

**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) RICHARD HAMILTON	Age 52	Birth Date 11/15/1955	Race BLACK	Sex M
---	-----------	--------------------------	---------------	----------

HOME ADDRESS - No. - Street, City, State
OKLAHOMA COUNTY JAIL, OKLAHOMA CITY, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) DEPUTY MARSH	DATE 11/19/2007	TIME 22:05
---	--------------------	---------------

INJURED OR BECAME ILL AT (ADDRESS) OKLAHOMA COUNTY JAIL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE 11/19/2007	TIME 20:55
LOCATION OF DEATH SAINT ANTHONY'S HOSPITAL	CITY OKLAHOMA CITY	COUNTY OKALHOMA	TYPE OF PREMISES HOSPITAL	DATE 11/19/2007	TIME 22:10
BODY VIEWED BY MEDICAL EXAMINER 901 NORTH STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 11/20/2007	TIME 10:00

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:

HYPERTROPHIC CARDIOMYOPATHY WITH ISCHEMIA

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:

RECENT TRAUMA OF THE HEAD AND EXTREMITIES

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.

11/20/2007

Date

Computer generated report

0702900



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 RICHARD HAMILTON	Age 52	Birth Date 11/15/1955	Race BL	Sex M	Autopsy No 919-07	Case No 0702900
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. Heart (weight 390 gm):
 - A. No significant coronary artery disease
 - B. Myocardium with diffuse hypertrophy with multifocal postischemic necrosis, acute and old
- II. Lungs with partial collapses of the lower lobe of the left lung (combined weight 470 gm):
 - A. Collapses of the alveoli with regional intimal hypertrophy of the segments of the pulmonary arteries
- III. Acute hepatic congestion (weight 1180 gm)
- IV. Kidneys with retention cyst (4.5 cm on the right and 3.5 cm on the left)
- V. Periesophageal lipoma, benign (2 cm in diameter)
- VI. Scalp contusive laceration with suture, forehead, recent, and multiple recent contusions and abrasions over the right upper chest, left shoulder, left arm, wrist, knees and feet, including the elbows and left forearm:
 - A. No injury to the internal organs

Comment: This 52 year old black male was in a single cell on the 13th floor of the medical unit of the Oklahoma County Jail. On 11-13-2007, the decedent got into an altercation with another inmate. This resulted in him having to have staples in his forehead in the clinic of the jail. On this date, the decedent was found on the floor of his cell cold by detention officers. The deceased was resuscitated and brought to the emergency room where he became asystolic and was pronounced at 2210 hours. The cell of the deceased was clean with no apparent blood noted.

Comment continued on Page 2

CAUSE OF DEATH:

**HYPERTROPHIC CARDIOMYOPATHY WITH ISCHEMIA
 OSC: RECENT TRAUMA OF THE HEAD AND EXTREMITIES**

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

Chai S. Choi, M.D.

OCME Central Division

11/20/2007 10:00 AM

CHAI S. CHOI, M.D.

Pathologist

Location of Autopsy

Date and Time of Autopsy

EXTERNAL EXAMINATION

AUTOPSY NO. ML 919-07

CASE NO. 0702900

DESCRIPTION									
Height	Weight	Eyes	Pupils		Opacities, Etc.	Hair	Beard	Mustache	Circumcised
68 in.	70 kg.	BROWN	R 5 mm	L 5 mm	SLIGHTLY TURBID	SHAVED GRAY-BLACK	N	N	
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 developed, well nourished, black adult male. The conjunctivae are white and show no petechiae. Over the midforehead, there are horizontal brownish scabs with six metallic staples that measure 2.5 x 1 cm. Both eyelids are purplish, bilateral. There is no blood in the nose, mouth or ear canals. The inside of the mouth shows purple contusions in the inner membranes of the upper and lower lips on the right. There is endotracheal tube intubation through the mouth. The teeth are intact. The neck is unremarkable. The chest is of normal contour and shows two electropads and four monitor pads attached. There are two, recent ill-defined purple-green contusions over the right upper chest. The abdomen is flat and unremarkable. The genitalia are those of a normal adult male and are unremarkable. The extremities are symmetric and show intravenous needle placement over the right arm, and a needle puncture mark with tape over the left antecubital fossa and intravenous catheter in place in the right groin region. There is an identification band around the right wrist and the right ankle. There are recent greenish-purple contusions over the tip of the left shoulder and inner aspect of the left arm and diffuse purplish contusion with small red and brown scabs over both knees and shins. There are multiple recent red-brown scabs and purplish contusions over both right and left feet. There are also similar purplish contusions with brownish scabs over both elbows and dorsum of the left forearm. There are patterned brownish, horizontal, diagonal scabs with contusion around the wrist. There is yellow-brown skin slippage over the dorsum of the left forearm. There are several horizontal, diagonal, linear blistering over the volar aspect of the left wrist. The back is unremarkable. The injuries are depicted on the included CME-1B6 series form and 1B8 and 1B9 series form.

