

**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) WILL GALE THORNTON	Age 53	Birth Date 2/1/1954	Race BLACK	Sex M
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HOME ADDRESS - No. - Street, City, State
1730 N.E. 20TH, OKLAHOMA CITY, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) DEP BOWEN OKLAHOMA COUNTY SO	DATE 7/28/2007	TIME 11:00
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INJURED OR BECAME ILL AT (ADDRESS) OKLAHOMA COUNTY MEDICAL WARD	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MEDICAL WARD	DATE 7/27/2007	TIME Unknown
LOCATION OF DEATH PRESBYTERIAN HOSPITAL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES HOSPITAL	DATE 7/28/2007	TIME 9:12
BODY VIEWED BY MEDICAL EXAMINER 901 N. STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 7/28/2007	TIME 15:45

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 checked="" 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 _____ Pupils: R <u>4 MM</u> L <u>4 MM</u> Body Length <u>72"</u> Body Weight <u>153 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)

MEDICAL RECORDS REVIEWED; ELEVATED WBC; ACIDOSIS; ACUTE RENAL FAILURE; ELEVATED INR; NO TRAUMA SEE CME-1B6

Probable Cause of Death:

PROBABLE SEPSIS

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

Other Significant Medical Conditions:

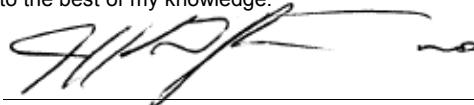
HYPERTENSION; CONGESTIVE HEART FAILURE; OBESITY

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.

7/28/2007

Date

Computer generated report

0701840

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Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

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Re. _____ Co. _____

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By _____

Date _____

ME CASE NUMBER: 0701840

LABORATORY NUMBER: 072464

DECEDENT'S NAME: WILL GALE THORNTON

DATE RECEIVED: 7/30/2007

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:

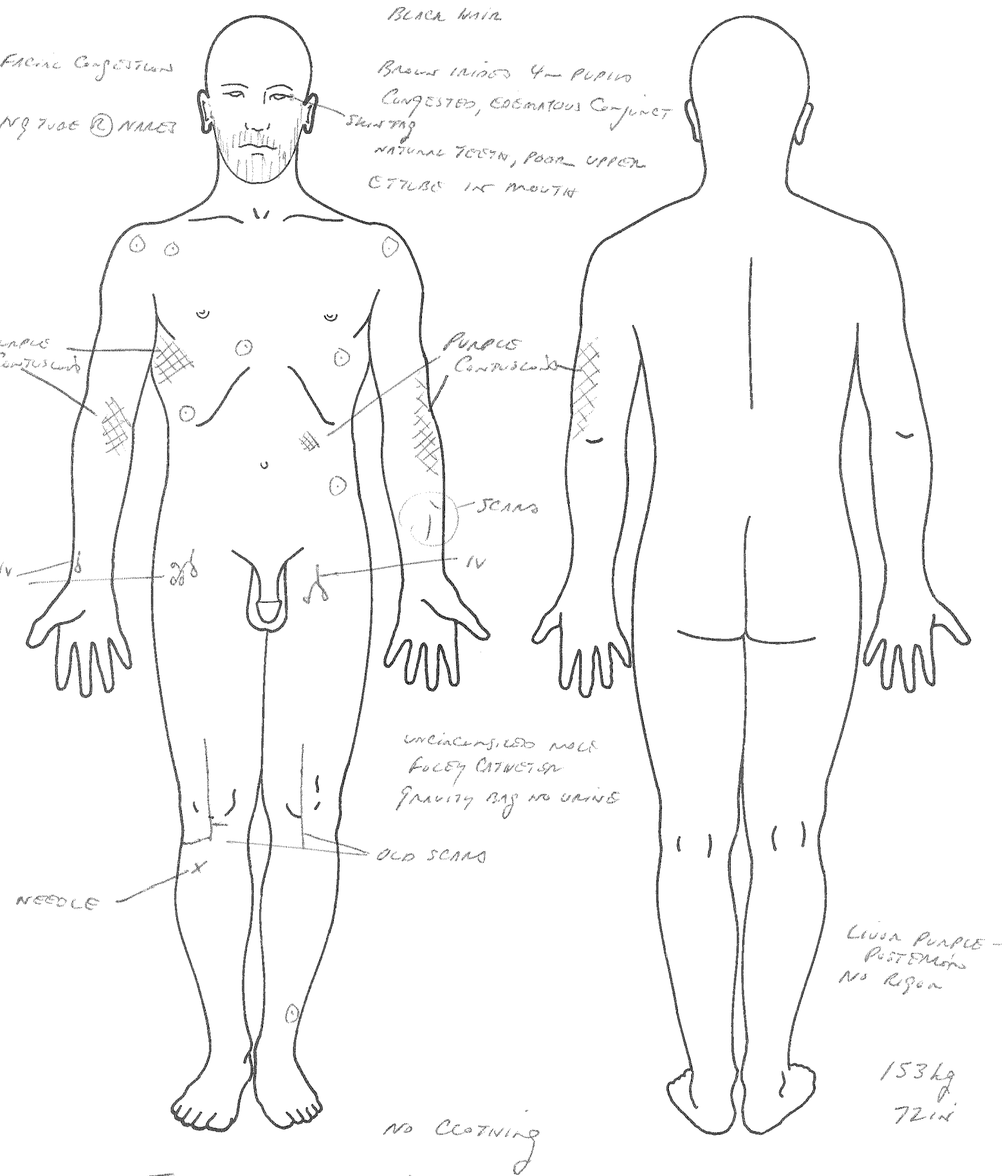
08/07/2007

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

Facial Congestion

NO TONGUE @ NARES

PUPILS 4-5mm
 CONGESTED, EDEMATOUS CONJUNCTIVAE
 SKIN TAG
 NATURAL TEETH, POOR UPPER
 ETTUBE IN MOUTH

PURPLE
 CONTUSIONS

PURPLE
 CONTUSIONS

SCARS

UNCIRCUMCISED MOLE
 FOLEY CATHETER
 GRAVITY BAG NO URINE

OLD SCARS

NEEDLE

NO CLOTHING

LIVER PURPLE -
 POSTEMORTEM
 NO RIGOR

153kg
 72in

Name THORNTON, WILL

Case No. 0701840