

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

Central Office
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OFFICE USE ONLY

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) PEGGY MURPHY	Age 50	Birth Date 03/27/1955	Race BLACK	Sex F
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HOME ADDRESS - No. - Street, City, State
1718 NORTHEAST 24TH STREET, OKLAHOMA CITY, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) ST. ANTHONY DR. KARASEK	DATE 02/13/2006	TIME 16:53
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INJURED OR BECAME ILL AT (ADDRESS) OKLAHOMA COUNTY JAIL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE 02/12/2006	TIME 15:30
LOCATION OF DEATH SAINT ANTHONY'S HOSPITAL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES HOSPITAL	DATE 02/13/2006	TIME 16:46
BODY VIEWED BY MEDICAL EXAMINER 901 NORTH STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 02/14/2006	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 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>NO</u> Hair <u>BLACK</u> Eyes: Color <u>BROWN</u> Mustache <u>NO</u> Opacities _____ Pupils: R <u>5MM</u> L <u>5MM</u> Body Length <u>62"</u> Body Weight <u>61KG</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)

MEDICAL RECORDS REVIEWED; RIGHT LUNG INFILTRATE BY X-RAY; LEUKOPENIA; ELEVATED BUN AND CREATININE; RIGHT CHEST INCISED; APICAL ADHESIONS; FIBRINOUS EXUDATE OVER RIGHT LUNG; CONSOLIDATION; SEE CME-1B2

Probable Cause of Death:

PROBABLE SEPSIS

Due To: **RIGHT LUNG PNEUMONIA**

Other Significant Medical Conditions:

CHRONIC RENAL FAILURE

Manner of Death:

Natural Accident
Suicide Homicide
Unknown Pending

Case disposition:

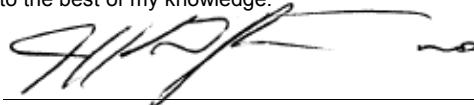
Autopsy Yes No
Authorized by _____
Pathologist JEFFERY GOFTON M.D.
Not a medical examiner case

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.

02/14/2006

Date

Computer generated report

0600363

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901 N.Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

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Re. _____ Co. _____

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and correct copy of the original
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By _____

Date _____

ME CASE NUMBER: 0600363

LABORATORY NUMBER: 060559

DECEDENT'S NAME: PEGGY MURPHY

DATE RECEIVED: 02/15/2006

MATERIAL SUBMITTED: BLOOD, VITREOUS

HOLD STATUS: 30 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:

03/01/2006

DATE

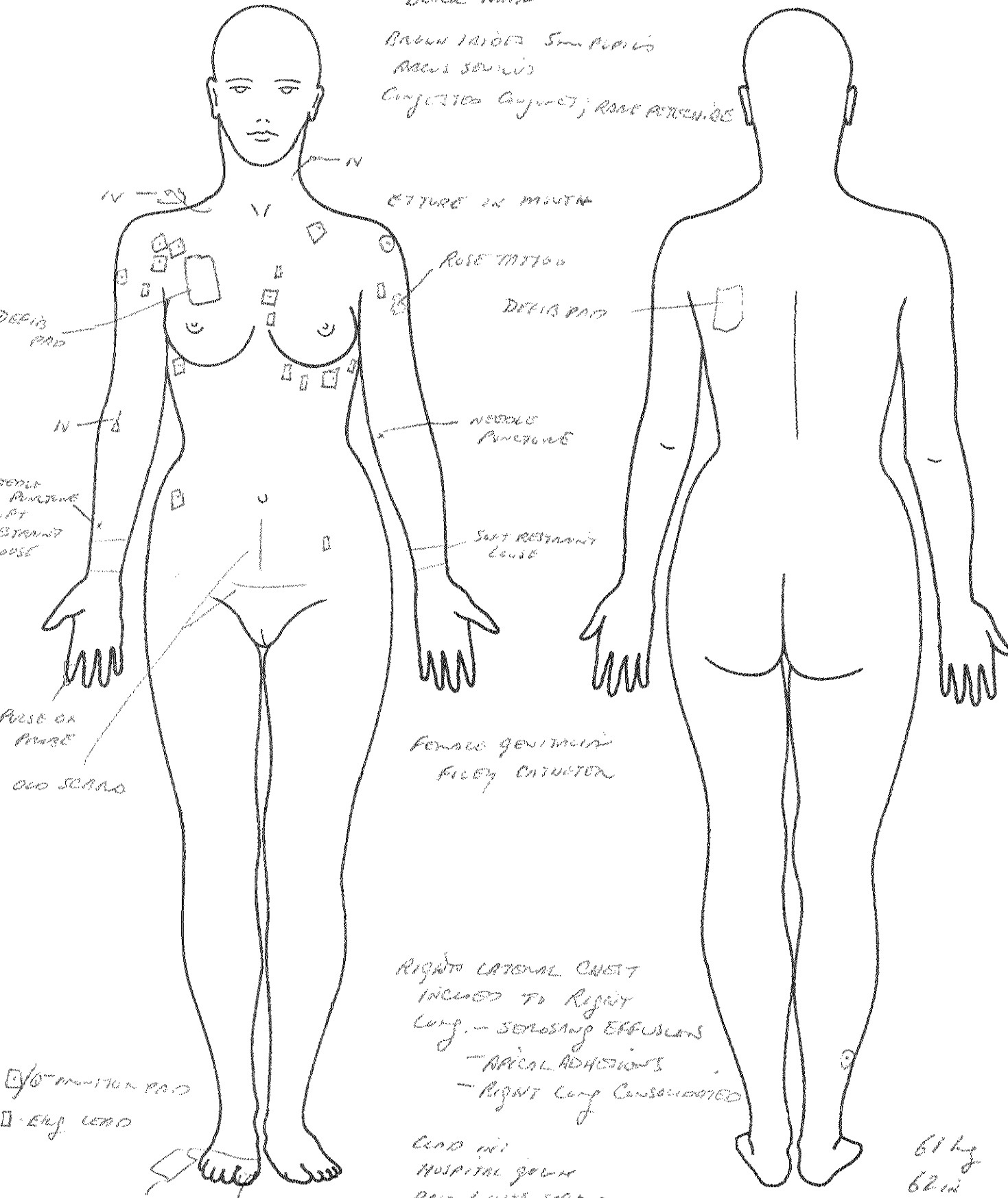
Philip Kemp, Ph.D.

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

FULL BODY, FEMALE - ANTERIOR AND POSTERIOR VIEWS

BLACK HAIR

BROWN IRISES Small PUPILS
 ARCHA SEVERUS
 CONJUNCTIVAE GYMNAST; ROME PETERSEN, DE



ETTUBE IN MOUTH

ROSE TATTOO

DEFIB PAD

NEEDLES PUNCTURE

SOFT RESTRAINT COUSE

FEMALE GENITALIA
 FILEY ENTUSTEN

RIGHT LATERAL CHEST
 INCLUDED TO RIGHT
 LUNG - SOLIDIFYING EFFUSIONS
 - APICAL ADHESIONS
 - RIGHT LUNG CONSOLIDATED

GOOD W/ HOSPITAL GOWN
 PAIN WHITE SOLID

61 kg
 62 in

1/2 MINUTION PAD

1/2 EKG LEAD

10702 PULSE OX

Name MURPHY, PEGGY

Case No. 06 00363