

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

Central Office
901 N. Stonewall
Oklahoma City, Oklahoma 73117
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Eastern Division
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Tulsa, Oklahoma 74107
(918) 582-0985 Fax (918) 585-1549

OFFICE USE ONLY

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) HERBERT POUNDS	Age 57	Birth Date 4/1/1950	Race BLACK	Sex M
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HOME ADDRESS - No. - Street, City, State
ROUTE 1, BOX 179R, HARRAH, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) DEPUTY JASON LEDFORD - OKLAHOMA COUNTY S.O.	DATE 3/4/2008	TIME 8:35
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INJURED OR BECAME ILL AT (ADDRESS) OKLAHOMA COUNTY JAIL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE 3/4/2008	TIME Unknown
LOCATION OF DEATH OKLAHOMA COUNTY JAIL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE 3/4/2008	TIME 8:14
BODY VIEWED BY MEDICAL EXAMINER 901 N. STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 3/4/2008	TIME 14:00

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 checked="" type="checkbox"/> Decomposed <input type="checkbox"/>	Color <u>PURPLE</u> Lateral <input type="checkbox"/> Posterior <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Regional _____	Beard <u>BLACK</u> Hair <u>BLACK</u> Eyes: Color <u>BROWN</u> Mustache <u>BLACK</u> Opacities _____ Pupils: R <u>4</u> L <u>4</u> Body Length <u>71</u> Body Weight <u>64KG</u>		<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)
BLACK MALE WITH NO EVIDENCE OF INJURY. PITTING EDEMA OF LEFT LEG.

Probable Cause of Death:
HYPERTENSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

Manner of Death:

Natural Accident
Suicide Homicide
Unknown Pending

Case disposition:

Autopsy Yes No
Authorized by _____
Pathologist MARIUS TARAU M.D.
Not a medical examiner case

Other Significant Medical Conditions:

MEDICAL EXAMINER:

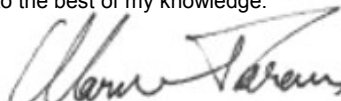
Name, Address and Telephone No.

MARIUS TARAU M.D.

901 N. Stonewall

Oklahoma City, 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

MARIUS TARAU M.D.

3/4/2008

Date

Computer generated report

0800879

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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: 0800879

LABORATORY NUMBER: 080870

DECEDENT'S NAME: HERBERT POUNDS

DATE RECEIVED: 3/4/2008

MATERIAL SUBMITTED: BLOOD, VITREOUS, URINE

HOLD STATUS: 30 DAYS

SUBMITTED BY: MARIUS TARAU M.D.

MEDICAL EXAMINER: MARIUS TARAU M.D.

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (SUBCLAVIAN)

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

NO OTHER TESTS PERFORMED

RESULTS:

