee and front of the legs and hair loss on the legs. The medial aspect of the right ankle appears swollen at the joint area. An identification tag is on the left foot.

Examination of the upper extremities reveals old scars on the back of the right hand and some swelling at the back of the base of the right middle finger. An EKG lead is on each arm. Striae are observed on the upper aspect of the arms. A linear scar is observed on the inner aspect of the right arm and radial aspect of the left forearm. A curvilinear scar is observed on the front of the right forearm. Two round scars are observed on the front of the right elbow and a recent appearing needle puncture site is observed on the front of the right forearm. An old small round scar is observed on the front of the left elbow. The fingernail of the right 5<sup>th</sup> finger appears longer than the other fingernails.

Examination of the back does not reveal remarkable findings.

## GROSS EXAMINATION

AUTOPSY NO. ML 719-05

CASE NO. 0501744

---

The body is examined through the customary "Y" shaped incision. No contusions are observed in the skin and panniculus of the anterior and lateral aspect of the chest and abdomen. The 3.5 cm subcutaneous fat is normally distributed, moist, and bright yellow. The musculature through the chest and abdomen is rubbery, maroon, and grossly unremarkable. The sternum is examined in the usual fashion. The organs of the chest and abdomen are in the normal position and relationship. The liver edge extends 4 cm below the right costal margin at the midclavicular line. The diaphragm is intact bilaterally. The lining of the pericardium, parietal pleura, and peritoneum is smooth and glistening except for focal fibrous adhesions in the right pleural cavity. No other adhesions or abnormal accumulations of fluid are noted in the pericardial, pleural or peritoneal cavities.

### NECK ORGANS:

The skin and the panniculus of the anterior and lateral aspects of the neck are examined after the heart is grossly examined. No contusions of these areas are noted. The maroon rubbery muscles of the anterior and lateral aspects of the neck are examined. No contusions are observed in these muscles. The neck structures are in the midline and are freely movable. The tongue is intact, normally papillated, and without evidence of tumor or contusion or bite marks. The hyoid bone, cricoid and thyroid cartilages are intact and without abnormality. The epiglottis is plate-like with no evidence of edema, trauma, or other gross pathology. The 60 gm red-brown thyroid gland is symmetrical and has no other gross lesions. The vocal cords, folds, and respiratory lining in the larynx are unremarkable except for the presence of light brown fluid aspirated in the airways. This fluid contains yellow granular material and has resulted in a dusky discoloration of the airway mucosa. No other material is observed in the airways. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

### THYMUS:

No significant tissue is identified grossly.

### CARDIOVASCULAR SYSTEM:

The heart weighs 460 gm. The epicardial surfaces are smooth and glistening. The heart has the normal configuration and location. The coronary vessels arise and distribute normally with no significant atherosclerosis except for the proximal aspect of the anterior descending branch of the left coronary artery where approximately 50% atherosclerotic narrowing is noted. The coronary ostia are normally located and widely patent. All four chambers of the heart appear dilated. The chambers and atrial appendages are otherwise unremarkable. The valves are normally formed and measure as follows: tricuspid = 13.0 cm, pulmonary = 9.0 cm, mitral = 12.0 cm, and aortic = 8.0 cm. The endocardium is smooth, gray and glistening. The myocardium is light brown, soft, and has no areas of hemorrhage, masses or other discoloration. The right ventricle measures 0.5 cm; the left ventricle measures 2.0 cm; the interventricular septum measures 2.0 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The major vessels arising from the heart arise in the usual fashion. No thromboemboli are observed in the main pulmonary artery. The major vessels arising from the aorta arise in the usual fashion and their orifices are not narrowed. The aorta (arch, thoracic and abdominal) has minimal atherosclerosis. The inferior vena cava is unremarkable.

**PULMONARY SYSTEM:**

The right lung weighs 780 gm, and the left weighs 630 gm. Apart from right fibrous pleural adhesions, the visceral pleurae are otherwise smooth and glistening, and intact with mild to moderate anthracosis and no apparent bleb formation. The trachea, bronchi and bronchioles have a smooth dusky lining with no gross lesions except for the presence of light brown aspirated fluid. The pulmonary arterial tree is free of emboli or thrombi. The parenchyma is uniformly spongy, dark red, and exudes abundant amounts of frothy edema fluid from its cut surfaces as well as some aspirated gray-brown material. There is no evidence of trauma, granulomatous, or neoplastic disease. The hilar lymph nodes are unremarkable in size, color, and consistency.

