BOARD OF MEDICOLEGAL INVESTIGATIONS

OFFICE OF THE CHIEF MEDICAL EXAMINER

Central Office
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Oklahoma City, Oklahoma 73117
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By ________

Date ________

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials)	Age	Birth Date	Race	Sex
JERON BRENT DONWERTH	25	04/14/1980	WHITE	M

HOME ADDRESS - No. - Street, City, State
209 WEST HARMAN, MIDWEST CITY, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS)	DATE	TIME
DR. LEVIN--PRESBYTERIAN	03/09/2006	

	ADDRESS	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
INJURED OR BECAME ILL AT (ADDRESS)	201 N. SHARTEL	OKLAHOMA CITY	OKLAHOMA	JAIL	03/05/2006	Unknown
LOCATION OF DEATH	OU PRESBYTERIAN TOWER	OKLAHOMA CITY	OKLAHOMA	HOSPITAL	03/09/2006	17:00
BODY VIEWED BY MEDICAL EXAMINER	901 N. STONEWALL	OKLAHOMA CITY	OKLAHOMA	MORGUE	03/11/2006	08:00

IF MOTOR VEHICLE ACCIDENT: ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

TYPE OF VEHICLE: ☐ AUTOMOBILE ☐ LIGHT TRUCK ☐ HEAVY TRUCK ☐ BICYCLE ☐ MOTORCYCLE ☐ OTHER: ________

DESCRIPTION OF BODY

EXTERNAL PHYSICAL EXAMINATION

RIGOR: Jaw ☐ Complete ☐; Neck ☐ Absent ☐; Arms ☐ Passing ☐; Legs ☐ Passed ☐; Decomposed ☐

LIVOR: Color ________; Lateral ☐; Posterior ☐; Anterior ☐; Regional ________

EXTERNAL OBSERVATION: Beard ________ Hair ________; Eyes: Color ________ Mustache ________; Opacities ________; Pupils: R ________ L ________; Body Length ________ Body Weight ________

	NOSE	MOUTH	EARS
BLOOD	☐	☐	☐
OTHER	☐	☐	☐

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

Probable Cause of Death:
HYPOXIC ENCEPHALOPATHY
Due To: **HANGING**

Other Significant Medical Conditions:

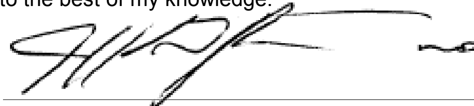
Manner of Death:
Natural ☐ Accident ☐
Suicide ☑ Homicide ☐
Unknown ☐ Pending ☐

Case disposition:
Autopsy Yes ☑ No ☐
Authorized by MEDICAL EXAMINER
Pathologist JEFFERY GOFTON M.D.
Not a medical examiner case ☐

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.

03/10/2006
Date

Computer generated report **0600549**

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	Age	Birth Date	Race	Sex	Autopsy No	Case No
JERON BRENT DONWERTH	**25**	**4/14/1980**	**WH**	**M**	**213-06**	**0600549**

Type of Death	Means	ID By	Authority for Autopsy
Violent, unusual or unnatural	**LIGATURE**	**TOE TAG**	**JEFFERY GOFTON, M.D.**

Present at Autopsy
JASON SNIDER

PATHOLOGICAL DIAGNOSIS

1. Neck with ligature abrasion angled upwards; no evidence of neck structure damage.
2. Lungs
   a) Right hilum with calcified granuloma.
3. Brain
   a) Cerebral edema
   b) Anatomic changes consistent with anoxic encephalopathy
4. Status-post thoracic and abdominal organ donation.

Comment: This 25 year old male had been briefly jailed at the Oklahoma County jail. He was found suspended in his jail cell. He was taken to a local hospital where he was pronounced brain death.

The autopsy showed residual evidence of a ligature abrasion extending across the anterior neck and angled upward towards the ears consistent with a hanging. There was no other evidence of traumatic injury seen externally.

The cause of death in this case is felt to be due to hypoxic encephalopathy as a result of hanging. The manner of death is regarded to be a suicide.

