

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

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Re _____ Co _____

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By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) JEREMY YOUNGBLOOD	Age 30	Birth Date 12/31/1980	Race WHITE	Sex M
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HOME ADDRESS - No. - Street, City, State
15941 CR 3500, ADA, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) DAVID HASKET @ MERCY 752-3930	DATE 6/11/2011	TIME 18:27
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INJURED OR BECAME ILL AT (ADDRESS) POWERS CHIROPRACTIC CLINIC	CITY ADA	COUNTY PONTOTOC	TYPE OF PREMISES CLINIC	DATE 6/9/2011	TIME Unknown
LOCATION OF DEATH MERCY HOSPITAL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES HOSPITAL	DATE 6/11/2011	TIME 17:35
BODY VIEWED BY MEDICAL EXAMINER 901 N STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 6/13/2011	TIME 9:10

IF MOTOR VEHICLE ACCIDENT: DRIVER PASSENGER PEDESTRIAN

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

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATION		NOSE	MOUTH	EARS
					BLOOD	OTHER	
EXTERNAL PHYSICAL EXAMINATION	Jaw <input type="checkbox"/> Complete <input checked="" type="checkbox"/> Neck <input type="checkbox"/> Absent <input type="checkbox"/> Arms <input type="checkbox"/> Passing <input type="checkbox"/> Legs <input type="checkbox"/> Passed <input type="checkbox"/> Decomposed <input type="checkbox"/>	Color <u>PURPLE</u> Lateral <input type="checkbox"/> Posterior <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Regional _____	Beard <u>NO</u> Hair <u>BROWN</u> Eyes: Color <u>BROWN</u> Mustache <u>NO</u> Opacities <u>CLEAR</u> Pupils: R <u>8MM</u> L <u>8MM</u> Body Length <u>74 IN</u> Body Weight <u>84 KG</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Probable Cause of Death:

ACUTE CEREBELLAR INFARCTION

Due To: **MANIPULATION OF NECK**

Other Significant Medical Conditions:

Manner of Death:

Natural Accident
Suicide Homicide
Unknown Pending

Case disposition:

Autopsy Yes No
Authorized by MEDICAL EXAMINER
Pathologist CHAI S. CHOI M.D.
Not a medical examiner case

MEDICAL EXAMINER:

Name, Address and Telephone No.

CHAI S. CHOI M.D.
901 N. STONEWALL
OKLAHOMA CITY, OK 73117

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.

Chai S. Choi, M.D.

Signature of Medical Examiner

CHAI S. CHOI M.D.

Computer generated report

1102259

Date Signed

6/12/2011

Date Generated



Board of Medicolegal Investigations
Office of the Chief Medical Examiner
 901 N. Stonewall
 Oklahoma City, Oklahoma 73117
 (405) 239-7141 Voice
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CERTIFICATION
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 By _____
 Date _____

REPORT OF AUTOPSY

Decedent JEREMY YOUNGBLOOD	Age 30	Birth Date 12/31/1980	Race WH	Sex M	Case No 1102259
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Type of Death Violent, unusual or unnatural	Means	ID By Toe Tag	Authority for Autopsy CHAI S. CHOI, M.D.
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Present at Autopsy
Steve Mullins

FINDINGS

- I. Hemorrhagic infarction of cerebellum, mainly inferior surface, right, with obstructive hydrocephalus at the level of the 4th ventricle
 - A. Status post right posterior/inferior cerebellar artery embolism with distal right vertebral right artery dissection at the skull base in C-1
 - B. Status post being coiled with a 6 mm x 20 mm Azure coil (x2), (status post coil embolisation of right vertebral artery)
 - C. Diffuse cerebral edema (weight 1600 gm)
 - D. Status post chiropractic manipulation of neck
- II. Acute pulmonary congestion with edema (combined weight 1800 gm)
 - A. Acute bronchopneumonia, mainly right lung
- III. Heart (weight 450 gm)
 - A. No significant coronary artery disease
 - B. Mild ventricular hypertrophy

Findings continued on page 2

CAUSE OF DEATH: ACUTE CEREBELLAR INFARCTION
DUE TO: MANIPULATION OF NECK

OSC:
MANNER OF DEATH: ACCIDENT

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

Chai S. Choi, M.D.

