

BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER

Central Office
901 N. Stonewall
Oklahoma City, Oklahoma 73117
(405)239-7141

Eastern Division
1115 West 17th St.
Tulsa, Oklahoma 74107
(918) 582-0985

OFFICE USE ONLY

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)	Age	Birth Date	Race	Sex	Marital Status
AUDREY M. HARRIS			WHITE	FEMALE	UNKNOWN
HOME ADDRESS—No. Street, City, State	Occupation				
2804 N.ROBINSON, APT.2, OKLAHOMA CITY, OKLAHOMA	UNKNOWN				

TYPE OF DEATH: (Check one only)

While in penal incarceration <input type="checkbox"/>	Unattended during fatal illness <input type="checkbox"/>	If motor vehicle accident, check one of the following
After unexplained coma <input type="checkbox"/>	Found dead without obvious cause <input type="checkbox"/>	
During therapeutic procedure <input type="checkbox"/>	*Under suspicious circumstances <input type="checkbox"/>	
Death possible threat to public health <input type="checkbox"/>	*Violent, unusual or unnatural XXXX	
Unattended stillbirth or by midwife only <input type="checkbox"/>	*Means:	

DRIVER
CYCLIST
PASSENGER
PEDESTRIAN

EXAMINER NOTIFIED BY—NAME—TITLE(AGENCY, INSTITUTION, OR ADDRESS)	DATE	TIME
OKLAHOMA CITY POLICE DEPARTMENT DISPATCH	3-23-89	0450
INJURED OR BECAME ILL AT(ADDRESS)	CITY OR COUNTY	TYPE OF PREMISES
2804 N.ROBINSON, APT.2	OKLAHOMA CITY	APARTMENT
LOCATION OF DEATH (ADDRESS OR NAME OF INSTITUTION)	DATE	TIME FOUND
2804 N.ROBINSON, APT.2	3-22-89	2345
BODY VIEWED BY MEDICAL EXAMINER AT (ADDRESS)	CITY OR COUNTY	TYPE OF PREMISES
901 N.STONEWALL	OKLAHOMA CITY	MORGUE
	DATE	TIME
	3-23-89	0845

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATIONS	NOSE	MOUTH	EARS
EXTERNAL PHYSICAL EXAMINATION	Jaw <input checked="" type="checkbox"/> Complete <input type="checkbox"/>	Color <u>facial purple</u>	Partly Clothed <input checked="" type="checkbox"/> Unclothed <input type="checkbox"/>	BLOOD <u>NO</u>	<u>NO</u>	<u>NO</u>
	Neck <input checked="" type="checkbox"/> Absent <input type="checkbox"/>	Anterior <input type="checkbox"/>	Hair <u>gray</u>	FROTH <u>NO</u>	<u>NO</u>	<u>X</u>
	Arms <input checked="" type="checkbox"/> Passed <input type="checkbox"/>	Posterior <input checked="" type="checkbox"/>	Beard <u>N/A</u> Mustache <u>N/A</u>	OTHER <input type="checkbox"/>		
	Legs <input checked="" type="checkbox"/> Decomposed <input type="checkbox"/>	Lateral <input type="checkbox"/>	Circumcised <u>N/A</u>	Sand, dirt, water, etc.)		
		Regional _____	Eyes: Color <u>green</u>	(cm)	<u>57"</u> (kg)	<u>45</u>
Significant observations and injury documentation—(Please use space below)			Pupils: Opacities, Etc. R <u>4 L 4 mm</u>	LENGTH	WEIGHT	
				BODY HEAT: <u>cool</u>		

SEE AUTOPSY PROTOCOL

Probable cause of death: <u>multiple injuries</u> <u>part II. atherosclerotic Cardiovascular disease</u>	Manner of death: (Check one only)	Case disposition:
	Natural <input type="checkbox"/> Accident <input type="checkbox"/>	Autopsy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/>	Authorized by _____
	Unknown <input type="checkbox"/> Pending <input type="checkbox"/>	Pathologist <u>145-89</u>
MEDICAL EXAMINER Name, Address and Telephone No.		Not a medical examiner case <input type="checkbox"/>

CHAI S. CHOI, M.D.
901 N. STONEWALL
OKLAHOMA CITY, OK. 73117
(405) 239-7141

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 and belief.

Chai S. Choi
Signature of Medical Examiner

8900883

County of Appointment	Date
OCME	3-23-89

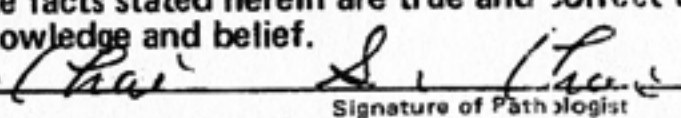
**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

REPORT OF AUTOPSY

DECEDENT <u>AUDREY M. HARRIS</u>		Authority for autopsy: <u>Craig S. Choi, M.D.</u>	
First name	Middle name	Last name	Official Title
TYPE OF DEATH	<input type="checkbox"/> Unattended by a physician <input type="checkbox"/> While in penal incarceration <input type="checkbox"/> During therapeutic procedure <input type="checkbox"/> Body to be cremated, buried at sea, transported out of state <input type="checkbox"/> Death possible threat to public health <input type="checkbox"/> After unexplained coma <input type="checkbox"/> Suspicious	Rigor Jaw <input checked="" type="checkbox"/> Arms <input checked="" type="checkbox"/> Neck <input checked="" type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Abdomen <input type="checkbox"/> Legs <input checked="" type="checkbox"/>	Livor Color <u>Purple</u> Anterior <input type="checkbox"/> Posterior <input checked="" type="checkbox"/> Lateral <input type="checkbox"/> Regional _____
Violent or Unnatural <input checked="" type="checkbox"/> Unusual <input type="checkbox"/> Means:			Body Identified by: TAG Persons Present At Autopsy Kevin Swann
Age <u>75</u> Race <u>W</u> Sex <u>F</u> Length <u>57"</u> Weight <u>45Kg</u> Eyes <u>Brn</u> Pupils: R. <u>4mm</u> Opacities, Et.: Hair <u>Gray</u> Beard <u>n/a</u> Mustache <u>n/a</u> Circumcised <u>n/a</u> Body Heat: <u>Cool</u> L. <u>4mm</u>			

