State of Kansas Office of Coroner **REPORT OF DEATH**

				RMATION —				
TIME: Notified	1300	Date:	5/12/	2012				
Case Number:	L12-05-058	County Ju	risdiction:	Douglas	(Coroner:	Mitchell	
Name:	Rachel Hamn	ners	Age: 33	DOB 8/26/	1979	Sex: F	Ethnic (Code: C
Address: 251 N. N								<u> </u>
				RMATION—				
Time Arrived				rd				
Officers Present:			Agency	: DG CO Sheriff/J	ail	Ag	ency #:	
Incident Location:	Douglas County J	ail, Lawrence, K	S	Dat	ie:	5/12/2012	Time: _	095
Death Location: <u>I</u>								
Date Pronounced D	ead: <u>5/12/2012</u>		Time	of Pronouncemer	nt: <u>104</u>	6		
Name of Pronounce	r: <u>Dr. Toni Rey</u>	nolds	Lic	ense #: <u>0431936</u>				
		-NEXT	-OF-KIN INF	ORMATION-				
Mortuary of Choice	Joseph and Mary	Harvey ain Mortuary (La	awrence, KS)	785-843-1120				
Mortuary of Choice Information By: <u>Jail</u>	Joseph and Mary : <u>Warren-McElwa</u> Records, Medica	Harvey ain Mortuary (La al Records <i>—IDENTI</i>	awrence, KS) Informant FICATION IN	 785-843-1120 Address: FORMATION—				
Mortuary of Choice Information By: <u>Jail</u> Attending Physician	Joseph and Mary : <u>Warren-McElwa</u> Records, Medica	Harvey ain Mortuary (La al Records <i>—IDENTI</i>	awrence, KS) Informant FICATION IN	 785-843-1120 Address: <i>FORMATION</i>				
Next-of-Kin Name: Mortuary of Choice Information By: <u>Jail</u> Attending Physician Identified By: <u>Jail S</u> Body Sent To: Firs:	Joseph and Mary : Warren-McElwa Records, Medica : taff	Harvey ain Mortuary (La al Records <i>—IDENTI</i>	awrence, KS) Informant FICATION IN					
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L12-05-058 DG

Rachel Hammers

Douglas County, Kansas

LOCATION: 3601 E. 25th Lawrence, KS, Douglas County Jail TIME ARRIVED: 1135hrs LAW ENFORCEMENT AGENCY: Douglas County Sheriff, KBI LEAD INVESTIGATOR: D. Ohman

INITIAL BACKGROUND INFORMATION:

The decedent is a 32 year old female who booked into the Douglas County Jail last night 5/11/12 around 1730hrs on a bench warrant. She has a history of alcoholism and is known to drink about a liter of rum a day. She told the corrections officers at the jail she had her last drink at approximately 1000hrs that morning. She was not intoxicated at the time of her booking. According to the Medical Evaluation form filled out at the jail, she was not experiencing any withdrawal symptoms, or exhibiting any aggressive/violent behavior.

This morning at approximately 0940hrs she was seen in her cell and did not appear to be exhibiting any signs of distress. Approximately ten minutes later, a guard walked by and noticed she was unconscious in her cell. It was unknown at the time of this report whether she was on the floor or on her cot. She was alone in her cell and locked in. Access was made immediately by the officer and she was found to be pulseless. CPR was begun immediately and upon arrival of the AED, it advised "No Shock". EMS was called and upon arrival found the decedent in asystole. She was intubated and a large amount of blood suctioned from the oropharynx. No frank emesis was noted. An IV was started and several rounds of ACLS medications were given en route to the hospital. With CPR a large amount of blood was produced up through the endotracheal tube. She was suctioned several times because of this.

Upon arrival at the emergency room, CPR was continued and an ultrasound performed on her heart. It revealed no movement or other indications of contractions. Efforts were discontinued at 1046hrs.

She has a history of alcoholism, high blood pressure, and depression. Her medications include ambient, atenolol, celexa, and Librium. She has five visits to LMH-ER in the past year, four of which are alcohol related. She is 5-6 months post-partum, and the status of her child is unknown at the time of this report.