OCME Central Division 6/13/2011 9:10 AM

CHAI S. CHOI, M.D. Pathologist Location of Autopsy Date and Time of Autopsy

FINDINGS CONTINUED

Comment:

The decedent is a 31 year old white male with no significant past medical history who was getting chiropractic manipulation to his neck on the previous day when he experienced sudden onset of nausea and vomiting. He was taken immediately to the local hospital and was then flown to Mercy Hospital for evaluation and treatment. He was diagnosed to have a dissected right vertebral artery and occlusion of right posterior/inferior cerebellar artery with cerebellar infarction.

Complete autopsy confirmed the clinical diagnosis of hemorrhagic infarction of cerebellum with obstructive hydrocephalus at the level of the 4th ventricle with diffuse cerebral edema. There is microscopic suggestive finding of dissection of the vertebral artery.

It is felt that the cause of death is regarded to be acute cerebellar infarction as a result of chiropractic manipulation of neck.

The manner of death is ruled to be an accident.

Chai S. Choi, M.D.

June 29, 2011
CSC/ad

CHAI S. CHOI, M.D.

EXTERNAL EXAMINATION

DESCRIPTION								
Height	Weight	Eyes	Pupils	Opacities, Etc.	Hair	Beard	Mustache	Circumcised
74in.	84kg.	Brown	R8 mm L8 mm		Brown	No	No	Yes
RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)				LIVOR (color, anterior, posterior, lateral, regional)			Body Heat	
Complete				Purple-Posterior			COOL	

DESCRIPTION OF CLOTHING:

Hospital gown.

MEDICAL APPLICATION:

- Single patch attached over the right upper arm
- Needle puncture marks with purple hemorrhages, right antecubital fossa
- Two identification bands, right wrist
- Intravenous needle placement, left antecubital fossa
- Needle placement, left forearm
- Tape over needle puncture marks, right groin

BODY MARKS AND SCARS:

- Two depigmented scars over the right knee, 1 and 2.5 cm in greatest dimension
- Fine, linear, vertical scar, dorsum of left wrist, 5.5 cm
- Several brownish scabs over the dorsum of the foot, right and left lateral surface of the left foot

INJURIES:

None, other than status post neck injury due to manipulation of neck

EXTERNAL:

The body is that of a well developed, well nourished, white adult male. The scalp hair is straight, approximately 1 inch long. The conjunctivae are white and show no petechiae. The inside of the mouth is in fair condition. There is no blood in the nose, mouth, or ear canals. The neck is unremarkable. The chest is of normal contour and unremarkable. The abdomen flat and is unremarkable. The genitalia are those of a circumcised normal adult male and are unremarkable. The extremities are symmetrical and unremarkable. The back is unremarkable.

GROSS EXAMINATION

The body is opened through the customary “Y” shaped incision.

Subcutaneous fat is normally distributed, moist, and bright yellow. The musculature through the chest and abdomen is rubbery, maroon, and shows no gross abnormality.

The sternum is removed in the customary fashion. The organs of the chest and abdomen are in normal position and relationship. The liver edge extends 0 cm below the right costal margin at the midclavicular line. The diaphragms are intact bilaterally.

PARIETAL PLEURA:

Smooth, glistening membrane without associated adhesions or abnormal effusions.

PERICARDIUM:

Is a smooth, glistening, intact membrane, and the pericardial cavity, itself, contains the normal amount of clear, straw-colored fluid.

PERITONEUM:

Smooth, glistening membrane in both the abdominal and pelvic cavities. The peritoneal cavity contains no abnormal fluid or adhesions.

HEART:

Weighs 450 gm. It has a normal configuration and location. There are no adhesions between the parietal and visceral pericardium, and the latter is a smooth, glistening, fat laden characteristic membrane. The coronary arteries arise and distribute normally with no significant atherosclerosis. The coronary ostia are normally located and widely patent. The chambers and atrial appendages are unremarkable. The valves are normally formed and measure as follows: tricuspid 13.5 cm, pulmonic 8.0 cm, mitral 11.0 cm, and aortic 7.0 cm. The endocardium is a smooth, gray, glistening, translucent membrane uniformly. The myocardium is intact, rubbery, and red-tan, with the left ventricle measuring 1.5 cm, the septum measuring 1.5 cm, and the right ventricle measuring 0.3 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The arch of the aorta is classically formed with minimal atherosclerosis. Other great vessels also arise and distribute normally and are widely patent.

