

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

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By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) HILLARY ANN HOLTEN	Age 21	Birth Date 12/16/1990	Race WHITE	Sex F
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HOME ADDRESS - No. - Street, City, State
2055 EAST PETERS COLONY ROAD, CARROLLTON, TX

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) DEPUTY JENKINS@PITTSBURG COUNTY SHERIFF	DATE 4/11/2012	TIME 4:51
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INJURED OR BECAME ILL AT (ADDRESS)	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
NARCANON ARROWHEAD	CANADIAN	PITTSBURG	REHAB FACILITY	Unknown	Unknown
LOCATION OF DEATH NARCANON ARROWHEAD	CANADIAN	PITTSBURG	REHAB FACILITY	4/11/2012	4:20
BODY VIEWED BY MEDICAL EXAMINER 1115 WEST 17TH	TULSA	TULSA	MORGUE	4/11/2012	9:50

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 checked="" type="checkbox"/> Complete <input checked="" type="checkbox"/> Neck <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Arms <input checked="" type="checkbox"/> Passing <input type="checkbox"/> Legs <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Decomposed <input type="checkbox"/>	Color PURPLE Lateral <input type="checkbox"/> Posterior <input checked="" type="checkbox"/> Anterior <input checked="" type="checkbox"/> Regional BLANCHES	Beard _____ Hair RED _____ Eyes: Color BROWN Mustache _____ Opacities _____ Pupils: R 3MM L 3MM Body Length 66 INCHES Body Weight 144 LBS		<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:

UNKNOWN

Other Significant Medical Conditions:

Manner of Death:

Natural Accident
Suicide Homicide
Unknown Pending

Case disposition:

Autopsy Yes No
Authorized by _____
Pathologist JOSHUA LANTER M.D.
Not a medical examiner case

MEDICAL EXAMINER:

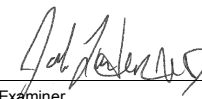
Name, Address and Telephone No.

JOSHUA LANTER M.D.

1115 W. 17TH

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

JOSHUA LANTER M.D.

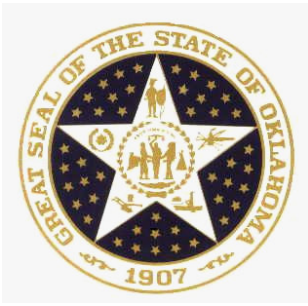
Computer generated report

1201461

Date Signed

4/11/2012

Date Generated



Board of Medicolegal Investigations
Office of the Chief Medical Examiner
1115 West 17th Street
Tulsa, Oklahoma 74107-1800
918-582-0985 Voice
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CERTIFICATION
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REPORT OF AUTOPSY

Decedent	Age	Birth Date	Race	Sex	Case No
HILLARY ANN HOLTEN	21	12/16/1990	WH	F	1201461

Type of Death	Means	ID By	Authority for Autopsy
Violent, unusual or unnatural		Visual Recognition	JOSHUA LANTER, M.D.

Present at Autopsy
Garrett Rosser, Brittany Crase, Joshua Lanter, M.D.

PATHOLOGIC DIAGNOSES

- I. Cause of death unknown
 - A. No significant injuries or acute disease processes identified
 - B. No specific acute histiopathologic changes identified
 - C. Toxicologic studies are non-contributory
 - D. Vitreous electrolyte and renal studies are non-contributory

- II. Other findings
 - A. Herpetic lesions of lips, nose, neck
 - B. Contusions/abrasions of right and left arms/hands and right leg
 - C. Contusion of tongue

- III. Medical history of congenital adrenal hyperplasia

CAUSE OF DEATH: UNKNOWN

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

OCME, Eastern Division

4/11/2012 9:50 AM

JOSHUA LANTER, M.D.

Forensic Pathologist

Location of Autopsy

Date and Time of Autopsy

MEDICOLEGAL INVESTIGATION

I. CIRCUMSTANCES OF DEATH:

This 21 year old female (DOB: 12/16/1990) reportedly was found unresponsive at Narcanon Arrowhead Clinic.

II. AUTHORIZATION:

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

III. IDENTIFICATION:

The body is identified by Brandon Davis (withdrawal technician). Digital photographs were taken and a blood DNA card was procured.

POSTMORTEM EXAMINATION

I. CIRCUMSTANCES OF THE EXAMINATION:

The postmortem examination of Hilary Holten is performed at the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma, on 04/11/2012 commencing at 0950 hours. Assisting in the examination are Garrett Rosser and Brittany Crase.

