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MAR 25 2009



A2009-01201

Sampson Regional Medical Center
Clinton, NC 28398
(910) 592-8511

Dr. F. C. Barr, Jr., Forensic Pathologist
Postmortem Medicolegal Examination

REPORT OF AUTOPSY EXAMINATION

AUTOPSY NUMBER: SCME09-1
DECEDENT: Mary Esther Avellaneda
AGE: 38 RACE: White SEX: Female
Authorized by: Dr. F.C. Barr Jr., M.E. Received From: Sampson County
Date of Autopsy Examination: 01/11/09 Time: 9:30 am
Body Identified By: Sheriff's detectives Lawrence Dixon and Kevin Jackson
Persons Present at Autopsy: Gene Freeman

Cause of Death: Minimal finding homicidal violence

PATHOLOGICAL DIAGNOSES

- I. Blunt force trauma, head, minimal
 - A. Faint, irregular abrasions, right face including lateral periorbital and perinasal sites
 - B. Asymmetric soft tissue swelling and mottled contusion (pattern-like), left face
 - C. Ecchymotic lesion, left eye
 - D. Small, irregular abrasions, right lateral neck
 - E. Faint, linear pattern-like abrasion, left neck
- II. Blunt force trauma, torso, minimal
 - A. Faint, irregular scratch-like abrasions, right lower lateral chest
 - B. Pale, possible post-mortem rounded excoriations, left chest and bilateral abdomen
- III. Blunt force trauma, extremities, minimal
 - A. Rounded, pale excoriations, anterior thighs
 - B. Faint, irregular scratches, left lower leg
 - C. Tiny laceration, apex right index finger

OCME DATE
4/7/09

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

F. C. Barr, M.D., Pathologist 2-10-09
Date

fingernail beds exhibit cyanotic change. Fingernails are regular, without evidence of trauma.

Scars and Identifying Tattoos:

1. Overlying lower midline abdomen, extending from umbilicus to symphysis pubis area, is a somewhat irregular, retracted, well-healed surgical scar.
2. Overlying lower abdomen is a transverse, well healed scar.
3. Overlying web space of left hand, between thumb and forefinger, is the letter "J", intermingled in which is a small scar.

EVIDENCE OF THERAPY

None.

EVIDENCE OF INJURY

Minor blunt force trauma is intermingled with what possibly could represent postmortem artifact, found on various anterior aspects of body.

HEAD and NECK:

1. Prolonged postmortem posturing, with head turned rightward and body in prone, face down position, somewhat obscures right side of face. Nevertheless, there are multifocal areas of faint abrasions adjacent to lateral portion of right eye, right perinasal area, right lower face and chin.
2. Overlying lateral right neck, slightly below the jaw, are several more small, irregular abrasions.
3. Slightly inferior to the abrasions is a very faint, linear pattern-like abrasion resembling possible necklace trauma.
4. Left face is asymmetric and appears somewhat swollen.
 - A. There is obvious swelling of the left eyelid, and an ecchymotic area is present in superior portion of left eye.
5. Overlying left face is a distinct, rounded, pattern-like mottled contusion with red discoloration.
6. There is subtle swelling of lips, and internal surfaces of both upper and lower exhibit diffuse dark hematoma. Overlying mucosa is intact.
7. Extremely subtle, almost imperceptible, fine petechia are noted in the lower eyelids bilaterally.

TORSO:

1. Irregularly present over the right lower chest is a small pattern of perhaps five, partially linear scratch-like abrasions suggestive of possible scavenger activity.
2. More irregularly distributed over the left lower chest, and upper abdomen, bilaterally, are a number of small, generally rounded areas of superficial skin denudation, of unknown (undetermined) etiology. Minimal vital tissue reaction is identified.

EXTREMITIES:

1. Similarly found on the inner aspect of left upper thigh, slightly below the clothing line, are separate number of small, round, superficial skin excoriations, resembling those of the abdomen, again with minimal vital tissue response.

obstruction. Intrapulmonary lymph nodes are unremarkable. Vessels are intact, and there is no evidence of thromboemboli.

CARDIOVASCULAR SYSTEM: Heart weighs 260 gms and exhibits normal shape. Inflow and outflow tracts are nonobstructed. Arch of aorta is unremarkable. Coronary vessels arise in a normal location, and the system is right-sided dominant. Dissection of vessels distally demonstrates no atherosclerotic disease, or evidence of perivascular hemorrhage. Epicardial surfaces are smooth and glistening. Myocardium is homogenous, exhibiting usual reddish-brown color, and there is no evidence of hemorrhage, scars or other abnormality. Endocardial surfaces are unremarkable. No evidence of intracavitary thromboemboli is found. Valves are thin and filmy and separate normally interrelated chambers. No evidence of chamber dilation is found. Septum are intact. Thickness of both right and left ventricles is normal. Aorta and its major branches are unremarkable, specifically with no evidence of aneurysmal change or significant atherosclerotic disease. Intracerebral vessels are normal.

