

OFFICE OF THE MEDICAL EXAMINER
DISTRICT I, FLORIDA
AUTOPSY PROTOCOL
MLA17-458

JONES, NAOMI J.


12/B/F


DOB: 04/15/05
FOUND: 06/05/17

INVESTIGATING AGENCY: ESCAMBIA COUNTY SHERIFF'S OFFICE
INVESTIGATING OFFICER: WERT
COMPLAINT NUMBER: 17-015302

CAUSE OF DEATH: HOMICIDE VIOLENCE OF UNDETERMINED MEANS.

MANNER OF DEATH: HOMICIDE.


CAMERON F. SNIDER, M.D.
FORENSIC PATHOLOGIST
ASSOCIATE MEDICAL EXAMINER
DISTRICT I, FLORIDA


ANDREA N. MINYARD, M.D.
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DATE COMPLETED:

8/28/17

CFS/cfs
06/07/17
06/08/17
07/19/17, CFS/ejs
08/14/17, CFS/ejs
08/23/17, CFS/ejs
08/25/17, CFS/ejs

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MAJOR FINDINGS AND DIAGNOSES:

- I. BODY FOUND IMMERSED IN WATER.
- II. DUCT TAPE AND A PORTION OF PLASTIC MATERIAL ADHERENT TO SCALP HAIR.
- III. CONTUSION OF RIGHT ELBOW AND ABRASIONS OF RIGHT LEG.
- IV. MARKED VASCULAR CONGESTION OF NECK AND SHOULDERS.
- V. BLOATED STAGE OF POSTMORTEM DECOMPOSITION AND DEFECTS AND MARINE PREDATION OF FACE, LEFT EAR AND EYE, NECK, AND EXTERNAL AND INTERNAL GENITALIA AND ANORECTAL REGION.

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The autopsy is performed by Dr. Cameron F. Snider in the District One Medical Examiner's Office located at Sacred Heart Hospital in Pensacola, Florida, at 10:10 a.m. June 6, 2017, with assistance provided by Ms. Sarah Genrich.

CLOTHING AND OTHER ITEMS: The body is received dressed in a red spaghetti strap top and an underlying white spaghetti strap top. The right lower front of the red top has a ragged, 0.3 cm diameter defect without any other underlying defects. The hair is augmented by a weave formed into black and pink-purple braids, with some of the individual braids of which having yellow metal holders within them. Adherent to the hair is a portion of gray duct tape with piece of orange and white torn plastic bag-like material attached to it.

IDENTIFICATION TAGS: A green Medical Examiner identification band is around the left ankle.

EXTERNAL EXAMINATION: The body is described per the standard anatomic position throughout this entire report.

This normally developed, adequately nourished, adolescent black female weighs 102 pounds, measures 60 inches in length, and appears near the reported age. The body is received in the prone position, with the arms outstretched over the head. The unembalmed, refrigerated body is cool to the touch and is in a state of bloated postmortem decomposition. Rigor mortis is completely dissipated. Livor mortis is not apparent. Bloating makes all skin surfaces of the body tense, and the bloating is accompanied by diffuse marbling. Many skin surfaces have sloughed, while there is sparing of the skin of the hands and fingers and of the feet and toes. The palmar and plantar skin surfaces are pale and wrinkled. Maroon-brown decompositional fluid is present within the posterior nasal and oral cavities. Several flies are present with the body. Short larvae are present as a small group on the posterior left hair, as another small group on the left back, and scattered across the neck and upper shoulders.

The scalp hair is black and matted down on the top of the head, due to the presence of the attached weave, the individual braids of which are up to 14 inches in length. The weave and the native hair

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are easily sloughed, as an entire unit from the scalp. The ears are described further below. The right eye and its adjacent soft tissues are decomposed into a soft amorphous mass, while the left eye and its adjacent soft tissues are missing due to postmortem predation. The nose is atraumatic and contains the decompositional fluid. The mouth is atraumatic and contains white chewing gum and more posterior decompositional fluid. The natural teeth, aside from the unerupted wisdom teeth, are in good condition and without restorations.

The neck has a midline larynx and no readily apparent injurious markings. The thorax is symmetrical. The abdomen is distended and tense. The external genitalia and gluteal regions have alterations that are described, together with other alterations, further below. The posterior body regions are otherwise unremarkable. The extremities have all digits. The proximal medial right thigh has a 2.6 x 1.2 cm, red, full-thickness red-pink discoloration of the subcutaneous adipose tissue. The distal right thigh has a 1.7 x 1.9 cm, red, full-thickness red-pink discoloration of the subcutaneous adipose tissue. The proximal medial left thigh has a 1.3 x 1.2 cm, red, full-thickness red-pink discoloration of the subcutaneous adipose tissue. Please refer to "Microscopic Examination". The fingernails are short and appear clean, and have coverings of pink nail polish. The toenails appear clean and have patchy coverings of pink nail polish.

OTHER IDENTIFYING FEATURES: None.