The decedent is clothed in an orange jail shirt and pants and white underwear, and a pair of white socks. The underwear has been soaked with urine.

GROSS EXAMINATION

AUTOPSY NO. ML 919-07

CASE NO. 0702900

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 -5 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.

HEART:

Weighs 390 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 12.0 cm, pulmonic 8.0 cm, mitral 10.0 cm, and aortic 6.5 cm. The endocardium is focally gray and thickened. The myocardium is intact, rubbery, and red-tan, with the left ventricle measuring 1.6 cm, the septum measuring 1.6 cm, and the right ventricle measuring 0.5 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.

THYMUS:

No significant tissue is identified grossly.

LUNGS:

The right lung weighs 250 gm, and the left weighs 220 gm. Visceral pleurae are smooth, glistening, and intact with minimal anthracosis and no bleb formation. The overall configuration is normal other than focally collapsed lower lobe of the left lung. The trachea contains dark brownish mucoid material. 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 pale pinkish-gray and exudes blood and 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 a diffuse, erosive mucosa and contains somewhat brownish fluid in the lumen. The esophagogastric junction is likewise erosive. There is an approximately 2 cm yellow-gray lipomatous nodule at the serosa of the esophagogastric junction. The stomach shows a focally ecchymotic mucosa and contains approximately 20 ml of dark brownish mucoid material 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 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 1180 gm. It is of normal configuration, rubbery, tan, and intact. Cut surface shows no pathology.

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 80 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.

KIDNEYS:

The right kidney weighs 160 gm and the left weighs 160 gm. Both are configured normally with no abnormality other than a single retention cyst on each kidney measuring 4.5 and 3.5 cm on the right and left. 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 20 ml of brownish, 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 of the left testicle.

BRAIN AND MENINGES:

The scalp is opened through the customary intermastoid incision and shows a subscalpular brownish-purple contusion corresponding to the forehead injury described above. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The brain weighs 1420 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 diffusely edematous and symmetric and pale, and multiple serial sections of cerebral hemispheres, pons, medulla, and cerebellum show no gross pathological change. The ventricular system is also symmetric and unremarkable. The base of the skull is intact without osseous abnormality.

RIBS:

Intact.

PELVIS:

Intact.

VERTEBRAE:

Intact.

BONE MARROW:

Moist and dark red. Unremarkable.

MICROSCOPIC EXAMINATION

AUTOPSY NO. ML 919-07

CASE NO. 0702900

Heart:

Sections show frequent hypertrophic myocardial fibers with multifocal postischemic changes with fragmentation and dense condensation of the myocardial fibers and focal interstitial fibrosis. The endocardium is microscopically unremarkable.

Lungs:

Sections show diffuse vascular congestion with multifocal collapses of the alveoli. There is no sickling of the red blood cells identified. There is rare sickling of the red blood cells.

Liver:

Sections show acute centrilobular vascular congestion and unremarkable portal space, and hepatocytes. The renal tissues show a retention cyst with nephrosclerotic surrounding tissue. The pancreatic and splenic tissues are unremarkable. The esophageal erosion shows mononuclear cells infiltration in the submucosa.

Scalp:

The scalp contusion shows recent subcutaneous hemorrhages with occasional mononuclear cells and acute inflammatory cells infiltration.

December 11, 2007
CSC/ns

Chai S. Choi, M.D.

CHAI S. CHOI, M.D.

PATHOLOGICAL DIAGNOSIS
(Continued)

AUTOPSY NO. ML 919-07

CASE NO. 0702900

Comment cont.

