BOARD OF MEDICOLEGAL INVESTIGATIONS

OFFICE OF THE CHIEF MEDICAL EXAMINER

Central Office
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Oklahoma City, Oklahoma 73117
(405) 239-7141 Fax (405) 239-2430

Eastern Division
1115 West 17th
Tulsa, Oklahoma 74107
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By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials)	Age	Birth Date	Race	Sex
SONDRIA ALLEN	50	5/26/1954	BLACK	F

HOME ADDRESS - No. - Street, City, State
300 N. DENVER, TULSA, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS)	DATE	TIME
DR. HAMILTON, ER PHYSICIAN, TULSA REGIONAL	7/29/2004	18:15

	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
INJURED OR BECAME ILL AT (ADDRESS): DAVID MOSS CORRECTIONAL CENTER	TULSA	TULSA	JAIL	7/29/2004	16:14
LOCATION OF DEATH: TULSA REGIONAL MEDICAL CENTER	TULSA	TULSA	HOSPITAL	7/29/2004	17:50
BODY VIEWED BY MEDICAL EXAMINER: 1115 WEST 17 ST.	TULSA	TULSA	MORGUE	7/30/2004	9:40

IF MOTOR VEHICLE ACCIDENT: ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

TYPE OF VEHICLE: ☐ AUTOMOBILE ☐ LIGHT TRUCK ☐ HEAVY TRUCK ☐ BICYCLE ☐ MOTORCYCLE ☐ OTHER _____

DESCRIPTION OF BODY

EXTERNAL PHYSICAL EXAMINATION

	RIGOR	LIVOR	EXTERNAL OBSERVATION
Jaw	Complete	Color	Beard _____ Hair _____
Neck	Absent	Lateral	Eyes: Color _____ Mustache _____
Arms	Passing	Posterior	Opacities _____
Legs	Passed	Anterior	Pupils: R _____ L _____
	Decomposed ☐	Regional _____	Body Length _____ Body Weight _____

	NOSE	MOUTH	EARS
BLOOD	☐	☐	☐
OTHER	☐	☐	☐

Significant observations and injury documentations - (Please use space below)

SEE AUTOPSY PROTOCOL
T-345-04

Probable Cause of Death:

ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

Other Significant Medical Conditions:

TOXIC EFFECTS OF COCAINE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, HYPERTENSION, DIABETES MELLITUS, SEIZURE DISORDER, OBESITY

Manner of Death:

Natural ☐	Accident ☑
Suicide ☐	Homicide ☐
Unknown ☐	Pending ☐

Case disposition:

Autopsy Yes ☑ No ☐

Authorized by ANDREW SIBLEY M.D.

Pathologist ANDREW SIBLEY M.D.

Not a medical examiner case ☐

MEDICAL EXAMINER:

Name, Address and Telephone No.

ANDREW SIBLEY M.D.
1115 W. 17th St
TULSA, OK 74107

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.

ANDREW SIBLEY M.D. [signature] 10-6-04
Signature of Medical Examiner 0413347 Date

Computer generated report

CME-1 (REV 7-98)

Board of Medicolegal Investigations
Office of the Chief Medical Examiner
1115 West 17th Street
Tulsa, Oklahoma 74107-1800
918-582-0985 voice 918-585-1549 Fax

CERTIFICATION
I hereby certify that this document is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By_____

Date_____

REPORT OF AUTOPSY

Decedent:				Age	Race	Sex	Autopsy No:			Case No:
SONDRIA ALLEN				50	B	F	T-345-04			0413347
Rigor	**Livor**	**Length (in.)**	**Weight (lb)**	**Eyes**	**Pupil R (cm)**	**Pupil L (cm)**	**Hair**	**Beard**	**Mustache**	**Body Heat**
FULL	P&B/P	66	239	BRN			BLK			COOL

TYPE OF DEATH:	MEANS:	ID By	Authority for Autopsy:
INCARCERATED/UNNATURAL	DRUG	CORRECT. STAFF	M.A. SIBLEY, M.D.

