AUTOPSY REPORT

AUTOPSY FINDINGS:

I. Full rigor.
II. Fixed dorsal livor.
III. Extensive skin slip.
IV. Light pink, milky-appearing, thoracic musculature.
V. Left ventricular outflow tract subendocardial hemorrhage.
VI. Acute urinary retention.
VII. Multiple therapeutic medications.
VIII. Undigested meal in the stomach.

SUMMARY:

Anatomically, findings are consistent with exposure to heat. No intrinsic disease is identified with which to explain demise.

Urinary retention, without anatomic outlet obstruction, is frequently indication of depressed central nervous system function that, in turn, can be indication of intoxication or of another pathology that affects gradual cessation of function.

Subendocardial, left ventricular outflow tract hemorrhage is consistent with a period of physiologic shock prior to demise.

The undigested meal, with history of foods available, gives insight into the timing of the decedent's last meal, if access to food is controlled in the prison environment.

Medications detected, while therapeutic in nature, are in the class of medications associated, albeit rarely, with malignant hyperthermia. While such is usually the consequence of acute exposure to a newly introduced medication, a contribution to hyperthermia from the drugs cannot be excluded.

This is a death from hyperthermia during a period of high environmental temperatures in a decedent on medications possibly contributory to the development of hyperthermia. In short, this is an accidental death.

Signed: __________________________
Erik K. Mitchell, M.D.

Date: 24 July 2011
INITIAL INFORMATION:

According to initial information, the decedent was found in his cell expired. Resuscitative efforts were to no avail. The residence was without air conditioning and hot, though an exact temperature was not available.

CIRCUMSTANCES OF EXAMINATION:

The body is examined postmortem at the Shawnee County Morgue on 24 July 2011 on the authority of the Leavenworth County Coroner's Office.

WITNESSES:

A Nebraska Wesleyan intern witnessed the examination. Andrew Lucht from the Lansing Correctional Facility witnesses the examination. Annette Carpenter provides technical assistance.

IDENTIFICATION:

The body is identified by chain of custody from the transporter. The body is in an intact body bag with one-time lock 10806.

EXTERNAL EXAMINATION:

The body is of a 72 inch, 205 pound, Caucasian adult male dressed in T-shirt and urine-stained boxer shorts.

The scalp is bald over the vertex with a short tonsure of hair. There is facial stubble. The body is in full rigor and fixed livor.

Eyes have postmortem clouding of the cornea.

The mouth has upper dentures and lower teeth are in poor repair. Mucus exudes from the mouth and nose.

No scars are identified at wrists or antecubital fossae and the lower extremities are without pitting edema.

There is skin slip on the torso and upper extremities.

Multiple tattoos adorn the body.

The right pectoral chest has the tattoo of what appears to be a salamander.
A winged Pegasys is on the lateral aspect of the left upper arm. There is a web and spider-type tattoo on the left pectoral chest. A further Pegasys-type tattoo is on the dorsal aspect of the right forearm. A tattoo not further deciphered in on the back of the left shoulder. On the right medial calf is Taurus.

On the distal left lower extremity, close to the ankle, is a crescent moon and star.

On the dorsal aspect of the proximal phalanges of the left hand is spelled out the word "LOVE".

Faces are tattooed on the volar aspect of the right forearm.

EVIDENCE OF MEDICAL INTERVENTION:

External pacer pads are on the body.

INTERNAL EXAMINATION:

The scalp is without bruise over an unbroken calvarium.

The 1690 gram brain has a clear meningeal surface. There is no subdural, subarachnoid, or epidural blood. The structures are symmetrically distributed across the midline. The cerebellar folia are full. Gyri are rounded. The gray matter ribbon is uniform and there is no localized discoloration or tissue loss in the gray matter ribbon or deep gray structures. The cerebellar folia are full. The substantia nigra is discrete. The mamillary bodies are symmetric and without atrophy or discoloration. Intracranial vessels within normal structures are free of plaque or thrombus.

The tongue has bilaterally symmetric muscular tissue and is free of lateral margin scar. There is no acute hemorrhage.

The airway is empty.

The hyoid is calcified without fracture and there is no fracture of the larynx. There is no localized discoloration about either structure. The epiglottis is dark red and free of petechiae. Esophageal muscularis deep to the larynx is without focal discoloration. The strap muscles are free of bruise and the precervical fascia, along with fascial planes about the strap muscle, remains pale. Bony structure of the neck is stable to manipulation.

The thyroid is small, pink and soft with finely divided internal tissue. The right side is somewhat larger than the left.
The chest wall has light pink, apparently heat-fixed, musculature where the muscle mass remains but the texture and color is altered. There is no acute rib fracture and no free fluid within the chest cavity.

