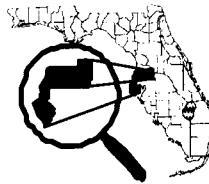


MEDICAL EXAMINER
District Six

Pasco & Pinellas Counties



10900 Ulmerton Road
Largo, FL 33778
727-582-6800
(Fax 727-582-6820)
www.pinellascounty.org/forensics

REPORT OF AUTOPSY

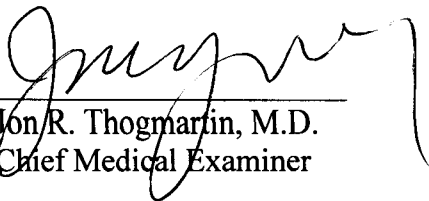
Name: HALLADAY, HARRY LEROY Case #: 5171890
Date of Death: November 7, 2017 Age: 40 Years Race: White Gender: Male
Investigating Agency: Pasco County Sheriff's Office Agency Case #: 17-43341
Date of Autopsy: November 8, 2017 at: 1155 hours

AUTOPSY FINDINGS:

1. Blunt head trauma with subdural hemorrhage
2. Blunt chest trauma with multiple rib fractures and lung injuries
3. Blunt abdominal trauma with liver and spleen injuries
4. Blunt extremity trauma including right leg fracture
5. Foamy fluid in the larynx and airways
6. Skin sloughing
7. Pulmonary congestion and edema
8. Cardiomegaly (600 g)
9. Blood: zolpidem 72 ng/mL, amphetamine 1800 ng/mL, free morphine 150 ng/mL, ethanol 0.01 g/dL
10. Urine: cotinine, dihydromorphone, fluoxetine, hydromorphone, morphine, morphine metabolites, nicotine, zolpidem detected

Cause of Death: Blunt Trauma
Contributory condition: Drowning

Manner of Death: Accident



Jon R. Thogmartin, M.D.
Chief Medical Examiner

Date: 01/18/18



Accredited by the National Association of Medical Examiners

REPORT OF AUTOPSY**NAME: HALLADAY, HARRY LEROY****CASE NUMBER: 5171890**

EXTERNAL EXAMINATION: the body is that of a 280 pound, 77 inch, white man who appears recorded age of 40 years. The body is clad in purple shirt, black shorts, a brown belt, and black underpants. The scalp is covered in brown hair. The eyes are hazel. Petechiae are noted in the left conjunctivae. A beard and mustache are on the face. The mouth has natural dentition. The body has trauma to be described below. A faint wing shaped tattoo is on the upper back. A faint circular tattoo is on the right lower back. The penis is circumcised and otherwise unremarkable. The lower extremities have some areas of trauma to be described below. The upper extremities have a few areas of trauma to be described below. The chest has trauma to be described below.

EVIDENCE OF RECENT TRAUMA: the skin of the right forehead and right upper and lower eyelid have abrasions/sloughing. Brush burn-type abrasions are on the right temple area. A minute 5 mm linear incised wound is on the right lateral canthus area. A 1.2 cm vertically-to-obliquely oriented laceration is on the right eyebrow area. The right ear has several punctate abrasions. Two minute abrasions are on the right side of the nose. The mid nose has a 1 x 0.6 cm brush burn-type abrasion. A 6 x 7 mm L-shaped laceration is on the left nasal bridge. The upper portion of the left forehead is abraded. The skin of the forehead has areas of skin sloughing. A 1 x 0.2 cm obliquely oriented laceration is on the medial left eyebrow area. The forehead is faintly contused. The left brow has a linear horizontally-to-obliquely oriented 2 x 0.1 cm laceration. The left forehead has a linear horizontally-to-obliquely oriented 1.7 x 0.1 cm laceration. The left cheek is mildly contused and has a few abrasions. The left upper and lower eyelids have abrasions/sloughing. A few minute abrasions are on the left cheek. The left side of the lower lip has a few minute vertically oriented abrasions. A minute punctate abrasion is on the left upper lip. The frontal scalp has areas of subgaleal hemorrhage. The left cerebral hemisphere has a thin coating of subdural blood. The inferior surface of the brain has a slight amount of subdural blood along the left cerebral hemisphere.