CAUSE OF DEATH: **HYPOXIC ENCEPHALOPATHY**
HANGING

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

JEFFERY GOFTON, M.D.	Pathologist	OCME Central Division	3/11/2006 8:00 AM
		Location of Autopsy	Date and Time of Autopsy

EXTERNAL EXAMINATION

AUTOPSY NO. ML 213-06 **CASE NO. 0600549**

DESCRIPTION

Height	Weight	Eyes	Pupils	Opacities, Etc.	Hair	Beard	Mustache	Circumcised
70 in.	80 kg.	HAZEL	R 4 mm L 4 mm		BROWN	UNSHAVEN		Y

RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)	LIVOR (color, anterior, posterior, lateral, regional)	Body Heat
COMPLETE	PURPLE-POSTERIOR	COOL

The body is that of a well nourished, well developed adult male who is unclad. There are multiple signs of medical intervention. There is a monitor pad on the left upper back and left lateral lower back. There are IV lines in the dorsum of the left forearm, right upper arm and right subclavian region. There is a pulseoximeter probe placed on the right 2nd finger. There is a Foley catheter in place. There is endotracheal intubation through the mouth. There is a nasogastric tube placed in the left naris. There are contused needle puncture marks in the antecubital fossa as well as in the dorsum of the hands.

The head is normocephalic and atraumatic. The eyes are clear with pale conjunctivae and no petechial hemorrhages. The ears, nose and mouth are intact. The dentition is natural and in fair condition.

There is a tan crusted irregular ligature abrasion extending across the anterior neck. Overall, the abrasion measures 20 cm in length and 1.5 to 3 cm wide and is angled upwards extending from the right lateral neck upwards to the left ear.

There is a linear incision extending from the xyphoid process to the pubic symphysis associated with organ donation. There is a linear sutured incision at the left inguinal region.

GROSS EXAMINATION

AUTOPSY NO. ML 213-06 CASE NO. 0600549

The body is opened through the midline surgical incision with a "Y" shaped incision extending to the shoulders.

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 previously incised in a midline fashion in association with organ donation. The diaphragms are intact laterally.

PARIETAL PLEURA:

Smooth, glistening membrane without associated adhesions or abnormal effusions.

PERICARDIUM:

Previously opened, but is a smooth, glistening 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:

Removed for organ donation. The arch of the aorta is present and classically formed with no atherosclerosis. Other great vessels also arise and distribute normally and 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 thyroid cartilage is 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.

THYMUS:

No significant tissue is identified grossly.

LUNGS:

The right lung weighs 470 gm, and the left weighs 390 gm. Visceral pleurae are smooth, glistening, and intact with mild anthracosis and no bleb formation. The overall configuration is normal. The trachea is widely patent, lined by a characteristic tan membrane and contains a scant amount of green-tan mucus. Likewise, the major bronchi and bronchioles bilaterally are patent, normally formed, and contain a scant amount of tan-green mucus. The pulmonary arterial tree is free of emboli or thrombi. The parenchyma is

uniformly spongy, varies from pink-tan to dark purple, and exudes moderate amounts of blood and clear, frothy edema fluid from its cut surfaces. There is no evidence of consolidation, granulomatous, or neoplastic disease. Hilar lymph nodes are within normal limits with exception of a right hilar node which is enlarged and hard measuring 3 x 2.5 cm. The cut surface of which shows a gray sclerotic rim with central calcification

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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 smooth, glistening, intact mucosa, has an unremarkable wall and serosa, and contains approximately 100 mL of green-tan mucoid material 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 and unremarkable. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula. Anus and rectum are unremarkable.

LIVER:

Surgically absent.

GALLBLADDER:

Surgically absent.

PANCREAS:

Not identified.

SPLEEN:

Not identified.

ADRENALS:

Not identified.

KIDNEYS:

Not identified.

URINARY BLADDER:

Contains a scant amount of clear urine. Its serosa and mucosa are unremarkable.

MALE GENITALIA:

The prostate is symmetric, rubbery, gray-tan, and of normal size. 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 1520 gm. Dura and leptomeninges are smooth, glistening, translucent, and unremarkable without evidence of trauma. Cranial nerves and circle of Willis arise and distribute normally and show no significant pathology. Externally the brain is soft and edematous but with the usual configuration. Multiple serial sections of cerebral hemispheres, midbrain, pons, medulla, and cerebellum show loss of the usual gray-white demarcation, severe edema and softening of the central nervous system parenchyma. The ventricular system is also symmetric but appears collapsed. The base of the skull is intact without osseous abnormality.

RIBS:

Intact.

PELVIS:

Intact.

VERTEBRAE:

Intact.

BONE MARROW:

Moist and dark red. Unremarkable.

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MICROSCOPIC EXAMINATION

AUTOPSY NO. ML 213-06 **CASE NO. 0600549**

Representative sections of soft tissue taken from the right lung hilar region shows dense sclerosis with focal calcification. The rim shows focal chronic inflammation, but there is no giant cells seen. These changes are consistent with a calcified old granuloma. There is no evidence of malignancy in the tissue section.

