

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

OFFICE USE ONLY

Central Office
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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) JAYMIE ADAMS	Age 25	Birth Date 04/20/1986	Race WHITE	Sex F
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HOME ADDRESS - No. - Street, City, State
, , OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) LT. DUGGAN @ OCPD	DATE 01/07/2012	TIME 16:33
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INJURED OR BECAME ILL AT (ADDRESS) UNKNOWN	CITY UNKNOWN	COUNTY UNKNOWN	TYPE OF PREMISES UNKNOWN	DATE Unknown	TIME Unknown
LOCATION OF DEATH SE 74TH AND DOUGLAS	CITY OKLAHOMA CITY	COUNTY UNKNOWN	TYPE OF PREMISES FIELD	DATE 01/07/2012 FOUND	TIME 13:30 FOUND
BODY VIEWED BY MEDICAL EXAMINER 901 N. STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 01/09/2012	TIME 09:30

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 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:
MULTIPLE STAB WOUNDS

Other Significant Medical Conditions:
BLUNT FORCE TRAUMA TO HEAD

Manner of Death:

Natural Accident
Suicide Homicide
Unknown Pending

Case disposition:

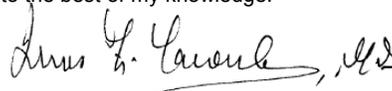
Autopsy Yes No
Authorized by MEDICAL EXAMINER
Pathologist INAS YACOUB M.D.
Not a medical examiner case

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.



Signature of Medical Examiner

INAS YACOUB M.D.

Computer generated report

120091

Date Signed

01/10/2012

Date Generated



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 JAYMIE ADAMS	Age 25	Birth Date 4/20/1986	Race WH	Sex F	Case No 1200091
Type of Death Violent, unusual or unnatural	Means Assault	ID By Police	Authority for Autopsy INAS YACOUB, M.D.		

Present at Autopsy
Jason Snider; Law enforcement; Entomologist; Anthropologist

FINDINGS

1. Multiple cuts on the only coat clothing the body, overlying stab wounds on the back
2. Multiple sharp force trauma stabs to the head (at least 4), neck (at least 5), torso (2 in front) and back (18), fatal
3. Apparent incised wound on the back of the left hand
4. Blunt force trauma to the head with resultant fracture of the lower jaw into 3 pieces, and subarachnoid hemorrhage on the ventral aspect of the brain, potentially fatal
5. First trimester, intact, intrauterine pregnancy containing a 2.5 cm fetus (estimated gestational age 7-8 weeks)
6. Postmortem animal activity damaging the left lower extremity and pelvic area
7. Postmortem insect activity with resultant abundant large maggots
8. Toxicology reports no ethyl alcohol in her heart blood

CAUSE OF DEATH: MULTIPLE STAB WOUNDS

OSC: BLUNT FORCE TRAUMA TO THE HEAD

MANNER OF DEATH: HOMICIDE

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

OCME Central Division

INAS YACOUB, M.D.

Pathologist

Location of Autopsy

Date and Time of Autopsy

The body is received in a sealed bag # 4735390. The hands are secured in brown paper bags.

EXTERNAL EXAMINATION

DESCRIPTION					
Height	Weight	Eyes/ Pupils	Opacities, Etc.	Hair	
67 in.	82 kg.	Decomposed		Yellow brown	
RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)				LIVOR (color, anterior, posterior, lateral, regional)	Body Heat
Passed				Pale	Cool

DESCRIPTION OF CLOTHING:

The decedent is received wearing a cream color "OLD NAVY" brand coat. The brown buttons and belt loops of the coat are intact. Reportedly, it was found buttoned in front protecting the upper front of the body from drying and animal activity. Two perforating cuts are noted on the upper back collar area. One perforating cut is noted on the upper back and 15 perforating cuts are noted on the back of this garment. The cuts roughly overly stab wounds on the decedent to be described. The coat has a cream colored lining and seams in the back. The cuts perforate at least two layers of fabric (the outer layer and lining) and in some areas more than two layers of fabric, like the cuts on the collar and the seam of the back.

EXTERNAL EXAMINATION:

The body is that of a well developed, adult female with evidence of injury to be described. The body has postmortem change with insect activity in the form of fly eggs and small and large maggots on and in the body. The body has postmortem animal activity involving the left side of the pelvis and the left lower extremity where the left foot is essentially absent, the left leg tissue is down to the bone and the inner aspect of the left thigh is consumed leaving pale tissues with exposure of the left femoral vessels with some bleeding in this area. The body appears to have a fluid line on the back (like it was lying in fluid for sometime). It appears more decomposing with prominent postmortem insect activity in the head and neck area compared to the covered front of the torso.