Patchy areas of skin sloughing are on the left neck. The right neck has areas of brush burn-type abrasions. The upper cervical spine is slightly hypermobile. There is some hemorrhage over the lower cervical spine without definitive dislocation or fracture.

The upper torso including the upper extremities show diffuse patchy skin slippage and peeling. A curvilinear abrasion is on the left chest area. An obliquely oriented 14 x 1.2 cm linear abrasion is on the right upper back with an adjacent 7 x 1.2 cm obliquely oriented linear abrasion. Faint somewhat linear abrasions are on the upper mid back. Faint red somewhat sloughed abrasions are on the right posterior lateral torso. The left clavicle is fractured in this is associated with diffuse hemorrhage in the left clavicular area. Multiple left rib fractures are noted along the posterior lateral left chest wall including ribs 1-11. There are multiple left parietal pleural lacerations associated with ~200 cc of residual blood in the left chest cavity. There is some hypermobility and hemorrhage of posterior surfaces of right ribs 5-8. The midline of the sternum has a horizontal fracture associated with hemorrhage. There are multiple anterior lateral right rib fractures including ribs 1-5. There is associated parietal pleural laceration and right lung collapse. Approximately 300 cc of liquid blood is in the right pleural cavity. The lateral portion of right rib 6 is fractured. The anterior chest shows numerous areas of soft tissue hemorrhage related to multiple anterior rib fractures. There are multiple parietal pleural lacerations bilaterally. The left lung is poorly aerated. On the posterior and anterior/lateral

REPORT OF AUTOPSY**NAME: HALLADAY, HARRY LEROY****CASE NUMBER: 5171890**

surfaces of the lungs there are visceral pleural lacerations along with contusions. Some areas of hemorrhage are noted along the anterior thoracic spinal column. There is no associated visible spinal fracture. The left dome of the diaphragm has a sagittally oriented, 1 cm laceration anteriorly. The left dome of the diaphragm is contused with several other micro-lacerations and contusions on the superior surface. The inferior surface of the right lobe of the liver has minute capsular lacerations. The hilar area of the spleen has minute lacerations. The peritoneal cavity contains approximately 200 cc of liquid blood. The anterior portion of the pelvis is somewhat nodular but intact.

The surface skin of the lower portion of the legs is somewhat sloughing. Lower extremity trauma includes a 15 cm linear obliquely oriented abrasion on the medial/posterior left thigh. Punctate abrasions are on the left shin. An abrasion is on the posterior surface of the left calf. There are some abrasion/contusions of the left foot/ankle including a 3 x 0.1 cm linear abrasion. The left Achilles tendon area has several linear abrasions. The toes of the left foot have a few abrasions. The nail of the left foot is contused. The medial surface of the left foot is contused. The posterior surface of the left knee has abrasions/sloughing. The posterior surface of the right thigh has a few faint contusions. The anterior portion of the right shin has a 3 cm linear obliquely oriented abrasion with several other small linear parallel abrasions. The medial surface of the right shin has two pink abrasions. The medial surface of the right knee has red abrasions. The posterior surface of the right knee has linear and punctate abrasions. The lateral surface of the right knee has 5 x 4 cm array of linear abrasions with a medially adjacent 4 x 4 cm laceration. The lateral surface of the right upper shin has brush burn-type abrasions. The right foot has a 1.5 cm, coronally oriented, crescent-shaped laceration over the distal first metatarsal area. The right heel area has a few minute abrasions. There are contusions and abrasions of the right foot. The distal portion of the right tibia and fibula are fractured associated with protruding bone and an angular, L-shaped 4 x 4 cm laceration with protruding bone and tissue. Several faint linear abrasions are on the posterior surface of the left forearm. A 1.2 x 1 cm pink abrasion is on the posterior surface of the left forearm. Some punctate abrasions on the posterior surface of the left hand. A 2 cm faint purple contusion is on the posterior surface of the right hand. The right palm has a few minute abrasions and a V-shaped 1 x 0.9 cm laceration/incision. The right antecubital fossa has a few minute linear abrasions/incisions.

