

**BOARD OF MEDICOLEGAL INVESTIGATIONS
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Re _____ Co _____

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By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) LEE DAVID LAWYER	Age 42	Birth Date 10/11/1965	Race WHITE	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) CHAPLAIN MCELROY W/ PRESBY	DATE 10/12/2007	TIME 22:16
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INJURED OR BECAME ILL AT (ADDRESS) 13 DAVID CELL 17	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE Unknown	TIME Unknown
LOCATION OF DEATH OU MEDICAL CENTER PRESBYTERIAN TOWER	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES HOSPITAL	DATE 10/12/2007	TIME 22:07
BODY VIEWED BY MEDICAL EXAMINER 901 NORTH STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 10/13/2007	TIME 12:40

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	BLOOD	NOSE	MOUTH	EARS
				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"/>

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

Probable Cause of Death:

ACUTE OXYCODONE INTOXICATION

Manner of Death:

Natural Accident
Suicide Homicide
Unknown Pending

Case disposition:

Autopsy Yes No
Authorized by MEDICAL EXAMINER
Pathologist CHAI S. CHOI M.D.
Not a medical examiner case

Other Significant Medical Conditions:

ATHEROSCLEROTIC CORONARY ARTERY DISEASE

MEDICAL EXAMINER:

Name, Address and Telephone No.

CHAI S. CHOI 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.

Chai S. Choi, M.D.

Signature of Medical Examiner

CHAI S. CHOI M.D.

1/18/2007

Date

Computer generated report

0702535



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 LEE DAVID LAWYER	Age 42	Birth Date 10/11/1965	Race WH	Sex M	Autopsy No 831-07	Case No 0702535
Type of Death Under suspicious circumstances	Means	ID By TOE TAG	Authority for Autopsy CHAI S. CHOI, M.D.			
Present at Autopsy ROBIN TIGER						

PATHOLOGICAL DIAGNOSIS

- I. Hypertrophic cardiomyopathy (weight 580 gm):
 - A. Perivenous oval nodular fatty infiltration (2 cm in thickness)
 - B. Coronary arteries with segmental occlusive and calcific atherosclerosis with luminal narrowing up to 70% of the anterior descending branch
 - C. Myocardium with focal microscopic interstitial fibrosis with ventricular hypertrophy
- II. Diffuse pulmonary congestion and edema (combined weight 1580 gm)
- III. Diffuse cerebral edema (weight 1580 gm)

Comment: This 42 year old white male was arrested for a warrant on this day. The decedent was booked at the county jail and the cellmate stated the decedent got up for approximately 30 minutes then went to sleep. The decedent had been "breathing funny" according to the cellmate, and then the breathing stopped. EMS was called and transported the decedent to the hospital where he died. The decedent allegedly took some Valium and Oxycontin prior to his arrest. The decedent has a history of spine surgery. There was clear fluid in the decedent's cell, but no blood. There is no trauma or foul play suspected. A complete autopsy showed hypertrophic cardiomyopathy with segmental occlusive atherosclerotic coronary artery disease and diffuse pulmonary and cerebral edema. Postmortem toxicological studies showed lethal levels of oxycodone, therapeutic levels of diazepam and a positive test for hydrocodone. It is felt that the cause of death is acute oxycodone intoxication. The underlying heart condition could have been the participating factor to speed his death. The manner of death is accident.

CAUSE OF DEATH:

**ACUTE OXYCODONE INTOXICATION
OSC: ATHEROSCLEROTIC CORONARY ARTERY DISEASE**

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

Chai S. Choi, M.D.

OCME Central Division

10/13/2007 12:40 PM

CHAI S. CHOI, M.D.

Pathologist

Location of Autopsy

Date and Time of Autopsy

EXTERNAL EXAMINATION

AUTOPSY NO. ML 831-07

CASE NO. 0702535

DESCRIPTION								
Height	Weight	Eyes	Pupils	Opacities, Etc.	Hair	Beard	Mustache	Circumcised
74 in.	114 kg.	HAZEL	R 6 mm L 6 mm		BROWN	N	N	
RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)				LIVOR (color, anterior, posterior, lateral, regional)			Body Heat	
COMPLETE				PURPLE-POSTERIOR REGIONAL FACE			COOL	

The body is that of a well developed and slightly overweight white adult male. The conjunctivae are congested and show no petechiae. There is endotracheal tube intubation through the mouth. The inside of the mouth is unremarkable. There is no blood in the nose, mouth or ear canals. The neck is unremarkable. There is a cervical collar in place around the neck. The chest is of normal contour and shows two electropads attached. There are six monitor pads attached over the chest and abdomen. The abdomen is elevated and shows a vertical midline scar over the lower abdomen and a horizontal scar over the right groin region. There are two small skin tags over the left flank and groin. The genitalia are those of a circumcised normal adult male and are unremarkable. The extremities are symmetric and show two vertical scars over the right knee measuring 7 and 9 cm, and several small scabs over the shins. There is needle placement over the left tibia. There is a needle puncture mark over the left forearm and dorsum of the left hand. There is a red ink mark "019" over the dorsum of the right hand. The back is unremarkable. There is no back surgery scar identified.