NECK ORGANS:

Musculature is normal, rubbery, maroon, and the organs are freely movable in a midline position. The tongue is intact and normally papillated, without evidence of tumor or hemorrhage. The hyoid bone is intact. The thyroid cartilage is intact and without abnormality. The thyroid gland is symmetric, rubbery, light tan to maroon, and in its normal position without evidence of neoplasm. The epiglottis is a characteristic plate-like structure which shows no evidence of edema, trauma, or other gross pathology. The larynx is comprised of unremarkable vocal cords and folds, is widely patent without foreign material, and is lined by a smooth, glistening membrane. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

THYMUS:

No significant tissue is identified grossly.

LUNGS:

The right lung weighs 900 gm, and the left weighs 900 gm. Visceral pleurae are smooth, glistening, and intact with minimal anthracosis and no bleb formation. The overall configuration is normal. The trachea is filled with light greenish, thick puss-like material and lined by a diffusely purplish, congested membrane. Likewise, the major bronchi and bronchioles bilaterally are patent, normally formed, and contain no significant occlusive material. The pulmonary arterial tree is free of emboli or thrombi. The parenchyma is deep reddish-purple, with similar puss-like exudate from cut surface, mainly right lung. There is no evidence of consolidation, granulomatous, or neoplastic disease. Hilar lymph nodes are within normal limits with relation to size, color, and consistency.

G.I. TRACT:

The esophagus shows an unremarkable mucosa, a patent lumen, and no evidence of gross pathology. The esophagogastric junction is unremarkable. The stomach is of normal configuration, is lined by a smooth, glistening, intact mucosa, has an unremarkable wall and serosa, and contains 170 g of dark, brownish fluid with no food. The duodenum, itself, is patent, shows an unremarkable mucosa and no evidence of acute or chronic ulceration. Jejunum and ileum are unremarkable and contain soft brown fecal material. There is no Meckel's diverticulum. The ileocecal valve is intact and unremarkable. The appendix is unremarkable. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula. Anus and rectum are unremarkable.

LIVER:

Weighs 2000 gm. It is of normal configuration, rubbery, tan, and intact. Cut surface shows no pathology.

GALLBLADDER:

Lies in its usual position, contains liquid bile, no calculi, and shows an unremarkable mucosa. The biliary tree is intact and patent without evidence of neoplasm or calculi.

PANCREAS:

Lies in its normal position, shows a normal configuration, is pink-tan and characteristically lobulated with no apparent gross pathology.

SPLEEN:

Weighs 350 gm. The capsule is intact. The organ is rubbery, maroon, and shows characteristic follicular pattern.

ADRENALS:

Lie in their usual location, show yellow cortices and tan to gray medullae.

KIDNEYS:

The right kidney weighs 60 gm and the left weighs 270 gm. The right kidney is small and multilobulated with grey scarring, while the left kidney is unremarkable. Cortical surface sections show it to be diffusely congested, otherwise unremarkable ureters blood vessels. The renal orifices of the abdominal aortas are patent, and unremarkable.

URINARY BLADDER:

Contains ___ urine. Its serosa and mucosa are unremarkable.

MALE GENITALIA:

The prostate is symmetric, rubbery, gray-tan, and of normal size. The prostatic urethra is unremarkable. The testes are bilaterally present and show no evidence of tumor, trauma, or inflammation. The investing membranes are unremarkable as is the epididymis.