INTERNAL EXAMINATION: the muscles of the chest wall are normally developed and have trauma previously described. The pericardial sac is smooth without adhesions. The left pleural cavity has no adhesions. The right pleural cavity has no adhesions and is smooth. The diaphragm has trauma previously described.

CENTRAL NERVOUS SYSTEM: the brain has normally developed sulci and gyri and trauma previously described. The brain has trauma previously described. The brain is 1520 g. The arteries at the base the brain have no aneurysms. No abnormalities other than the traumatic abnormalities previously described are noted in the cortical gray or white matter, midbrain, cerebellum, pons, or medulla.

GASTROINTESTINAL SYSTEM: the distal esophagus has an unremarkable light tan pink outer surface. The stomach is normally located and is no perforations. The stomach contains ~ 100 cc of green mucoid liquid and a few pieces of masticated food material. The stomach has

REPORT OF AUTOPSY**NAME: HALLADAY, HARRY LEROY****CASE NUMBER: 5171890**

intact light green tan mucosa. The appendix is not identified. The bowels are green tan without perforations.

ENDOCRINE SYSTEM: the pancreas is tan red lobular and unremarkable. The left adrenal gland is not remarkable. The right adrenal gland is yellow and unremarkable. The thyroid gland is purple red and unremarkable.

HEMOLYMPHATIC SYSTEM: no enlarged lymph nodes are noted. The bone marrow of the ribs is not remarkable. The spleen is 280 g and has trauma previously described. The spleen has dark red parenchyma. No tumors are noted.

MUSCULOSKELETAL SYSTEM: the muscles appear well developed without degeneration or atrophy. The thoracic spinal column appears normally developed.

NECK: the neck has injuries previously described. The proximal esophagus is covered in light tan mucosa. The larynx has green tan mucosa coated in white foamy fluid. The hyoid bone and larynx are intact.

HEPATOBIILIARY SYSTEM: the liver has trauma previously described. The parenchyma of the liver is red brown. The liver is 2780 g. No cirrhosis is noted. The gallbladder contains a scant amount of bile without stones. No tumors are noted. The bile ducts and portal veins appear unremarkable.

CARDIOVASCULAR SYSTEM: the heart is 600 g. The myocardium is red brown and firm without scarring or fibrosis. The coronary ostia are normally located. The coronary arteries show normal development with the right coronary artery appearing to supply the posterior interventricular septum. The right coronary artery has mild atherosclerosis. The left anterior descending coronary artery has mild atherosclerosis. The left common coronary artery has minimal atherosclerosis. The circumflex coronary artery is free of atherosclerosis. The cardiac valves are not remarkable. The interventricular septum is unremarkable. The thoracic aorta and the aortic arch are intact.

GENITOURINARY SYSTEM: the testicles are palpable in the scrotal sac. The prostate gland is not remarkable. The urinary bladder is unremarkable and contains ~60 cc of urine. The right and left kidneys are 210 and 230 g respectively. The outer surfaces are red brown and lobular. No infarctions are noted. No tumors are noted. The collecting systems appear unremarkable. A single stone is found in the pelvic area of the right kidney. The stone is 2 mm in diameter.

RESPIRATORY SYSTEM: the right and left lungs are 800 and 660 g respectively. The outer surfaces are light pink purple. The lungs have trauma previously described. No tumors are noted. No emphysema or fibrosis is noted. The hilar lymph nodes are unremarkable. The bronchi are unobstructed. The lungs and airways contain foamy white fluid.

J

Pinellas County Forensic Laboratory

10900 Ulmerton Road · Largo Florida · 33778
(727) 582-6810 · Fax (727) 582-6822

Results of Laboratory Analysis

Toxicology Section

Laboratory Number	17-008942	Date of Report	January 8, 2018
Submitting Agency	District Six Medical Examiner		
Case Agency	District Six Medical Examiner		
Agency Number	5171890		
Subject	Halladay, Harry Leroy		

Description of Items Submitted

- Item 1A Large plastic tube (sodium fluoride preservative) containing approximately 44 ml of blood (heart).
- Item 1B Plastic collection tube (sodium fluoride preservative) containing approximately 12 ml of blood (heart).
- Item 2 Plastic collection tube (sodium fluoride preservative) containing approximately 13.5 ml of blood (iliac).
- Item 3 Purple top collection tube (EDTA anticoagulant) containing approximately 10 ml of blood (heart).
- Item 4 Small plastic collection tube (no additives) containing approximately 3 ml of vitreous fluid.
- Item 5 Large plastic tube (no additives) containing approximately 21 ml of urine.
- Item 6 Large plastic tube (no additives) containing approximately 50 ml of gastric contents.
- Item 7 Large plastic tube (no additives) containing liver tissue.