The decedent is received without clothing.

GROSS EXAMINATION

AUTOPSY NO. ML 831-07

CASE NO. 0702535

The body is opened through the customary "Y" shaped incision.

Subcutaneous fat is excessively 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 liver edge extends +3 cm below the right costal margin at the midclavicular line. The diaphragms are intact bilaterally.

PARIETAL PLEURA:

Smooth, glistening 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. There is moderate retroperitoneal fat.

HEART:

Weights 580 gm. It has a normal configuration and location. There are no adhesions between the parietal and visceral pericardium, and the latter is a smooth, glistening, fat laden characteristic membrane with somewhat oval shaped perivenous nodular thickening measuring 2 cm at the junction of the right atrium. The coronary arteries arise and distribute normally and show multisegmental calcific occlusive atherosclerosis of the triple blood vessels with luminal narrowing up to 70% of the anterior descending branch, and segmental intramuscular coronary artery of the anterior descending branch of the left coronary artery. The right chamber is dilated. The coronary ostia are normally located and widely patent. The chambers and atrial appendages are unremarkable. The valves are normally formed and measure as follows: tricuspid 15.5 cm, pulmonic 8.0 cm, mitral 11.5 cm, and aortic 7.0 cm. The endocardium is a smooth, gray, glistening, translucent membrane uniformly. The myocardium is intact, rubbery, and red-tan, with the left ventricle measuring 1.5 cm, the septum measuring 1.7 cm, and the right ventricle measuring 0.4 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The arch of the aorta is classically formed with mild 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.

GROSS-2 CASE NO. 0702535

THYMUS:

No significant tissue is identified grossly.

LUNGS:

The right lung weighs 870 gm, and the left weighs 710 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 edema 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 contains a small amount of yellow-brown, partly digested food material in the lumen of the esophagus at the distal one-third. The esophagogastric junction is focally erosive. The stomach is of normal configuration and shows a diffusely congested and ecchymotic mucosa, and contains approximately 100 ml of bloody brownish fluid admixed with partly digested food material and a single whitish pill with mark "80" on one side, which has partly 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 absent. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula. Anus and rectum are unremarkable.

LIVER:

Weights 2770 gm. It is of normal configuration, markedly congested and purplish.

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, and is pink-tan and characteristically lobulated with no apparent gross pathology.

SPLEEN:

Weights 250 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.

GROSS-3 CASE NO. 0702535

KIDNEYS:

The right kidney weighs 210 gm and the left weighs 200 gm. Both are configured normally with no abnormality. Sections show the organs to be moderately congested with unremarkable cortices, medullae and pelves. Ureters and blood vessels are patent and unremarkable.

URINARY BLADDER:

Contains approximately 250 ml of light yellow 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. There is a mild hydrocele, on the left.

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 1580 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 normally configured and symmetric, and multiple serial sections of cerebral hemispheres, 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:

There is a fracture of ribs # 1 through # 7 with focal regional hemorrhages, bilateral (cardiopulmonary resuscitation artifacts).

PELVIS:

Intact.

VERTEBRAE:

Intact.

BONE MARROW:

Moist and dark red. Unremarkable.

MICROSCOPIC EXAMINATION

AUTOPSY NO. ML 831-07

CASE NO. 0702535

Sections show no significant pathology other than segmental, calcific atherosclerosis with old intraluminal organizing thrombotic clot and interstitial fibrosis of the septum.

The right ventricle shows fatty infiltration (approximately 50%).

October 24, 2007
CSC/ns

Chai S. Choi, M.D.

CHAI S. CHOI, M.D.

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OFFICE OF THE CHIEF MEDICAL EXAMINER**

901 N.Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

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By _____

Date _____

ME CASE NUMBER: 0702535

LABORATORY NUMBER: 073368

DECEDENT'S NAME: LEE DAVID LAWYER

DATE RECEIVED: 10/15/2007

MATERIAL SUBMITTED BLOOD, VITREOUS, URINE, LIVER, BRAIN,
GASTRIC

HOLD STATUS: 1 YEAR

SUBMITTED BY: CHAI S. CHOI M.D.

