

**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) MICHAEL HENSON	Age 51	Birth Date 06/04/1954	Race WHITE	Sex M
---	-----------	--------------------------	---------------	----------

HOME ADDRESS - No. - Street, City, State  
UNKNOWN, UNKNOWN, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) JACK BAER M.D. ST. ANTHONY HOSPITAL	DATE 07/15/2005	TIME 02:20
--	--------------------	---------------

INJURED OR BECAME ILL AT (ADDRESS) OKLAHOMA COUNTY JAIL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE Unknown	TIME Unknown
LOCATION OF DEATH ST. ANTHONY HOSPITAL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES HOSPITAL	DATE 07/15/2005	TIME 01:30
BODY VIEWED BY MEDICAL EXAMINER 901 NORTH STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 07/15/2005	TIME 12:30

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:

**RUPTURED SPLEEN**

Manner of Death:

Natural  Accident   
Suicide  Homicide   
Unknown  Pending

Case disposition:

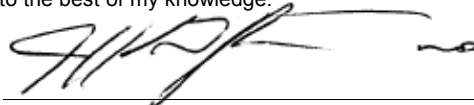
Autopsy Yes  No   
Authorized by MEDICAL EXAMINER  
Pathologist JEFFERY GOFTON M.D.  
Not a medical examiner case

Other Significant Medical Conditions:

**CIRRHOSIS, SEIZURE DISORDER**

**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.

07/15/2005

Date

Computer generated report

**0501361**



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**

<b>Decedent</b> MICHAEL HENSON	<b>Age</b> 51	<b>Birth Date</b> 6/4/1954	<b>Race</b> WH	<b>Sex</b> M	<b>Autopsy No</b> 562-05	<b>Case No</b> 0501361
<b>Type of Death</b> While in penal incarceration	<b>Means</b>	<b>ID By</b> POLICE		<b>Authority for Autopsy</b> JEFFERY GOFTON, M.D.		
<b>Present at Autopsy</b> JASON SNIDER						

**PATHOLOGICAL DIAGNOSIS**

- I. Hemoperitoneum (2.9 L of blood)
- II. Spleen with capsular laceration
- III. Head trauma:
  - A. Forehead with laceration
  - B. Chin with contusion
  - C. Oral mucosa with contused cuts
  - D. Occipital scalp with multiple contusions
- IV. Right testicle with hematocele
- V. Heart with mild left ventricular hypertrophy
- VI. Lungs:
  - A. Mild congestion and edema (combined weight 1130 gm)
  - B. Moderate anthracosis

Continued on Pathological Diagnosis Page 2

**CAUSE OF DEATH:**

**RUPTURED SPLEEN  
 OSC: CIRRHOSIS, SEIZURE DISORDER**

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

OCME Central Division

7/15/2005 12:30 PM

JEFFERY GOFTON, M.D.

Pathologist

Location of Autopsy

Date and Time of Autopsy

## EXTERNAL EXAMINATION

**AUTOPSY NO. ML 562-05**

**CASE NO. 0501361**

DESCRIPTION								
Height	Weight	Eyes	Pupils	Opacities, Etc.	Hair	Beard	Mustache	Circumcised
72 in.	75 kg.	BLUE	R 3 mm L 3 mm		GRAY	Y	Y	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 clad in a pair of orange prison overalls, of which the shirt has been cut. There are multiple signs of medical intervention. There is endotracheal intubation through the mouth. There are monitor pads over the left shoulder and abdominal flanks. There are defibrillator pads over the left and right chest. There is an IV line in the right antecubital fossa.

The head is normocephalic. There is a linear laceration between the eyebrows measuring approximately 1 cm in length. At the midline chin is a purple-red abrasion measuring 4 x 2.5 cm. The left lower lip demonstrates a cut with contusion. The left upper oral mucosa demonstrates a cut with a contusion with an overall dimension of 1.5 cm. The midline lower lip also demonstrates a purple contusion measuring 1 cm in greatest dimension. Across the back of the head (occipital region) are a series of irregular to circular purple-red contusions ranging from 2.2 cm in greatest dimension to 6 x 4.5 cm. There are at least four contusions across the back of the head. Also at the occipital scalp is a curved old scar measuring 2.7 x 0.2 cm.

The eyes are clear with pale conjunctivae and no petechial hemorrhages. The ears and nose are intact. The dentition is natural and in poor condition with scattered dental caries.

At the right upper back is a crusted old abrasion measuring 1.5 cm in greatest dimension. At the lateral right upper back is a red ellipsoidal abrasion measuring 4 x 2 cm.

There is a tattoo on the ventral surface of the right forearm and left shoulder.

There are multiple old scars involving the upper abdomen and arms.

There is a purple contusion on the medial aspect of the right ankle measuring 1.5 cm in diameter.

The right portion of the scrotal sac is noted to be swollen and blue-gray.

## GROSS EXAMINATION

AUTOPSY NO. ML 562-05

CASE NO. 0501361

---

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 liver edge extends 1 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 approximately 2.9 L of liquid blood.