Results and Interpretations

Item 1A - Blood (Heart)

Analyses Performed

ME6-Immunoassay Drug Screen (amphetamines, benzodiazepines, cannabinoids, carisoprodol, cocaine metabolites, fentanyl metabolites and analogs, methamphetamine/MDMA, methadone metabolites, opiates, tramadol, tricyclics, zolpidem)

Volatiles Quantitation by GC-FID (ethanol, acetone, methanol, isopropanol)

Quantitation Results

Substance	Level	Report Limit	Units
Ethanol	0.010 ± 0.001	0.010	g/dL
Methanol	Negative	0.010	g/dL
Isopropanol	Negative	0.010	g/dL
Acetone	Negative	0.010	g/dL

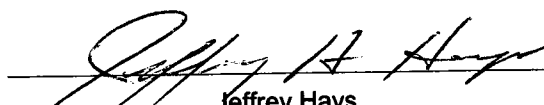
The following were indicated by immunoassay:

Amphetamines, Opiates, Zolpidem

Item 1B - Blood (Heart)

Analyses Performed

External Analyses by NMS Labs*


Jeffrey Hays
Chief Toxicologist

JM
1/18/18
mc

Pinellas County Forensic Laboratory

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Results of Laboratory Analysis

Toxicology Section

Laboratory Number 17-008942 **Date of Report** January 8, 2018
Submitting Agency District Six Medical Examiner
Case Agency District Six Medical Examiner
Agency Number 5171890
Subject Halladay, Harry Leroy

Continued.

Substances Identified

See attached report

Quantitation Results

Substance	Level	Report Limit	Units
Zolpidem	72	4.0	ng/mL*
Amphetamine	1800	50	ng/mL*
Morphine - Free	150	5.0	ng/mL*

Item 4 - Vitreous Fluid

Analyses Performed

Volatiles Quantitation by GC-FID (ethanol, acetone, methanol, isopropanol)

Quantitation Results

Substance	Level	Report Limit	Units
Ethanol	Negative	0.010	g/dL
Methanol	Negative	0.010	g/dL
Isopropanol	Negative	0.010	g/dL
Acetone	Negative	0.010	g/dL

Item 5 - Urine

Analyses Performed

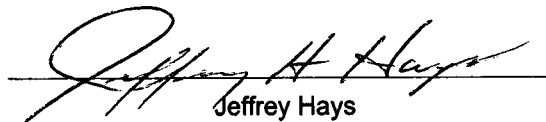
Basic Drug Screen with Oxime Derivatization and GC-MS Confirmation

Basic Drug Screen with GC-MS Confirmation

Substances Identified

Cotinine (nicotine metabolite), Dihydromorphine, Fluoxetine, Hydromorphone, Morphine, Morphine Metabolite, Nicotine, Zolpidem

The following were indicated by gas chromatography - mass spectrometry:


Jeffrey Hays
Chief Toxicologist

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Pinellas County Forensic Laboratory

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Results of Laboratory Analysis
Toxicology Section

Laboratory Number	17-008942	Date of Report	January 8, 2018
Submitting Agency	District Six Medical Examiner		
Case Agency	District Six Medical Examiner		
Agency Number	5171890		
Subject	Halladay, Harry Leroy		

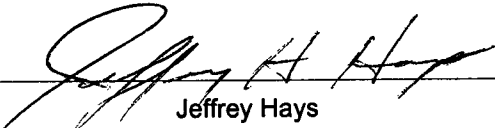
Continued.

Caffeine

Note(s):

- 1) *Analysis provided by external laboratory: report attached.
- 2) The reported range represents a confidence interval of 99%.
- 3) Unless other arrangements are made, specimens will be discarded after a minimum two year retention.