LIVER: Liver weighs 1250 gms and exhibits intact capsule. Cut surfaces exhibit normal appearing, homogenous, dark mahogany colored tissue with no evidence of unusual nodules, increased fibrotic change or fatty consistency. Gallbladder is found in usual location and contains normal bile without stones. Common bile duct is patent.

SPLEEN AND HEMATOPOIETIC SYSTEM: Spleen weighs 100 gms and exhibits intact capsule. Cut surfaces appear well preserved, with minimal, if any, detectible autolytic change. No unusual nodules are found. Bone marrow is not examined.

URINARY TRACT: Right kidney weighs 90, and left, 100 gms, both with delicate capsules that strip easily from underlying smooth, glistening, cortical surfaces. Cut surfaces exhibit normal cortical thickness and usual demarcation between cortex and medulla. Radial striations and renal papillae are unremarkable. Collecting system of both kidneys, including calyces, pelvis and ureters, are non-dilated. Blood vessels are not thickened. Bladder contains about 100 ml of minimally cloudy urine, and mucosal surfaces are normal.

REPRODUCTIVE TRACT: Uterus, bilateral fallopian tubes and right ovary are absent. Left ovary is very small. No abnormality is detected.

ENDOCRINE ORGANS: Pituitary appears normal. Thyroid is symmetrical and cut surfaces are homogenous. Pancreas is normal in size and shape, and cut surfaces exhibit minimal autolytic change. There is no evidence of hemorrhage, necrosis or unusual nodules. Adrenal glands are found in normal location and are composed of normal cortex and medulla without nodules.

GASTROINTESTINAL TRACT: Esophagus is intact and is lined by smooth, glistening mucosa. Stomach is intact and exhibits a very small amount of tan fluid. Mucosal surfaces of esophagus and stomach exhibit no evidence of ulcers, esophageal varices or other abnormality. Small and large bowel are intact and contain minimal stool. Vermiform appendix exhibits somewhat fibrotic change.

MUSCULOSKELETAL SYSTEM: Exposed skeletal muscle appears normal with homogenous features. Long bone are intact, and there are no demonstrable

of significant inflammation or fibrosis. Again polarizing microscopy fails to reveal evidence of any crystalloid substance.

SPLEEN: Sections of spleen are relatively well preserved, and exhibit no evidence of neoplastic change or other abnormality.

KIDNEYS: Sections of both kidneys exhibit early autolytic features, with no evidence of abnormality of glomeruli or tubules. No significant inflammation is present. Blood vessels are unremarkable.

REPRODUCTIVE ORGANS: A section of left ovary exhibits normal features. Other organs are absent.

ENDOCRINE ORGANS: Sections of thyroid, pancreas and both adrenal glands exhibit normal features.

BRAIN: Sections of cerebral cortex ("watershed" area), hippocampus, cerebellum and pons exhibit no evidence of hypoxia or inflammation.

MISCELLANEOUS: A section of larynx exhibits small zones of petechial hemorrhage.

SUMMARY AND COMMENT

The subject of this autopsy, Mary Esther Avellaneda, was a 38 year old Hispanic female who was reported missing from her residence by family approximately two days after her disappearance. According to family, the decedent, who had gone to bed on the night on Sunday, January 4th 2009, was awakened by and accompanied her husband from whom she was estranged, after he requested that she go with him. Hurriedly leaving her mobile home, scantily dressed in lightweight pajama outfit, she is said to have grabbed a coat and sandals to leave the home. It is said, that after a period of time (approximately 20 minutes), the man returned to the home and retrieved her purse. Neither he nor his 13 year old son, the latter who resided with his father, were seen again. Apparently, the family became concerned the next day (Monday) when the woman had not returned, and began a search on their own. The next day, they reported the woman missing to local authorities, and detectives received the case on Wednesday, January 7th, 2009. They immediately began to investigate, using helicopter and fixed wing aircraft, as well as foot and car search. Eventually, contact was established with the 13 year old, who was said to have been in Mexico. Additional reports reputedly from family in Mexico claimed the husband communicated that he'd killed the decedent and thrown her body in a ditch. On Saturday, six days after the woman's abduction, an area resident stumbled upon the body approximately one mile from the trailer park and called police. The area was secured, medical examiner called, and following collection of evidence, the body was removed to the local hospital morgue for autopsy.