### **HEART:**

Weights 540 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. The coronary arteries arise and distribute normally with no significant atherosclerosis. 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 14.0 cm, pulmonic 6.8 cm, mitral 12.5 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 2.0 cm, and the right ventricle measuring 0.2-0.5 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The arch of the aorta is 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 590 gm, and the left weighs 540 gm. Visceral pleurae are smooth, glistening, and intact with moderate 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 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 a scant amount of brown mucus, 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:**

Weights 1510 gm. It is of a micronodular cirrhotic configuration, firm-rubbery, gray-tan and intact. Cut surface shows a continuation of micronodular architecture with increased dense fibrous tissue and regenerative nodules.

**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 225 gm. The capsule is predominately intact with exception of an irregular linear laceration on the medial aspect approximately 1 cm inferior to the splenic hilum. This laceration measures 4.8 cm in length, 1 cm wide, and 0.5 cm deep into the splenic parenchyma. The remainder of the organ is rubbery, maroon, and shows characteristic follicular pattern. There is dark purple hemorrhage into the splenic hilar adipose tissue.

**ADRENALS:**

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

**KIDNEYS:**

The right kidney weighs 175 gm and the left weighs 180 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 no 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 the left testicle shows no evidence of tumor, trauma, or inflammation. The right testicle is surrounded by a dark purple hematocele, which is under tense pressure. The investing membranes are unremarkable as is the epididymis.

**BRAIN AND MENINGES:**

The scalp is opened through the customary intermastoid incision and shows a dark purple irregular band of subgaleal contusion and hemorrhage extending across the occiput measuring 6.5 x 3.0 cm. The remainder of the scalp demonstrates no evidence of hemorrhage or contusion. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The brain weighs 1140 gm. The dura matter is intact and shows a focal region of brown-yellow, thin, membranous discoloration over the left occipital region measuring 1.5 x 2.5 cm. The remainder of the dura is intact and there is no evidence of acute subdural hemorrhage. The leptomeninges are predominately smooth, glistening and translucent with exception of yellow-brown discoloration involving the lateral left temporal region and lateral right anterior temporal pole each measuring approximately 3 x 2 cm. Cranial nerves and circle of Willis arise and distribute normally and show no significant pathology. Externally the brain is normally configured and symmetric, but demonstrates a region of yellow-brown cortical infarction involving the left occipital lobe measuring 2.5 x 1.5 cm and the right insular cortex measuring 1 cm. These changes are suggestive of an old traumatic brain injury. Multiple serial sections of cerebral hemispheres, pons, medulla, and cerebellum show no gross pathological change apart from the above findings. The ventricular system is also symmetric and unremarkable. The base of the skull is intact without osseous abnormality.

**RIBS:**

The left 3<sup>rd</sup> rib at the midclavicular line is fractured without associated hemorrhage. The left 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> ribs are fractured at the sternocostal junction, and are not associated with hemorrhage. The remaining ribs are intact.

**PELVIS:**

Intact.

**VERTEBRAE:**

Intact.

**BONE MARROW:**

Moist and dark red. Unremarkable.

**MICROSCOPIC EXAMINATION**

**AUTOPSY NO. ML 562-05**

**CASE NO. 0501361**

---

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

A handwritten signature in black ink, appearing to read 'J. Gofton', is centered on the page. The signature is fluid and cursive.

**July 26, 2005**  
**JJG/ns**

---

**JEFFERY GOFTON, M.D.**

**PATHOLOGICAL DIAGNOSIS  
(Continued)**

**AUTOPSY NO. ML 562-05**

**CASE NO. 0501361**

---

VII. Liver with micronodular cirrhosis

VIII. Left 3<sup>rd</sup>, 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> ribs fractured without hemorrhage (probable resuscitative injury)

IX. Brain:

- A. Left occipital chronic subdural
- B. Temporal lobe and left occipital lobe with cortical infarcts, old

X. Multiple old scars involving the arms, left knee and abdomen

XI. Right upper back with abrasion

Comment: This 51 year old male inmate had a reported past history of seizures. Reportedly, he was involved in an altercation with another inmate in his jail cell prior to being found dead.

Examination reveals multiple blunt force injuries including contusions to the back of the head and bruises to the lips. In addition, there was a large amount of liquid blood contained within the abdomen. The spleen was noted to be lacerated, which is the most likely source of the abdominal hemorrhage. There was additional hemorrhage noted around the right testicle. The spleen laceration is felt to be related to blunt force injury.

Other findings at the time of autopsy included liver cirrhosis. This finding could have potentiated the abdominal bleeding. There was evidence of old brain injury including a chronic subdural hematoma and a cortical brain injury. These findings are not felt to be related to the incident that preceded his death. In addition, the acute traumatic injuries to the head in this case are also not felt to have played an immediate role in this death.

The cause of death in this case is due to a ruptured spleen. The manner of death is regarded to be a homicide. Toxicology was negative for ethyl alcohol.