****END OF REPORT****



Jeffrey Hays
Chief Toxicologist

pl



NMS Labs

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3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437

Phone: (215) 657-4900 Fax: (215) 657-2972

e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 12/17/2017 16:01

Patient Name HALLADAY, HARRY
Patient ID 17-8942-1B-PA
Chain 17377788
Age Not Given DOB Not Given
Gender Male
Workorder 17377788

To: 20004
Pinellas County Forensic Lab
Attn: Reta Newman
10900 Ulmerton Road
Largo, FL 33778

Page 1 of 4

Positive Findings:

Table with 4 columns: Compound, Result, Units, Matrix Source. Rows include Zolpidem (72 ng/mL), Amphetamine (1800 ng/mL), and Morphine - Free (150 ng/mL), all from Cardiac Blood.

See Detailed Findings section for additional information

Testing Requested:

Table with 2 columns: Analysis Code, Description. Rows include 2483B (Zolpidem, Blood), 8660B (Opiates - Free (Unconjugated), Blood), and 8600B (Amphetamines Panel, Blood).

Specimens Received:

Table with 5 columns: ID, Tube/Container, Volume/Mass, Collection Date/Time, Matrix Source, Miscellaneous Information. Row 1: 001 Clear Vial, 11.5 mL, Not Given, Cardiac Blood.

All sample volumes/weights are approximations.

Specimens received on 12/05/2017.



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Workorder 17377788
Chain 17377788
Patient ID 17-8942-1B-PA

Page 2 of 4

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Zolpidem	72	ng/mL	4.0	001 - Cardiac Blood	LC-MS/MS
Amphetamine	1800	ng/mL	50	001 - Cardiac Blood	LC-MS/MS
Morphine - Free	150	ng/mL	5.0	001 - Cardiac Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Amphetamine - Cardiac Blood:

Amphetamine (Adderall, Dexedrine) is a Schedule II phenethylamine CNS-stimulant. It is used therapeutically in the treatment of narcolepsy and obesity and also in the treatment of hyperactivity in children. Amphetamine has a high potential for abuse. When used in therapy, initial doses should be small and increased gradually. In the treatment of narcolepsy, amphetamine is administered in daily divided doses of 5 to 60 mg. For obesity and children with attention deficits, usual dosage is 5 or 10 mg daily.

Following a single oral dose of 10 mg amphetamine sulfate, a reported peak blood concentration of 40 ng/mL was reached at 2 hr. Following a single 30 mg dose to adults, an average peak plasma level of 100 ng/mL was reported at 2.5 hr. A steady-state blood level of 2000 - 3000 ng/mL was reported in an addict who consumed approximately 1000 mg daily.

Overdose with amphetamine can produce restlessness, hyperthermia, convulsions, hallucinations, respiratory and/or cardiac failure. Reported blood concentrations in amphetamine-related fatalities ranged from 500 - 41000 ng/mL (mean, 9000 ng/mL). Amphetamine is also a metabolite of methamphetamine, benzphetamine and selegiline.

2. Morphine - Free - Cardiac Blood:

Morphine is a DEA Schedule II narcotic analgesic. In analgesic therapy, it is usually encountered as the parent compound, however, it is also commonly found as the metabolite of codeine and heroin. In illicit preparations from which morphine may arise, codeine may be present as a contaminant. A large portion of the morphine is bound to the blood proteins or is conjugated; that which is not bound or conjugated is termed 'free morphine'. Hydromorphone is a reported metabolite of morphine.

In general, free morphine is the active biologic agent. Morphine has diverse effects that may include analgesia, drowsiness, nausea and respiratory depression. 6-monoacetylmorphine (6-MAM) is the 6-monoacetylated form of morphine, which is pharmacologically active. It is commonly found as the result of heroin use.

Peak serum concentrations occur within 10 to 20 minutes of a 10 mg/70 kg intramuscular dose, with an average concentration of 60 ng/mL 30 minutes following administration. IV administration of the same dose resulted in an average concentration of 80 ng/mL after 30 minutes. Chronic pain patients receiving an average of 90 mg (range 20 - 1460) daily oral morphine had average serum concentrations of 73 ng/mL (range 13 - 710) morphine. In 15 cases where cause of death was attributed to opiate toxicity (heroin, morphine or both), free morphine concentrations were 0 - 3700 ng/mL (mean = 420 +/- 940). In comparison, in cases where COD was unrelated to opiates (n=20) free morphine was 0 - 850 ng/mL (mean = 90 +/- 200). The ratio of whole blood concentration to serum or plasma concentration is approximately one.