Examination of the decedent's head reveals decomposition change with prominent insect activity on the left side of the face and head and neck. No conjunctival petechiae or petechiae on the face could be seen amidst the decomposition change, however unequivocal evidence of sharp and blunt force injury, to be described is noted in the head from stabs through the bone of the skull and palpable fractures of the lower jaw from blunt force injury. Maggots are noted in the nose and mouth and left side of the face. Examination of the nose does not otherwise reveal remarkable findings. Examination of the mouth reveals natural teeth, some with restorations, intact upper frenulum, maggots in the lower frenulum and no other injury to the lips or gums. Apart from the evidence of injury and postmortem changes, examination of the head does not otherwise reveal remarkable findings.

Examination of the neck reveals evidence of injury to be described and decomposition change with postmortem insect activity. No masses, scars, or curvilinear abrasions are noted on the decomposing neck.

Examination of the chest and abdomen reveals evidence of injury to be described in the upper aspect of the abdomen with no overlying cuts in the coat. Multiple stria is noted on the abdomen. The pubic hair appears shaved. Examination of the chest, abdomen, and genitalia does not otherwise reveal remarkable findings.

Examination of the lower extremities reveals peeling red nail polish on the right foot toenails. Postmortem apparent animal activity is noted on the left lower extremity.

Examination of the upper extremities after removal of the bags securing the hands reveals apparent blood and debris on the palm of the right and left hand. A 1.6 x 0.6 cm. red brown abrasion/scrape is noted on the back of the left hand and a 0.7x0.2 cm red abrasion is noted on the back of the left thumb. The fingernails do not appear broken. Peeling red nail polish is noted on the finger nails.

Examination of the back reveals decomposition change, a tattoo drawing of a tree on the upper back and evidence of injury to be described.

EVIDENCE OF ACUTE MEDICAL TREATMENT:

None.

EVIDENCE OF INJURY:

I. BLUNT FORCE TRAUMA:

The lower jaw is broken into three separate pieces. This is associated with red subarachnoid hemorrhage on the ventral aspect of the brainstem and cerebellum.

II. SHARP FORCE TRAUMA:

1. Head: (4 wounds)

- a. 1.5x1 cm stab wound to the top of the head, cutting through a 1.5 cm chip of skull, underlying dura and into the brain with resultant bleeding (#26)
- b. 1.4x1 cm stab wound to the right side of the head cutting through the skull making a 1x0.5 cm cut in the bone (#27)
- c. 0.5 cm stab wound below the left eye passing 1 cm deep into the face (#28). This wound is located 3 ¾” below the top of the head and 1 ¾” to the left of the anterior midline plane.
- d. 1 cm stab wound below the outer aspect of the left eye passing 3.5 cm deep into the head (#29). This wound is located 4” below the top of the head and 2 ½” to the left of the anterior midline plane.

2. Neck: (5 wounds)

- a. 2.2 cm stab wound (#1.) in the left back side of the head/upper neck located 6 ¼” below the top of the head and 1 ¼” to the left of the posterior midline plane. After penetrating the skin, the instrument inflicting this wound passed forward, downward and inward to a depth of 4 cm.

- b. 1.4 cm stab wound (#2.) in the back of the neck located 6 ¼” below the top of the head and 1” to the right of the posterior midline plane. After penetrating the skin, the instrument inflicting this wound passed forward and downward to a depth of 3 cm
- c. 1.4 cm stab wound (#3.) in the back of the neck located 6 ½” below the top of the head and 1 ¼” to the right of the posterior midline plane. After penetrating the skin, the instrument inflicting this wound passed forward and downward to a depth of 2 cm
- d. 2.6 cm stab wound (#24.) in the front of the neck located 9” below the top of the head and 1 ¼” to the left of the anterior midline plane. After penetrating the skin, the instrument inflicting this wound passed backward into the neck cutting the larynx in the vocal cords area. The depth of this wound is at least 3 cm
- e. 1.5 cm stab wound (#25.) in the left side of the neck located 8 ½” below the top of the head and 4 ½” to the left of the midline plane. After penetrating the skin, the instrument inflicting this wound passed forward, inward and downward to a depth of 5 cm transecting the left carotid artery.