BRAIN AND MENINGES:

The scalp is opened through the customary intermastoid incision and shows no trauma. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The brain weighs 1600 gm. Dura and leptomeninges are smooth, glistening, translucent, and unremarkable without evidence of trauma. Cranial nerves and circle of Willis are normally distributed and show thrombotic occlusion of the right vertebral artery distal to the bifurcation of basilar artery and regional branches. Externally the brain is diffusely edematous and symmetrical, and multiple serial sections of cerebral hemispheres, pons, medulla, and cerebellum show markedly hemorrhagic necrosis of right cerebellum, mainly at the inferior surface near the midline, along with necrotic hemorrhagic cerebellar tissue filling the regional 4th ventricle. The ventricular system is otherwise unremarkable and is obliterated by parenchymal edema. The base of the skull is intact without osseous abnormality.

RIBS:

Intact.

PELVIS:

Intact.

VERTEBRAE:

Intact on exploration through the posterior segment of the cervical spine, there are no regional hemorrhages. There are coiled, fine wires in place through the right vertebral artery. The wires appear to have two segments (by x-ray). The wire is coated with reddish-brown clotted blood.

BONE MARROW:

Unremarkable.

MICROSCOPIC EXAMINATION

Representative sections of brain confirm gross diagnosis of acute hemorrhagic necrosis of cerebellum with diffuse cerebral edema. Clotted blood in the fourth ventricle show it to be hemorrhagic, necrotic cerebellar tissue.

Representative sections of the vertebral artery thrombus show acute thrombotic clot within distended lumen.

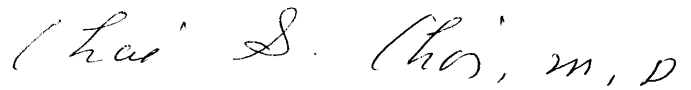
Representative sections of the artery show focal intimal laceration that extends to the muscular wall and is coated with thrombotic clot in which there are acute inflammatory cells.

Representative sections of heart, liver, kidneys show no significant pathology other than diffuse vascular congestion with dark, purplish non-refringent particles in the distal tubules, likely nephrocalcinosis that are readily seen in both kidneys.

Representative sections of lungs show diffuse vascular congestion with edema with multifocal acute inflammatory cells infiltration in the alveoli and segmental bronchus as well as trachea. There is acute inflammatory cells infiltration in the submucosa with eroded lined mucosa.

Representative sections of the left lung show diffuse vascular congestion with likewise, focal bronchopneumonia. There are no foreign particles in the lung identified. There are scattered fatty changes of hepatocytes.

June 29, 2011
CSC/ad



CHAI S. CHOI, M.D.

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

901 N.Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

OFFICE USE ONLY

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By _____

Date _____

ME CASE NUMBER: 1102259

LABORATORY NUMBER: 112020

DECEDENT'S NAME: JEREMY YOUNGBLOOD

DATE RECEIVED: 6/13/2011

MATERIAL SUBMITTED: BLOOD, VITREOUS, HOSPITAL SPECIMENS

HOLD STATUS: 30 DAYS

SUBMITTED BY: STEVE MULLINS

MEDICAL EXAMINER: CHAI S. CHOI M.D.

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (HOSPITAL SPECIMEN; 06/10/2011 AT 0720 HRS)

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

NO OTHER TESTS PERFORMED

RESULTS:

