

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

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Eastern Division  
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Tulsa, Oklahoma 74107  
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Re \_\_\_\_\_ Co \_\_\_\_\_

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By \_\_\_\_\_

Date \_\_\_\_\_

**REPORT OF INVESTIGATION BY MEDICAL EXAMINER**

DECEDENT First-Middle-Last Names (Please avoid use of initials) GABRIEL GRAVES	Age 32	Birth Date 11/04/1978	Race WHITE	Sex M
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HOME ADDRESS - No. - Street, City, State  
12324 EAST 86TH STREET NORTH, OWASSO, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) PITTSBURG COUNTY SHERIFF'S OFFICE-DEPUTY YOUNG	DATE 10/26/2011	TIME 11:51
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INJURED OR BECAME ILL AT (ADDRESS) HC 67, BOX 5	CITY CANADIAN	COUNTY PITTSBURG	TYPE OF PREMISES REHAB CENTER	DATE Unknown	TIME Unknown
LOCATION OF DEATH NARCONON ARROWHEAD	CITY CANADIAN	COUNTY PITTSBURG	TYPE OF PREMISES REHAB CENTER	DATE 10/26/2011 FOUND	TIME 11:15 FOUND
BODY VIEWED BY MEDICAL EXAMINER 1115 WEST 17TH STREET	CITY TULSA	COUNTY TULSA	TYPE OF PREMISES MORGUE	DATE 10/27/2011	TIME 13:15

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	BLOOD	NOSE	MOUTH	EARS
				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"/>

Significant observations and injury documentations - (Please use space below)

\*\*\*SEE AUTOPSY PROTOCOL\*\*\*

Probable Cause of Death:

**NOT DETERMINED**

Other Significant Medical Conditions:

**Manner of Death:**

Natural  Accident   
Suicide  Homicide   
Unknown  Pending

**Case disposition:**

Autopsy Yes  No   
Authorized by ANDREW SIBLEY M.D.  
Pathologist ANDREW SIBLEY M.D.  
Not a medical examiner case

**MEDICAL EXAMINER:**

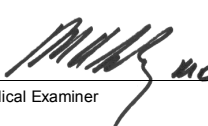
Name, Address and Telephone No.

ANDREW SIBLEY M.D.

1115 W. 17th St

TULSA, OK 74107

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

ANDREW SIBLEY M.D.

Computer generated report

**1104358**

Date Signed

04/27/2012

Date Generated



Board of Medicolegal Investigations  
**Office of the Chief Medical Examiner**  
1115 West 17<sup>th</sup> Street  
Tulsa, Oklahoma 74107-1800  
918-582-0985 Voice  
918-585-1549 Fax

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By \_\_\_\_\_  
Date \_\_\_\_\_

## REPORT OF AUTOPSY

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Decedent <b>GABRIEL GRAVES</b>	Age 32	Birth Date 11/4/1978	Race W	Sex M	Case No 1104358
Type of Death Unattended/suspicious	Means	ID By Rehab facility staff	Authority for Autopsy M.A. SIBLEY, M.D.		

Present at Autopsy  
Ashley Hancock, Garrett Rosser, and Brittany Crase, M.A. Sibley, M.D.

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### PATHOLOGIC DIAGNOSES

1. Cause of death not determined
  - A. Marked pulmonary edema (2060 gm combined lung weight)
  - B. No significant injuries or specific acute natural diseases identified
  - C. No specific acute histopathologic changes identified
  - D. Toxicologic studies non contributory (see "Report of Laboratory Analysis")
  - E. Postmortem renal and electrolyte studies non contributory

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### CAUSE OF DEATH:

Not determined

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

OCME, Eastern Division

10/27/2011 1:15 PM

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M.A. SIBLEY, M.D.

Forensic Pathologist

Location of Autopsy

Date and Time of Autopsy

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## MEDICOLEGAL INVESTIGATION

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### **CIRCUMSTANCES OF DEATH:**

This 32 year old man (DOB: November 4, 1978) with a reported history of heroin abuse was found dead in bed at a rehab facility. He had been there for weeks, and was last known alive between 1730 and 1900 hours the evening before. Death was pronounced at the facility on October 26, 2011, at 1115 hours.

### **AUTHORIZATION:**

The postmortem examination is performed under the authorization of the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma.

### **IDENTIFICATION:**

The body is identified by rehab facility staff. Digital photographs of the deceased are taken.

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## POSTMORTEM EXAMINATION

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### **CIRCUMSTANCES OF THE EXAMINATION:**

The postmortem examination of Gabriel Graves is performed at the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma, on October 27, 2011, commencing at 1315 hours. Assisting in the examination are Ashley Hancock, Garrett Rosser, and Brittany Crase.

### **GENERAL DESCRIPTION:**

The clothed, unembalmed body is received wrapped in a white sheet within a white body bag. The body is supine.

### **CLOTHING AND PERSONAL EFFECTS:**

1. A black short sleeved shirt, black shorts, a black belt with white metal buckle, and blue and green boxer shorts are appropriately positioned. The shorts and belt are fastened.
2. A white metal necklace with white metal pendant and a black bracelet accompany the body in a plastic bag.
3. A white pillow with dried brown fluid staining along with a clear, colorless plastic bag accompany the body in a separate body bag.

