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# Lufkin Pathology Laboratory

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James R. Bruce, M.D., F.C.A.P.  
P.O. Box 150110, Lufkin, Texas 75915  
409-632-5992 or 409-634-8311  
FAX 409-632-5470

Diplomate American Board of Pathology  
Certified Forensic Pathology, American Board of Pathology

## AUTOPSY REPORT

A-96-185

<u>Patient:</u>	SHAW, Eddie Royce	<u>Expired:</u>	8-11-96
<u>Race:</u>	White	<u>Postmortem:</u>	8-12-96
<u>Sex:</u>	Male	<u>Limitation:</u>	None
<u>Service:</u>	Harold Crager	<u>Prosecutor:</u>	James R. Bruce, M.D.

### PRINCIPAL DIAGNOSES

- Gunshot wound to upper anterior neck with:
- a) Perforation of hypopharynx.
  - b) Acute basilar subdural hematoma.
  - c) Fracture of upper cervical vertebral column with transection of spinal cord and contusions of medulla.
  - d) Linear basilar skull fracture.

### DIAGNOSIS BY ANATOMIC SYSTEM

<u>General:</u>	Contusion/abrasion of left forehead; skin scars.
<u>Cardiovascular:</u>	No pathologic diagnosis.
<u>Respiratory:</u>	No pathologic diagnosis.
<u>Gastrointestinal:</u>	No pathologic diagnosis.
<u>Genitourinary:</u>	No pathologic diagnosis.
<u>Endocrine:</u>	No pathologic diagnosis.
<u>Hemic/Lymphatic:</u>	No pathologic diagnosis.
<u>Integumentary:</u>	See principal diagnoses and general.
<u>Musculoskeletal:</u>	See principal diagnoses.
<u>Central Nervous System:</u>	See principal diagnoses.
<u>Toxicology:</u>	Pending.
<u>Cause of Death:</u>	Gunshot wound to neck.
<u>Manner of Death:</u>	Homicide.
<u>Date Reported:</u>	11-5-96

GROSS DESCRIPTION

General Information: Postmortem examination of this 41-year-old white male identified as Eddie Royce Shaw is performed on August 12, 1996 and commences at 9:30 a.m. at the Lufkin Pathology Laboratory, Lufkin, Texas. The body is transported to the Lufkin Pathology Laboratory from Gipson Funeral Home, Lufkin, Texas and, following postmortem examination, is returned to said funeral home by representatives of said funeral home.

The decedent arrived clothed as follows:

1. White underwear (discarded).
2. Gold colored ring left ring finger, (left on body).

External Examination: The deceased is a normally-developed white male of large build appearing the recorded age of 41 years. He measures 71 inches in total length and is of above average nutritional status weighing approximately 200 pounds. Preservation is good in the absence of embalming. Normal lividity is well-developed over the back. Rigidity is fully-developed. The temperature is cool to touch, the body having been refrigerated prior to postmortem examination. The hairline is normal. The head hair is full, straight, black/slight gray, and measures 8 cm in maximum length. A moustache is present. Body hair is of the male distribution and of slight amount. Neither the right nor the left ear is pierced. The eyes are closed; the cornea are clear and the irides blue. No arcus senilis, lens opacities or conjunctival petechiae are noted. The pupils measure 3 mm and are equal. The teeth are natural.

Scars are present as follows:

1. Curved surgical scar of mid abdomen.

Evidence of injury is as follows:

1. 1 cm in diameter gunshot entrance wound of upper anterior neck, 4 cm below the mid chin. The wound is surrounded by an abrasion ring measuring up to 1 cm in width from 7:00 to 9:00 and 0.5 cm in width from 5:00 to 7:00. The abrasion ring is impregnated with soot. No powder tattooing is noted.
2. 2 cm in greatest dimension contusion/abrasion of the left forehead 1 cm below the left anterior hairline.

Internal Examination: The body is opened with the usual Y-shaped incision to reveal no significant fluid or fibrous adhesions within any of the body cavities. Examination of the neck musculature reveals hemorrhage around the gunshot entrance site. There is penetration of the hypopharynx with contusions of the epiglottis. The projectile proceeded horizontally, sagittally and

front to back perforating the upper cervical vertebral column and transecting the spinal cord. There are contusions of the medulla and basilar subdural hemorrhage.

Cardiovascular: The heart weighs 280 grams and has a normal configuration on external examination. Examination of the left main coronary artery reveals no arteriosclerosis. Following bifurcation of the left main coronary artery, the left anterior descending coronary artery shows no arteriosclerosis. The circumflex artery is patent without arteriosclerosis. The right coronary artery shows no arteriosclerosis. No fibrous or fibrous adhesions are noted on the pericardial sac. Opening the heart along the course of blood reveals the right atrium to be of normal volume. No significant distention of the superior or inferior vena cava is noted. The tricuspid valve shows three delicate leaflets. The chordae tendineae show no significant thickening. Papillary muscles show no significant fibrosis or any present or past ischemic changes. The right ventricle contains the normal coarse trabeculations. No endocardial thickening is noted and no significant dilatation or hypertrophy is present. The left atrium again shows no significant dilatation. The mitral valve contains two delicate leaflets and the chordae tendineae and papillary muscles show no significant changes. The left ventricle shows no evidence of dilatation and hypertrophy and measures 7 mm in thickness along its lateral free wall. No present or past ischemic changes are noted. The aortic valve and pulmonic valve each consist of three pocket leaflets. The coronary artery ostia are patent. The aortic root shows no dilatation. The major branches of the aorta are present in their normal positions. Examination of the descending thoracic and abdominal aorta reveals no evidence of aneurysms or significant arteriosclerotic change.

Respiratory: See internal examination. The tongue shows no gross abnormality. The lips show no contusions or lacerations. The trachea and major bronchi are patent. Examination of the vocal cords reveals them to show no significant pathologic change. The thyroid and cricoid cartilages show no fractures or hemorrhage. The trachea shows no significant congestion or mucous accumulation. No pulmonary emboli are noted. The right lung weighs 340 grams and the left lung 270 grams. No pulmonary edema is present. No foci of consolidation are present. No tumors or granulomatous inflammation is noted.

Gastrointestinal: The esophagus is lined by the typical white squamous epithelium. The G-E junction shows no significant pathologic change. The stomach is empty. No ulcers or tumors are noted. The small intestine shows no significant pathologic change upon palpation. No areas of obstruction are identified. The colon shows no significant dilatation. No diverticula are noted. No tumors are identified. The liver weighs 1700 grams and has a reddish-brown color on cut surface. No cirrhosis or tumors are identified. The gallbladder is absent. The pancreas shows no significant pathologic changes and has a coarse lobular configuration on cut surface.

Genitourinary: The left kidney weighs 130 grams and the right 100 grams. The cortical surface is smooth. Cut surface reveals a cortex measuring 7 mm in thickness. The cortical-medullary junction is distinct. No significant pathologic changes are noted in the renal papillae or renal pelvis. The ureters appear to drain freely into the bladder.

Endocrine: The thyroid gland shows its typical beefy-red color and is of normal size and configuration. The adrenal glands are of normal size. Cut surface reveals the typical yellowish color of the cortex and gray medulla. No focal lesions are noted.

Hemic/Lymphatic: The thymus shows age-related involutional changes. The spleen weighs 200 grams and shows no focal lesions on external or cut surface examination. It has the typical dark reddish parenchyma on cut surface with multiple pin point foci of white pulp.

Integumentary: See external examination.

Musculoskeletal: See internal examination.

Central Nervous System: Reflection of the scalp reveals no contusions or skull fractures. Removal of the calvarium reveals no epidural, subdural, subarachnoid or intraparenchymal hemorrhage over the convexities. The brain weighs 1500 grams and has a normal gyral-sulcal configuration. The hemispheres are symmetrical. The pituitary gland shows no enlargement. The meninges are clear and glistening. Multiple cut sections of the brain reveal no focal lesions. The cerebral arteries show no arteriosclerosis. Examination of the base of the brain reveals acute subdural hemorrhage around the medulla. A linear fracture extends across the posterior aspect of the right middle cranial fossa. There are contusions of the medulla.

Toxicology: Pending.

#### MICROSCOPIC DESCRIPTION

None.

#### FINAL SUMMARY

Postmortem examination of this 41-year-old-white male revealed a contact gunshot wound to the upper anterior neck with injuries to the upper cervical spinal cord and brainstem, the cause of death.

  
James R. Bruce, M.D.