REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDEENT-First-Middle-Last Names (Please avoid use of initials)

C(7)

Race
WHITE

Sex Marital Status
mRRIED

HOME ADDRESS-No. Street, City, State
2200 N. W:56th STREET, OKLA. CITYOKLA.

Chief Medical Examiner

A. JAY CHAPIMAN, M.D.

MEDICAL EXAMINER NOTIFIED By NAME, TITLE, AGENCY, INSTITUTION, OR ADDRESS)

INJURED OR BECAME ILL AT(ADDRESS)
2200 N.W.56th ST.

LOCATION OF DEATH (ADDRESS, OR NAME OF, INSTITUTION)
2200 N.W.55th ST. , ..., , J., ...,

BODY VIEWED B-- MEDICAL EXAMINER AT ADDRESS)
Q01 N. STONEWALL

DESCRIPTION OF B-- lazy.ri

EXTERNAL EXAMINATION

Significant observations and injury documentation )Please use space below)

Probable cause of death:

HEAD AND NECK TRAUMA

MEDICAL EXAMINER.
Name, Address and Telephone No,

FRED B.JORDAN M.D.
901 N. STONEWALL
OKLA. CITY ,OKLA.
73117

County of Appointment

OF--I--E 1-E ON

Western Division
P.O. Box 9666
2422 West 41 st Street
Tulsa, Oklahoma 74107
(918) 446-1581

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MEDICAL EXAMINER MUST COMPLETE REVERSE SIDE

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MEDICAL EXAMINER MUST COMPLETE REVERSE SIDE
**REPORT OF AUTOPSY**

<table>
<thead>
<tr>
<th>DECEdent</th>
<th>SYRLC.</th>
<th>ORBACH</th>
<th>First name</th>
<th>Middle name</th>
<th>Last name</th>
<th>Authority for autopsy:</th>
<th>Name</th>
<th>Official Title</th>
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<td>Fred B. Jordan, M.D.</td>
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<thead>
<tr>
<th>TYPE OF DEATH</th>
<th>Unattended by a physician</th>
<th>While in penal incarceration</th>
<th>During therapeutic procedure</th>
<th>Body to be cremated, buried at sea, transported out of state</th>
<th>Death possible threat to public health</th>
<th>After unexplained coma</th>
<th>Suspicious</th>
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<tbody>
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<tr>
<th>Rigor</th>
<th>Livor</th>
<th>Body Identified by:</th>
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<tbody>
<tr>
<td>Jaw</td>
<td>O</td>
<td>TAG</td>
</tr>
<tr>
<td>Arms</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td>O</td>
<td></td>
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<tr>
<td>Chest</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td>O</td>
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<tr>
<td>Abdomen</td>
<td>O</td>
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</tr>
<tr>
<td>Legs</td>
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<tr>
<td>O</td>
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<th>Jim McCoy</th>
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<th>After unexplained coma</th>
<th>Suspicious</th>
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<th>Person Present At Autopsy</th>
<th>Jim McCoy</th>
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<tr>
<th>PERSONS PRESENT AT AUTOPSY</th>
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<th>Place of autopsy</th>
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<th>Age</th>
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<table>
<thead>
<tr>
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<table>
<thead>
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<th>Eyes</th>
<th>R. 0.3</th>
<th>Opacities. Etc.</th>
<th>L. 0.3</th>
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<tr>
<th>Hair Gray</th>
<th>Yes</th>
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<tr>
<th>Beard</th>
<th>No</th>
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<tr>
<th>Mustache</th>
<th>Yes</th>
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<tr>
<th>Body Heat CO'd</th>
<th>L. 0.3</th>
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<tr>
<th>Body Heat CO'd</th>
<th>L. 0.3</th>
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**PATHOLOGICAL DIAGNOSES**

1. Acute cutaneous co-tusions of left lateral head, right malar area; right peri-orbital ecchymosis.
2. Acute cutaneous lacerations and abrasions of left lateral head, left ear, right malar area and left occiput.
3. Incised wound of neck with transection between the hyoid bone and thyroid cartilage, transection of esophagus, transection of left common carotid artery, incised wound of right common carotid artery, tongue hematoma, and incisions into the cartilage and bone of the vertebrae.
4. Stab wound of left cheek.
5. Incised wound of right arm (1), right forearm (2), and back of left hand (1).
6. Intrapulmonary aspiration of blood.
7. Relative visceral pallor.
8. Depressed and linear skull fractures; acute subarachnoid hemorrhage (traumatic).
10. Arteriosclerotic cardiovascular disease.
11. Arteriolar nephrosclerosis.
13. Incarcerated inguinal hernia; right hydrocele.

**HEAD AND NECK TRAUMA**

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.

A. JAY CHAPMAN, M.D.
Chief Medical Examiner

July 2, 1982 (8:30 a.m.)
Place of autopsy

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

Signature of Pathologist

ML 386-82

FBJ/bd
HEAD _ SURFACE AND SKELETAL ANATOMY; LATERAL VIEW

Case No. 2J2)

Date d M ¥1.-
HEAD ~ SURFACE AND SKELETAL ANATOMY, ANTERIOR AND POSTERIOR VIEWS

Name: WrHb.