The decedent, and family, lived in a small, run down trailer home in a trailer park populated by low income families. Since their estrangement, the husband and wife had moved into separate trailers, next to each other. According to family members, the family subsisted on SSI income collected for two of the children, and the decedent did not work outside of the home. She

One other observation – that of the small stature of the decedent - is germane to this discussion. It is well recognized that an important component to findings characteristic of manual throttling, is not only the physical strength of the perpetrator, but also the physical resistance of the victim. Thus, should the victim be incapable or unable to resist (like a small child), findings related to the act are minimized.

It is my opinion, that the decedent, Mary Esther Avellaneda, while in good health, died as a result of homicide with minimal findings.

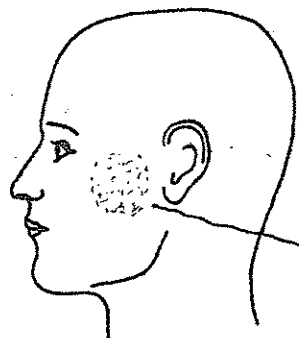


February 10, 2009

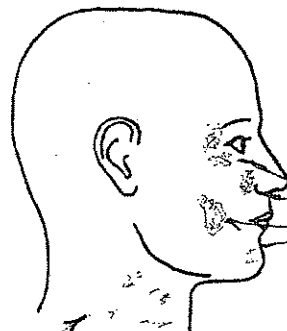
Dr. Falvy Carl Barr, Jr., Pathologist

BODY DIAGRAMS

Mary Esther Avellaneda
SEM 12 09-1
FDD: 1.4.09



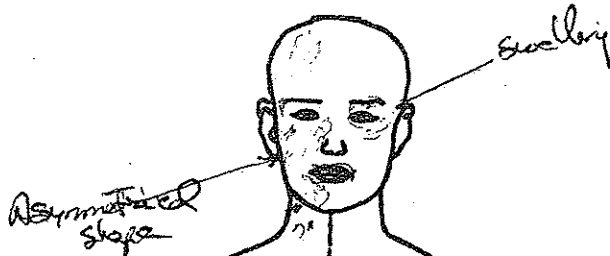
mottled abrasion



abrasion

small abrasions

front abrasion
(? neck area related)



Asymmetrical shape

swelling

? pattern abrasions
(? sawyer injury)

midline & transverse scar

tiny laceration

bordered excoriations
? etiology
(orthostatic)

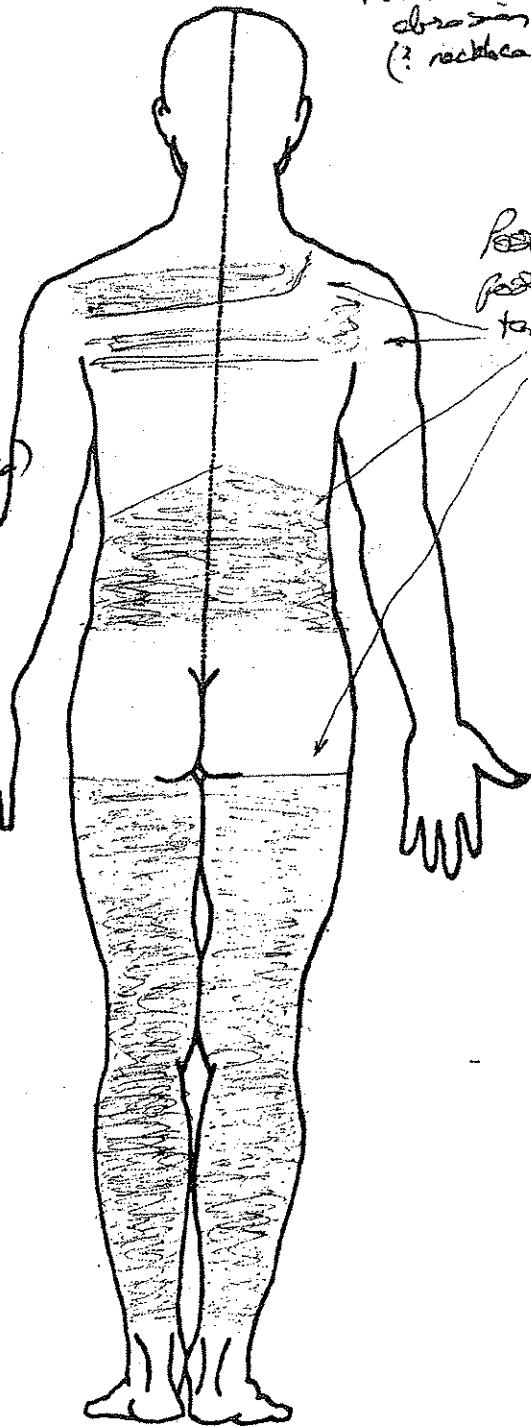
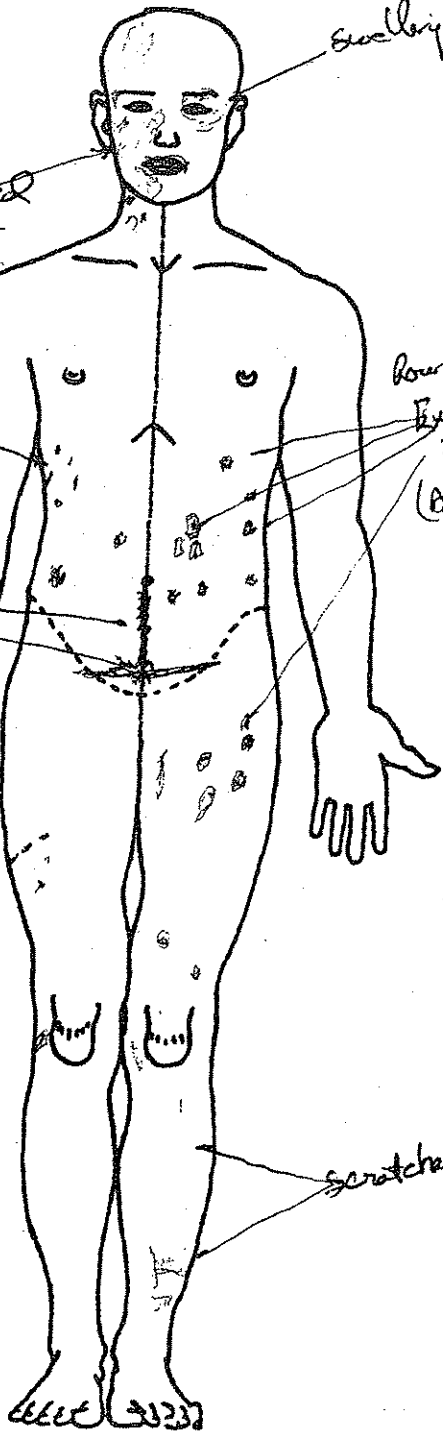
front scar

