

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

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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) KENNETH GRIFFIN	Age 48	Birth Date 6/10/1959	Race WHITE	Sex M
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HOME ADDRESS - No. - Street, City, State
201 N. SHARTEL, OKLAHOMA CITY, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) CHAPLAIN LARRY	DATE 4/17/2008	TIME 15:00
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INJURED OR BECAME ILL AT (ADDRESS) 201 N. SHARTEL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE 4/17/2008	TIME 14:00
LOCATION OF DEATH OU MEDICAL CENTER	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES HOSPITAL	DATE 4/17/2008	TIME 14:55
BODY VIEWED BY MEDICAL EXAMINER 901 N. STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 4/18/2008	TIME 9:00

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 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:

HANGING BY THE NECK

Other Significant Medical Conditions:

Manner of Death:

Natural Accident
Suicide Homicide
Unknown Pending

Case disposition:

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

MEDICAL EXAMINER:

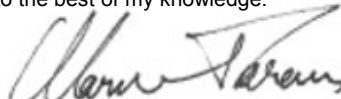
Name, Address and Telephone No.

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.

4/18/2008

Date

Computer generated report

0801508



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 KENNETH GRIFFIN	Age 48	Birth Date 06/10/1959	Race WH	Sex M	Autopsy No 298-08	Case No 0801508
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Type of Death Violent, unusual or unnatural	Means	ID By	Authority for Autopsy MARIUS TARAU, M.D.
-------------------------------------------------------	--------------	--------------	----------------------------------------------------

Present at Autopsy
Steve Mullins

PATHOLOGICAL DIAGNOSIS

- I. Hanging by the neck.
 - a. Ligature furrow on the anterior neck oriented posterior and upward.
 - b. Multiple petechiae on the anterior aspect of the heart.
 - c. Right sternocleidomastoid muscle contusion.
- II. Cardiomegaly (560 gm).
- III. Thirty percent (30%) atherosclerotic stenosis of the left anterior descending coronary artery.
- IV. Bilateral hydrocele.

Comment: The decedent is a 48 year old white male who was the only occupant of a prison cell. The decedent was found hanging from a sheet that was tied through the upper bunk.

At autopsy, a ligature furrow is present around the anterior neck oriented posterior and upward. The heart was enlarged and bilateral hydrocele was present. Toxicological analysis of heart blood for alcohol was negative. At the scene, a suicide note was found.

The cause of death is hanging by the neck. The manner of death is suicide.

CAUSE OF DEATH: HANGING BY THE NECK

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

OCME Central Division

04/18/2008 9:00 AM

MARIUS TARAU, M.D.

Forensic Pathologist

Location of Autopsy

Date and Time of Autopsy

EXTERNAL EXAMINATION

AUTOPSY NO. ML 298-08

CASE NO. 0801508

DESCRIPTION									
Height	Weight	Eyes	Pupils	Opacities, Etc.	Hair	Beard	Mustache	Circumcised	
66 in.	104 kg.	Blue	R 6 mm L 6 mm	Congested	White	No	No	Yes	
RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)				LIVOR (color, anterior, posterior, lateral, regional)				Body Heat	
Full				Purple - Posterior - Blanching				COOL	

DESCRIPTION OF CLOTHING:

The body is received clad in t-shirt, orange pants and shirt that are cut.

EVIDENCE OF MEDICAL TREATMENT:

Evidence of medical treatment include an intubation tube that is protruding from the mouth, and multiple ECG pads. An IV line is present in the left antecubital fossa. An intraosseous line is present in the right ankle. A blood pressure monitor cuff is on the right upper arm. A pulse oximeter is present on the left middle finger.

EXTERNAL EXAMINATION:

The body is that of a well developed, well nourished, adult, Caucasian male whose appearance is appropriate for the reported age of 48 years.

The sclera and conjunctivae are hemorrhagic. The nose has dried blood on it and ears are not unusual. The teeth are natural and in good repair. The tongue appears normal.

