

**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) LORENZO CRUZE LOYA	Age 48	Birth Date 08/12/1957	Race HISPANIC	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) DOCTOR. BOEHNA O.U. PRESBY 271-4698	DATE 12/21/2005	TIME 02:40
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INJURED OR BECAME ILL AT (ADDRESS) OKLAHOMA COUNTY JAIL	CITY OKLAHOMA	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE 12/14/2005	TIME Unknown
LOCATION OF DEATH O.U.MEDICAL CENTER	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES HOSPITAL	DATE 12/21/2005	TIME 02:25
BODY VIEWED BY MEDICAL EXAMINER 901 NORTH STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 12/21/2005	TIME 08:35

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 <u>YES</u> Hair <u>BLACK</u> Eyes: Color <u>BROWN</u> Mustache <u>YES</u> Opacities <u>SCLERAL JAUNDICE</u> Pupils: R <u>5 mm</u> L <u>5 mm</u> Body Length <u>68 in</u> Body Weight <u>89 kg</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)

NO TRAUMA; DIFFUSE JAUNDICE; ABDOMINAL ASCITES; LEG EDEMA; LEFT MIDDLE FINGER WITH OSTEOMYELITIS; SEE CME-1B6

Probable Cause of Death:

END STAGE LIVER DISEASE

Due To: **CIRRHOSIS**

Other Significant Medical Conditions:

HEPATITIS C; HISTORY OF ALCOHOLISM

Manner of Death:

Natural Accident
Suicide Homicide
Unknown Pending

Case disposition:

Autopsy Yes No
Authorized by _____
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.

12/21/2005

Date

Computer generated report

0502587

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901 N.Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

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Re. _____ Co. _____

I hereby certify that this is a true
and correct copy of the original
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bear im-print by the office seal.

By _____

Date _____

ME CASE NUMBER: 0502587

LABORATORY NUMBER: 053990

DECEDENT'S NAME: LORENZO CRUZE LOYA

DATE RECEIVED: 12/21/2005

MATERIAL SUBMITTED: BLOOD, VITREOUS

HOLD STATUS: 60 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:

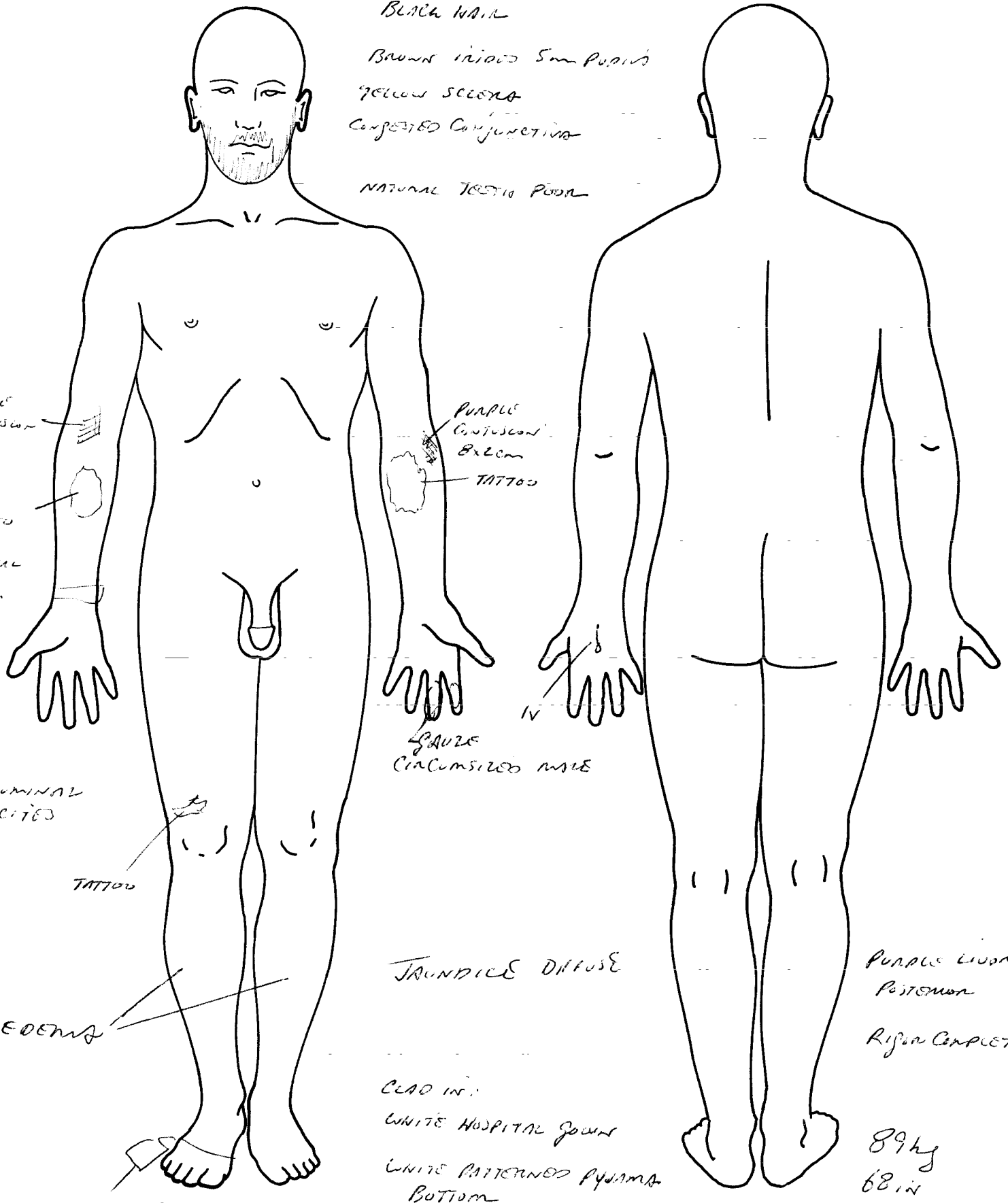
12/21/2005

DATE

Philip Kemp, Ph.D.

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

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



BLACK HAIR
BROWN IRISES Small Pupils
YELLOW SCLERA
CONGESTED CONJUNCTIVA
NATURAL TESTIS POOR

PURPLE
CONTUSION
TATTOO
HOSPITAL
ID
CRUZ

PURPLE
CONTUSION
Bx Lcm
TATTOO

ABDOMINAL
ASCITES

GAUZE
CIRCUMCISED MASE

JAUNDICE DIFFUSE

PURPLE LIVOR
POSTERIOR

EDEMA

RIFIN COMPLETE

CLAD in:
WHITE HOSPITAL GOWN
WHITE PATTERNED PYJAMA
BOTTOM

89kg
68in

Name CRUZ, LORENZO

Case No. 0502587