

Office of the Chief Medical Examiner

CB # 7580 Chapel Hill, NC 27599-7580

Telephone 9199662253

REPORT OF AUTOPSY EXAMINATION

DECEDENT

Document Identifier B200903097

Autopsy Type ME Autopsy

Name Patsy Nettoy Eason Barefoot

Age 60 yrs

Race White

Sex F

AUTHORIZATION

Authorized By Christopher J. Gordon MD

Received From Wake

ENVIRONMENT

Date of Exam 06/28/2009

Time of Exam 15:00

Autopsy Facility Office of the Chief Medical Examiner **Persons Present** Ms. Hiliary Sheaves, Mr. Kevin Gerity, Tim Anguish of the CCBI-Raleigh, and Zeke Morris and Andy Murr of the Raleigh PD

CERTIFICATION

Cause of Death

Asphyxia

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

Digitally signed by

Deborah L. Radisch MD 24 September 2009 09:35

DIAGNOSES

Petechial hemorrhages, bilateral upper eyelids

Dried abrasions of corners of the mouth, bilateral, and discoloration of lower cheeks/jaw extending from corners of mouth.

Conjunctival petechiae, right eye

Scleral hemorrhage, left eye

Dried abrasions over nose, medial left cheek, and inferior to right eye

Hemorrhage, small, right hyothyroid strap muscle of neck

Petechial hemorrhages, epiglottis

Small hemorrhages, upper and lower buccal mucosa and mandibular gum, anterior mouth

Fractures, bilateral anterior-lateral ribs with focal hemorrhage

Froth in tracheobronchial tree

Coronary arteriosclerosis, slight

Glomerulosclerosis (kidneys) with Kimmelstiel-Wilson nodules, consistent with diabetic nephropathy

Focal pleural calcifications, bilateral upper lobes of the lungs

Cholelithiasis

IDENTIFICATION

Body Identified By

Papers/ID Tag

EXTERNAL DESCRIPTION

Length 66.5 inches

Weight 112 pounds

Body Condition Intact

Rigor None

Livor Red-posterior

Hair Gray with brown

Eyes Pale brown-opaque. Eyeliner is present on the lids.

Teeth The maxilla is edentulous and an upper denture plate is present. The lower teeth are natural and in good repair.

The body is that of a well-developed, well-nourished white woman clothed in a green polo shirt, a pair of white cotton briefs which are in place but show a somewhat twisted waistband, a pair of white athletic shoes, a pair of white socks, and a white bra. All the clothing is retained as evidence, some of it (briefs) in the rape kit. The hands are bagged in paper bags. The nails are examined, and they are moderately long and well-groomed, and show no foreign material. Clippings of the nails are submitted as evidence, each hand individually. Valuables consist of a pair of yellow metal stud earrings with clear stones in the bilaterally-pierced earlobes. A clear bag with multiple medications, primarily for high blood pressure, high cholesterol, and diabetes is received with the body, and these are submitted to the toxicology lab for documentation and destruction. There are well-healed horizontal surgical scars inferior to each breast, and there are 2 well-healed surgical scars in the right lower quadrant of the abdomen/right groin, 1 horizontal, and the more inferior one diagonal. There is a healing, scabbed vertically-oriented lesion of the posterior left lower leg/ankle. Two fine parallel linear scabbed abrasions are present inferior to the left medial knee. There are 2 areas of faint green contusions of the anterior abdominal skin, on either side of the midline. There is an area of dark green-gray discoloration of the medial aspect of the right antecubital fossa, possibly related to reported positioning. There is evidence of very early decomposition with focal areas of skin slippage and slight discoloration of the skin.

INJURIES

A sexual assault exam is performed. The body is examined, and a short dark hair is present on the left palm. This is collected and submitted as evidence. There is a longer slightly curled dark hair discovered on the sheet between the legs, near the knees, and this is collected and submitted as evidence. The panties are collected and incorporated as evidence into the rape kit. The speculum exam of the vagina shows a few petechial hemorrhages at the 6 o'clock position just at the interior aspect of the vagina. There are no confluent contusions or lacerations present of the labia, perineum, vagina, or anus. The appropriate specimens are obtained for evidence. All the clothing is preserved as evidence.