OBSERVATION OF THE ENVIRONMENT:

The scene is the emergency room at LMH. The incident location is the Douglas County Jail and access to that facility is limited due to its nature. The Kansas Bureau of Investigation is handling that part of the investigation and their report will be shared with the coroner's office.

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Douglas County, Kansas

OBSERVATION OF THE DECEDENT:

The decedent is found supine on a hospital bed, covered with a sheet. She is intubated with an ET tube held in place by a blue tube holder. A cervical collar is in place. She is wearing a dark grey colored t-shirt and a white colored sports-type bra underneath. She is wearing dark green cotton pants with white colored underwear underneath. White socks are both on with no shoes. This clothing is all consistent with jail issued clothing. No jewelry is present. Tattoos are found on her left forearm, circumfrential cursive type writing appears to have "4-12-10" written within; Left upper breast area block lettering appears to say "unus amore"; Left ring finger, near-circumfrential band with celtic-type cross overlaid; Small of back area has a square, single colored tattoo, difficult to see its nature; left upper back area has another tattoo that is unable to be adequately visualized in current condition.

Examination of the head reveals several areas of dried blood, origins unknown. Her eyes appear bloodshot without petechiae, however there is some drying noted withing the eyes. The torso is atruamatic except for an old bruise on her left flank area. She has an IV in her left anterior elbow area and assorted EKG patches on chest. No rigor is present and dependent lividity is consistent with the position found. It blanches easily with finger pressure.

INITIAL SCENE IMPRESSION:

The cause and manner of death are pending

SCENE CONCLUSION:

Upon arrival at the ER, a briefing was held with the responding EMS crew. The nursing staff was then interviewed, along with the responding corrections officer who was present at the jail cell. The body was then examined and Sharon Mandel of the First Call Morgue was contacted. It was agreed this was a coroner's case and would be sent to Kansas City. Matt Daigh was then called for transport. The body was placed in a blue body bag and sealed.

Follow up will take place as soon as possible with records being requested from the Douglas County Jail, First Step at Lakeview, and Dr. Steven Ramberg. Other follow up will take place as needed.

INVESTIGATOR:

Earl Barnes

Reviewed Erik K. Mitchell, M.D.

AUTOPSY REPORT

AUTOPSY FINDINGS:

- I. Enlarged liver with moderate vesicular hepatocyte change
- II. Splenic congestion
- III. Pulmonary edema

SUMMARY:

Cause of death cannot be established directly from the anatomic and toxicologic examination.

The decedent has history of chronic and acute ethanolism with report of last intake of ethanol nearly 24 hours prior to the time of demise. Medical history includes seizure temporally related to ethanol withdrawal in 2010. Sudden death in chronic ethanolic patients with very fatty livers is a known entity in the forensic literature, but the decedent does not have the degree of fatty change where such diagnosis can be made. Sudden unexpected death without diagnostic anatomic findings is a risk factor in persons with seizure disorders and appears to affect one or two percent of persons with seizure disorders.

While no specific anatomic finding or clinical assay can establish the diagnosis, in view of the combination of lack of diagnostic findings and the history of past seizure activity associated with acute ethanol withdrawal, the best explanation for cause of death is sudden death associated with seizure activity.

Signed:

Erik K. Mitchell, M.D.

Date: 16 724 2012

INITIAL INFORMATION:

According to the initial information, the decedent is an adult female found unresponsive in a jail cell shortly after her last interaction with a cellmate. There is past history of significant ethanol abuse and of seizure disorder, apparently related to ethanol withdrawal.

CIRCUMSTANCES OF EXAMINATION:

The body is examined postmortem at the First Call Morgue in Kansas City, Kansas on 5/12/2012 at 1545 hours on the authority of the Douglas County Coroner's Office.

WITNESSES:

KBI Special Agent Brede witnesses the examination. David Walker-Right provides technical assistance.

IDENTIFICATION:

The decedent is identified by chain of custody from the transporter. The body is in a body bag sealed with one-time lock #01361.

A plastic name band is at the right wrist.

EXTERNAL EXAMINATION:

The body is a 171 pound Caucasian female of medium build with dark brown hair.

Eyes are clear without petechial injection of sclerae or conjunctivae.

The mouth is free of acute injury.

The upper body is dressed in t-shirt and the lower body in sweatpants and panties. There are white socks on the feet.

The right upper arm has a tattoo of wings and then a list of three numerical dates.

In the left pectoral chest is a tattoo of the words "Unus Amore".

In the left upper back is a tattoo that appears to include a heart. The sacral back has a small tattoo possibly an ideograph.

A tattoo of a ring is on the left ring finger and the proximal phalanx.

The abdomen is mildly protuberant and has striae.

There are no scars at wrists or antecubital fossa.

The lower extremities are without skin breakdown or pitting edema. The right foot at the top of the foot has a cross tattoo and the left ankle has what is taken to be a flower tattoo.

The volar left forearm has a further numeric date tattoo.

There is no external manifestation of acute injury over the face, neck, chest, abdomen, upper extremities, lower extremities, or back.

There is a vertical, midline, forehead scar.

There are occasional scars elsewhere.

EVIDENCE OF MEDICAL INTERVENTION:

An endotracheal tube has been placed through the mouth and is in good position in the airway.

A neck brace is present.

An intravascular line is in the left antecubital fossa with a blood pressure cuff on the left upper arm.

A pulse oximeter is at the tip of the left index finger.

External pacer pads are on the torso.

INTERNAL EXAMINATION:

The scalp has no acute injury. There is no acute calvarial fracture.

The 1420–gram brain has symmetric structure and clear meninges free of subdural, subarachnoid, or epidural blood. No subdural membrane is identified. The grey matter ribbon is uniform with no indication of contusion hemorrhage or remote tissue loss. Deep grey structures are symmetric and appropriate in configuration. The cerebellar folia are full. The substantia nigra is discrete. Mammillary bodies are symmetric. Intracranial vessels are without plaque or clot.

The tongue is symmetric, without acute hemorrhage into the musculature and without lateral margin scar.

The airway contains a well-place endotracheal tube and a small amount of thick bloody fluid that does not cause obstruction.

The hyoid is without fracture. There is no hemorrhage deep to the hyoid or about its joints. The larynx is without fracture and there is no localized discoloration of soft tissues deep to the larynx, including in the area of the esophagus.

The epiglottis is without petechial injection.

Strap muscles and their associated fascial planes have no focal discoloration. The precervical fascia is pale and bone structure of the neck is stable to manipulation.

The thyroid has finely divided red tissue without mass lesion.

The chest wall has no acute soft tissue or rib injury and there is no free fluid over smooth serosal surfaces within the chest cavity.

The 370-gram heart has a smooth epicardial surface free of erythema or adhesion. Coronary arteries are thin-walled structures. There is no visible plaque and there is no luminal clot. The myocardium is contracted, red, and firm with even coloration throughout. There is even thickness of the left ventricle and 0.3 to 0.4 cm right ventricular thickness. The endocardium is clear and smooth without hemorrhage. Valves are delicate without vegetation.

The 860-gram right lung and 820-gram left lung have empty airways. The vessels contain only liquid blood. The lungs have purple serosa. On section the tissue is red, wet, and boggy. The distal airways contain no mucus or foreign material.

The peritoneal cavity contains no free fluid and has smooth membranes.

The 2220-gram liver has blunted ventral margin and reddish-yellow appearing tissue that remains soft and pliable. There is copious release of bloody fluid from the cut surface. There is no intrinsic nodule formation. The gallbladder contains a slight amount of liquid bile without calculus.

The 210-gram spleen has a thin intact capsule and pulpy sanguineous internal tissue.

Within the thorax the esophagus has smooth, uninterrupted, light slate-colored mucosa without ulceration, injection, or diverticulum. The stomach contains approximately 100 ml of bile stained liquid within which are fragments of egg-yellow material over mucosa without localized injection or ulceration. There is no blood in stomach, small bowel, or colon and no area of black deposit. The colon is nearly empty and contains a small amount of brown stool.

The pancreatic lobulations are tan, firm, and well separated. There is no dilatation of the duct and no fat necrosis.

Adrenals have even, approximately 0.1 cm thick, light yellow cortex.

The 220-gram right and 220-gram left kidney have slight fine grain of the cortical surfaces with uniform full cortex. Papillae are rounded and smooth and ureters are without dilatation.

The bladder is empty with light pink mucosa.

The uterus has uniform pink myometrium and very thin endometrial lining with an IUD. The ovaries are rubbery and pink with one corpus luteum.

There is no acute intrapelvic injury.

SPECIMEN EXAMINATION:

Specimens are retained for submission to Saint Louis University Laboratory for toxicologic evaluation with archival retention of frozen specimens. Tissues are retained for histologic examination with archival specimens in 10% Formalin.

TOXICOLOGIC EXAMINATION:

A preliminary screen of the urine is presumptively negative for ten common families of drugs of abuse and negative for ethanol.

Toxicologic assays in the St. Louis Medical Examiner's Laboratory detect no drug or toxin. Note that not all therapeutic compounds are detected and cut-off values for detection may be higher than for laboratories geared toward clinical assays for therapeutic intervention.

The analysis does detect and report ethanol and chlordiazepoxide in small quantities, so their absence in the report demonstrates absence of clinically

Rachel Hammers

L12-05-058 DG Douglas County, Kansas

significant concentrations at the time of demise. Citalopram is routinely detected and the assay excludes the possibility of toxic concentration.

NE: HAMMERS, RACHEL Age:	Race:	Tox # 2012-3245 Sex:
Requesting Agency:	DOUGLAS/ MITCHELL	
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Alcohol:		
Ethanol		Negative
Acetone		Negative
Isopropanol:		Negative
Methanol:		Negative
Blood Drug Screen:		
Amphetamines:		Negative
Antidepressants:	2000000000 CONTRACTOR OF THE C	Negative
Barbiturates:		Negative
Benzodiazepines:		Negative
Cannabinoids (TH		Negative
Cocaine/Metaboli		Negative
Lidocaine:		Negative
Methadone: Non-Opiate Narco		Negative
	CIC ANAIGESIC:	Negative
Opiates:		Negative
Phencyclidine:		Negative
Phenothiazines:		Negative
Propoxyphene:		Negative
Acetaminophen		Negative
Salicylates:		Negative
Oxycodone:		Negative
Fentanyl:		Negative
Oxymorphone:		Negative

Requested by: FIRST CALL MORGUE Date: 05/12/12 Received in Lab: Date/Time: 05/15/2012//10:10 AM Report by: DR. CHRISTOPHER LONG Date/Time: 05/23/2012//06:39 AM **MICROSCOPIC EXAMINATION:**

- Heart: without indication of myocyte or vascular pathology in sections of right ventricle and interventricular septum.
- Lung: edema fluid in many alveolar airspaces. No inflammation. No mucus in bronchi.
- Liver: diffuse vacuolar change with moderate micro-to-macrovesicular change in all zones and severe macrovesicular change restricted to the central zone. No regenerative nodules or active necrosis of hepatocytes. Portal triads have slight lymphocytic infiltration, but do not have fibrous bridges. No bile stasis.
- Spleen: congested sinusoids. No significant pathologic lesion.
- Pancreas: slight postmortem change, but islets and acini well developed and without significant antemortem pathologic lesion.

Kidney: without significant pathologic lesion.

Brain: without significant pathologic lesion.

Pituitary: without significant pathologic lesion.

Signed: Erik K. Mitchell, M.D.

Date: _____/(\style="body: 1000;"/// 2012

Reviewed:

Altar Hossain, M.D., Ph.D., M.P.H.

Date: 7/16/2012