PATHOLOGIC DIAGNOSES

1. Atherosclerotic cardiovascular disease
   A. Severe stenosis (90%) of circumflex coronary artery
   B. Infarct of posteroseptal left ventricular wall, transmural, remote
   C. Cardiomegaly (520 gm) with concentric hypertrophy; history of hypertension
   D. History of diabetes mellitus

2. Toxic effects of cocaine

3. Chronic obstructive pulmonary disease, moderate

4. History of seizure disorder

5. Other findings:
   A. Obesity
   B. Cortical fibrosis, left kidney
   C. Bridging fibrosis/early cirrhosis of liver
   D. Splenic capsular fibrosis
   E. Absent gallbladder and appendix

CAUSE OF DEATH:

Atherosclerotic cardiovascular disease
Toxic effects of cocaine

Present at autopsy:
Josh Pogue, Dan Dooley,
Luke Noah, M.A. Sibley, M.D.

The facts stated herein are true and correct to the best of my knowledge and belief.

[signature] 10-5-04

Forensic Pathologist

OCME, Eastern Division — 7/30/04 0940 hrs

Location of Autopsy — Date and Time of Autopsy

MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF DEATH:
This 50-year-old woman (DOB: May 26, 1954) was found unresponsive in her cell at David Moss Correctional Center. She was transported to Tulsa Regional Medical Center where she was pronounced dead despite resuscitation efforts on July 29, 2004 at 1750 hours. She had verbalized intent to possibly take her own life. There is a reported history of seizures, diabetes mellitus, hypertension, and obesity.

AUTHORIZATION:
The postmortem examination is performed under the authorization of the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma.

IDENTIFICATION:
The body is identified by correctional staff. Digital photographs of the deceased are taken.

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE EXAMINATION:
The postmortem examination of Sondria Allen is performed at the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma, on July 30, 2004 commencing at 0940 hours. Assisting in the examination are Josh Pogue, Dan Dooley, and Luke Noah.

GENERAL DESCRIPTION:
The partially clothed, unembalmed body is received wrapped in a white sheet. The body is supine.

CLOTHING AND PERSONAL EFFECTS:
1) Bright orange coveralls are positioned with the anterior aspect unsnapped and focally cut/torn. The chest and abdomen are exposed.
2) A white tee shirt is appropriately positioned.

EXTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:
1) A sodium chloride bag with tubing is adjacent to the body.
2) An identification bracelet encircles the left wrist.
3) White gauze covers needle puncture sites on the back of the left hand and left antecubital fossa.
4) EKG conduction pads and pace/defib pads are on the right and left sides of the chest.
5) An endotracheal tube protrudes from the mouth and is secured with fabric around the neck.
6) A needle puncture site is on the right side of the neck.

EXTERNAL EXAMINATION

The body is that of a normally developed obese black woman appearing the recorded age measuring 66 inches and weighing 239 pounds. Rigor mortis is well established in the jaw and extremities. Livor mortis is posterior, purple to brown and non-blanchable. The body is cool and has been refrigerated.

Head:
The scalp is covered by curly black hair up to 4 cm. There is no evidence of recent cutaneous injury of the scalp. The forehead is symmetrical without evidence of recent cutaneous injury. The eyebrows are black. The eyes are normally positioned with cloudy corneas, brown irides, equal round pupils, and clear conjunctiva. There are no petechial hemorrhages. The nasal skeleton is midline and intact. The nares are patent. The lips are brown to purple and intact. The mouth is edentulous. There is no evidence of recent injury of the oral mucosa. There is no evidence of recent cutaneous injury of the face. The ears are normally positioned without evidence of recent cutaneous injury.

Neck:
The neck is symmetrical with the trachea midline. Evidence of medical therapy is described above. There is no other evidence of recent cutaneous injury.

Trunk:
The chest and abdomen are symmetrically formed. There is no evidence of recent cutaneous injury. There are no palpable breast masses. The abdomen is protuberant and soft. An obliquely oriented 4 cm scar is below the xiphoid region. A horizontally oriented 7 cm scar is above the umbilicus. A vertically oriented scar is between the umbilicus and the pubic symphysis. A round 1.5 cm scar is in the right upper quadrant of the abdomen.

External Genitalia:
The external genitalia are those of a normally developed female. The pubic hair is black. There is no evidence of recent cutaneous injury.

Lower Extremities:
The lower extremities are symmetrical without palpable fractures. There is no peripheral pitting edema. The toenails are of moderate length and somewhat irregularly trimmed with focal thickening. There is no evidence of recent cutaneous injury.

Upper Extremities:
The upper extremities are symmetrical without palpable fractures. Evidence of medical therapy is described above. There is no other evidence of recent cutaneous injury. The fingernails are of moderate length and fairly evenly trimmed with tan to purple nail beds. There are no needle tracks in the antecubital fossae or elsewhere.

Back:
The back and buttocks are symmetrically formed without evidence of recent cutaneous injury. The anus shows normal anatomic features without evidence of injury.

INTERNAL EXAMINATION

INTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:
An endotracheal tube terminates above the carina.

SYSTEMS REVIEW:

Body Cavities:
The subcutaneous midline abdominal fat measures 10 cm. The organs of the thorax and abdomen have normal anatomic relations. There are no fluid accumulations in the pleural, pericardial, or peritoneal spaces.

Cardiovascular System:
The 520 gm heart is intact and normally formed. The pericardium and epicardium are smooth and glistening. The endocardium is smooth without thrombi. There is no chamber dilatation. The left ventricular wall is up to 2.3 cm in thickness. The hypertrophy is concentric. The lumen is nearly obliterated. The right ventricular wall is up to 0.5 cm in thickness. There is a 4 x 2 x 1.5 cm transmural area of fibrosis involving the posteroseptal region. The remainder of the myocardium is firm and brown. There are no acute infarcts. The valves and great vessels are normally formed and positioned. There is left coronary artery dominance. There is up to 90% focal stenosis of the circumflex coronary artery by atherosclerosis. The remaining coronary arteries are widely patent. There are no acute thrombi. The aorta has mild atherosclerosis without ulceration or thrombi.

Respiratory System:
The tracheobronchial tree is without foreign material. The left lung weighs 400 gm and the right 490 gm. The pleura is intact. There is prominent anthracotic pigment on the pleural surface. The lungs are normally formed with red to purple parenchyma. There is moderate parenchymal loss in a centriacinar distribution. No tumor, granulomas, inflammation or other discrete lesions are identifiable. There is dependent congestion. The pulmonary vasculature is widely patent. The hilar lymph nodes are unremarkable. The diaphragm is intact.

Liver:
The 2290 gm liver is normally formed with a smooth intact capsule. The parenchyma is firm and brown. No specific or focal lesions are present. The gallbladder is absent and staples are in place.

Hematopoietic System:
The 190 gm spleen is normally formed with a somewhat nodular but intact capsule. There is focal capsular fibrosis. The parenchyma is red-purple without specific or focal lesions. The thymus is involuted. Systemic lymph nodes and bone marrow where visualized are unremarkable.

Pancreas:
The pancreas is tan and lobulated without discrete lesions.

Gastrointestinal Tract:
The esophagus is without erosions or tumor. The stomach contains 200 cc of thin brown fluid with pieces resembling sliced pineapple. The stomach lining is intact and continues into a normal appearing small bowel and colon. The appendix is not identified.

Genitourinary Tract:
The left kidney weighs 110 gm, and the right weighs 180 gm. The cortical surface on the right is smooth and glistening. The cortical surface on the left is granular with depressed areas of scarring in multiple areas. The parenchyma is brown without tumor infarcts or cysts. The corticomedullary junction is well delineated. The collecting system is without tumor or obstruction. The bladder contains no urine. The bladder wall and mucosa are unremarkable. The internal genitalia are unremarkable.

Endocrine System:
The pituitary is normal in size and appearance. The adrenals are normal in size without hemorrhages or masses. The thyroid is symmetrical and normal in size without lesions.

Musculoskeletal System:
The ribs, sternum, clavicles, vertebra, and pelvis are without fractures or other acute lesions. The general musculature appears normally developed.