There is dark green-gray discoloration of the medial aspect of the right antecubital fossa, perhaps consistent with the reported position of the body. Two fine, scabbed parallel linear abrasions are present inferior to the left medial knee. There are faint possible green contusions on either side of the mid anterior abdomen.

The bilateral upper eyelids show fine, faint petechial hemorrhages. The right eye shows petechial hemorrhages of the outer aspect of the lower conjunctiva and of the conjunctiva of the outer canthus. The left eye shows a scleral hemorrhage of the left upper sclera. The left side of the face is discolored light red, to include the left eye.

There is an area of a red-purple possible contusion of the inner aspect of the bridge of the nose on the right. Inferior to the right eye is a vertically arranged collection of petechial hemorrhages/abrasion. Abrasions are present over the mid-nose and of the left medial cheek near the nose.

The lips show drying artifact, especially prominent at the bilateral junctions of the upper and lower lips. There is an area of faint linear discoloration of the skin extending from the right lips onto the right side of the lower cheek. A similar area of discoloration is present extending from the left lips onto the left cheek, but not for as long a distance. The width of this discoloration is approximately 1/8". On the left side, there is a small abrasion of the left lower cheek near the lower lip. The inner upper lip is examined and reveals purple discoloration and a fine horizontal linear very shallow laceration. The inner aspect of the lower lip extending onto the gum (buccal mucosa) of the anterior lower mandible shows numerous hemorrhages.

Internal examination of the neck organs shows petechiae of the epiglottis. The strap muscles of the neck are examined to reveal a faint area of hemorrhage of the inferior surface of the right sterno-hyoid strap muscle. There is a smaller area of hemorrhage of the left thyro-hyoid muscle. No hyoid bone or thyroid cartilage fractures or hemorrhages are present.

The ribs are osteoporotic. There are fractures of the right 2nd through 6th anterior lateral ribs, and there are fractures of the left 3rd through 5th anterior-lateral ribs. There is hemorrhage associated with the fracture of the left 3rd rib, in the intercostal muscle. It is reported that no chest compressions were performed, and it is noted that the rib cage is somewhat unstable prior to removal.

DISPOSITION OF CLOTHING AND PERSONAL EFFECTS

The following items are released with the body

None.

The following items are preserved as evidence

Shirt, bra, sheet, shoes and socks, hair on sheet, hair-left palm, nail clippings-right hand, nail clipping-left hand and sexual assault evidence collection kit received by Tim Anguish of the CCBI-Raleigh on June 28, 2009.

PROCEDURES

Special Evidence Collection

Sexual assault kit.

INTERNAL EXAMINATION

Body Cavities

There are no adhesions or unusual fluid accumulations in the pleural, pericardial, or peritoneal cavities. The organs show slight autolysis and the blood shows some hemolysis, consistent with very early decomposition. A small amount of blood-tinged probable purge fluid is present in the bilateral pleural and pericardial cavities.

Cardiovascular System

Heart Weight 390 grams

The epicardial aspect is unremarkable. The valves are normally formed with delicate leaflets. The chambers are not dilated and the walls are not hypertrophied. There are no myocardial scars or other focal lesions. There is a small patent foramen ovale. There is a right dominant coronary artery system with lightly calcified atherosclerotic plaques of the main coronary arteries causing no greater than 50% stenosis of the lumens of these vessels. The aorta and its major branches are intact and show scattered atherosclerotic plaques throughout its length, with calcified plaques of the infrarenal aorta.

Respiratory System

Right Lung Weight 700 grams

Left Lung Weight 480 grams

The neck organs are noted elsewhere in this report. There are no obstructing materials or lesions in the larynx. The pleural surfaces of both lungs are smooth and glistening. However, there are pleural small nodular calcifications of focal areas of the anterior and posterior aspects of the upper lobe of the right lung and of the anterior aspect of the upper lobe of the left lung. The cut surfaces of both lungs show moderate congestion, and the upper lobe of the right lung is firm and edematous. No consolidation is present. The tracheobronchial tree contains froth.

Gastrointestinal System

The appendix is absent. The esophagus is unremarkable and the stomach contains 1 cup of brown-orange-red thick well digested food. The small intestine is unremarkable and the colon contains a slight to moderate amount of brown-orange stool.

Liver

Liver Weight 1300 grams

The capsule is intact and the parenchyma is unremarkable. The gallbladder contains a small amount of orange-green bile and two tiny black gallstones. The extrahepatic biliary tree is patent.

Spleen

Spleen Weight 170 grams

The capsule is intact and the parenchyma is unremarkable.

Pancreas

Normal anatomic location and configuration. Hemorrhagic due to autolysis

Urinary

Right Kidney Weight 110 grams

Left Kidney Weight 100 grams

Both kidneys are similar. The cortical surfaces are granular and show scattered scars, and the capsules strip with slight to moderate difficulty. The renal architecture is otherwise intact without focal lesions. The ureters are patent and not

dilated. The renal arteries and veins are unremarkable. The bladder contains no urine and the mucosa is discolored gray.

Reproductive

Absent.

Endocrine

The thyroid gland is bilobed and non-nodular.
Both adrenal glands are grossly unremarkable.

Neurologic

Brain Weight 1120 grams

The meninges are intact and there is no blood in any meningeal compartment. The cerebral gyral pattern is fully developed. There is no evidence of edema or herniation. The vessels at the base of the brain are thin and delicate. Multiple coronal sections reveal no gross abnormalities.

Skin

No scalp lacerations or contusions are present.

Immunologic System

The lymph nodes are grossly unremarkable.

Musculoskeletal System

Rib fractures are present as described. There are no skull or long bone fractures.

MICROSCOPIC EXAMINATION

Cardiovascular

Two sections of myocardium show slight perivascular and focal slight interstitial fibrosis. There is no acute ischemic injury.

Respiratory

Sections from both lungs show moderate septal capillary congestion, central greater than peripheral, with focal slight to moderate intra-alveolar hemorrhage in the central section.

Liver

There is slight fatty change of the hepatocytes,. The portal tracts show slightly increased fibrosis.

Genitourinary

A section of kidney shows nearly all glomeruli with some degree of mesangial proliferation and Kimmelstiel-Wilson nodules. Many globally sclerotic glomeruli, with associated interstitial fibrosis and chronic inflammation, are present. The arterioles show moderate thickening of their walls.

Neurologic

A section of cortex shows no inflammation, hemorrhage, or other abnormality.

SUMMARY AND INTERPRETATION

The decedent was a 60-year-old white woman who was found dead in her bed in her home. Her vehicle was missing. Her medical history was significant for diabetes. Due the suspicious nature of death, Dr. Chris Gordon, Wake County Medical Examiner, assumed jurisdiction of the body and authorized autopsy.

Autopsy examination revealed subtle blunt trauma injuries of the face, including petechiae of the upper eyelids, faint linear discoloration of the skin extending from both corners of the mouth onto the lower cheeks, and abrasions over the nose. Conjunctival petechial hemorrhages were present in the right eye, and the left eye showed a scleral hemorrhage. Internal examination of the mouth showed bruises of the anterior gums, upper and lower. Petechiae of the epiglottis were present, and two faint hemorrhages of the strap muscles of the neck were present. There were also fractures of several bilateral ribs. Incidental findings at the time of autopsy included slight to moderate coronary and aortic arteriosclerosis, pulmonary edema with froth in the airways, renal changes consistent with diabetic nephropathy, two small gallstones, and focal areas of pleural calcifications of both lungs. A blood ethanol (alcohol) concentration of blood obtained at the time of autopsy was negative. Very low concentrations of diphenhydramine, metoprolol, and

metoclopramide were present,. No benzodiazepines, cocaine, opiates, or other organic bases were identified. In my opinion, the cause of death in this case was due to asphyxia.

DIAGRAMS

1. 1. adult (front/back)
2. 2. head (left/right)

State of North Carolina

Name of Decedent: _____

Office of the Chief Medical Examiner

Autopsy # B09-3097

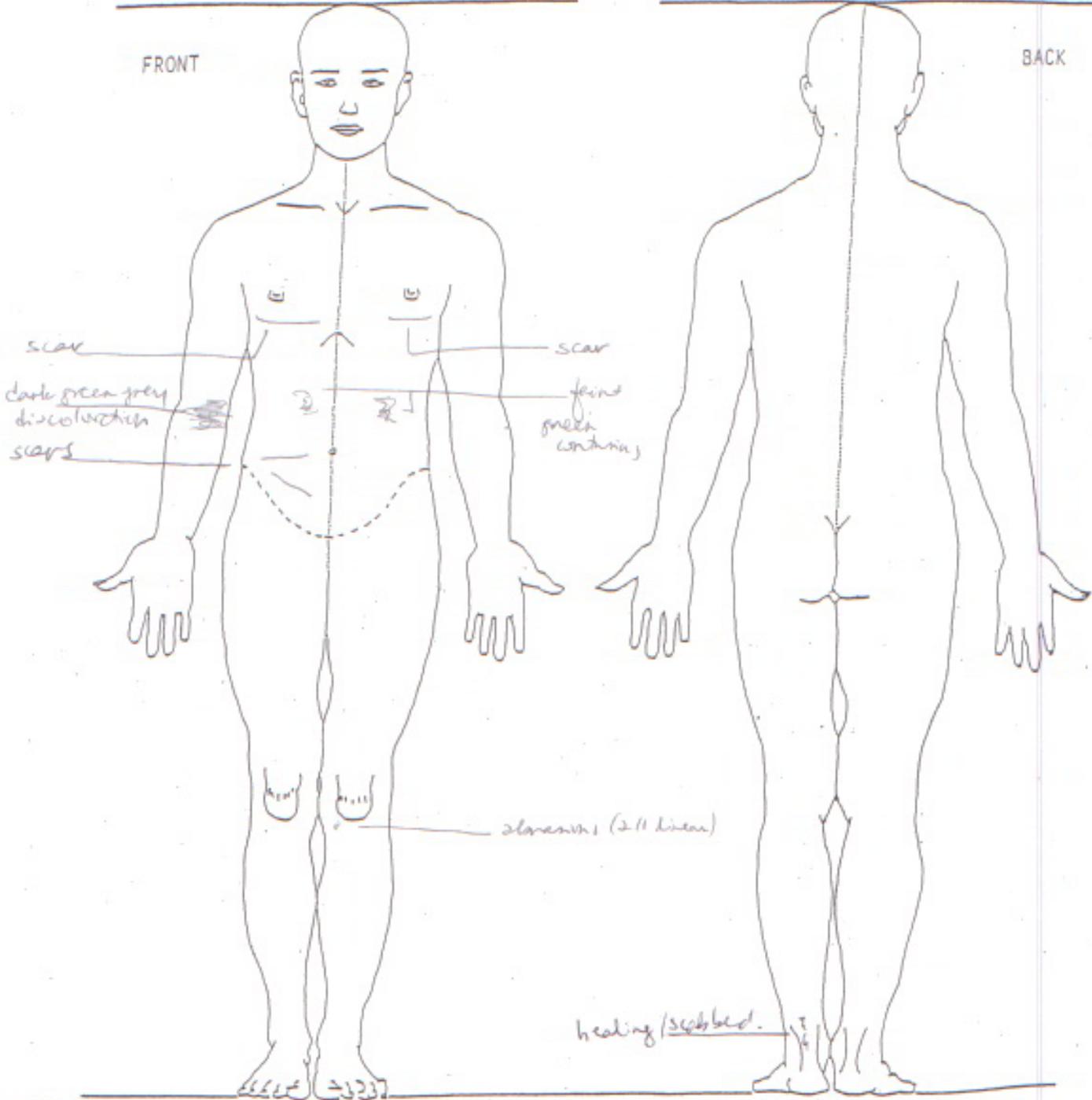
Chapel Hill, North Carolina 27599-7580

Examined By: [Signature] Date: 6/28/05

BODY DIAGRAM: ADULT (Front/Back)

FRONT

BACK



DEHR 1917 (4/97)
Medical Examiner

This form may be photocopied.