The neck is remarkable for injuries that will be described below. The thorax is well developed and symmetrical. The abdomen is obese. The anus and back are unremarkable. The external genitalia are those of a normal adult male.

The upper and lower extremities are well developed and symmetrical.

ID MARKS AND SCARS:

None

EVIDENCE OF INJURY:

Head and neck: On the left side of the neck, there is a contused ligature furrow measuring 4 x ½ inch with one end being 2 ½ inches from the chin and 1 inch to the anterior mid-line and the other end of the contusion being at 2 inches below the inferior insertion of the left ear. The contusion is oriented upward to the left and front to back. The contusion is extended to the right by a faint abraded area measuring 2 x 1.5 cm. There is a contusion in the right sternocleidomastoid muscle measuring 3 x 2 cm. Also, the anterior aspect of the larynx has a contusion measuring 1 cm in diameter.

An abrasion measuring ½ inch in diameter is present on the right elbow.

There is an old abrasion on the right ankle measuring ½ inch.

GROSS EXAMINATION

AUTOPSY NO. ML 298-08

CASE NO. 0801508

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 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 560 gm. It has a normal configuration and location. There are no adhesions between the parietal and visceral pericardium, and petechiae are present on the aortic arch and right auricle. The coronary arteries arise and distribute normally with 30% atherosclerotic stenosis of the left anterior descending coronary artery and no significant pathology on the rest of the coronary system. The coronary ostia are normally located and widely patent. The valves are normally formed and measure as follows: tricuspid 11.0 cm, pulmonic 7.0 cm, mitral 10.0 cm, and aortic 6.5 cm. The endocardium is a smooth, gray, glistening, translucent membrane uniformly. The myocardium is intact, rubbery, and red-tan, with the left ventricle measuring 1.8 cm, the septum measuring 1.6 cm, and the right ventricle measuring 0.5 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 as mentioned, there is a contusion on the right sternocleidomastoid muscle. 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 one contusion is present on the anterior aspect measuring 1 cm. 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 560 gm, and the left weighs 600 gm. Visceral pleurae are smooth, glistening, and intact with minimal 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 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 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 smooth, glistening, intact mucosa, has an unremarkable wall and serosa, and contains 10 mL of thin dark fluid. 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 1510 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, is pink-tan and characteristically lobulated with no apparent gross pathology.

SPLEEN:

Weights 290 gm. The capsule is intact. The organ is rubbery, maroon, and shows characteristic follicular pattern.

ADRENALS:

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

KIDNEYS:

The right kidney weighs 210 gm and the left weighs 200 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. Bilateral hydrocele is present.

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 1380 gm. Dura and leptomeninges are unremarkable without evidence of trauma. Cranial nerves and circle of Willis arise and distribute normally and show no significant pathology. Externally the brain is normally configured and symmetric, and multiple serial sections of cerebral hemispheres, midbrain, pons, medulla, and cerebellum show no gross pathological change apart from moderate congestion. The ventricular system is also symmetric and unremarkable. The base of the skull is intact without osseous abnormality.

RIBS:

The fifth right rib is fractured on the anterior aspect, mostly likely from the resuscitation procedure.

PELVIS:

Intact.

VERTEBRAE:

Intact.

BONE MARROW:

Moist and dark red. Unremarkable.

MICROSCOPIC EXAMINATION

AUTOPSY NO. ML 298-08

CASE NO. 0801508

Microscopic exam is not deemed necessary and tissue is stored in formalin only.

April 21, 2008
MT/al

A handwritten signature in black ink, appearing to read "Marius Tarau". The signature is written in a cursive style with a large, sweeping initial "M".

MARIUS TARAU, 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

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and correct copy of the original
document. Valid only when copy
bear im-print by the office seal.