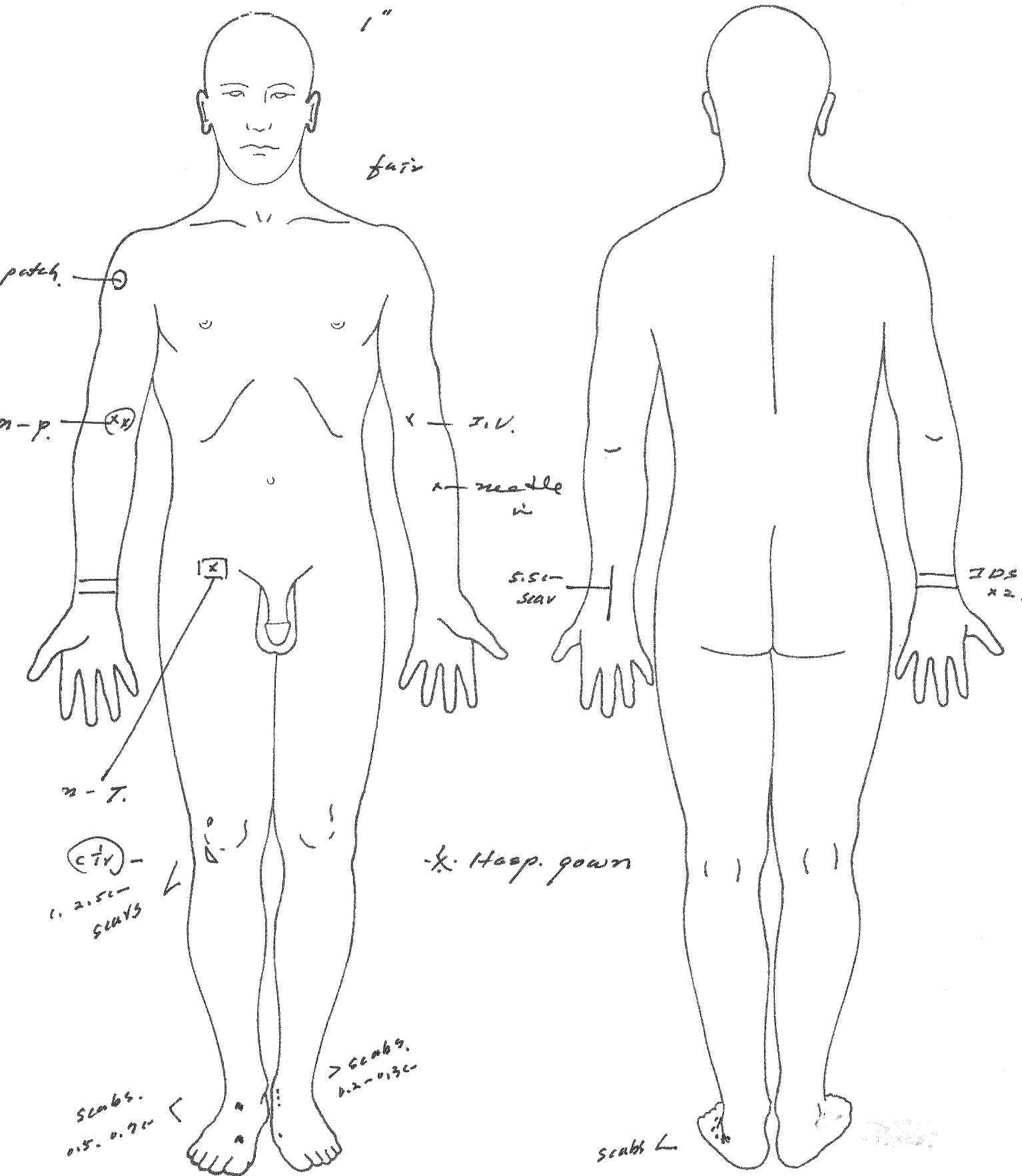
06/15/2011

DATE



BYRON CURTIS, Ph.D., Chief Forensic Toxicologist

FULL BODY, MALE - ANTERIOR AND POSTERIOR VIEWS (VENTRAL AND DORSAL)