A complete autopsy showed a recent stapled contusive laceration of the scalp over the forehead with minor contusions and abrasions over the body including the chest with no evidence of internal injuries. The heart showed diffuse hypertrophy with multifocal post-ischemic necrosis, acute and old. The postmortem toxicological studies were negative for drugs and alcohol. It is felt that the cause of death is regarded to be hypertrophic cardiomyopathy with ischemia. The recent trauma of the head and extremities could have been participating factors to his death. It is felt that the manner of death is ruled as natural.

January 9, 2008
CSC/al

Chai S. Choi, M.D.

CHAI S. CHOI, 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: 0702900

LABORATORY NUMBER: 073818

DECEDENT'S NAME: RICHARD HAMILTON

DATE RECEIVED: 11/20/2007

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

HOLD STATUS: 30 DAYS

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:

NONE DETECTED

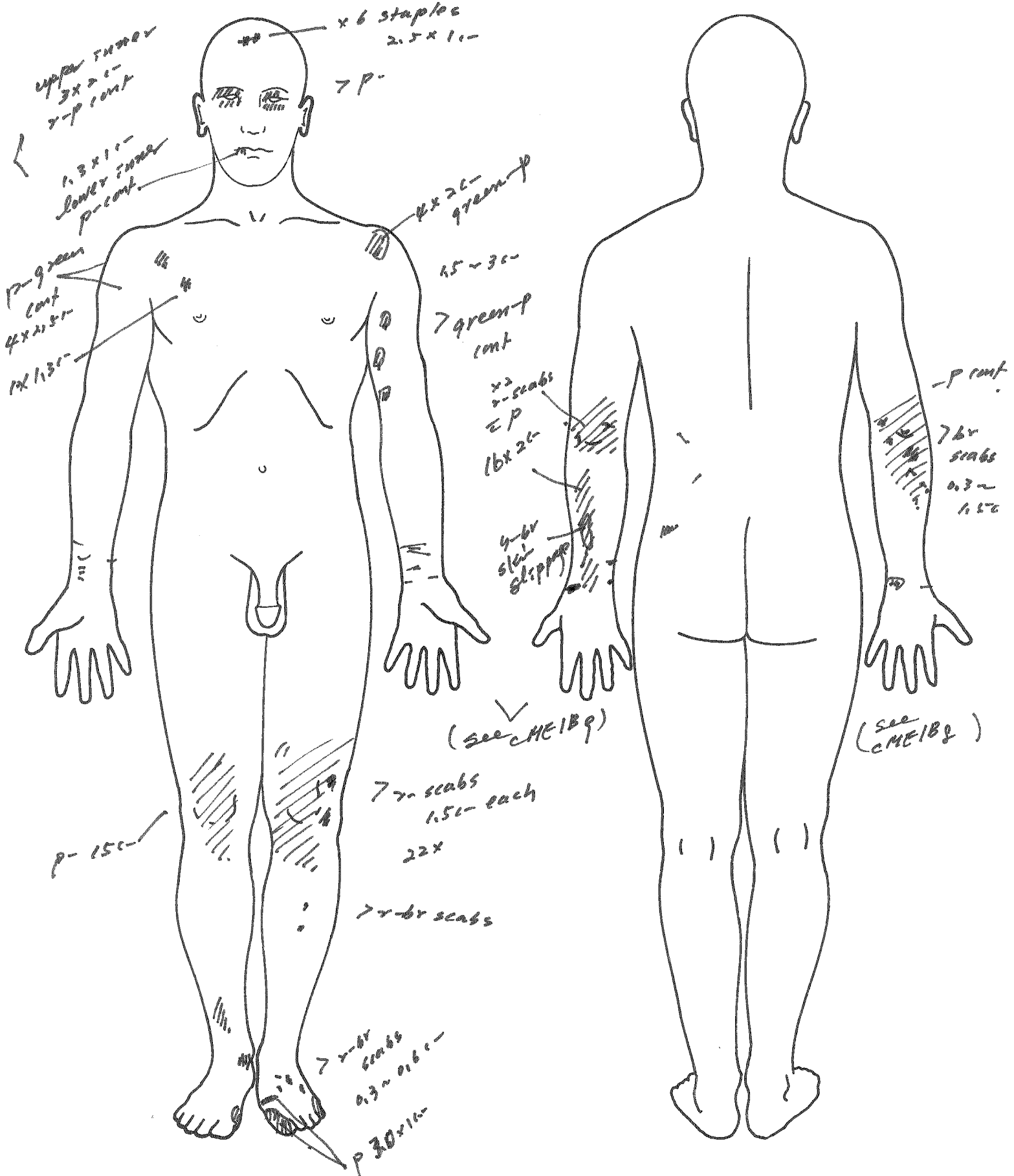
12/31/2007

DATE



BYRON CURTIS, Ph.D., Deputy Chief Forensic Toxicologist

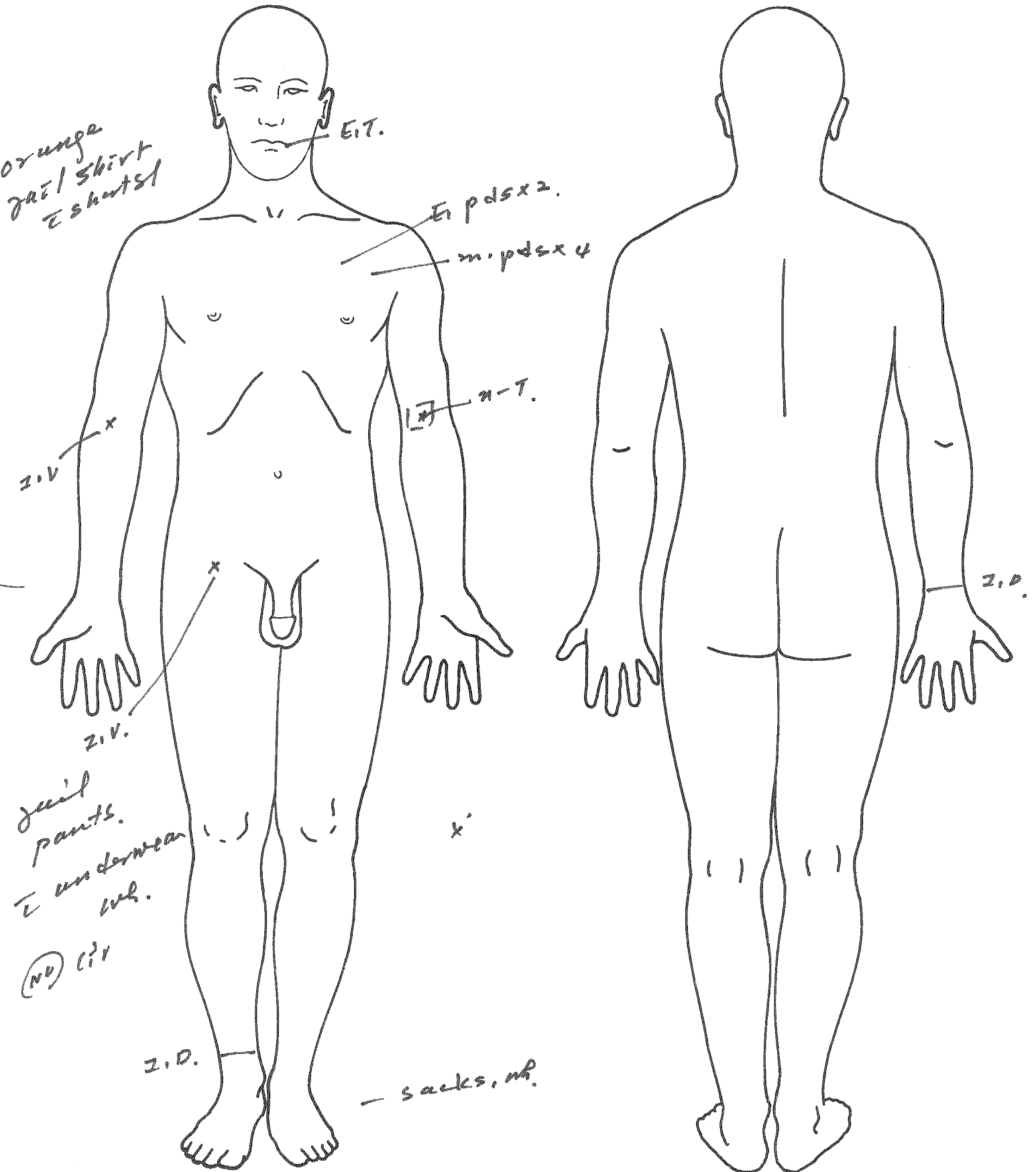
FULL BODY, MALE - ANTERIOR AND POSTERIOR VIEWS (VENTRAL AND DORSAL)



Name Richard Hamilton

Case No. 0702900

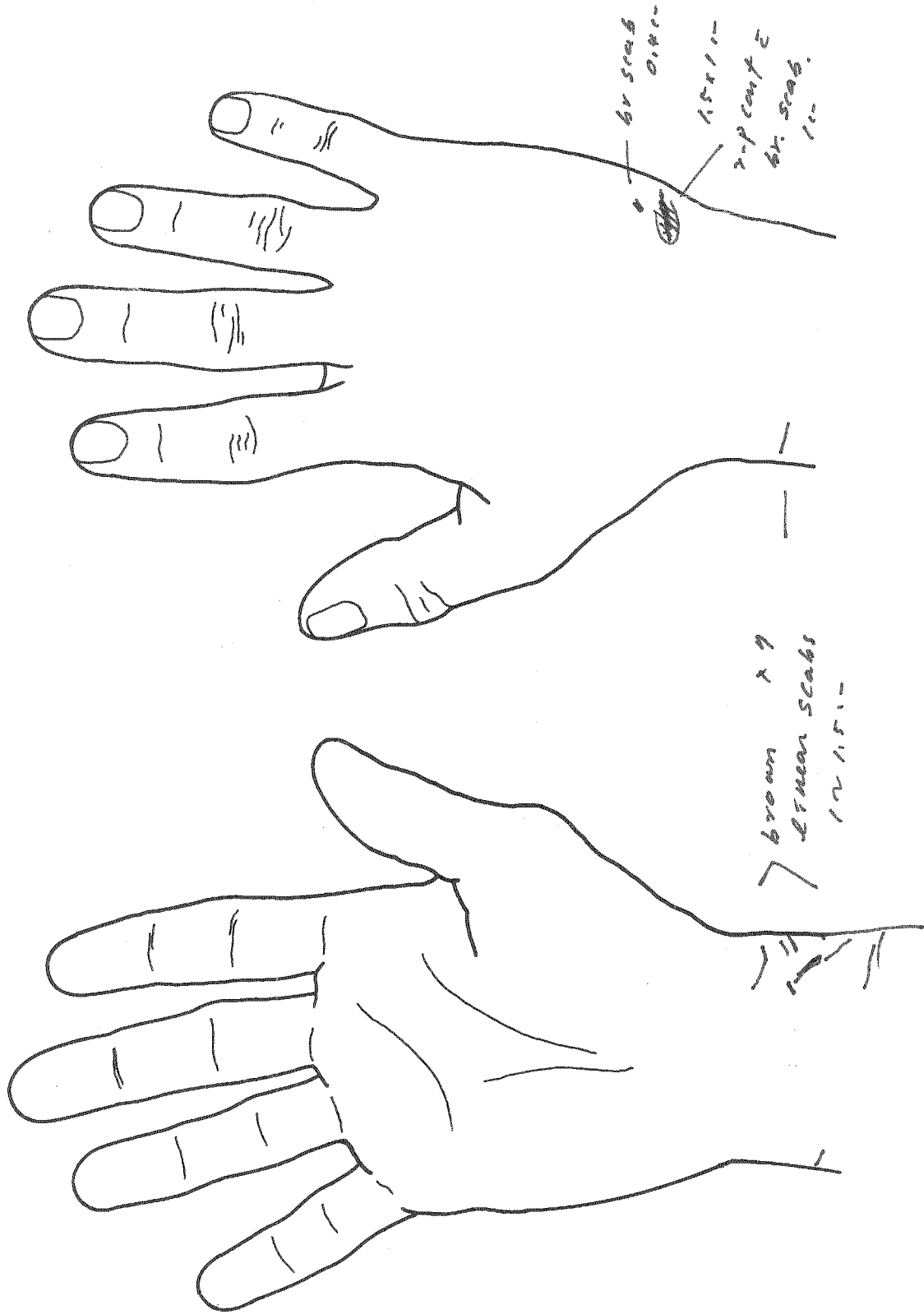
FULL BODY, MALE – ANTERIOR AND POSTERIOR VIEWS (VENTRAL AND DORSAL)