By _____

Date _____

ME CASE NUMBER: 0801508

LABORATORY NUMBER: 081444

DECEDENT'S NAME: KENNETH GRIFFIN

DATE RECEIVED: 4/18/2008

MATERIAL SUBMITTED BLOOD, VITREOUS, LIVER, BRAIN, GASTRIC

HOLD STATUS: 30 DAYS

SUBMITTED BY: MARIUS TARAU M.D.

MEDICAL EXAMINER: MARIUS TARAU M.D.

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (HEART)

Vitreous:

Other:

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

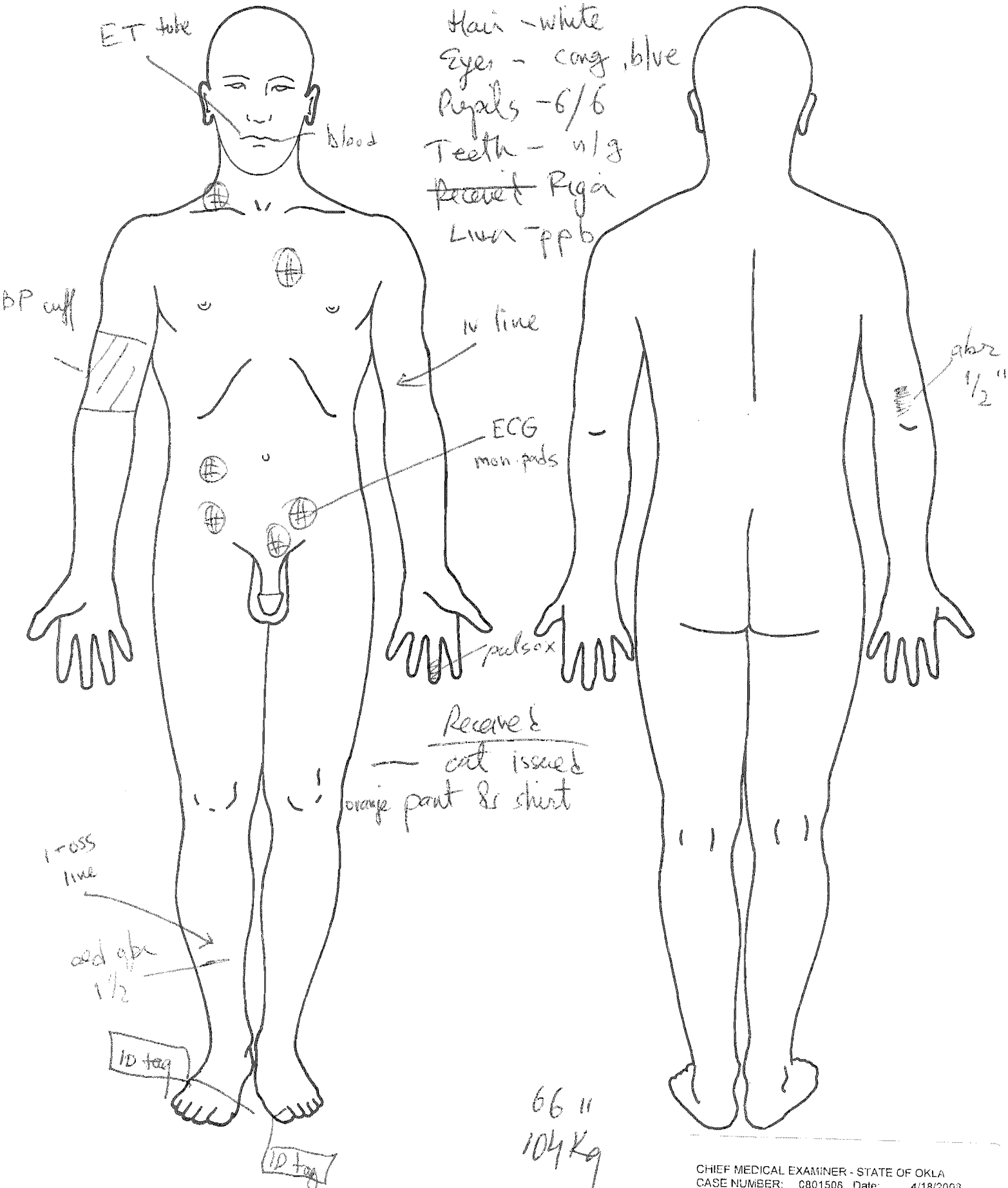
05/14/2008

DATE



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

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



Name _____

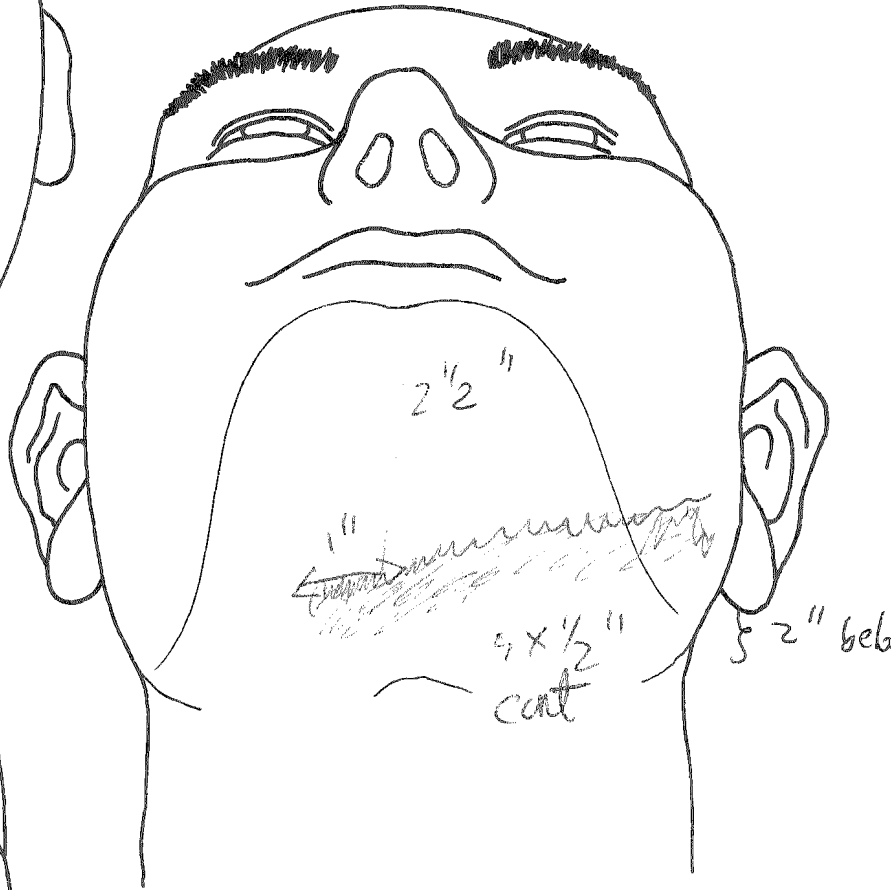
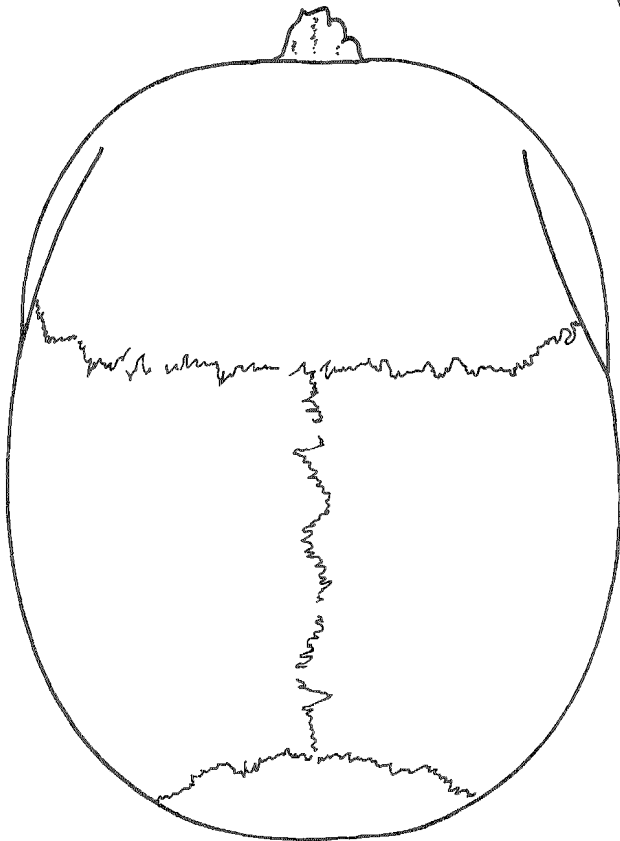
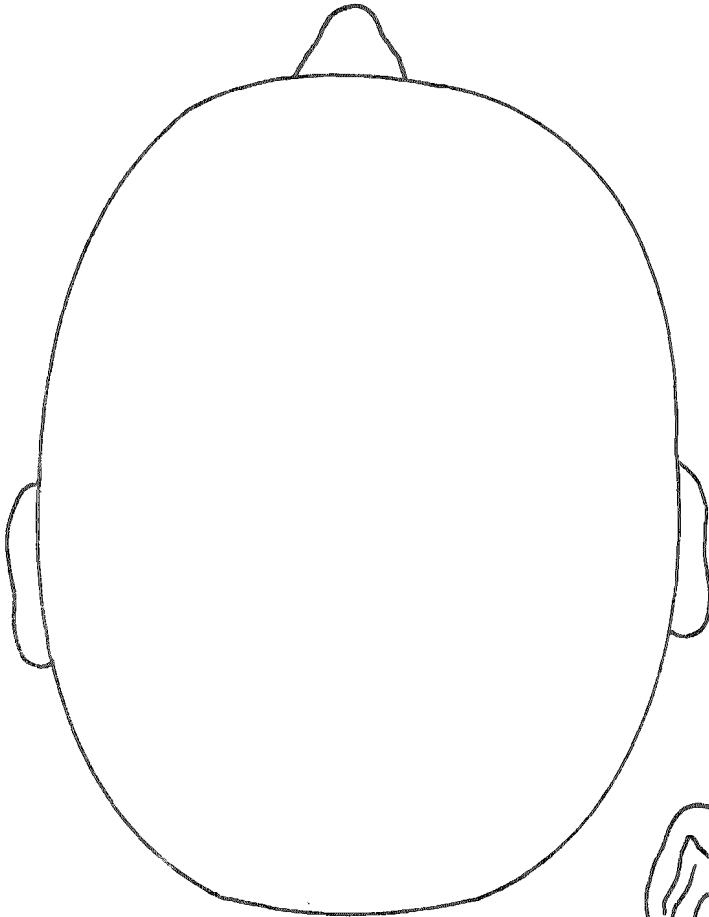
Case No. _____

CME-1B6 (Series 1978)

Date _____

CHIEF MEDICAL EXAMINER - STATE OF OKLA
 CASE NUMBER: C801506 Date: 4/18/2003
 NAME: KENNETH GRIFFIN
 SPECIMEN: 298
 PATHOLOGIST: _____ TIME: _____

HEAD – SURFACE AND SKELETAL ANATOMY, SUPERIOR VIEW – INFERIOR VIEW OF NECK



Name _____

CME-1B16 (Series 1978)

Case No. _____

Date _____

CHIEF MEDICAL EXAMINER - STATE OF OKLA
CASE NUMBER: 0801508 Date: 4/18/2008
NAME: KENNETH GRIFFIN

SPECIMEN:

298

PATHOLOGIST: _____

TIME: _____