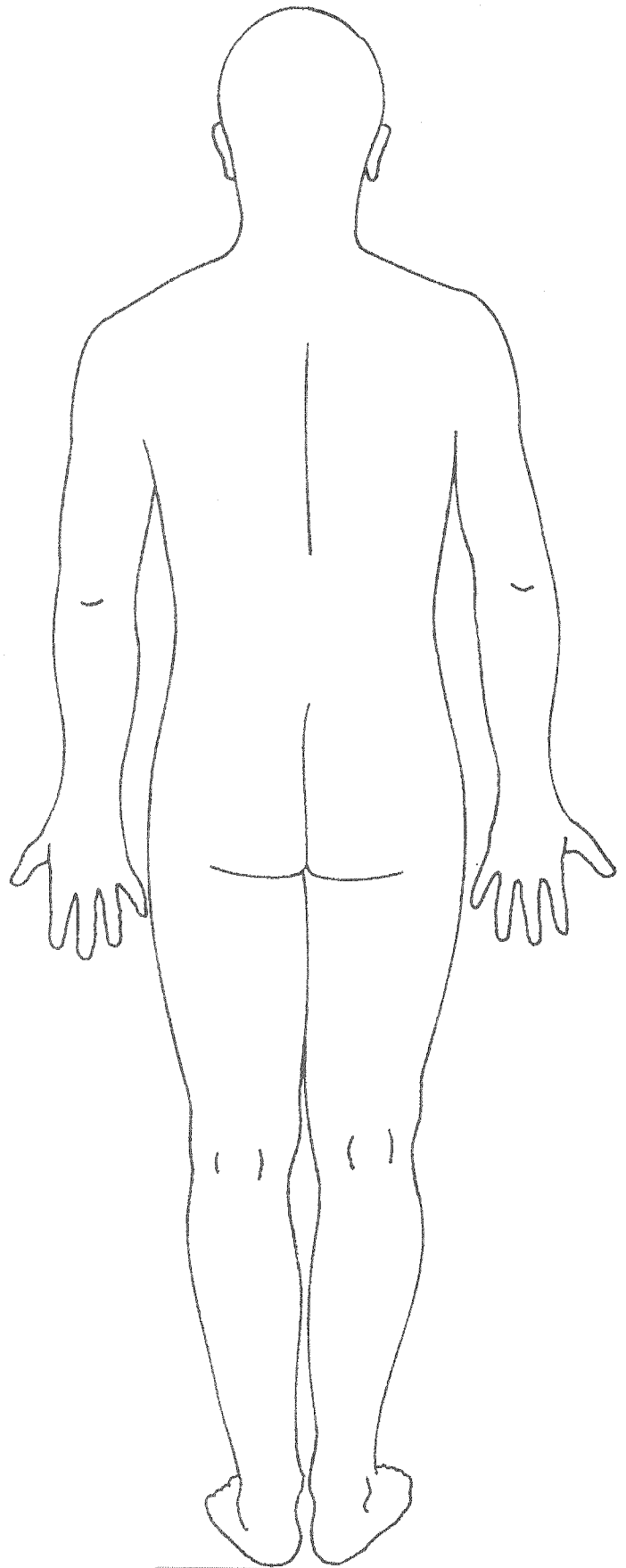
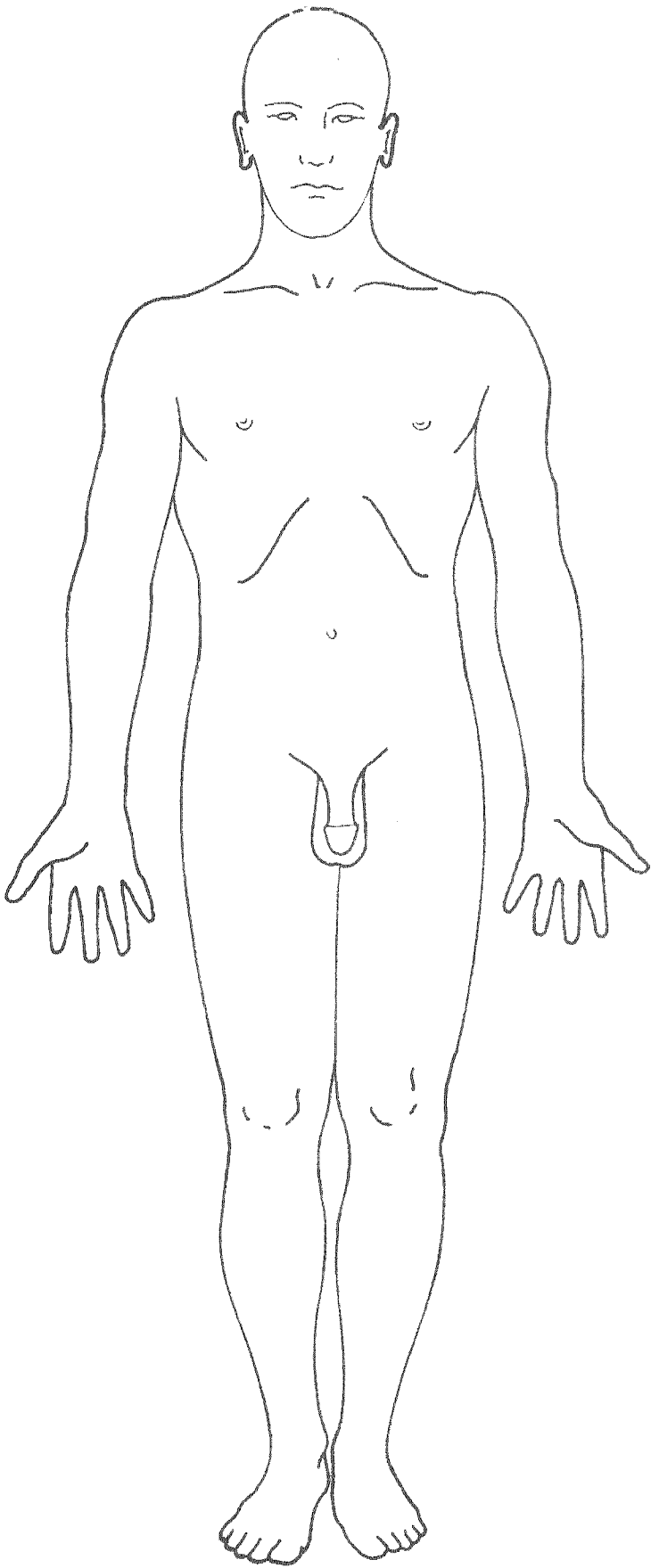
Name _____

