

**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) LEROY RYANS	Age 68	Birth Date 8/3/1939	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) DR. HOPKINS PRESBYTERIAN HOSPITAL	DATE 8/9/2007	TIME 1:10
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INJURED OR BECAME ILL AT (ADDRESS) OKLAHOMA COUNTY JAIL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE 7/23/2007	TIME Unknown
LOCATION OF DEATH PRESBYTERIAN HOSPITAL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES HOSPITAL	DATE 8/9/2007	TIME 0:47
BODY VIEWED BY MEDICAL EXAMINER 901 N. STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 8/9/2007	TIME 9:15

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 checked="" 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 <u>PURPLE</u> Lateral <input type="checkbox"/> Posterior <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Regional _____	Beard _____ Hair <u>GRAY</u> Eyes: Color <u>BLUE</u> Mustache _____ Opacities <u>JAUNDICED</u> Pupils: R <u>4 MM</u> L <u>4 MM</u> Body Length <u>72 IN</u> Body Weight <u>102 KG</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Significant observations and injury documentations - (Please use space below)  
MULTIPLE INTRAVENOUS NEEDLE REPLACEMENT

Probable Cause of Death:

**GASTROINTESTINAL BLEED**

Manner of Death:

Natural  Accident   
Suicide  Homicide   
Unknown  Pending

Case disposition:

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

Other Significant Medical Conditions:

**CIRRHOSIS OF LIVER, HEPATITIS "C" CANCER OF LIVER**

**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.

8/9/2007

Date

Computer generated report

**0701945**

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901 N.Stonewall  
Oklahoma City, Oklahoma 73117

**REPORT OF LABORATORY ANALYSIS**

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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: 0701945

LABORATORY NUMBER: 072606

DECEDENT'S NAME: LEROY RYANS

DATE RECEIVED: 8/9/2007

MATERIAL SUBMITTED: BLOOD, VITREOUS

HOLD STATUS: 30 DAYS

SUBMITTED BY: CHAI S. CHOI M.D.

MEDICAL EXAMINER: CHAI S. CHOI M.D.

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**NOTES:** NO TOXICOLOGICAL ANALYSIS REQUESTED

**ETHYL ALCOHOL:**

Blood:

Vitreous:

Other:

**CARBON MONOXIDE**

Blood:

**TESTS PERFORMED:**

**RESULTS:**

08/14/2007

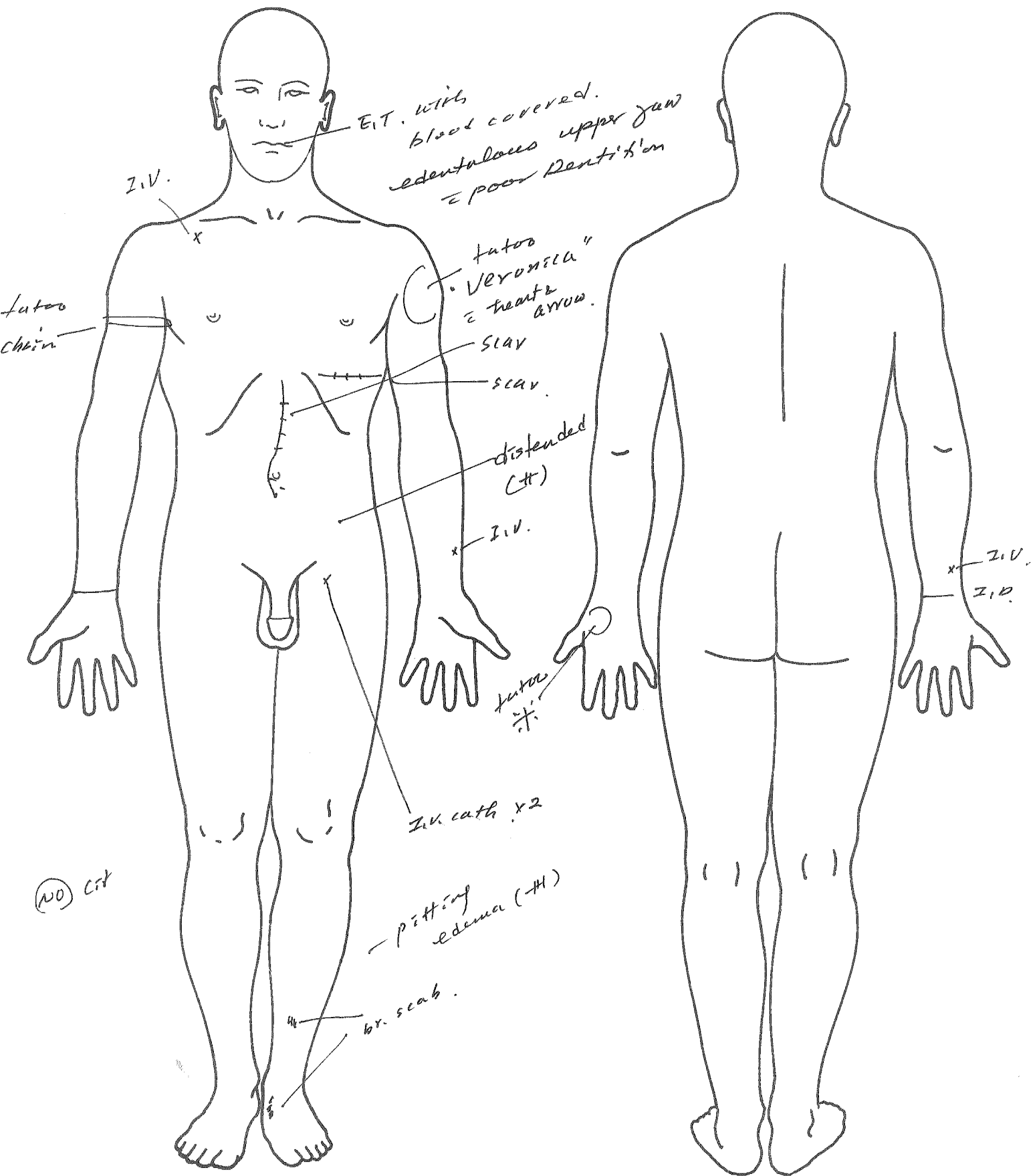
DATE

*Philip Kemp, Ph.D.*

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

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



Name LeRoy Ryans

Case No. 0701945

Date 8-9-07