April 24, 2006
al/JJG **JEFFERY GOFTON, M.D.**

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BOARD OF MEDICOLEGAL INVESTIGATIONS

OFFICE OF THE CHIEF MEDICAL EXAMINER

901 N.Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

ME CASE NUMBER: 0600549

DECEDENT'S NAME: JERON BRENT DONWERTH

MATERIAL SUBMITTE VITREOUS, BRAIN, HOSPITAL SPECIMENS

LABORATORY NUMBER: 060841

DATE RECEIVED: 03/13/2006

HOLD STATUS: 30 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:

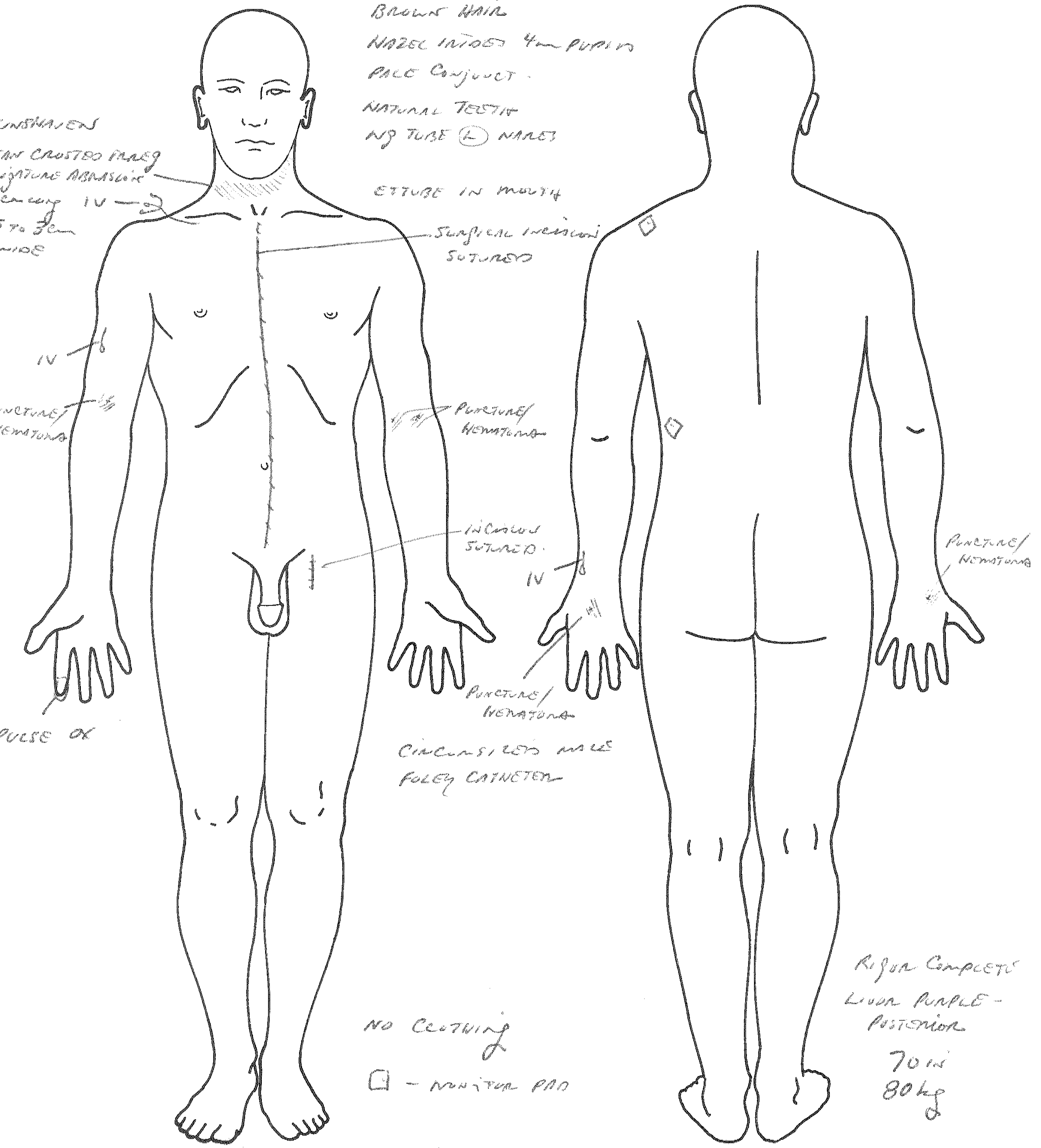
03/14/2006

DATE

Phil Kemp, Ph.D.

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

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



REC'D WHITE BODY BAG

Name DONWORTH, JERON

Case No. 0600549 (213-06)

CME-1B6 (Series 1978)

Date 3/11/06