EVIDENCE OF MEDICAL INTERVENTION: None.

EVIDENCE OF INJURY - EXTERNAL AND INTERNAL:

Blunt Force Injuries of Extremities:

The posterior medial right elbow is swollen by the presence of a 3 x 3 cm, dark maroon, full-thickness subcutaneous hematoma.

Two maroon-black abrasions on the order of 1 cm in diameter each are just distal and medial to the right knee.

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Having been described, the injuries will not be repeated.

EVIDENCE OF PERIMORTEM DEFECTS AND POSTMORTEM PREDATION:

Head and Neck:

A 5 x 4.5 cm defect is comprised of complete absence of left eye and the adjacent skin and soft tissue, to include the eyelids and the skin where the left eyebrow would be present. On the right, decompositional softening involves the globe of the eye, and there is some sloughing of some of the hair of the right eyebrow. The lobe and the helix of the left ear are absent, while the right ear is present but somewhat distorted by bloating.

The scalp around the left ear, peripheral remnants of the ear, and the left facial cheek and upper left neck have approximately 35 shallow cutaneous defects, which are random in orientation and shape. These vary from being 0.2-0.9 cm wide and up to 4.2 cm long. These have undulating borders, are mostly no greater than 0.3 cm in depth, and have shallow tissue bridges in their beds. One of these is obliquely up to 1 cm in depth into subcutaneous adipose tissue. These marks are consistent with claw marks of marine animals.

Similarly, the right preauricular region and right side of the face have 20 defects the same as those described on the left, varying from 0.2-0.4 cm in width and from 0.2-3.7 cm in length. They mostly have similar depths as those described on the left, and only one of these is up to 1.3 cm in length as a very oblique shallow laceration of border of the right upper lip.

External Genitalia and Gluteal Region:

A vertically oriented 20 cm long defect, up to 5 cm wide and with the presence of a 6 cm long, 1.2 cm wide, strip of skin dangling from the center of the superior aspect, involves the external genitalia, perineum, and anterior anal region. This defect has undulating borders and deeper ragged edges of the soft tissue from marine predation. The peri-anal and the medial gluteal regions have superficial linear defects varying from 0.4 to 8 cm in length, which radiate outward from the anal region.

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The entire anatomy of the external genitalia, perineum, and anterior anus and the anatomy of the internal genitalia and anterior portions of the anus and rectum are absent, with sparing of the body of the uterus to include the endometrial cavity and endocervical canal.

INTERNAL EXAMINATION:

Body Cavities: The tense soft tissues of the anterior torso decompress upon application of the standard Y-shaped incision. Similarly, putrefactive gas escapes from the thoracic and abdominal cavities upon application of the incision. The subcutaneous adipose tissue of the neck and shoulders is very congested. The lungs are partly collapsed within the pleural cavities, due to the presence of the putrefactive gas and approximately 200 mL of maroon-brown serous decompositional fluid within each pleural cavity. Smaller amounts of similar fluid are present within the pericardial and peritoneal cavities, and these fluids are admixed with oily droplets of autolyzed adipose tissue. The pleural, pericardial, and peritoneal cavities have no adhesions. The diaphragm is unremarkable. The mediastinum is in the midline. The abdominal cavity has glistening bloated serosa. The normally situated organs are softened by postmortem decomposition and autolysis. There is a diffuse odor of putrefaction.

Cardiovascular System: The 150-gram heart has a normal configuration. The pericardial and epicardial surfaces are smooth and glistening. The chambers and valves have usual size-position relationships. The mural and valvular endocardia have no vegetations or thrombi. The papillary muscles and projecting myocardial muscle bundles are of normal prominence. The chordae tendineae have no abnormalities. The coronary ostia are in their usual location and give rise to normally-distributed arteries with a right dominance. The major coronary arteries are free of atherosclerosis. The cut surfaces of the red-brown myocardium are soft and are free of abnormal markings.

The pulmonary trunk and arteries have no thromboemboli. The intimal surface of the aorta is free of atherosclerosis. Faint red-maroon discoloration involves the intimal linings of the aorta and its major branches and the endocardial chambers of the heart. The ostia of the major branches of the aorta are of a normal distribution and dimension. The venae cavae and their major tributaries are

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thin-walled and patent and have no antemortem clots.

Respiratory System: The larynx, trachea, and mainstem bronchi are normally distributed and patent; these structures do not contain watery fluid or any white foamy/frothy material. The 270-gram right lung and 250-gram left lung have a usual lobation pattern. The pleural surfaces are smooth and are darkened by decomposition. The cut surfaces are maroon-brown due to decomposition, and they do not exude any watery fluid. The pulmonary arteries and veins are normally developed and patent.

Digestive Tract: The omentum and mesentery are partly autolyzed but otherwise not unusual. The patent esophagus has a normal caliber and a smooth, gray-white, mucosal lining. The gastric mucosa has flat rugal folds, and the lumen contains approximately 30 mL of amorphous brown material and yellow gritty material. The duodenum, small intestine, appendix, and colon are bloated and otherwise are unremarkable.

Glandular System: The 690-gram liver has an intact capsule and semi-soft, pink-red, clay-like, lobulated parenchyma. The thin-walled gallbladder contains approximately 4.5 ml of medium brown bile. There are no stones. The tan-violaceous cut surfaces of the semi-soft pancreas have a usual lobulated configuration without calcification or hemorrhage.

The pituitary gland is unremarkable *in situ*. The sectioned thyroid gland consists of glistening, tan-brown parenchyma. The salivary and parathyroid glands are not enlarged. The adrenal glands have orange-yellow cortices of usual thickness that cover cavity, autolyzed medullae.

Hematopoietic System: The 60-gram spleen has an intact capsule and soft maroon parenchyma. Regional lymph nodes appear normal. Fat partly replaces the thymus. The observed bone marrow is red-brown and homogeneous, without focal abnormalities.

Genitourinary System: The 80-gram right kidney and 90-gram left kidney are similar in size and shape. The intact capsules are removed from smooth cortical surfaces without difficulty. The cortices are well-demarcated from the medullae. The calyces, pelves, and the proximal 2/3 of the

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ureters are unremarkable. The urinary bladder is intact and empty; its mucosa is still gray-tan and intact. The remnant of the endocervical canal and the uterine body are unremarkable and have no apparent foreign material. The uterus is non-gravid.

Musculoskeletal System: The ribs, sternum, clavicles, pelvis, and vertebral column are unremarkable. The supporting musculature and soft tissues are not unusual aside from decomposition and from anterior hypostasis that darkens the adipose tissue and skeletal muscle of the neck, shoulders and anterior torso .

Head and Neck: The scalp has no injuries; it separates easily from the calvarial surface due to autolysis. The bony cap of the cranial cavity is intact. No discolorations involve the dura mater or the inner cranial lamina. The dural sinuses are intact and patent. The dura mater and falx cerebri do not adhere to the brain. No epidural, subdural, or subarachnoid hemorrhages are present. The base of the cranial cavity has no fractures. The foramen magnum and the proximal spinal cord are unremarkable. The atlanto-occipital region is stable.

The 1010-gram brain is symmetrical and has a normal gyral pattern altered by postmortem softening into a pasty to almost semi-liquid consistency. The leptomeninges are thin and translucent. There are no subfalcine or subtentorial herniations. The structures at the base of the brain, including cranial nerves and blood vessels, are free of other abnormalities. The cerebral hemispheres and brain stem and cerebellum reveal no focal lesions and no hemorrhages. The foramen magnum and the proximal spinal cord are unremarkable.

The tongue has no injuries or lesions. The soft tissues of the neck, including strap muscles and large vessels, have no abnormalities other than decompositional softening. The hyoid bone, epiglottis, laryngeal cartilages, and vocal cords are intact and unremarkable.

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MICROSCOPIC EXAMINATION:

Slide 1, right elbow: Extravasated erythrocytes are present in the subcutaneous adipose tissue. The erythrocytes are highlighted in their location by the Glycophorin A Immunostain.

Slide 2, proximal right thigh: Erythrocytes are within the vascular structures. The erythrocytes are highlighted in their location by the Glycophorin A Immunostain.

Slide 3, distal right thigh: Erythrocytes are within the vascular structures. The erythrocytes are highlighted in their location by the Glycophorin A Immunostain.

Slide 4, right knee: The epithelial surface is abraded. Erythrocytes are within the vascular structures. The erythrocytes are highlighted in their location by the Glycophorin A Immunostain.

Slide 5, left thigh: The epithelial surface is abraded. Erythrocytes are within the vascular structures. The erythrocytes are highlighted in their location by the Glycophorin A Immunostain.

Slide 6 – 9, internal genitalia: Endocervical mucus gland and endometrial glands and stroma and smooth muscle are present.

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08/14/17

SEARCHED
08/09/17

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LAB NUMBER: R17-01390
NAME: Jones, Naomi
CASE NO: 17-458
RECEIPT DATE: 06/09/2017

Forensic Toxicology Laboratory

SUBMITTER: Dr. Cameron Snider, District 1 Medical Examiners Office (Escambia), 5151 North Ninth Avenue, Pensacola, FL 32504-8721.


SPECIMENS RECEIVED:

- A. Chest Fluid, right
- B. Bile
- C. Stomach Contents



	<u>Analyte</u>	<u>Qualitative Results</u>	<u>Quantitative Results</u>
VOLATILES			
A. Chest Fluid	Ethanol	Positive	70 mg/dL (0.07 g/dL)
B. Bile	Ethanol	Positive	57 mg/dL (0.05 g/dL)
COMPREHENSIVE DRUG SCREEN			
A. Chest Fluid	None Detected		
B. Bile	None Detected		

RESULT CERTIFICATION:

Results Certified by: 
Bruce A. Goldberger, Ph.D., F-ABFT
Director of Toxicology & Professor

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