

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

OFFICE USE ONLY

Central Office  
901 N. Stonewall  
Oklahoma City, Oklahoma 73117  
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Eastern Division  
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Tulsa, Oklahoma 74107  
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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) WINDELL LOTTIE	Age 60	Birth Date 07/19/1945	Race BLACK	Sex M
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HOME ADDRESS - No. - Street, City, State  
OKLAHOMA COUNTY JAIL, OKLAHOMA CITY, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) CINDY PHIPPS-ST. ANTHONYS-272-6476	DATE 06/06/2006	TIME 13:48
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INJURED OR BECAME ILL AT (ADDRESS) OKLAHOMA COUNTY JAIL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES JAIL	DATE 06/02/2006	TIME Unknown
LOCATION OF DEATH ST. ANTHONY'S HOSPITAL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES HOSPITAL	DATE 06/06/2006	TIME 12:42
BODY VIEWED BY MEDICAL EXAMINER 901 N. STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 06/07/2006	TIME 08:30

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"/>	Color <u>PURPLE</u>	Beard <u>NO</u> Hair <u>GRAY BROWN</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Neck <input type="checkbox"/> Absent <input type="checkbox"/>	Lateral <input type="checkbox"/>	Eyes: Color <u>BROWN</u> Mustache <u>NO</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arms <input type="checkbox"/> Passing <input type="checkbox"/>	Posterior <input checked="" type="checkbox"/>	Opacities <u>SLIGHTLY TURBID</u>				
	Legs <input type="checkbox"/> Passed <input type="checkbox"/>	Anterior <input type="checkbox"/>	Pupils: R <u>3MM</u> L <u>3MM</u>				
	Decomposed <input type="checkbox"/>	Regional _____	Body Length <u>68"</u> Body Weight <u>58KG</u>				

Significant observations and injury documentations - (Please use space below)  
PRONOUNCED ARCUS SENILUS. NO BODY TRAUMA

Probable Cause of Death:

**CEREBROVASCULAR EVENT**

Manner of Death:

Natural  Accident   
Suicide  Homicide   
Unknown  Pending

Case disposition:

Autopsy Yes  No   
Authorized by \_\_\_\_\_  
Pathologist CHAI S. CHOI M.D.  
Not a medical examiner case

Other Significant Medical Conditions:

**HYPERTENSION, SEIZURE DISORDER**

**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.

06/07/2006

Date

Computer generated report

**0601226**

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Oklahoma City, Oklahoma 73117

**REPORT OF LABORATORY ANALYSIS**

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and correct copy of the original  
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bear im-print by the office seal.

By \_\_\_\_\_

Date \_\_\_\_\_

ME CASE NUMBER: 0601226

LABORATORY NUMBER: 061836

DECEDENT'S NAME: WINDELL LOTTIE

DATE RECEIVED: 06/07/2006

MATERIAL SUBMITTED: BLOOD, VITREOUS

HOLD STATUS: 30 DAYS

SUBMITTED BY: CHAI S. CHOI M.D.

MEDICAL EXAMINER: CHAI S. CHOI M.D.

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**NOTES:**

**ETHYL ALCOHOL:**

Blood: NEGATIVE (SUBCLAVIAN)

Vitreous:

Other:

**CARBON MONOXIDE**

Blood:

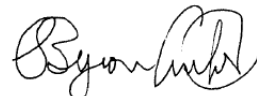
**TESTS PERFORMED:**

NO OTHER TESTS PERFORMED

**RESULTS:**

06/28/2006

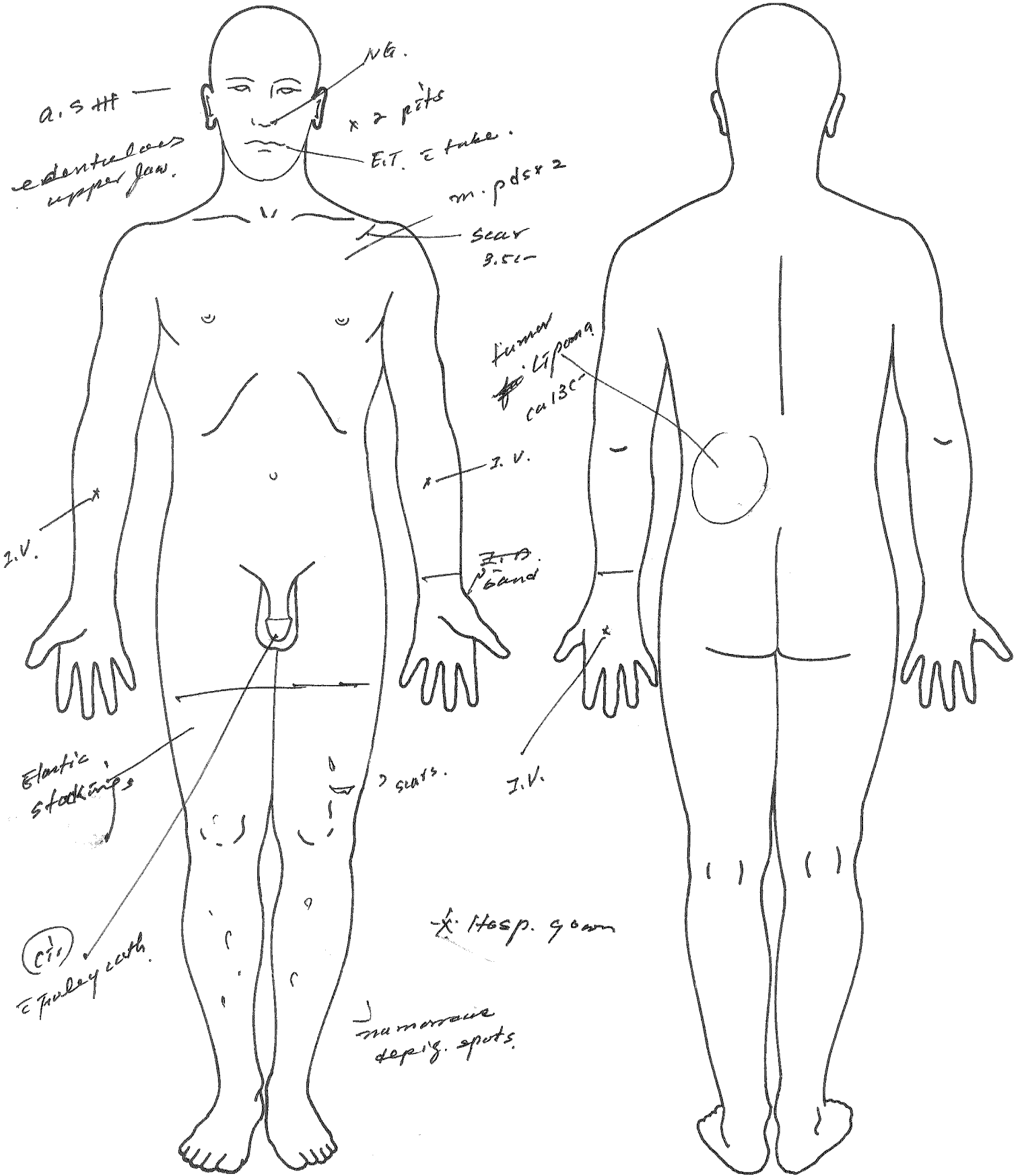
DATE



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

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



Name Jones Brown

Case No. 0601226

Date 6-7-06