Case No. _____

CHIEF MEDICAL EXAMINER - STATE OF OKLA
 CASE NUMBER: 1162259 DATE: 6/12/2011
 NAME: JEREMY YOUNGBLOOD

SPECIMEN:

FULL BODY, MALE - ANTERIOR AND POSTERIOR VIEWS (VENTRAL AND DORSAL)



Name _____

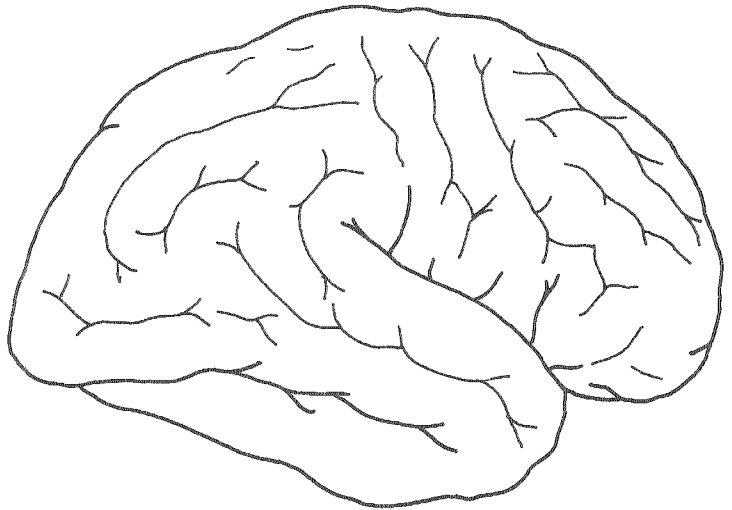
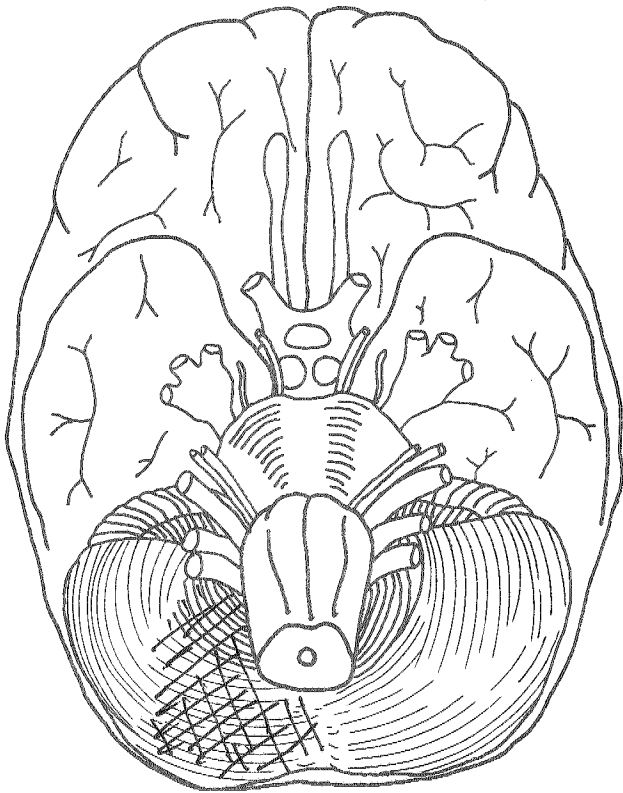
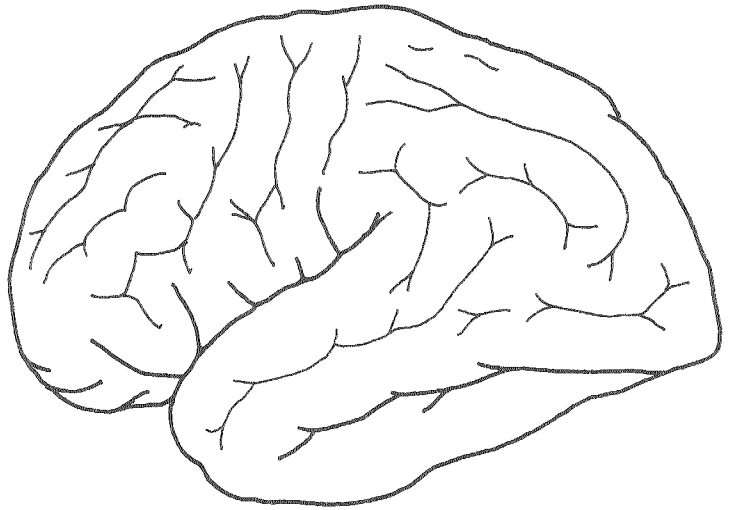
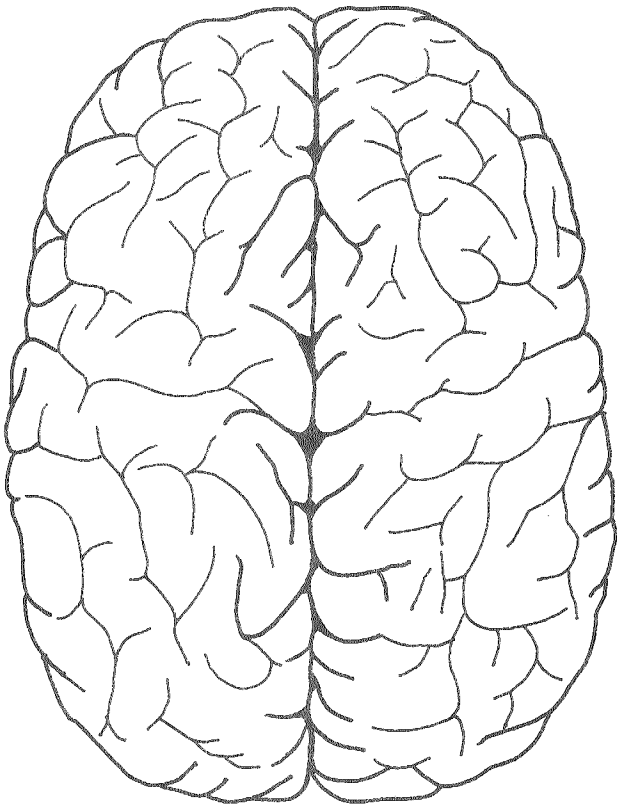
Case No. _____

CHIEF MEDICAL EXAMINER - STATE OF OKLA
CASE NUMBER: 1162259 Date: 6/12/011
NAME: JEREMY YOUNGBLOOD

SPECIMEN:



BRAIN – SUPERIOR, INFERIOR, AND LATERAL VIEWS



Name _____

CME-1B18 (Series 1978)

Case

Date

CHIEF MEDICAL EXAMINER - STATE OF OKLA
CASE NUMBER: 1102259 Date: 6/12/2011
NAME: JEREMY YOUNGBLCOB
SPECIMEN:
DATE OF EXAMINATION: