

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

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Central Office
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Re _____ Co _____

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By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) SOMMER MADAR BAKER	Age 25	Birth Date 11/15/1979	Race BLACK	Sex F
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HOME ADDRESS - No. - Street, City, State
900 EAST WAYNE STREET, EDMOND, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) DET. JOHNS OK SHERIFF OFFICE 713-1006	DATE 07/18/2005	TIME 18:32
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INJURED OR BECAME ILL AT (ADDRESS) OKLAHOMA COUNTY JAIL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE 07/18/2005	TIME Unknown
LOCATION OF DEATH EVERETT TOWER ER	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES HOSPITAL	DATE 07/18/2005	TIME 18:35
BODY VIEWED BY MEDICAL EXAMINER 901 NORTH STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 07/19/2005	TIME 13:50

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:

ASPHYXIA
Due To: **LIGATURE STRANGULATION**

Other Significant Medical Conditions:

Manner of Death:

Natural Accident
Suicide Homicide
Unknown Pending

Case disposition:

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

MEDICAL EXAMINER:

Name, Address and Telephone No.

INAS YACOUB 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.

Inas Yacoub, M.D.

Signature of Medical Examiner

INAS YACOUB M.D.

07/20/2005

Date

Computer generated report

0501396



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 SOMMER MADAR BAKER	Age 25	Birth Date 11/15/1979	Race BL	Sex F	Autopsy No 581-05	Case No 0501396
Type of Death Violent, unusual or unnatural	Means TOWEL	ID By TOE TAG		Authority for Autopsy INAS YACOUB, M.D.		
Present at Autopsy JASON SNIDER						

PATHOLOGICAL DIAGNOSIS

- I. Petechiae in the conjunctivae, epiglottis and larynx; pulmonary congestion and edema, history of being found with a towel around the neck
- II. Linear and irregular scars on the wrists
- III. Pulmonary aspiration
- IV. Status-post bilateral tubal ligation, horizontally oriented scar on the suprapubic region, associated with fibrous adhesions between the uterus and bladder, and tubo-ovarian adhesions
- V. Menstruating endometrium, no trauma identified in the genital area
- VI. Recent contusions on the right side and back of the scalp, not associated with skull fractures or intracranial bleeding or brain contusion or laceration
- VII. Status-post resuscitation

Comment: This female was found in a jail cell reportedly with a towel around her neck. She was transported to the hospital but resuscitative measures were unsuccessful. Reportedly she was in the cell by herself. A complete autopsy was performed and revealed the above findings. Toxicology was positive for fluoxetine, norfluoxetine, diphenhydramine, and benzotropine in her heart blood. Microscopic sections revealed hypoxic / ischemic changes and mild non-specific inflammation in the meninges, endocardium and liver. It is my opinion that the probable cause of death is asphyxia due to a towel around the neck. The manner of death is best classified as suicide.

CAUSE OF DEATH:

ASPHYXIA DUE TO LIGATURE STRANGULATION

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

OCME Central Division

7/19/2005 1:50 PM

INAS YACOUB, M.D.

Pathologist

Location of Autopsy

Date and Time of Autopsy

EXTERNAL EXAMINATION

AUTOPSY NO. ML 581-05

CASE NO. 0501396

DESCRIPTION

Height	Weight	Eyes	Pupils	Opacities, Etc.	Hair	Beard	Mustache	Circumcised
64 in.	66 kg.	BROWN	R 5 mm L 5 mm		YELLOW-BROWN			
RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)				LIVOR (color, anterior, posterior, lateral, regional)			Body Heat	
FULL				POSTERIOR			COOL	

DESCRIPTION OF CLOTHING:

The decedent is received unclothed.

EXTERNAL EXAMINATION:

The body is that of a well developed adult female. Examination of the decedent's head reveals numerous conjunctival petechiae. The face appears somewhat cyanotic. No blood is observed in the nose, mouth or ear canals. Examination of the nose does not otherwise reveal remarkable findings. Examination of the mouth reveals natural teeth, intact frenula, an oral tracheal tube in place, and no injury to the lips or gums. Examination of the ears reveals ear pierce sites. Examination of the head does not otherwise reveal remarkable findings externally.

Examination of the neck does not reveal remarkable findings. Notably, no masses, scars or curvilinear abrasions are noted.

Examination of the chest and abdomen reveals multiple EKG leads in place, multiple abdominal striae in the lower abdomen, and a horizontally oriented surgical scar in the suprapubic region. Examination of the genitalia reveals a trace of blood and an apparent pad in the vagina. No trauma is identified.