3. Torso front: (2 wounds)

- a. 1.5 cm stab wound (#22.) in the front of the upper abdomen located 20” below the top of the head and in the anterior midline plane. After penetrating the skin, the instrument inflicting this wound passed backward into the upper abdomen to a depth of 7 cm. This wound penetrates the abdominal fat and does not enter the abdominal cavity.
- b. 1.4 cm stab wound (#23.) in the front of the upper abdomen below (#22.) located 21 ½” below the top of the head and ¼” to the left of the anterior midline plane. After penetrating the skin, the instrument inflicting this wound passed backward into the upper abdomen to a depth of 7 cm. into the anterior abdominal wall.

4. Back (18 wounds)

- a. 1.8 cm stab wound (#4) located 9 ½” below the top of the head and 2 ½” to the left of the midline. After penetrating the skin, the instrument inflicting this wound passed forward, downward and medially to a depth of 4 cm.
- b. 1.8 cm stab wound (#5) located 11 ½” below the top of the head and ¼” to the left of the midline. After penetrating the skin, the instrument inflicting this wound passed forward and laterally to a depth of 4.8 cm. The instrument inflicting this wound entered the left side of the chest through a 1.2 cm wound in the posterior aspect of the left 4th intercostal space into the left lung

- c. 1.8 cm stab wound (#6) located 12 ½” below the top of the head and 3” to the right of the midline. After penetrating the skin, the instrument inflicting this wound passed forward and medially to a depth of 5.1 cm
- d. 1.9 cm stab wound (#7) located 11 ½” below the top of the head and 5” to the right of the midline. After penetrating the skin, the instrument inflicting this wound passed forward and medially to a depth of 3 cm
- e. 1.9 cm stab wound (#8) located 12 ¾” below the top of the head and 2 ¾” to the left of the midline. After penetrating the skin, the instrument inflicting this wound passed forward and laterally to a depth of 5.6 cm, through a 1 cm wound in the outer aspect of the left 4th intercostal space into the left lung.
- f. 1.9 cm stab wound (#9) located 14” below the top of the head and 2” to the left of the midline. After penetrating the skin, the instrument inflicting this wound passed forward and laterally to a depth of 6.9 cm, through a 2 cm wound in the posterior medial aspect of the left 6th intercostal space through the heart posterior aspect of the left ventricle, into the interventricular septum through the right ventricle cutting the distal aspect of the anterior descending branch of the left coronary artery. The stab wound track through the back to front of the heart measures about 3 cm
- g. 1.1 cm stab wound (#10) located 15 ½” below the top of the head and 1 ¾” to the left of the midline. After penetrating the skin, the instrument inflicting this wound passed forward and laterally a depth of 3.1 cm
- h. 1.9 cm stab wound (#11) located 15 1/8” below the top of the head and ½” to the right of the midline. After penetrating the skin, the instrument inflicting this wound passed forward, downward and medially to a depth of 5.5 cm
- i. 1.9 cm stab wound (#12) located 14 ½” below the top of the head and 5 ½” to the right of the midline. After penetrating the skin, the instrument inflicting this wound passed forward to a depth of 4.8 cm
- j. 1.9 cm stab wound (#13) located 18 ½” below the top of the head and 5” to the right of the midline. After penetrating the skin, the instrument inflicting this wound passed forward and medially to a depth of 3.7 cm.
- k. 1.9 cm stab wound (#14) located 23” below the top of the head and 5” to the right of the midline. After penetrating the skin, the instrument inflicting this wound passed forward and laterally to a depth of 3.7 cm
- l. 1.9 cm stab wound (#15) located 22” below the top of the head and 1 ½” to the left of the midline. After penetrating the skin, the instrument inflicting this wound passed forward and medially to a depth of 5.5 cm
- m. 1.9 cm stab wound (#16) located 16” below the top of the head and 8” to the left of the midline. After penetrating the skin, the instrument inflicting this wound passed forward and medially to a depth of 7 cm through a 2.1 cm wound in the lateral aspect of the left 7th intercostal space into the left lung.

- n. 1.8 cm stab wound (#17) located 18 ½” below the top of the head and 7 ¾” to the left of the midline. After penetrating the skin, the instrument inflicting this wound passed forward and medially to a depth of 3.4 cm. through a 2 cm wound in the posterior aspect of the left 9th intercostal space into the lung
- o. 1.2 cm stab wound (#18) located 19 ¾” below the top of the head and 9” to the left of the midline. After penetrating the skin, the instrument inflicting this wound passed forward and medially to a depth of 3.5 cm
- p. 1.9 cm stab wound (#19) located 13 ¼” below the top of the head and 10 ¼” to the right of the midline. After penetrating the skin, the instrument inflicting this wound passed medially to a depth of 5.1 cm
- q. 1.9 cm stab wound (#20) located 22 ¼” below the top of the head and 9” to the right of the midline. After penetrating the skin, the instrument inflicting this wound passed forward, medially and upward to a depth of 6.3 cm
- r. 1.9 cm stab wound (#21) located 24 ¼” below the top of the head and 6 ¾” to the right of the midline. After penetrating the skin, the instrument inflicting this wound passed forward and medially to a depth of 7.9 cm

Comment:

The number designated to each stab wound is for the purpose of description only and does not necessarily reflect the actual order in which it was inflicted.

The stab wounds appear to have a single sharp edge. No metal fragment was noted on the X-rays

The stab wounds range in length from 0.5 cm (#28) to 2.6 cm (#24), several measuring 1.4 cm (4), and 1.5 cm (3), 1.8 cm. (4) and 12 stab wounds measured 1.9 cm.

The stab wounds ranged in depth from superficial through the skull bone (#26, #27) to a depth of 7.9 cm (#21).

The stab wounds penetrated the skull cranium (#26, #27), the larynx (#24), cut the left carotid artery (#25), penetrated the right chest cavity/ right lung (six stab wounds), left chest cavity /lung (five stab wounds) injuring the lungs and one perforated the heart (stab wound #9).

Two of the stab wounds to the right lower back penetrated the liver (#20, #21) and right kidney (#14, #21). The stab wound to the left lower back (#15) penetrated the left kidney.

The stab wound to the back of the right chest (#14.) entered the right 9th intercostal space and perforated the right 9th rib.

The stab wounds to the back were associated with overlying stab wounds through the coat clothing the body. The coat had a lining and in some stabbed areas the instrument passed through the collar (i.e. more than one layer of fabric).

GROSS EXAMINATION

The body is examined through the customary “Y” shaped incision. Red hemorrhage is noted deep to the stab wounds on the right side of the chest, left side of the chest, upper abdomen, right and left sides of the neck. Minimal hemorrhage is noted in the lower pelvis (from the stab wounds to the liver and kidney retroperitoneal bleed). No other areas of hemorrhage are observed in the skin and panniculus of the anterior and lateral aspect of the chest and abdomen. The 8.2 cm subcutaneous fat is normally distributed, moist, and yellow. The musculature through the chest and abdomen is rubbery, pale maroon, and otherwise grossly unremarkable. The sternum is examined in the usual fashion. The organs of the chest and abdomen appear pale and are in the normal position and relationship, except the uterus that appears enlarged. The liver edge is just at the right costal margin at the midclavicular line. The diaphragm is stabbed bilaterally (two stab wounds on the right and two stab wounds on the left). Apart from the stab wounds described and postmortem change, the lining of the pericardium, parietal pleura, and peritoneum is otherwise smooth and glistening. About 100 ccs of blood and clots are measured from the right pleural cavity from the stab wounds. Maggots are noted in the chest and abdominal cavity. No adhesions or other abnormal accumulations are noted in the pericardial, pleural or peritoneal cavities.

NECK ORGANS:

The decomposing skin and the panniculus of the anterior and lateral aspects of the neck are examined after the heart is grossly examined. Apart from the stab wounds to the neck described with the resultant bleeding, 1.5 cm cut in the left sternohyoid muscle and 1.5 cm cut in the right sternohyoid muscles, no other contusions of these areas are noted. The pale maroon rubbery muscles of the anterior and lateral aspects of the neck are examined. No other contusions are observed in these muscles. The neck structures are in the midline and are freely movable but the stab wound to the neck (#24) passed through a 1.9 x0.5 cm inverted T-shaped full thickness cut through the cartilage of the larynx and made a 0.8 cm cut in the vocal cords. The pale tongue is intact, normally papillated, and without evidence of tumor or contusion or bite marks. The hyoid bone and cricoid cartilage are intact and without abnormality. The epiglottis is plate-like with no evidence of edema, other trauma, or other gross pathology. The 20 gm pale pink-brown thyroid gland is symmetrical and has no gross lesions. Apart from the stab wound to the neck #24 with the resultant damage to the larynx and vocal cords and bleeding into the airway and maggot activity, the vocal cords, folds, and respiratory lining in the larynx are otherwise unremarkable. No other material is observed in the airways. There are no petechiae of the thyroid capsule. The stab wound to the left side of the neck (#25) cut the left carotid artery and larynx.

THYMUS:

No significant tissue is identified grossly.

CARDIOVASCULAR SYSTEM:

The heart weighs 340 gm. Apart from the stab wound through both ventricles of the heart (#9) from the back to the front cutting through the interventricular septum and distal aspect of the anterior descending branch of the left coronary artery, the epicardial surfaces are otherwise 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 chambers and atrial appendages are unremarkable. The valves are normally formed and measure as follows: tricuspid = 11 cm, pulmonary = 7.2 cm, mitral = 10.2 cm, and aortic = 6.2 cm. The endocardium is smooth, gray and glistening. The myocardium is pale pink brown with no other areas of hemorrhage, masses or discoloration. The right ventricle measures 0.6 cm; the left ventricle measures 1.6 cm; the interventricular septum measures 1.9 cm. Apart from the stab wound through the heart, the papillary muscles and chordae tendineae are otherwise 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. Apart from a pale pink discoloration of the intima from postmortem change, the aorta (arch, thoracic and abdominal) is otherwise unremarkable. The inferior vena cava is unremarkable.

PULMONARY SYSTEM:

The collapsed right lung has five stabbed areas and weighs 320 gm. The collapsed left has 6 stabbed areas and weighs 325 gm. the visceral pleurae are otherwise smooth, and glistening with no significant anthracosis or bleb formation. Apart from aspiration of blood and the presence of maggots, the trachea, bronchi, and bronchioles have a smooth lining with no petechiae or other gross lesions. The pulmonary arterial tree is free of thromboemboli. The parenchyma is markedly pale, except at the stabbed areas, spongy, and otherwise unremarkable. There is no other evidence of trauma, granulomatous, or neoplastic disease. The hilar lymph nodes are unremarkable in size, color, and consistency.

GASTROINTESTINAL SYSTEM:

The esophagus has a smooth decomposing mucosa, contains gray brown viscid fluid in the lumen and has no gross lesions. The gastroesophageal junction is unremarkable. The stomach is of normal configuration, is lined by an intact dusky pink mucosa with a few petechiae, has an unremarkable wall and serosa, and contains 100 ccs of dark gray black viscid fluid with no identifiable food. The duodenum is patent, contains brown viscid fluid, and shows an unremarkable decomposing mucosa and no evidence of acute or chronic ulceration. The pale jejunum and ileum are unremarkable and contain cream viscid fluid proximal and yellow brown viscid fluid distally. There is no Meckel's diverticulum. The ileocecal valve is intact and unremarkable. The appendix is unremarkable. The pale colon is examined segmentally and shows no evidence of diverticulitis, neoplasm or trauma. The large intestine contains green brown semi-formed stools. The anus and rectum are unremarkable.

LIVER AND GALLBLADDER:

The 1310 gm liver has two stab wounds with some bleeding, an otherwise intact capsule and a pink brown soft parenchyma with otherwise no gross lesions. The gallbladder has a smooth serosa, velvet green mucosa and no stones or gross lesions.

SPLEEN AND LYMPH NODES:

The 220 gm spleen has an intact capsule and a decomposing pale parenchyma with gray follicles and no gross lesions. The lymph nodes do not appear enlarged.

PANCREAS:

The 120 gm pancreas has a lobulated soft, dusky pink parenchyma with focal fat necrosis and otherwise no gross lesions. No areas of hemorrhage, masses or obstruction to the pancreatic duct are noted.

ADRENAL GLANDS:

Lie in their usual location, have orange yellow cortices and a soft brown medullae with no gross lesions except for red hemorrhage around the left adrenal gland from a stab wound.

GENITOURINARY SYSTEM:

The right and left kidney weigh 115 gm and 100 gm. respectively. Apart from hemorrhage on the posterior aspect of the right and left kidney from stab wounds to the back that made a 1 cm stab in the upper back aspect of the right kidney and a 2.2 cm stab in the upper aspect of the lower third of the back of the right kidney, both are configured normally with no other gross abnormality. The surfaces are smooth. The parenchyma is pale pink brown and soft. The cortices, medulla, calyces, pelves, ureters and empty pale urinary bladder are otherwise unremarkable. A 2.5x2.5x1 cm orange color corpus luteum is noted in the left ovary. The uterus measures 12x10x2 cm and contains an intact intrauterine pregnancy made of a 6.5x4x1.5 cm gestation sac containing a 2.5 cm fetus. The slit shaped cervical os measures 3.0 cm, appears slightly eroded but not bleeding. The ovaries, fallopian tubes, pregnant uterus, cervix and vagina are otherwise unremarkable.

BRAIN AND MENINGES:

The scalp is reflected through the customary intermastoid incision and shows maggot activity and hemorrhage at the areas of the stab wounds. A 1.5 cm chip is noted in the left parietal bone of the calvarium deep to stab wound #26. on the top of the head and a 1x 0.5 cm full thickness skull penetration is noted in the right parietal bone deep to the stab #27. The instrument inflicting this wound perforated the underlying dura making a 0.1 cm wound and penetrated the underlying brain tissue making a 1x1.5 cm defect and resulted in subarachnoid hemorrhage. The calvarium is removed through the use of an oscillating saw and is otherwise intact without evidence of other fractures or osseous disease. No other areas of epidural or subdural hemorrhage are present except deep to the stab wound to the head as described and on the ventral aspect of the of the brain stem and cerebellum. The leptomeninges are otherwise smooth and glistening. The brain weighs 1220 gm. The gyri appear swollen and there is a 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 otherwise reveal remarkable findings. The ventricular system is symmetric and unremarkable. The dura is examined. No base of the skull fractures is present. The lower was acutely fractured into three pieces.

RIBS:

The right 3rd intercostal space posteriorly has a 2.5 cm stab. The right 6th intercostal space has a 2 cm stab posteriorly. The posterior medial aspect of the right 9th intercostal space and rib have a 2 cm stab. The posterior outer aspect of the right 9th intercostal space has a 2.6 cm stab. The posterior medial aspect of the right 11th intercostal space has a 2 cm stab. The posterior lateral aspect of the right 11th intercostal space has a 2 cm stab wound. The left 4th intercostal space has a 1.2 cm stab, posterior and medial and a 1 cm. stab lateral. The left 6th intercostal space has a 2 cm stab wound posterior and medial. The left 7th intercostal space has a 2.1 cm stab wound posterolaterally. The left 9th intercostal space has a 2 cm stab wound postero laterally.

PELVIS:

Intact.

VERTEBRAE:

Appear intact. Stab wounds #1, 2, 3, in the back of the neck are close to the cervical spinal vertebra.

BONE MARROW:

Moist and red. Unremarkable.

MICROSCOPIC EXAMINATION

Slide A, B reveal fetal tissue consistent with first trimester intrauterine pregnancy.

Slide C reveals ovarian tissue with a corpus luteum of pregnancy.

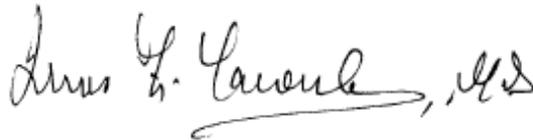
Slide D reveals brain tissue with congestion and no inflammation in the brain or meninges.

Slides E, F reveal lung tissue with blood noted in the lumen of airways with pulmonary aspiration into the lumen of the airways and alveolar spaces. Autolysis is noted. No inflammatory reaction is noted.

Slide G reveals a stab wound track with hemorrhage in the liver and kidney. Autolysis is noted.

Slide H reveals a wound track with hemorrhage in fibro fatty tissue. The remaining tissue reveals marked autolysis that limits interpretation.

Acute inflammation and some red blood cells are noted in the vaginal swab. No definite sperm is seen in the oral, vaginal or rectal swabs.



IY
8/21/12

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. _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bear im-print by the office seal.

By _____

Date _____

ME CASE NUMBER: 1200091

LABORATORY NUMBER: 120128

DECEDENT'S NAME: JAYMIE ADAMS

DATE RECEIVED: 01/10/2012

MATERIAL SUBMITTED: BLOOD, LIVER, BRAIN, GASTRIC

HOLD STATUS: 5 YEARS

SUBMITTED BY: ROBERT SAWYERS

MEDICAL EXAMINER: INAS YACOUB M.D.

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (HEART)

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

NO OTHER TESTS PERFORMED

RESULTS:

01/17/2012

DATE



JESSE KEMP, MS, FTS-ABFT, Forensic Toxicologist