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Workorder 17377788
Chain 17377788
Patient ID 17-8942-1B-PA

Page 3 of 4

Reference Comments:

3. Zolpidem (Ambien®) - Cardiac Blood:

Zolpidem is a sedative hypnotic. It is used for the short-term treatment of insomnia. It is available in immediate release and extended release formulations. Plasma concentrations following single oral 5 mg and 10 mg immediate release doses range from 29 - 110 ng/mL (mean, 59 ng/mL) and 58 - 270 ng/mL (mean, 120 ng/mL), respectively, occurring at a mean time of 1.6 hrs. Peak plasma concentrations following a single oral 12.5 mg extended release dose ranged from 69 - 190 ng/mL (mean = 130 ng/mL) occurring at a mean time of 1.5 hrs. In 5 suspected impaired driving cases where zolpidem was the only drug detected, blood concentrations ranged from 80 - 1400 ng/mL (mean = 650 ng/mL, median = 470 ng/mL).

Adverse effects include drowsiness, dizziness, amnesia, headache and nausea. A zolpidem plasma concentration of 600 ng/mL was measured 3 hours after ingestion of 300 mg of drug in a patient who survived the overdose. In seven deaths involving zolpidem and at least one other drug zolpidem heart-blood concentrations averaged 2800 ng/mL (1100 - 4500 ng/mL).

The ratio of whole blood concentration to serum or plasma concentration is approximately 0.6 to 0.8.

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 17377788 was electronically signed on 12/17/2017 15:20 by:

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Ayako Chan-Hosokawa, M.S., D-ABFT-FT
Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 2483B - Zolpidem, Blood - Cardiac Blood

-Analysis by High Performance Liquid Chromatography/ TandemMass Spectrometry (LC-MS/MS) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Row 1: Zolpidem, 4.0 ng/mL

Acode 8600B - Amphetamines Panel, Blood - Cardiac Blood

-Analysis by High Performance Liquid Chromatography/ TandemMass Spectrometry (LC-MS/MS) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Rows include Amphetamine (50 ng/mL), Methamphetamine (5.0 ng/mL), Ephedrine (5.0 ng/mL), Norpseudoephedrine (5.0 ng/mL), MDA (5.0 ng/mL), Phentermine (5.0 ng/mL), MDEA (5.0 ng/mL), Phenylpropanolamine (5.0 ng/mL), MDMA (5.0 ng/mL), Pseudoephedrine (5.0 ng/mL)

Acode 8660B - Opiates - Free (Unconjugated), Blood - Cardiac Blood

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Workorder 17377788
Chain 17377788
Patient ID 17-8942-1B-PA

Page 4 of 4

Analysis Summary and Reporting Limits:

-Analysis by High Performance Liquid Chromatography/
TandemMass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
6-Monoacetylmorphine - Free	1.0 ng/mL	Hydromorphone - Free	1.0 ng/mL
Codeine - Free	5.0 ng/mL	Morphine - Free	5.0 ng/mL
Dihydrocodeine / Hydrocodol - Free	5.0 ng/mL	Oxycodone - Free	5.0 ng/mL
Hydrocodone - Free	5.0 ng/mL	Oxymorphone - Free	1.0 ng/mL