Examination of the lower extremities reveals scars on the knees, an identification anklet on the left ankle, pink nail polish decorating the toenails, and a toe tag on the left foot.

Examination of the upper extremities reveals EKG leads, a vascular line in the front of the left forearm and linear scars on both wrists. Also present are round to oval irregular scars on the front of the wrists, back of the left hand, and outer aspect of the left arm.

Examination of the back reveals old scars on the left buttock and upper outer aspect of the left thigh.

GROSS EXAMINATION

AUTOPSY NO. ML 581-05

CASE NO. 0501396

The body is examined through the customary "Y" shaped incision. No contusions are observed in the skin and panniculus of the anterior and lateral aspect of the chest and abdomen. The 6 cm subcutaneous fat is normally distributed, moist, and bright yellow. The musculature through the chest and abdomen is rubbery, maroon, and grossly unremarkable. The sternum is examined in the usual fashion. The organs of the chest and abdomen are in the normal position and relationship. The liver edge is at the right costal margin at the midclavicular line. The diaphragm is intact bilaterally. The lining of the pericardium, parietal pleura, and peritoneum is smooth and glistening. No adhesions or abnormal accumulations of fluid are noted in the pericardial, pleural or peritoneal cavities.

NECK ORGANS:

The skin and the panniculus of the anterior and lateral aspects of the neck are examined after the heart is grossly examined. No contusions of these areas are noted. The maroon rubbery muscles of the anterior and lateral aspects of the neck are examined. No contusions are observed in these muscles. The neck structures are in the midline and are freely movable. The tongue is intact, normally papillated, and without evidence of tumor or contusion or bite marks. The hyoid bone, cricoid and thyroid cartilages are intact and without abnormality. The epiglottis is plate-like with no evidence of edema, trauma, or other gross pathology except for the presence of a few petechiae in it and the larynx. The 20 gm pink-brown thyroid gland is symmetrical and has no gross lesions. The vocal cords, folds, and respiratory lining in the larynx are otherwise unremarkable. Apart from edema and aspirated gray viscid fluid, no other material is observed in the airway. There are no petechiae of the thyroid capsule.

THYMUS:

Weighs 40 gm, it is pink and is otherwise grossly unremarkable.

CARDIOVASCULAR SYSTEM:

The heart weighs 250 gm. The epicardial surfaces are smooth and glistening. The heart has the normal configuration and location. The coronary vessels arise and distribute normally with no significant atherosclerosis. The coronary ostia are normally located and widely patent. The right ventricle appears dilated. The chambers and atrial appendages are otherwise unremarkable. The valves are normally formed and measure as follows: tricuspid = 11.5 cm, pulmonary = 6.0 cm, mitral = 9.0 cm, and aortic = 5.5 cm. The endocardium is smooth, gray and glistening. The myocardium is maroon with no areas of hemorrhage, masses or discoloration. Notably, no subendocardial hemorrhage is seen. The right ventricle measures 0.3 cm; the left ventricle measures 1.7 cm; the interventricular septum measures 1.5 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The major vessels arising from the heart arise in the usual fashion. No thromboemboli are observed in the main pulmonary artery. The major vessels arising from the aorta arise in the usual fashion and their orifices are not narrowed. The aorta (arch, thoracic and abdominal) has minimal atherosclerosis and is otherwise unremarkable. The inferior vena cava is unremarkable.

PULMONARY SYSTEM:

The right lung weighs 660 gm, and the left weighs 510 gm. The visceral pleurae are smooth, glistening, and intact with minimal anthracosis and no bleb formation. The trachea, bronchi and bronchioles have a smooth pink lining and no petechiae or other gross lesions. The pulmonary arterial tree is free of emboli or thrombi. The parenchyma is uniformly spongy, varies from pale pink to dark red, and exudes abundant amounts of clear, frothy edema fluid from its cut surfaces as well as gray viscid material in the airways. There is no evidence of other trauma, granulomatous, or neoplastic disease. The hilar lymph nodes are unremarkable in size, color, and consistency.

GASTROINTESTINAL SYSTEM:

The esophagus has a smooth mucosa and no gross lesions except for gray-black discoloration at the distal aspect of the esophagus and non-bleeding mucosal erosions. The gastroesophageal junction is otherwise unremarkable. The stomach is of normal configuration, is lined by an intact, hemorrhagic appearing mucosa, has an unremarkable wall and serosa, and contains approximately 60 cc of red-brown viscid fluid. The duodenum is patent, shows an unremarkable mucosa and no evidence of acute or chronic ulceration. The jejunum and ileum are unremarkable and contain green-brown viscid fluid. 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 diverticulitis, neoplasm or trauma. The anus and rectum are unremarkable. The large intestine contains green-brown semi-formed stools.

LIVER AND GALLBLADDER:

The 1240 gm liver has an intact capsule and a red-brown parenchyma with no gross lesions. The gallbladder has a smooth serosa, velvet green mucosa and no stones or gross lesions.

SPLEEN AND LYMPH NODES:

The 240 gm spleen has an intact capsule and a dark red parenchyma with gray follicles and no gross lesions. The lymph nodes do not appear enlarged.

PANCREAS:

The 110 gm pancreas has a lobulated, soft, dusky parenchyma with otherwise no gross lesions. No areas of hemorrhage, fibrosis, fat necrosis, masses or obstruction to the pancreatic duct are noted grossly.

ADRENAL GLANDS:

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

GENITOURINARY SYSTEM:

The right and the left kidney weigh 140 gm each. Both are configured normally with no gross abnormality. The surfaces are smooth. The parenchyma is mottled pink to red-brown. The cortices, medulla, calyces, pelves, ureters and empty urinary bladder are unremarkable. The ovaries, previously ligated fallopian tubes, uterus, cervix and vagina are unremarkable except for the presence of a menstruating red-brown endometrium in the uterus and a blood stained rolled pad in the vagina. A corpus luteum cyst is in the left ovary. No trauma is identified in the genital area.

BRAIN AND MENINGES:

The scalp is reflected through the customary intermastoid incision and shows recent areas of contusion on the posterior aspect of the scalp and the right side of the scalp. The calvarium is removed through the use of an oscillating saw and is intact without evidence of fractures or osseous disease. No areas of epidural or subdural hemorrhage are present. The leptomeninges are smooth and glistening. The brain weighs 1330 gm. The gyri do not appear swollen and there is no tendency toward obliteration of the sulci. The cranial nerves and circle of Willis are unremarkable. Multiple sections of the cerebral hemispheres, midbrain, pons, medulla, and cerebellum do not reveal remarkable findings except for a slightly dusky discoloration. The ventricular system is symmetric and unremarkable. The dura is examined. No base of the skull fractures is present.

RIBS:

Intact.

PELVIS:

Intact.

VERTEBRAE:

Intact.

BONE MARROW:

Moist and dark red. Unremarkable.

MICROSCOPIC EXAMINATION

AUTOPSY NO. ML 581-05

CASE NO. 0501396

Occasional red neurons are noted in the brain. Mild mononuclear inflammation in the meninges is also present.

Wavy change and mild mononuclear inflammation in the endocardium is noted in the heart section.

Aspiration, congestion and anthracosis are noted in the lungs.

Mononuclear inflammation in portal tracts focally involving the lobules is noted in the liver.

Focal violet deposits (non-polarizable) are noted in the kidneys.

Focal fat necrosis is noted in the pancreas.

The menstrual endometrium is unremarkable.

Sections of the spleen and adrenal glands show congestion. The thyroid gland section is unremarkable.



September 12, 2005
IZY/ns

INAS YACOUB, 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. _____

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By _____

Date _____

ME CASE NUMBER: 0501396

LABORATORY NUMBER: 052229

DECEDENT'S NAME: SOMMER MADAR BAKER

DATE RECEIVED: 07/20/2005

MATERIAL SUBMITTED BLOOD, VITREOUS, LIVER, BRAIN, GASTRIC

HOLD STATUS: 1 YEAR

SUBMITTED BY: INAS YACOUB M.D.

MEDICAL EXAMINER: INAS YACOUB M.D.