**GASTROINTESTINAL SYSTEM:**

The esophagus has a smooth mucosa and no gross lesions. The gastroesophageal junction is unremarkable. The stomach is of normal configuration, is lined by an intact mucosa, has an unremarkable wall and serosa, and contains approximately 250 cc of light brown viscid fluid that contains cream colored granular material. A few petechiae are observed in the stomach mucosa. The duodenum is patent, shows an unremarkable mucosa and no evidence of acute or chronic ulceration. The 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 unremarkable. The colon is examined segmentally and shows no evidence of diverticulitis, neoplasm or trauma. The anus and rectum are unremarkable. The large intestine contains green-brown semi-formed stools.

**LIVER AND GALLBLADDER:**

The 1850 gm liver has an intact capsule and a red brown parenchyma with no gross lesions. The gallbladder has a smooth serosa, velvet green mucosa and no stones or gross lesions.

**SPLEEN AND LYMPH NODES:**

The 170 gm spleen has an intact capsule and a dark red parenchyma with gray follicles and no gross lesions. The lymph nodes do not appear enlarged.

**PANCREAS:**

The 90 gm pancreas has a soft, dusky pink parenchyma with otherwise no gross lesions. No gross areas of hemorrhage, fibrosis, fat necrosis, masses or obstruction to the pancreatic duct are noted.

**ADRENAL GLANDS:**

Lie in their usual location, have thin yellow cortices, tan to gray medullae and no gross lesions.

**GENITOURINARY SYSTEM:**

The right and the left kidney weigh 150 gm each. Both are configured normally with no gross abnormality. The surfaces are irregular: the right kidney has a 1.5 x 1.0 cm, 3.0 x 2.0 cm and 1.0 x 0.5 cm area of apparent scarring / infarction. The base of those areas appears cream colored. The left kidney has a 2.0 x 1.0 cm area of apparent infarction / scarring. The parenchyma is otherwise red brown. The cortices, medulla, calyces, pelves, ureters and urinary bladder are otherwise unremarkable. The urinary bladder contains a trace of cloudy yellow urine. The prostate is symmetric, rubbery, gray tan and unremarkable. The prostatic urethra is unremarkable. Apart from mild atrophy, the testes are bilaterally present and show no evidence of tumor, trauma, or recent inflammation. The investing membranes are unremarkable, as is the epididymis.

**BRAIN AND MENINGES:**

The scalp is reflected through the customary intermastoid incision and shows no areas of hemorrhage. The calvarium is removed through the use of an oscillating saw and is intact without evidence of fractures or osseous disease. No areas of epidural or subdural hemorrhage are present. The leptomeninges are smooth and glistening. The brain weighs 1290 gm. The gyri do not appear swollen and there is no tendency toward obliteration of the sulci. The cranial nerves and circle of Willis are unremarkable. Apart from mild atrophy of the cerebellum, multiple sections of the cerebral hemispheres, midbrain, pons, medulla, and cerebellum do not otherwise reveal remarkable findings. The ventricular system is symmetric and unremarkable. The dura is examined. No base of the skull fractures is present.

**RIBS:**

Intact.

**PELVIS:**

Intact.

**VERTEBRAE:**

Intact.

**BONE MARROW:**

Moist and dark red. Unremarkable.

**MICROSCOPIC EXAMINATION**

**AUTOPSY NO. ML 719-05**

**CASE NO. 0501744**

---

Wavy change is noted in the myocardium. Coronary atherosclerosis is present.

Focal, chronic inflammation is noted in the thyroid gland.

Congestion and areas of anthracosis are noted in the lungs.

Congestion is noted in the adrenal gland.

Cortical scars and focal interstitial inflammation are noted in the kidneys.

Autolysis is noted in the pancreas.

Sections of the brain, prostate, testes, liver and spleen and vocal cord are unremarkable.



**December 21, 2005**  
**IZY/ns**

---

**INAS YACOUB, M.D.**

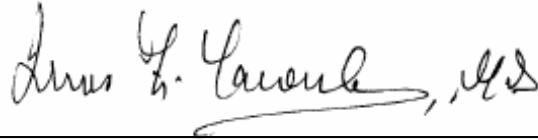
**PATHOLOGICAL DIAGNOSIS**  
**(Continued)**

**AUTOPSY NO. ML**

**CASE NO.**

---

**December 21, 2005**  
**IZY/ns**



---

**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**

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: 0501744

LABORATORY NUMBER: 052762

DECEDENT'S NAME: GARY JOYNER

DATE RECEIVED: 09/06/2005

MATERIAL SUBMITTED: BLOOD, VITREOUS, LIVER, BRAIN, GASTRIC,  
PUNCTURE SITE

HOLD STATUS: 60 DAYS

SUBMITTED BY: INAS YACOUB M.D.