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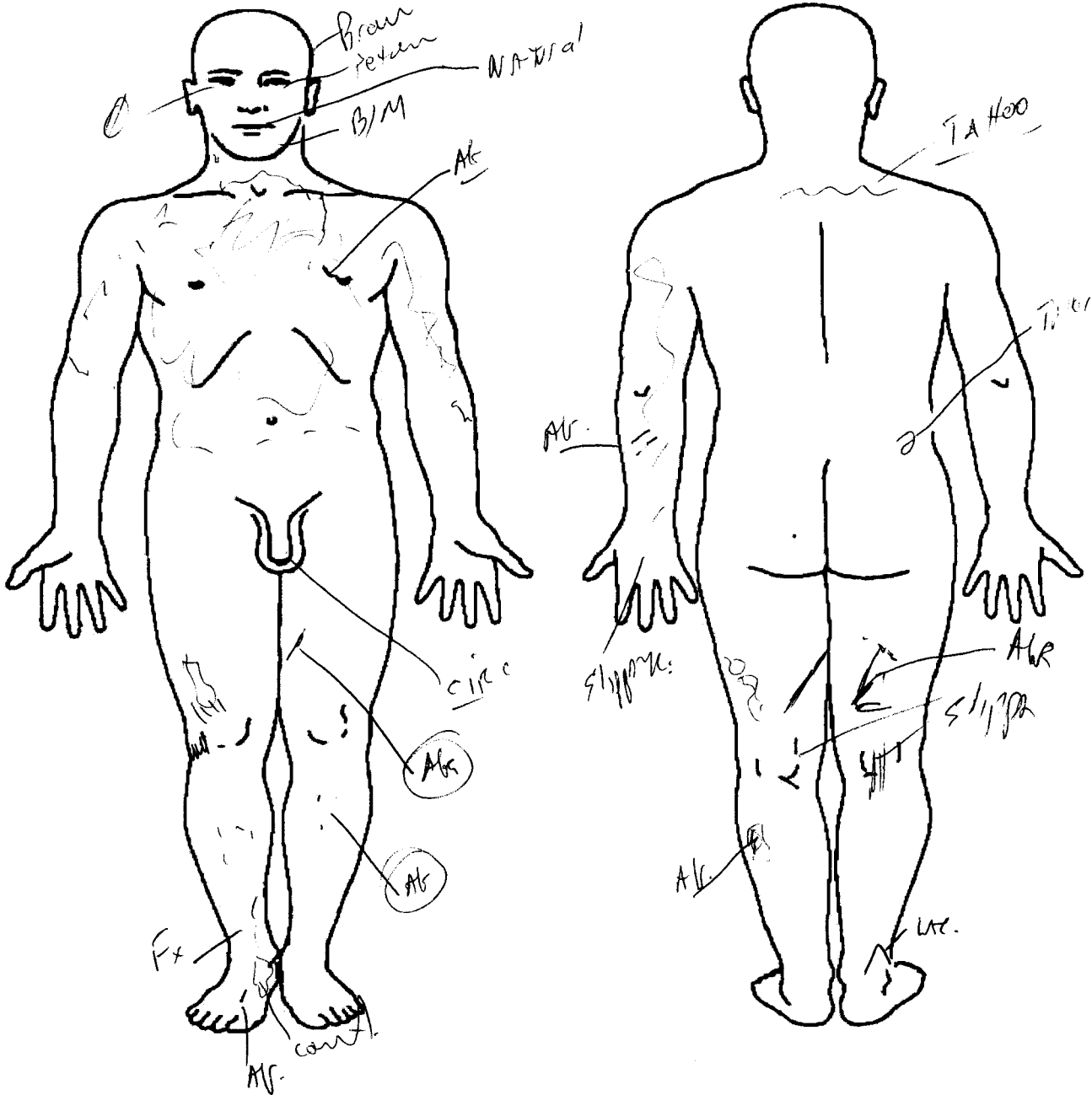
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**MEDICAL EXAMINER
District Six**

Pinellas & Pasco Counties

Case Number **5171890** Decedent **Autopsy Sketch Halladay, Harry Leroy**
 Date of birth **05/14/1977** Age **40** Years Sex **Male** Race **W**
 Hair Color **Brown** Eye color **Hazle** Weight **280 LB** Height **77 IN**
 Date of death **11/07/17** Time of death **12:19** Exam date and time
 Case Pathologist **JON R. THOGMARTIN, MD, ME**
 Case Investigator **DUSTIN DAILEY**
 Assistant Investigator **JIM BEINING**

1155



<u>600</u> Heart	<u>660</u> L. Lung	<u>280</u> Spleen	<u>230</u> L. Kidney	<u>60</u> Urine
<u>800</u> R. Lung	<u>2780</u> Liver	<u>210</u> R. Kidney	<u>1520</u> Brain	<u>100</u> Gastric