### **EXTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:**

None

### **EXTERNAL EXAMINATION**

The body is that of a normally developed white man appearing the recorded age measuring 72 inches and weighing 184 pounds. Rigor mortis is well established in the jaw and extremities. Livor mortis is posterior, purple, and non-blanchable. The body is cool and has been refrigerated.

Head:

The scalp is covered by brown hair up to 3 cm. There is no evidence of recent cutaneous injury of the scalp. The forehead is symmetrical without evidence of recent cutaneous injury. The eyebrows are brown. The eyes are normally positioned with clear corneas, blue irides, equal round pupils, and clear conjunctivae. There are no petechial hemorrhages. The nasal skeleton is midline and intact. The nares are patent. The lips are pink-purple and intact. The teeth are natural. There is no evidence of recent injury of the oral mucosa. There is no evidence of recent cutaneous injury of the face and it is covered with short brown beard and mustache stubble. The ears are normally positioned without evidence of recent cutaneous injury.

Neck:

The neck is symmetrical with the trachea midline. There is no evidence of recent cutaneous injury.

Trunk:

The chest and abdomen are symmetrically formed without evidence of recent cutaneous injury. The abdomen is flat and soft.

External Genitalia:

The external genitalia are those of a normally developed male. There is no evidence of recent cutaneous injury. The pubic hair is brown.

Lower Extremities:

The lower extremities are symmetrical without palpable fractures. A relatively faint 4 x 3 cm purple contusion is on the medial aspect of the right lower leg. A dark tribal-type tattoo is on the anterior aspect of the left lower leg. There is no peripheral pitting edema. The toenails are short and evenly trimmed.

Upper Extremities:

The upper extremities are symmetrical without palpable fractures. There is no evidence of recent cutaneous injury. The fingernails are of moderate length and evenly trimmed. There are no needle tracks or fresh needle puncture sites.

Back:

The back and buttocks are symmetrically formed without evidence of recent cutaneous injury. Tattooing is on the upper and mid-back. The anus shows normal anatomic features without evidence of injury.

**INTERNAL EXAMINATION**

**INTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:**

None

**SYSTEMS REVIEW:**

**Body Cavities:**

The subcutaneous midline abdominal fat measures 2.5 cm. The organs of the thorax and abdomen have normal anatomic relations. There are no fluid accumulations in the pleural, pericardial, or peritoneal spaces.

**Cardiovascular System:**

The 450 gm heart is intact and normally formed. The pericardium and epicardium are smooth and glistening. The endocardium is smooth without thrombi. There is no chamber dilatation. The ventricular walls are of normal thickness. The myocardium is firm and brown throughout without lesions. The interatrial and interventricular septae are intact. The valves and great vessels are normally formed and positioned. The coronary arteries have a normal anatomic distribution and are widely patent. There are no acute thrombi. The aorta follows a normal course and is without lesions.

**Respiratory System:**

The tracheobronchial tree contains tan fluid. The left lung weighs 1040 gm and the right 1020 gm. The pleura is intact. The lungs are normally formed with dark purple parenchyma. No tumor, granulomas, inflammation or other discrete lesions are identifiable. There is diffuse congestion. Fluid exudes from the incised portions of both lungs. The pulmonary vasculature is widely patent. The hilar lymph nodes are unremarkable. The diaphragm is intact.

**Liver:**

The 1800 gm liver is normally formed with a smooth intact capsule. The parenchyma is firm and brown. No specific or focal lesions are present. The gallbladder is normal containing green viscous bile without calculi.

**Hematopoietic System:**

The 140 gm spleen is normally formed with a smooth intact capsule. The parenchyma is red-purple without specific or focal lesions. The thymus is involuted. Systemic lymph nodes and bone marrow where visualized are unremarkable.

**Pancreas:**

The pancreas is tan and lobulated without discrete lesions.

**Gastrointestinal Tract:**

The esophagus is without erosions or tumor. The stomach contains 250 cc of thick brown fluid with particulate matter resembling brown beans, corn, and green beans. The stomach lining is intact and continues into a normal appearing small bowel and colon. The appendix is present.

**Genitourinary Tract:**

The left kidney weighs 130 gm, and the right weighs 130 gm. The cortical surfaces are smooth and glistening. The parenchyma is brown without tumor, infarcts, or cysts. The corticomedullary junction is well delineated. The collecting system is without tumor or

obstruction. The bladder contains no urine. The bladder wall and mucosa are unremarkable. The testes are unremarkable. The prostate and seminal vesicles are symmetrical and normal in size and appearance.

**Endocrine System:**

The pituitary is normal in size and appearance. The adrenals are normal in size without hemorrhages or masses. The thyroid is symmetrical and normal in size without lesions.

**Musculoskeletal System:**

The ribs, sternum, clavicles, vertebrae, and pelvis are without fractures or other acute lesions. The general musculature appears normally developed.