03/12/2008

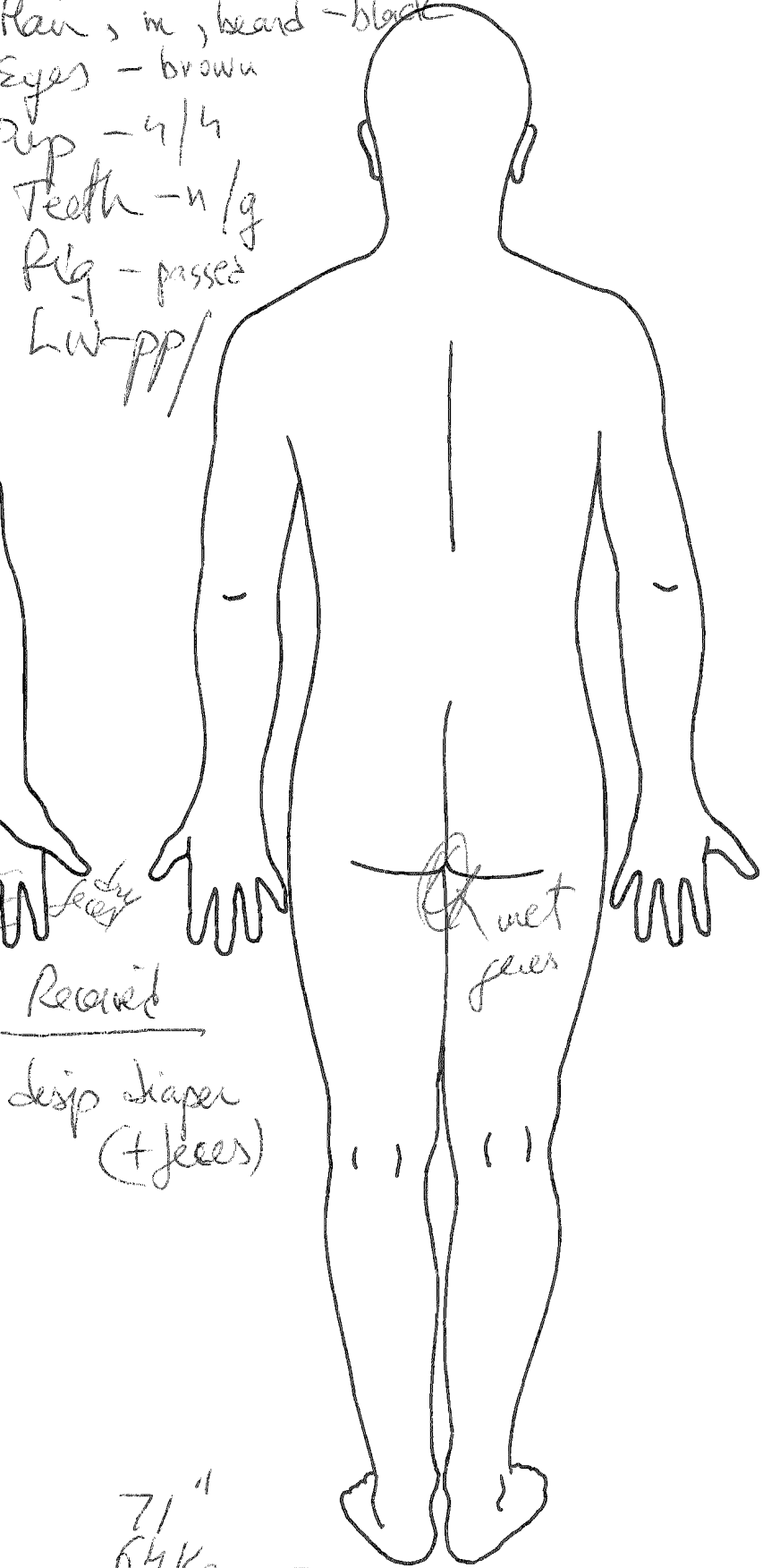
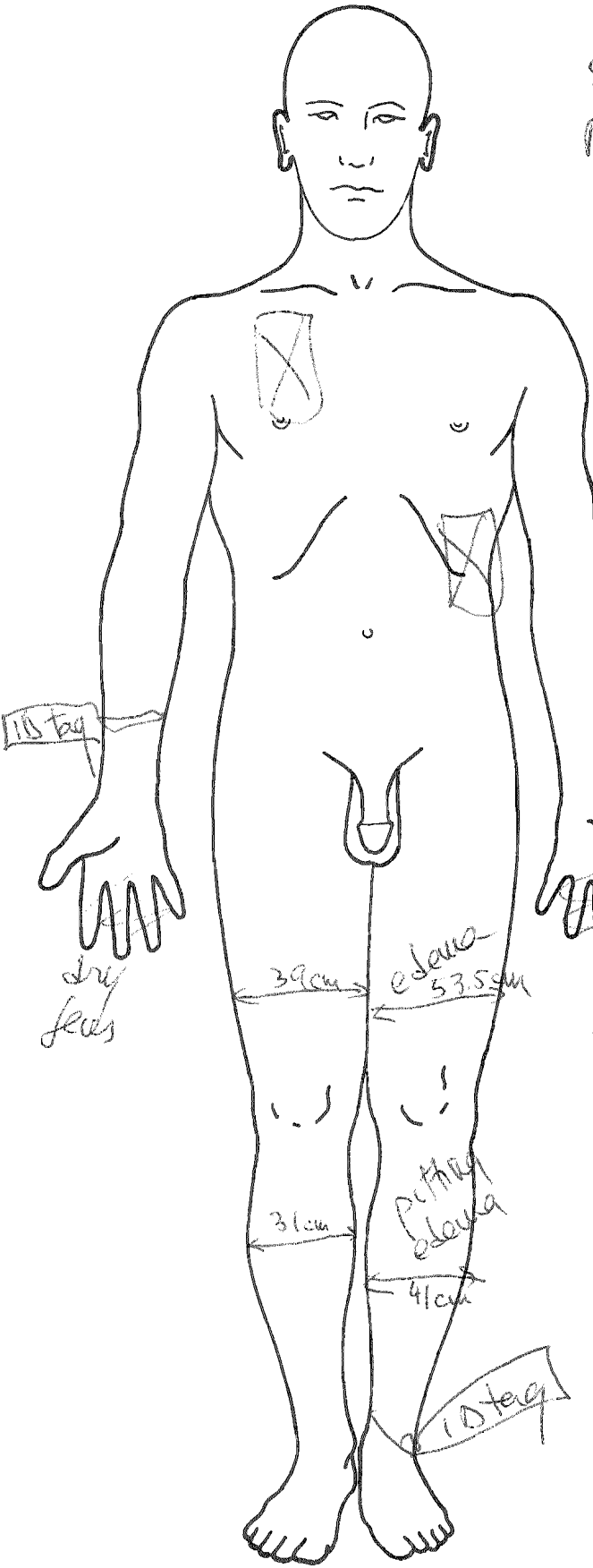
DATE



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

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

Hair, m, beard - black
 Eyes - brown
 Pup - 4/4
 Teeth - n/g
 Abg - passed
 Liv - pp/



Revised
 disp diaper (+fees)

71"
 64Kg

Name Herbert Pounds

CHIEF MEDICAL EXAMINER - STATE OF OKLA
 CASE NUMBER: 0800879 Date: 3/4/2008
 NAME: HERBERT POUNDS

SPECIMEN: _____
 PATHOLOGIST: _____ TIME: _____