PAGE ___ OF ___

State of North Carolina

Name of Decedent: _____

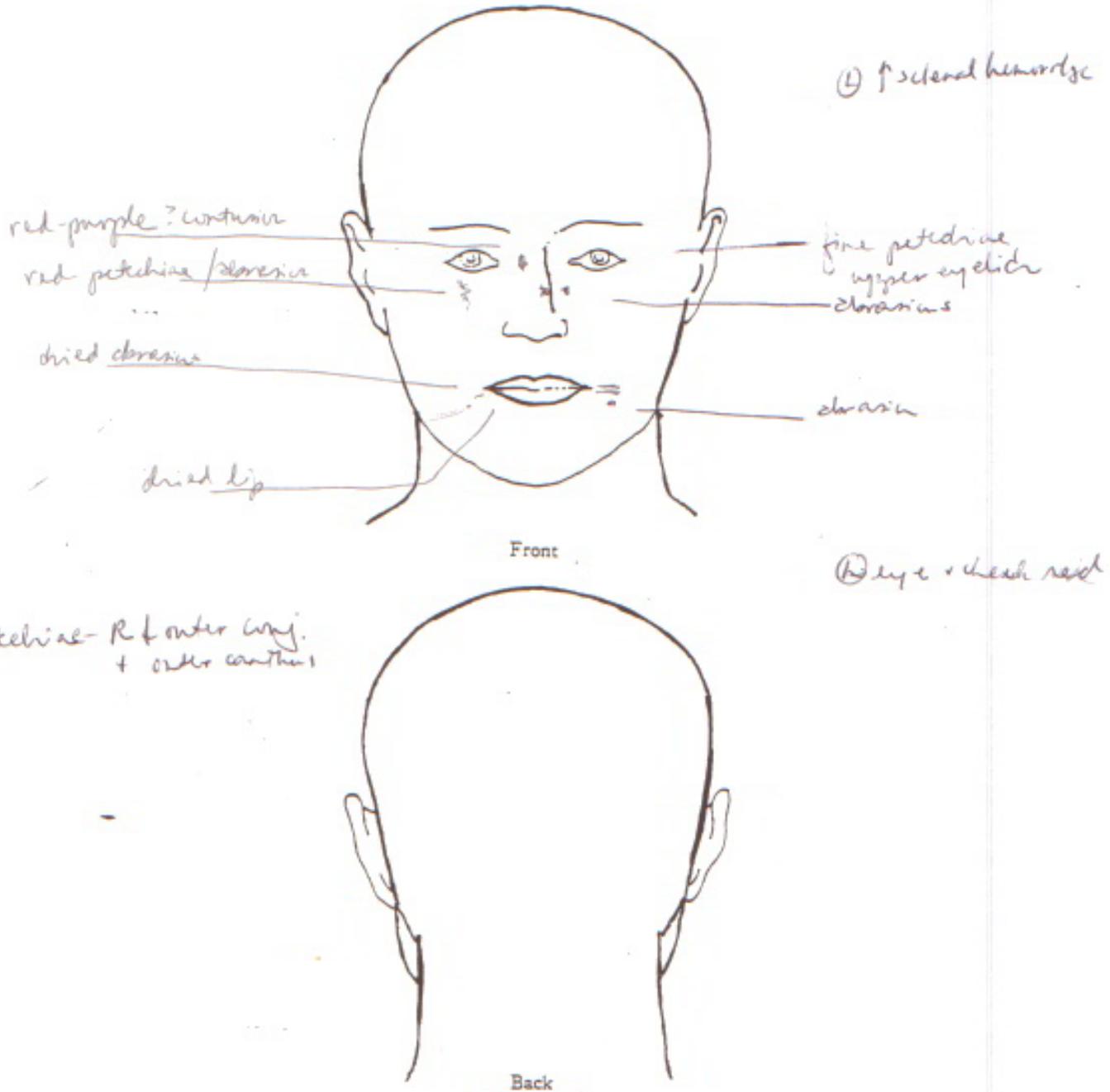
Office of the Chief Medical Examiner

Autopsy # B09-3197

Chapel Hill, North Carolina 27599-7580

Examined By: d Date: 6/26/09

BODY DIAGRAM: HEAD (front/back)



DEHNR 1919 (4/97)
Medical Examiner

This form may be photocopied.

PAGE ___ OF ___