letter "J"

scratches

posterior post mortem tanning

distal





12009 - 00544

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CHIEF MEDICAL EXAMINER
Chapel Hill, North Carolina 27599-7580

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY
09-1002
Case number
JAN 15 2009
Date received
 Res NR

DECEDENT: Mary Esther Avellana
First Middle Last
RESIDENCE: 286 Patterson Lane Selma, NC Sampson
Number and Street City, State County
AGE: 38 (~~2075 9-27-70~~) SEX: Male Female Unknown
RACE: Black Native American Oriental White Unknown
HISPANIC ORIGIN: Yes No Unknown

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	1-4-09	Approx. 9:35 pm	Wooded site along msking rd. (Sta # 1213), 3.7 mi. NE of Clontar	Sampson
DEATH	"	"	" " " " " "	"
VIEW OF BODY	1-10-09	3 pm	<input checked="" type="checkbox"/> Scene of death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input type="checkbox"/> Other _____ <input type="checkbox"/> Not viewed	
M.E. NOTIFIED	1-10-09	3:54 pm	LAW ENFORCEMENT AGENCY: <u>Sampson Co. Sheriff's Dept.</u> OFFICER: <u>Det. Wm. Call & Kevin Jackson</u> TELEPHONE: <u>552-4141</u>	
LAST KNOWN TO BE ALIVE	1-4-09	Approx 9:35 pm	Death occurred while in custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

AUTOPSY: None M.E. Authorized Non-M.E. Autopsy facility: Hospital morgue
BLOOD SAMPLE: Mailed Obtained by pathologist Reason not obtained: _____
IF CLINICAL ALCOHOL DONE, RESULT: _____ By whom: _____

PROBABLE CAUSE OF DEATH: Pending
1. Pending toxicology
DUE TO _____
2. _____
DUE TO _____
3. _____
DUE TO _____
4. _____

OCME REVIEW		SDC
1. <u>Undetermined homicidal violence</u>	DUE TO	<input type="checkbox"/> None <input checked="" type="checkbox"/> AL <input type="checkbox"/> Dictated <input type="checkbox"/> COG
2. _____	DUE TO	
3. _____	DUE TO	
4. _____	DUE TO	
CONTRIBUTING CONDITIONS <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined		
Reviewer: _____		Date: <u>4/7/09</u>
Information in this block supersedes that contained in space at left.		

History of cocaine abuse
CONTRIBUTING CONDITIONS
MANNER OF DEATH:
 Natural Accident Homicide Suicide Pending

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

DHHS 1114 (Revised 10/00)
Signature of Medical Examiner: [Signature] Date: 1-11-08 County of Appointment: Sampson M.E. Number: # 8208