NOTES:

ETHYL ALCOHOL:

Blood: (HEART) NEGATIVE

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

Blood Bases

Blood Acid/Neutrals

Blood EIA - Amphetamine, Methamphetamine, Cocaine, Opiates*, PCP, Barbiturates, Benzodiazepines*

RESULTS:

BLOOD (HEART)

FLUOXETINE - POSITIVE

NORFLUOXETINE - POSITIVE

DIPHENHYDRAMINE - POSITIVE

BENZTROPINE - POSITIVE

*This test does not detect Oxycodone, Methadone, Lorazepam, or Nitrobenzodiazepines

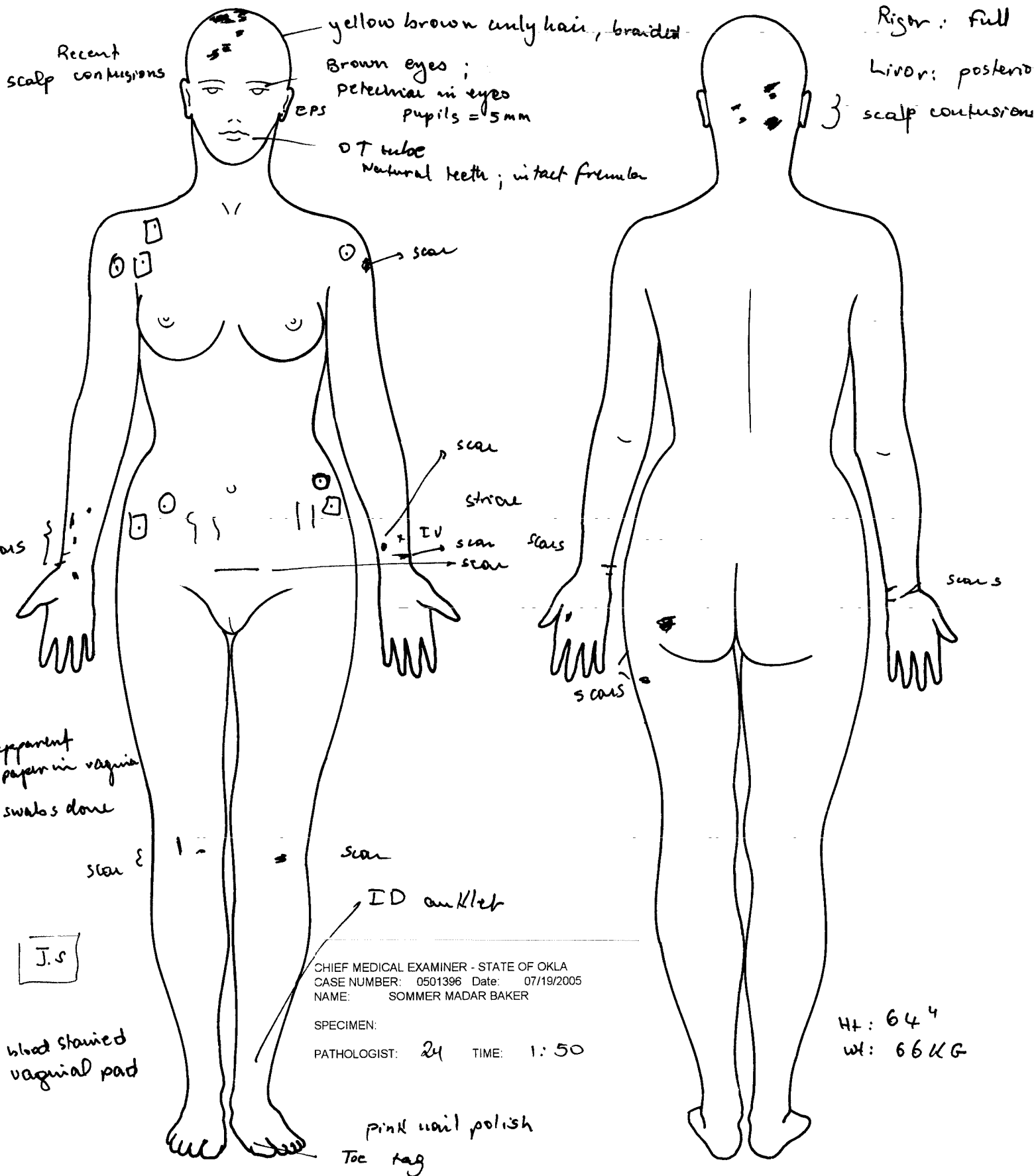
09/02/2005

DATE

Phil Kemp, Ph.D.

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

FULL BODY, FEMALE – ANTERIOR AND POSTERIOR VIEWS



CHIEF MEDICAL EXAMINER - STATE OF OKLA
 CASE NUMBER: 0501396 Date: 07/19/2005
 NAME: SOMMER MADAR BAKER

SPECIMEN:
 PATHOLOGIST: 24 TIME: 1:50

Ht: 64"
 wt: 66KG

Name Sommer M. Baker

Case No. 0501396 581-05