Name Richard Hamilton

Case No. 0702900

RIGHT HAND - PALMAR AND DORSAL

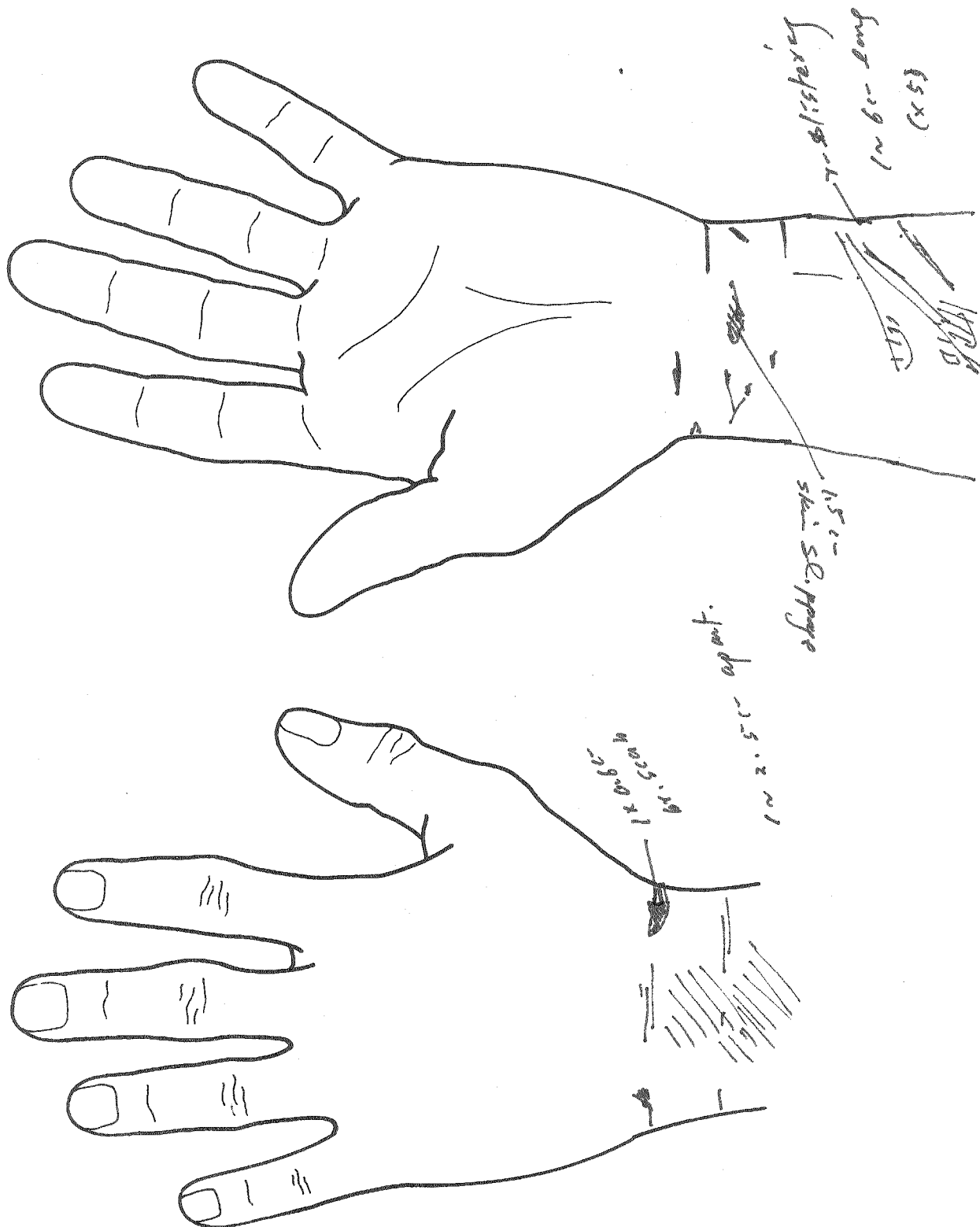


Name Richard Hamilton

Case No. 0702900

Date 11-20-07

LEFT HAND - PALMAR AND DORSAL



Name Richard Hamilton

Case No. 0702900

CME-1B9 (Series 1978)

Date 11-20-07