MEDICAL EXAMINER: INAS YACOUB M.D.

**NOTES:**

**ETHYL ALCOHOL:**

Blood: NEGATIVE (HEART)

Vitreous:

Other:

**CARBON MONOXIDE**

Blood:

**TESTS PERFORMED:**

BASES

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

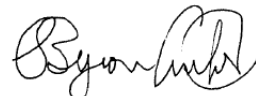
\*This test does not detect Oxycodone, Methadone, Lorazepam, or Nitrobenzodiazepines.

**RESULTS:**

NONE DETECTED

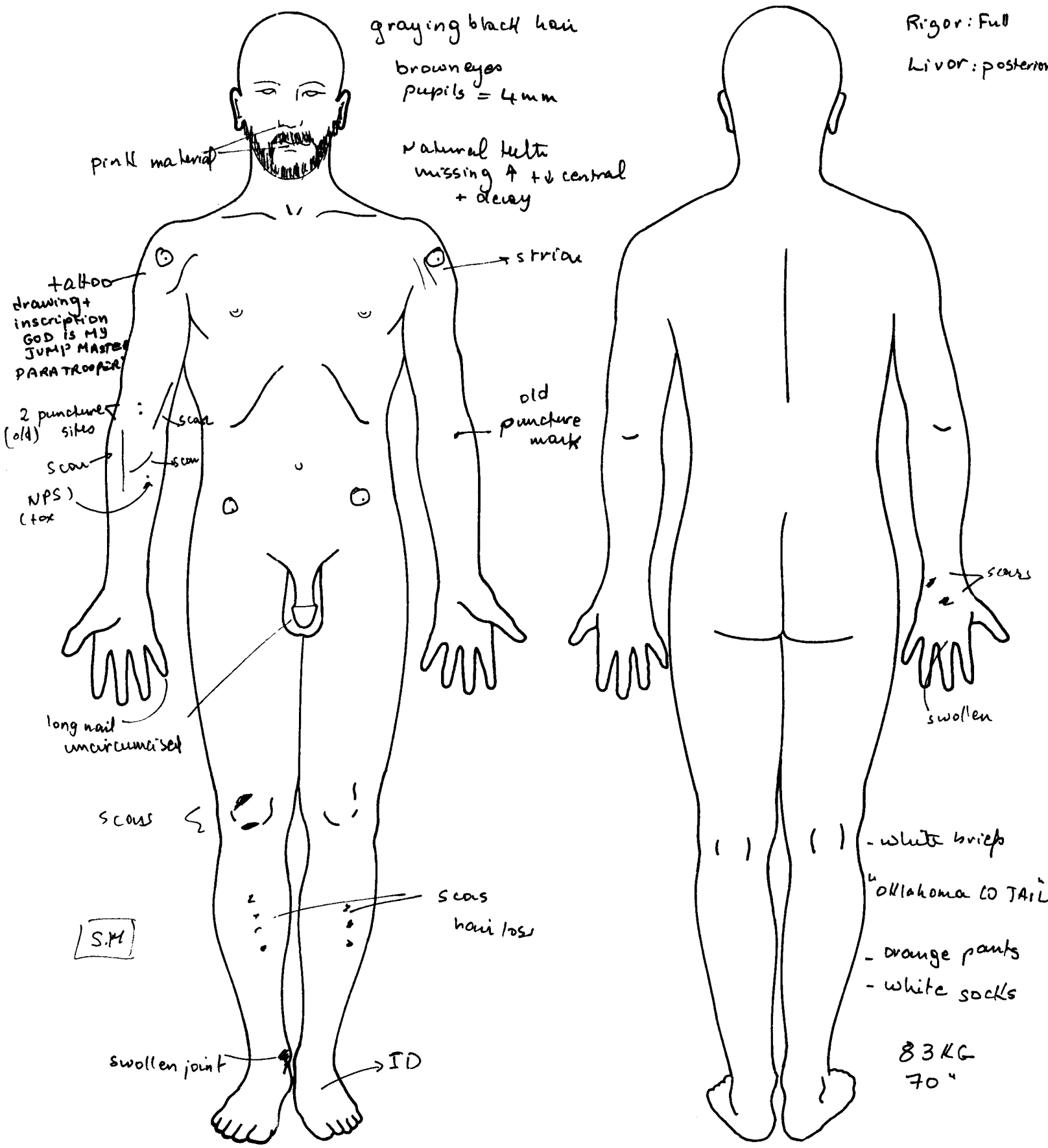
10/04/2005

DATE



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

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



Name Gary Joyner

Case No. 0501744-719-05

CME-1B6 (Series 1978)

Date 9/4/05