Neck:
The neck organs have normal anatomic relations. There is no evidence of hemorrhage within the subcutaneous tissue or strap musculature of the neck. The hyoid bone and thyroid cartilage are intact. The mucosa of the larynx and trachea is without evidence of hemorrhage or erosion. The epiglottis and aryepiglottic folds are without edema. The tongue is directly visualized and shows no evidence of injury or other lesions.

Head:
The scalp is intact without hemorrhage. There are no skull fractures. There is no epidural, subdural, subarachnoid, or intraventricular hemorrhage. The meninges are smooth and glistening. The 1340 gm brain is symmetrical and normally formed. No internal hemorrhages, infarcts, or mass lesions are identifiable. The ventricles are symmetrical and normal in size. There is no uncal or cerebellar tonsillar herniation. The circle of Willis is normally formed with

minimal atherosclerosis. The basal ganglia, cerebellum, and brain stem parenchyma are unremarkable. The spinal cord as visualized through the foramen magnum is unremarkable.

TOXICOLOGY

See attached report.

MICROSCOPIC EXAMINATION

Heart:
Multiple sections of the left ventricular wall are taken. Sections of the posterior left ventricular wall show myocardial fiber loss with replacement by mature fibrous tissue. There is no necrosis or inflammation.

Lungs:
Sections of each lobe of each lung are taken. Alveolar septae are mostly thin and delicate. There is congestion and edema. There is prominent anthracotic pigment and many alveoli contain macrophages, some containing brown pigment. Some areas show moderate parenchymal/alveolar wall loss. There is no significant alveolar, bronchiolar, or vascular acute inflammation. There are no antemortem thrombi.

Liver:
A section shows congestion and bridging fibrosis/early cirrhosis. There are increased mononuclear cells in the portal regions and within fibrous bands. There is no steatosis or active lobulitis.

Spleen:
A section shows no specific pathologic changes.

Kidney:
A section of the left kidney shows prominent cortical fibrosis with sclerotic glomeruli and prominent lymphoid aggregates. A section of the right kidney shows no specific pathologic changes.

Pancreas:
A section shows autolysis without specific pathologic changes.

OPINION

Death of woman with diabetes mellitus, hypertension and obesity is attributed to a probable sudden cardiac event as a result of atherosclerotic cardiovascular disease. There was severe coronary artery occlusion and evidence of a prior myocardial infarct. There is also evidence of recent cocaine use and this probably contributed. Chronic obstructive pulmonary disease was another significant finding. There were no significant injuries. The manner of death is classified as accident.

BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER

901 N.Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

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Re. _____ Co. _____

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By _____

Date _____

ME CASE NUMBER: 0413347

LABORATORY NUMBER: 042206

DECEDENT'S NAME: SONDRIA ALLEN

DATE RECEIVED: 8/3/2004

MATERIAL SUBMITTE BLOOD, VITREOUS, LIVER, BRAIN, GASTRIC

HOLD STATUS: 60 DAYS

SUBMITTED BY: ANDREW SIBLEY M.D.

MEDICAL EXAMINER: ANDREW SIBLEY M.D.

NOTES:

ETHYL ALCOHOL:

Blood: (HEART) NEGATIVE

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

BLOOD BASES
BLOOD ACID/NEUTRALS
BLOOD EIA

RESULTS:

BLOOD (FEMORAL)
BENZOYLECGONINE - 0.53 MCG/ML
COCAINE - NONE DETECTED
COCAETHYLENE - NONE DETECTED
CARBAMAZEPINE - 2.0 MCG/ML
DIPHENHYDRAMINE - POSITIVE
PHENYTOIN - 7.5 MCG/ML

BRAIN
BENZOYLECGONINE - 0.38 MCG/G
COCAINE - NONE DETECTED
COCAETHYLENE - NONE DETECTED

CHIEF MEDICAL EXAMINER
EASTERN DIVISION
OCT 1 2004
1115 WEST 17TH STREET
TULSA, OK 74107-1800

09/27/2004
DATE

PHILIP M. KEMP, Ph.D., DABFT
Chief Forensic Toxicologist