II. CLOTHING AND PERSONAL EFFECTS:

1. Pink pants
2. Blue socks
3. Red t-shirt
4. White underwear
5. White metal jewelry of left external ear
6. White metal jewelry of right external ear (left on body)

III. EXTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:

Cardiac monitor pads of left and right arms

EXTERNAL EXAMINATION

The body is that of an unembalmed, well developed, well nourished female appearing consistent with the recorded age of 21 years. The body weight is measured at 144 pounds. The body length is measured at 66 inches. The state of preservation is good in this unembalmed body. Rigor mortis is moderately advanced in arms, legs, and jaw. Lividity is purple of the anterior and posterior torso, face and blanches. The abdomen is flat. The chest and back are symmetrical with normal conformation. The neck is symmetrical and without masses or unusual mobility. Both upper and lower extremities are symmetrical throughout. The head, neck, and shoulders are not congested. There is no peripheral edema present. Personal hygiene is good. No unusual odor is detected as the body is examined. The hair is red and worn to a long length. It represents the apparent natural color. The body hair is of normal female distribution. The pupils are round, regular, equal, and somewhat dilated. The sclerae are normal in color. The orbital and periorbital tissues are unremarkable. The conjunctival surfaces are not remarkable. The irides are brown in color. The teeth are in a fair state of repair. The gums are normal in appearance. The oral cavity is normal. The nose is symmetrical and the air passages are open. The external ears are normal in appearance and without injury. The female breasts are normal. Examination of the skin shows multiple purple/red to yellow crusty lesions of the corners of the left and right mouth, lower lip, left aspect of nostril and right neck which range in size 0.8 cm to 2.1 cm. A tattoo of a butterfly is noted on the left lower abdomen and a tattoo of a feather is identified on the anterior foot. A 2.1 cm x 0.3 cm scar and a 2.0 cm x 0.3 cm scar are noted on the left anterior forearm. A 2.0 cm to 3.4 cm scar and 1.0 cm x 0.5 cm scar identified of the right anterior distal leg. Examination shows no significant external lymphadenopathy.

INJURIES

A 0.3 cm x 0.2 cm contusion is noted of the left anterior aspect of tongue. Multiple purple contusions/abrasions noted in the right medial palm which range in size from 0.3 cm to 2.2 cm. There is a 0.3 x 0.3 cm abrasion and a 0.4 x 0.4 cm brown contusion of the right posterior hand. Multiple brown contusions which range in size from 0.4 cm to 0.6 cm are noted of the right posterior hand at the base of the first and second finger. Multiple red contusion/abrasions are noted on the left medial upper arm which range in size from 0.9 cm to 5.1 cm. There is a 3.1 cm x 1.0 cm contusion on the medial aspect of the left arm near the elbow. Multiple brown contusions which range in size from 0.4 cm to 0.9 cm are noted on the left posterior hand. There is a 1.0 x 1.0 cm blue contusion of the right anterior distal leg.

BODY CAVITIES

The body is opened through the customary "Y" shaped incision.

Subcutaneous fat is normally distributed, moist, and bright yellow. The musculature through the chest and abdomen is rubbery, maroon, and shows no gross abnormality.

The sternum is removed in the customary fashion. The organs of the chest and abdomen are in normal position and relationship. The diaphragms are intact bilaterally.

PARIETAL PLEURA:

Smooth, glistening intact membrane without associated adhesions or abnormal effusions.

PERICARDIUM:

Is a smooth, glistening, intact membrane, and the pericardial cavity, itself, contains the normal amount of clear, straw-colored fluid.

PERITONEUM:

Smooth, glistening membrane in both the abdominal and pelvic cavities. The peritoneal cavity contains no abnormal fluid or adhesions.

HEART:

Weighs 350 gm. It has a normal configuration and location. There are no adhesions between the parietal and visceral pericardium, and the latter is a smooth, glistening, fat laden characteristic membrane. The coronary arteries 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 endocardium is a smooth, gray, glistening, translucent membrane uniformly. The myocardium is intact, rubbery, and red-tan, with the left ventricle measuring 1.4 cm and the right ventricle measuring 0.3 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The aorta (arch, thoracic and abdominal) and its major branches are unremarkable. The vena cava and major tributaries are widely patent.

NECK ORGANS:

Musculature is normal, rubbery, and maroon, and the organs are freely movable in a midline position. The tongue is intact and normally papillated, without evidence of tumor. The hyoid bone is intact. The cartilaginous structures forming the larynx are intact and without abnormality. The thyroid gland is symmetric, rubbery, light tan to maroon, and in its normal position without evidence of neoplasm. The epiglottis is a characteristic plate-like structure which shows no evidence of edema, trauma, or other gross pathology. The larynx is comprised of unremarkable vocal cords and folds, is widely patent without foreign material, and is lined by a smooth, glistening membrane. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

THYMUS:

No significant tissue is identified grossly.

LUNGS:

The right lung weighs 490 gm, and the left weighs 360 gm. Visceral pleurae are smooth, glistening, and intact with minimal anthracosis and no bleb formation. The overall configuration is normal. The trachea is widely patent and lined by characteristic pink membrane. Likewise, the major bronchi and bronchioles bilaterally are patent, normally formed, and contain no significant occlusive material. The pulmonary arterial tree is free of emboli or thrombi. The parenchyma is congested. There is no evidence of consolidation, granulomatous, or neoplastic disease. Hilar lymph nodes are within normal limits with relation to size, color, and consistency.