The 420 gram heart has a smooth epicardial surface without erythema or adhesion. The coronary arteries are thin-walled structures free of plaque and without luminal clot. The myocardium is red and flabby. There is even thickness of the left ventricle. The right ventricle is 0.2 to 0.3 cm thickness. The endocardium is smooth without mural thrombus. There is a translucent surface and there is subendocardial hemorrhage discoloration of the left ventricular outflow tract. Valves are delicate and well-formed without vegetation.

The 780 gram right lung and the 750 gram left lung have empty airways. The vessels contain only liquid blood. The tissue is dark red and flaccid with dark red to purple serosal surfaces. There is no localized internal change in texture or color. The airways are empty.

The peritoneal cavity contains no free fluid smooth membranes.

The 1630 gram liver has a blunt ventral margin with tan tissue that is soft with even internal texture and even internal coloration. There is no indication of vascular prominence or of nodule formation. The biliary tree contains a small amount of liquid bile without calculus.

The 280 gram spleen has a thin, intact capsule and red pulpy internal tissue.

Within the thorax, the esophagus has smooth mucosa. The stomach contains approximately 100 ml of brownish-red liquid within which there are vegetable fragments including beans and some rectangular cut vegetable that is stained red clear through, the same color as the liquid. The small bowel shows chyme. The colon has soft, brown stool.

Pancreatic lobulations vary from pink to yellow and white with decreased lobular definition. There is no visible calculus or ductal dilatation.

The adrenals have even yellow cortex.

The 160 gram right and 140 gram left kidney have smooth, pink cortical surfaces with uniform full cortex. Papillae are rounded and smooth. Ureters are without dilatation or calculus.

The bladder contains 300 ml of clear yellow urine over slightly trabeculated tan mucosa.
The prostate is approximately 4.5 cm in diameter with mild central nodule formation but no apparent obstruction of the urethra.

SPECIMEN EXAMINATION:

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

MICROSCOPIC EXAMINATION:

Thyroid: extensive scar and tissue distortion. Focal lymphocyte aggregates.

Heart: without significant pathologic lesion.


Liver: slight, central microvesicular change. No inflammation or fibrosis.

Spleen: without significant pathologic lesion.

Pancreas: postmortem autolysis.

Kidney: tubular lumens are closed. No indication of significant antemortem anatomic pathologic lesion.

Brain: non-specific postmortem changes.

Pituitary: without significant pathologic lesion.
LABORATORY EXAMINATION: mb

Vitreous chemistries postmortem have markedly different reference ranges than the listed ranges for antemortem serum. In this case the vitreous osmoles are at the border of abnormal elevation. Creatinine can be interpreted as elevated. Sodium is low. The remainder of the results lie within the ranges anticipated for postmortem specimens and cannot be interpreted as necessarily indicative of disease.

ORDER ID: 63240793

Finally

MISCELLANEOUS CHEMISTRY - INSTANT REPORT

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URINE CHEMISTRY - INSTANT REPORT

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CHEMISTRY

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TOXICOLOGIC EXAMINATION: mb

A preliminary screen of the urine is presumptively positive for tricyclic antidepressants but negative for 9 other common families of drugs of abuse and negative for ethanol. Analysis with definitive methods detects amitriptyline and the active metabolite nortriptyline along with chlorpromazine. All drugs detected are within ranges anticipated for therapeutic administration.
St. Louis University Toxicology Laboratory Report
6039 Helen Ave, Berkeley, Missouri 63134

Name: GODWIN, JAMES SCOTT
Age: 
Requesting Agency: LEAVENWORTH/MITCHELL

Tox # 2011-5330
Sex: Male

Blood:

Alcohol:
Ethanol: Negative
Acetone: Negative
Isopropanol: Negative
Methanol: Negative

Blood Drug Screen:

Amphetamines: Negative
AMITRIPTYLINE: 0.50 MICROGRAMS/ML
Barbiturates: Negative
Benzodiazepines: Negative
Cannabinoids (THC): Negative
Cocaine/Metabolites: Negative
Lidocaine: Negative
Methadone: Negative
Non-Opioid Narcotic Analgesics: Negative
Opiates: Negative
Phencyclidine: Negative
CHLORPROMAZINE: 0.19 MICROGRAMS/ML
Propoxyphene: Negative
Salicylates: Negative
Oxycodone: Negative
Fentanyl: Negative
Oxymorphone: Negative
NORTRIPTYLINE: 0.61 MICROGRAMS/ML

Requested by: SHAWNEE COUNTY CORONER
Date: 07/24/11

Received in Lab:
Date/Time: 07/26/2011/09:20 AM

Report by: DR. CHRISTOPHER LONG
Date/Time: 08/01/2011/09:13 AM

Signed: Erik K. Mitchell, M.D.
Date: 07/24/11