**July 26, 2005  
JJG/ns**

---

**JEFFERY GOFTON, 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

Re. \_\_\_\_\_ Co. \_\_\_\_\_

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

By \_\_\_\_\_

Date \_\_\_\_\_

ME CASE NUMBER: 0501361

LABORATORY NUMBER: 052174

DECEDENT'S NAME: MICHAEL HENSON

DATE RECEIVED: 07/18/2005

MATERIAL SUBMITTED: BLOOD, VITREOUS

HOLD STATUS: 5 YEARS

SUBMITTED BY: JEFFERY GOFTON M.D.

MEDICAL EXAMINER: JEFFERY GOFTON M.D.

**NOTES:**

**ETHYL ALCOHOL:**

Blood: (HEART) - NEGATIVE

Vitreous:

Other:

**CARBON MONOXIDE**

Blood:

**TESTS PERFORMED:**

NO OTHER TESTS PERFORMED

**RESULTS:**

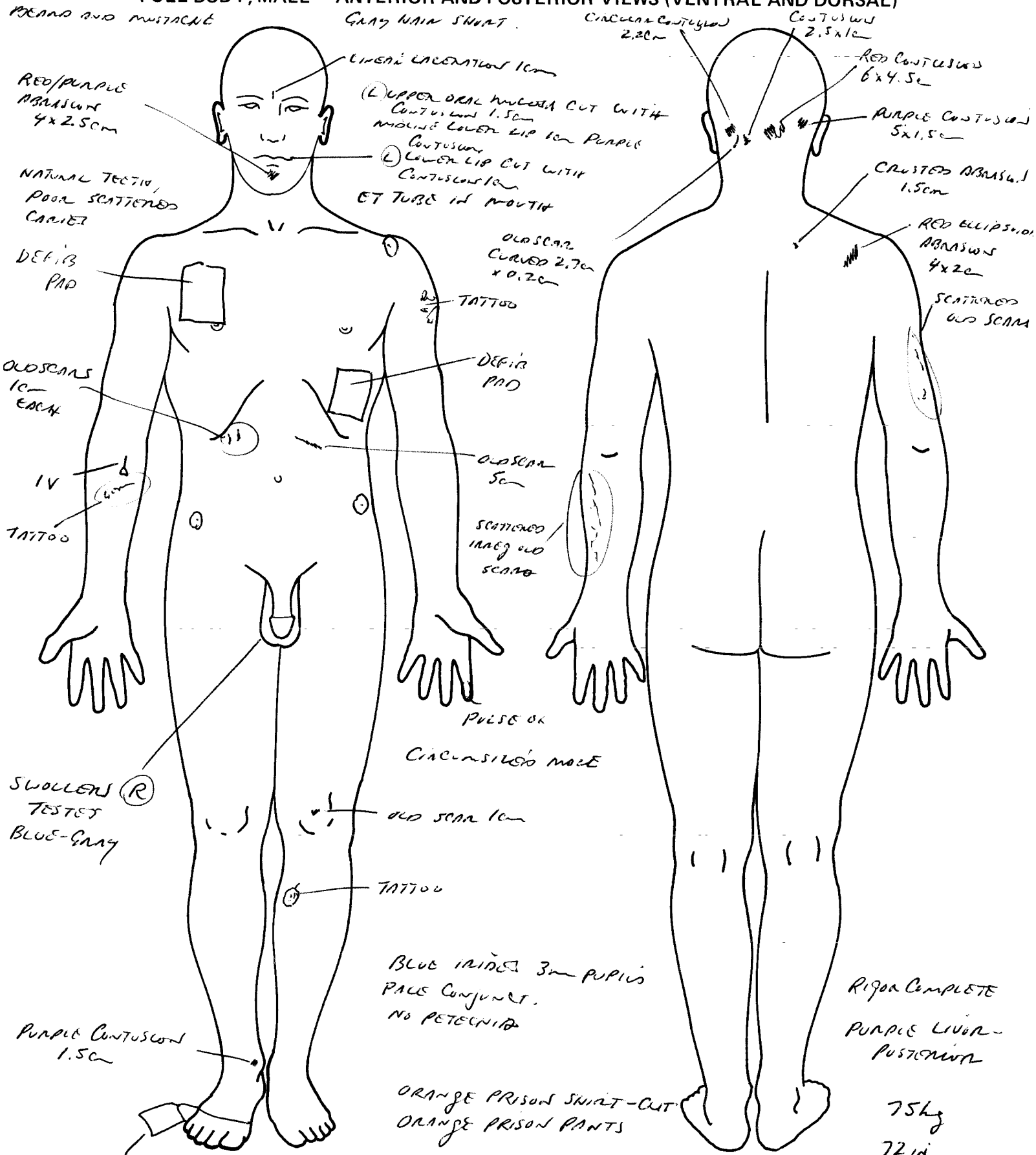
09/08/2005

DATE

*Philip Kemp, Ph.D.*

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

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



Name HENSON, MICHAEL

Case No. 0501361 (562-05)

Date 7/15/05