**Neck:**

The neck organs have normal anatomic relations. There is no evidence of hemorrhage within the subcutaneous tissue or strap musculature of the neck. The hyoid bone and thyroid cartilage are intact. The mucosa of the larynx and trachea is without evidence of hemorrhage or erosion. The epiglottis and aryepiglottic folds are without edema. The tongue is directly visualized and shows no evidence of injury or other lesions.

**Head:**

The scalp is intact without hemorrhage. There are no skull fractures. There is no epidural, subdural, subarachnoid, or intraventricular hemorrhage. The meninges are smooth and glistening. The 1520 gm brain is symmetrical and normally formed. No internal hemorrhages, infarcts, or mass lesions are identifiable. The ventricles are symmetrical and normal in size. There is no uncal or cerebellar tonsillar herniation. The circle of Willis is normally formed with minimal atherosclerosis. The basal ganglia, cerebellum, and brain stem parenchyma are unremarkable. The spinal cord as visualized through the foramen magnum is unremarkable.

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## TOXICOLOGY

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See attached report.

## MICROSCOPIC EXAMINATION

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**Heart:**

Multiple sections of the left and right ventricular walls and the interventricular septum are taken. Myocardial fibers appear viable without necrosis or inflammation.

**Lungs:**

Sections of each lobe of each lung are taken. Alveolar septae are mostly thin and delicate. There is congestion and edema. There is no significant alveolar, bronchiolar, or vascular acute inflammation. There are no antemortem thrombi.

**Liver:**

A section shows a normal lobular architecture with congestion and mild triaditis. There is no cirrhosis or active lobulitis.

**Thyroid:**

A section shows no specific pathologic changes.

**Parathyroid:**

A section shows no specific pathologic changes.

**Kidney:**

Sections of each kidney show no specific pathologic changes.

**Adrenal:**

Sections of each adrenal gland show no specific pathologic changes.

**Pancreas:**

A section shows autolytic changes without identifiable pathologic changes.

**Pituitary:**

A section shows no specific pathologic changes.

**Prostate:**

Sections show no specific pathologic changes.

**Central nervous system:**

Sections of neocortex, cerebellum, and brain stem show no specific pathologic changes.

## OPINION

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The cause of death of this 32 year old man who was found dead in bed at a rehab facility is not determined. The autopsy revealed no injuries or gross pathologic changes to explain death. Histologic studies were non contributory. There was marked pulmonary edema suggestive of possible drug toxicity and morphine was detected in postmortem blood. It is unclear how this was acquired, however the levels are extremely low and probably not related to death. Electrolyte and renal studies showed some mild elevation, but not in a range to suggest severe dehydration or any other potentially lethal process. Conditions leading to sudden electrical disturbances within the heart or seizure activity can be fatal and may not show any gross or histopathologic changes at autopsy. The manner of death is not determined.



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901 N.Stonewall  
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**REPORT OF LABORATORY ANALYSIS**

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By \_\_\_\_\_

Date \_\_\_\_\_

ME CASE NUMBER: 1104358

LABORATORY NUMBER: 113875

DECEDENT'S NAME: GABRIEL GRAVES

DATE RECEIVED: 10/31/2011

MATERIAL SUBMITTED: BLOOD, VITREOUS, LIVER, BRAIN, GASTRIC

HOLD STATUS: 30 DAYS

SUBMITTED BY: BRITTANY CRASE

MEDICAL EXAMINER: ANDREW SIBLEY M.D.

**NOTES:**

**ETHYL ALCOHOL:**

Blood: NEGATIVE (HEART)

Vitreous:

Other:

**CARBON MONOXIDE**

Blood:

**TESTS PERFORMED:**

ALKALINE DRUG SCREEN - (Heart Blood)

EIA - (Heart Blood) - Amphetamine, Methamphetamine, Fentanyl, Cocaine, Opiates, PCP, Barbiturates, Benzodiazepines  
(The EIA panel does not detect Oxycodone, Methadone, Lorazepam or Clonazepam)

**RESULTS:**

MORPHINE (FREE)

POSITIVE (LESS THAN 0.03 MCG/ML) - (Femoral Blood)

POSITIVE (LESS THAN 0.03 MCG/ML) - (Vitreous Humor)

12/06/2011

DATE



Byron Curtis, Ph.D., DABFT, Chief Forensic Toxicologist

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Oklahoma City, Oklahoma 73117

**REPORT OF LABORATORY ANALYSIS**

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HOLD STATUS: 30 DAYS

SUBMITTED BY: BRITTANY CRASE

MEDICAL EXAMINER: ANDREW SIBLEY M.D.

**NOTES:** Addendum to the report dated 12/06/2011.

**ETHYL ALCOHOL:**

Blood:

Vitreous:

Other:

**CARBON MONOXIDE**

Blood:

**TESTS PERFORMED:**

ACID/NEUTRAL DRUG SCREEN - (Heart Blood)

**RESULTS:**

NONE DETECTED

05/11/2012

DATE



Byron Curtis, Ph.D., DABFT, Chief Forensic Toxicologist