G.I. TRACT:

The esophagus shows an unremarkable mucosa, a patent lumen, and no evidence of gross pathology. The esophagogastric junction is unremarkable. The stomach is of normal configuration, is lined by a smooth, glistening, intact mucosa, has an unremarkable wall and serosa, and contains small amount of mucoid material which has passed to the duodenum. The duodenum, itself, is patent, shows an unremarkable mucosa and no evidence of acute or chronic ulceration. Jejunum and ileum are unremarkable and contain soft brown fecal material. There is no Meckel's diverticulum. The ileocecal valve is intact and unremarkable. The appendix is identified. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula. Anus and rectum are unremarkable.

LIVER:

Weighs 1700 gm. It is of normal configuration, rubbery, tan, and intact. Cut surface shows no pathology.

GALLBLADDER:

Lies in its usual position, contains liquid bile, no calculi, and shows a normal mucosa. The biliary tree is intact and patent without evidence of neoplasm or calculi.

PANCREAS:

Lies in its normal position, shows a normal configuration, is pink-tan and characteristically lobulated with no apparent gross pathology.

SPLEEN:

Weighs 120 gm. The capsule is intact. The organ is rubbery, maroon, and shows characteristic follicular pattern.

ADRENALS:

Lie in their usual location, show yellow cortices and tan to gray medullae.

KIDNEYS:

The right kidney weighs 180 gm and the left weighs 170 gm. Both are configured normally with no abnormality. The capsules strip with ease bilaterally and the subcapsular surfaces are smooth. Sections show the organs to be moderately congested with unremarkable cortices, medullae, calyces and pelves. Ureters and blood vessels are patent and unremarkable.

URINARY BLADDER:

Contains no urine. Its serosa and mucosa are unremarkable.

FEMALE GENITALIA:

The vagina is intact and shows no gross pathology. The cervical mucosa is pink, smooth and unremarkable. The endocervical canal is within normal limits. The uterus has a symmetrical overall unremarkable configuration and is nonpregnant. The myometrium is light tan and rubbery. Bilateral adnexa are unremarkable.

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BRAIN AND MENINGES:

The scalp is opened through the customary intermastoid incision and shows no trauma. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The brain weighs 1260 gm. Dura and leptomeninges are unremarkable without evidence of trauma. Cranial nerves and circle of Willis arise and distribute normally and show no significant pathology. Externally the brain is normally configured and symmetric, and multiple serial sections of cerebral hemispheres, midbrain, pons, medulla, and cerebellum show no gross pathological change apart from moderate congestion. The ventricular system is also symmetric and unremarkable. The base of the skull is intact without osseous abnormality.

RIBS:

Intact.

PELVIS:

Intact.

VERTEBRAE:

Intact.

BONE MARROW:

Moist and dark red. Unremarkable.

TOXICOLOGY

See submitted toxicology report

MICROSCOPIC EXAMINATION

Heart:

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

Lungs:

Sections of each lobe 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. There is no active cirrhosis or lobulitis.

Kidney:

A section of the kidneys shows no specific pathologic changes.

Pancreas:

A section shows no specific pathologic changes.

Adrenal gland:

A section shows no specific pathologic changes.

Thyroid gland:

A section shows no specific pathologic changes.

Brain:

A section shows no specific pathologic changes.

OPINION

The cause of death is unknown. The autopsy showed no significant injuries or acute disease processes which could have explained the death. Herpetic lesions were noted of the face and neck and non-specific abrasions/contusions were noted to the left and right arms/hands and right leg. A contusion was noted to the tongue. The decedent did have a medical history of congenital adrenal hyperplasia and acute Addisonian crisis is a known complication which can be lethal; however post mortem electrolyte studies were not conclusive of Addisonian crisis. Vitreous electrolyte analysis and renal studies did not suggest dehydration or any other potentially lethal process and toxicologic analysis was non-contributory. Histiopathologic examination showed no significant acute changes. Sudden death can occur secondary to conditions that cause electrical disturbances within the heart or seizure activity and may not show gross or histiopathologic changes at autopsy. The manner of death is not determined.

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901 N.Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

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By _____

Date _____

ME CASE NUMBER: 1201461

LABORATORY NUMBER: 121302

DECEDENT'S NAME: HILLARY ANN HOLTEN

DATE RECEIVED: 4/12/2012

MATERIAL SUBMITTED: BLOOD, VITREOUS, LIVER, BRAIN

HOLD STATUS: 1 YEAR

SUBMITTED BY: GARRETT ROSSER

MEDICAL EXAMINER: JOSHUA LANTER M.D.

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (HEART)

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

ALKALINE DRUG SCREEN - (Heart Blood)

ACID/NEUTRAL 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:

NONE DETECTED

05/16/2012

DATE



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