MEDICAL EXAMINER: CHAI S. CHOI 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:

BLOOD (FEMORAL)

HYDROCODONE - POSITIVE (LESS THAN 0.10 MCG/ML)

OXYCODONE - 1.4 MCG/ML

DIAZEPAM - 0.69 MCG/ML

NORDIAZEPAM - 0.82 MCG/ML

GASTRIC - 58 GRAMS SUBMITTED FOR ANALYSIS

HYDROCODONE - 0.93 MILLIGRAMS IN TOTAL SPECIMEN SUBMITTED

OXYCODONE - 28 MILLIGRAMS IN TOTAL SPECIMEN SUBMITTED

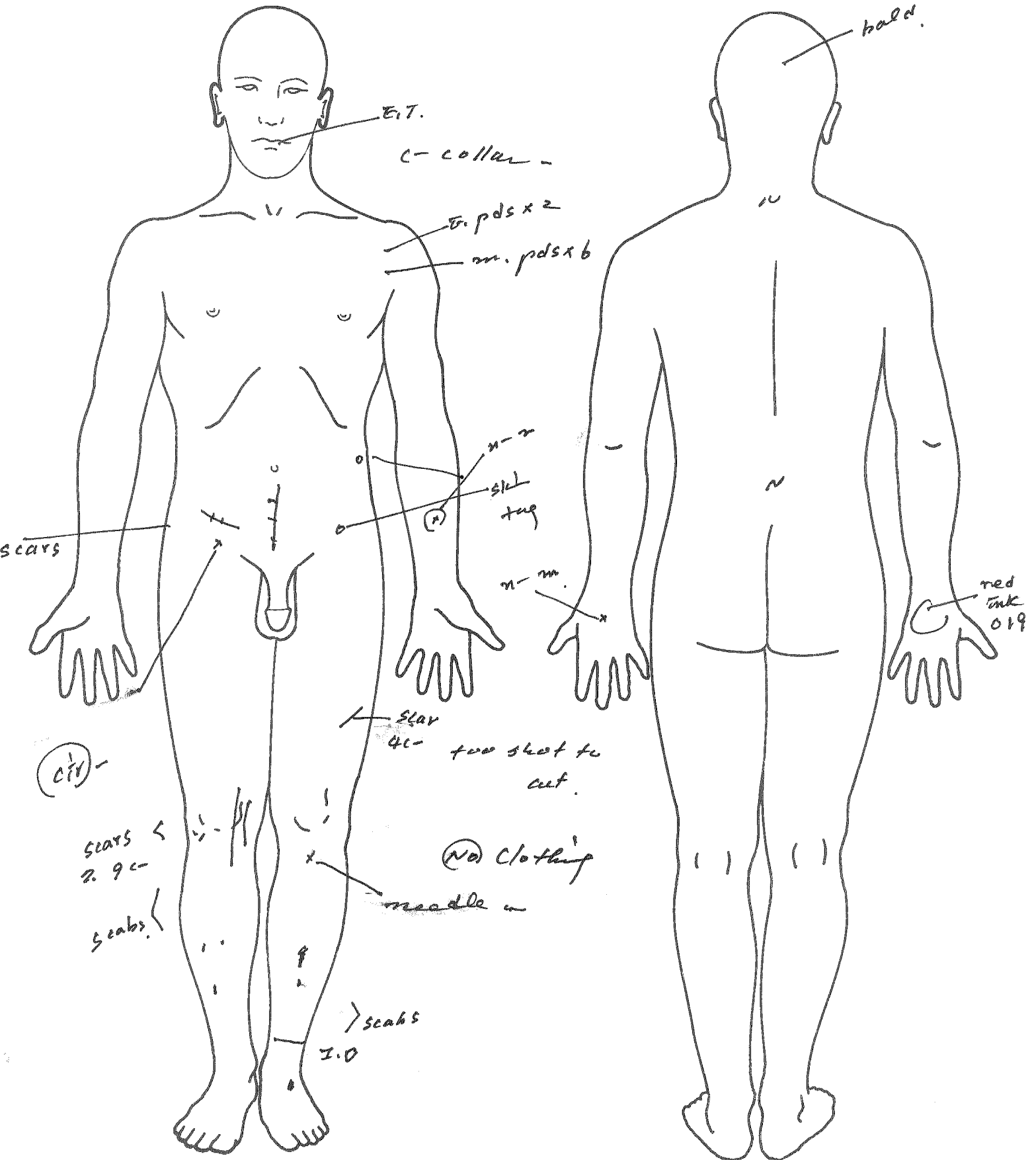
01/03/2008

DATE

Phil Kemp, Ph.D.

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

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



Name Lee Lawyer

Case No. 0702535

Date 10-13-07