CM E-1 B14 (Series 1978)

Case No.: 2, sn

Date: J-M
incised wounds of neck.
induced wound 8 mm.
### STAB WOUND CHART

#### WOUND NO.

<table>
<thead>
<tr>
<th>WOUND NO.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<td>Right Leg</td>
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<td>Left Leg</td>
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</table>

#### 1. Location of wound:
- Head
- Neck
- Chest
- Abdomen
- Back
- Right Arm
- Left Arm
- Right Leg
- Left Leg

#### 2. The skin wound is:
- Horiz.
- Vert.
- Oblique

#### 3. Centimeters from wound to:
- Top of head
- Right of midline
- Left of midline

#### 4. Dimensions:
- Width
- Length
- Diam.

#### 5. Direction of wound:
- Backward
- Forward
- Upward
- Downward
- Medially
- Laterally

#### Remarks:
- approximates to a w;IM". '3 ~ /Y/N.
- Examined by: ~ $~
- Date: MM DD

---

CME-2S (Rev. 7-76)
GROSS EXAMINATION

PLEURA: Intact.

PERICARDIUM: Intact.

PERITONEUM: There are a few small adhesions in the right lower part of the abdomen where there is a noncritically incarcerated inguinal hernia containing several loops of small bowel.

HEART: 360gms. The coronary arteries arise and distribute normally. The left main is quite widely patent. The anterior descending shows multiple distal areas of ca. 50% occlusion and some-proximal areas of 70 to 80% occlusion--; The right coronary artery shows many areas of 50 to 60% occlusion while a focal area of the circumflex shows up to 95% occlusion. The orifice of the left coronary artery is small and surrounded by heaped up atherosclerotic plaques. The myocardium is uniformly rubbery and tan with no evidence of old scarring. The left ventricle and septum average 1.5cm in thickness, and the right ventricle averages up to 0.3cm. The arch of the aorta is classically formed with moderate atherosclerotic change.

NECK ORGANS: There is extensive transection between the hyoid and the thyroid cartilage. The latter itself shows partial incision and separation of a portion of its right side. The hyoid is intact. There has been complete transection of the esophagus. The left common carotid artery is completely transected while the right shows an anterior 4mm incision. The mid posterior cartilage in the vertebral column shows a horizontally situated 3cm incision which extends to a maximum depth of 3mm. Lateral to this and extending slightly and upward to the left there is a similar 3cm incised wound into bone with fracture and an ca. depth of 4mm. The tongue is intact except for one small 4mm intramuscular hematoma on the right.

LUNGS: Combined weight of 940gms. The tracheobronchial tree contains large amounts of partially to completely occlusive blood. The blood in the tracheobronchial tree is concentrated on the right. The pleura has a somewhat "cobblestoned" and anthracotic appearance. The parenchyma is moderately emphysematous and there is minimal bronchiectasis. The lower lobes show a rather diffuse increased firmness yet float moderately well in formalin.

TESTES: Remarkable only in a small right hydrocele.

PROSTATE: Enlarged, rubbery, nodular, and pink-gray.

U. BLADDER: Distended by clear straw colored fluid and shows trabeculation of its mucosa.

ABD. AORTA: Intact and shows moderate atherosclerotic change throughout.

ADRENALS: Minimal nodular cortical hyperplasia.

Spleen: 110gms. The capsule is slightly thickened, wrinkled, and sections show an intact, rather pale maroon parenchyma with a poorly defined follicular pattern.

LIVER: 1030gms. Intact, tan, rubbery.

GALL BLADDER: Not remarkable. Contains liquid bile, shows no calculi and unremarkable mucosa.
MICROSCOPIC DESCRIPTION AND FINAL SUMMARY

ML 386-82

Subendocardial fibrosis. Coronary atherosclerosis.

Anthracosia. Passive hyperemia. Scant residual edema fluid. Emphysema. Intrabronchiolar erythrocyte accumulation. The cobblestoned areas noted in gross translate to extensive areas of dilated bronchioles with hyperplastic columnar epithelium and associated extensive adjacent fibrosis, hypervascularization, and focal ovoid lymphoid follicle infiltrates.

Focal nodular cortical hyperplasia.


No essential histopathology apart from arteriolar sclerosis.

No essential histopathology. The adjacent neck musculature shows acute hemorrhage in the form of sheets of intact erythrocytes and blood cellular elements.

Autolysis. Focal interstitial fibrosis.

Relatively bloodless sinusoids.

Autolysis. A pattern consistent with benign glandular hyperplasia.

Acute subarachnoid hemorrhage. Focal perivascular cortical extravasations of blood.

July 12, 1982

Fred B. Jordan, M.D./bd
REPORT OF LABORATORY ANALYSIS

NAME: ORBACH, Syrl C.

MATERIAL SUBMITTED: Blood, Liver and Urine

SUBMITTED BY: Fred B. Jordan, M.D.

RESULTS:

BLOOD:

Ethyl Alcohol - Negative

LABORATORY NO. 821525

DATE RECEIVED: July 2, 1982

MEDICAL EXAMINER: Fred B. Jordan, M.D.

July 8, 1982

Date

RICHARD W. PROUTY, B.S., DABFT
CHIEF FORENSIC TOXICOLOGIST

Please Note: Unless notified in writing to the contrary, the specimen(s) submitted in this case will be discarded at the end of 60 days.