PATHOLOGICAL DIAGNOSES

- I. Multiple injuries.
 - A. Nearly total excision of the perineum with evisceration of uterus, urinary bladder, distal portion of stomach and intestine (11 segments of intestine and 9 pieces of fibrofatty soft tissue).
 - B. Stab wound of left hemisphere of diaphragm and lower lobe of left lung with hemothorax, left (ca. 10 ml. liquid blood).
 - C. Mesenteric, retroperitoneal and pelvic soft tissue hemorrhages, hemoperitoneum (ca. 50 ml. of liquid blood).
 - D. Multiple contusions over the face including right earlobe; petechiae over the face and base of tongue with possible gag marks in and around the mouth.
 - E. Cutaneous abrasions and contusions over the dorsum of the hands and right arm.
- II. Arteriosclerotic cardiovascular disease.
 - A. Severe atherosclerosis of coronary arteries.
 - B. Myocardium with multifocal fibrosis, probable post-ischemic origin.
 - C. Arteriosclerosis of aorta and its major branches, severe.
 - D. Arterio and arteriolar nephrosclerosis of kidney with retention cyst.

Cause of death: MULTIPLE INJURIES OSC: Arteriosclerotic Cardiovascular Disease	ML 145-89 8900883 CSC/bd
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 By _____ Date _____	The facts stated herein are true and correct to the best of my knowledge and belief.  Signature of Pathologist <u>March 23, 1989 (0845 hours) OME BORGUE</u> Date and time of autopsy Place of autopsy

ML 145-89

CASE NO: 8900883

EXTERNAL DESCRIPTION

The body is that of a well developed, emaciated elderly white female who is dressed in a shirt with short sleeves, white, with yellow-purple patterned and brown sweater that appears to be pulled up and down for covering the front part of the body. There is some gray mucoid material coating the right portion of the sweater. The right sleeve of the sweater shows irregular tears at the level of the elbow and wrist.

There are extensive red purple contusions over the right eyelid and right cheek along with purple petechiae over the cheeks and chin that are depicted in CME-1B15. There are two separate linear red abraded superficial lacerations over the right nares and left cheek. The conjunctivae are white and show no petechiae. The upper lip is yellowish brown and dried while the lower lip shows irregular red purple petechial contusions. There are somewhat patterned elongated yellowish brown drying marks over the left side of the chin including the left side of the lower lip and right cheek. The right earlobe shows extensive red brown and purple contusions while the left earlobe shows fine petechial contusions of earlobe. The inside of the mouth is edentulous and is intact. There is no blood in the nose, mouth or ear canals. There are two separate gray moles over the left forehead and left temple. The neck shows somewhat square shape of yellow brown drying mark over the right lateral neck below to the right angle of the mandible. There is a small area of red petechial contusion over the left side of the neck near the midline in the region of the laryngeal eminence.

The chest is normal in contour with unremarkable atrophic breasts. Abdomen is sunken and is unremarkable other than a gray diagonal scar over the right lower quadrant. The genitalia show large defect over the perineum along with ragged incised wound through the perineum extending clitoris region to the anterior wall of the anus that measures ca. 10cm. The margins are ragged and sharp but focally abraded at the margins. There is no urethral or vaginal orifice identified. Through the defect of the perineum a portion of the anal skin and portion of the rectum are exposed and show multifocal red abrasions of the anal skin. In the depths of the defect of the fibrofatty muscular tissue there is extensive red purple hemorrhages. The defect of the perineum is freely communicable with the pelvic cavity. There is no injury of the regional pelvic bone.

The extremities are symmetrical and show focal red purple contusions over the dorsum of both hands as depicted in CME 1B2. There are 4 black scabs measuring between 0.4 and 0.6cm over the right forearm at the dorsolateral surface. There are focal purple petechiae with a small 0.3cm purple contusion over the

EXTERNAL DESCRIPTION - Page 2

right arm at the anterolateral aspect. Over the inner aspect of the left arm there are two diagonal yellow-brown linear marks. There are two separate purple telangectasias noted over the dorsum of the left forearm. The back is unremarkable.

Received in a plastic bag are 13 segments of intestine including distal portion of the stomach, 9 pieces of fibrofatty soft tissue and total uterus including vaginal tissue and urinary bladder. The total tissue fragments weighs ca. 2.2Kg. There are focal hemorrhages at the ends of the bowel and fibrofatty tissue. The vaginal tissue shows irregular margins with focal marginal hemorrhages. The uterus is atrophic and is otherwise unremarkable. The ovaries and portions of fallopian tubes are not identified. The urinary bladder is intact and shows multifocal mucosal petechiae. The portion of the stomach shows sharp margins with focal marginal hemorrhages. The portion of the stomach shows unremarkable and intact mucosa and wall as well as serosa. The overall margins of the transected intestine are irregular and focally hemorrhagic. The portion of the large intestine contain brownish gray soft fecal material and shows numerous diverticula.