

5-4 #24  
DISTRICT TWELVE MEDICAL EXAMINER

1762 HAWTHORNE STREET, SUITE 5, SARASOTA, FLORIDA 34239 • PHONE (941) 361-6909

## CASE SUMMARY:

[REDACTED]  
M.E.# [REDACTED]

WF 2 MO.

On September 3, 1996 at 1150 hours I was notified by Detective Bang of the Sarasota Sheriff's Office, reference the death of an infant at [REDACTED] in Sarasota.

Det. Bang advised that the decedent, [REDACTED], 2 Mo. WF (D.O.B. [REDACTED]) was last seen alive at 0530 hours on this date by her mother, [REDACTED], 16 WF (D.O.B. March 8, 1980). At that time, Ms. [REDACTED] had fed the baby her bottle. She then placed the infant on her stomach in her crib on a full size pillow, with her head on its left side. When Ms. [REDACTED] woke up at 1030 hours, she went to check on the infant, and found her torso and her legs still on the pillow, but her head and neck were between the crib bumper pad and the pillow in a four inch area. Her full face was into the mattress.

According to Det. Bang, there were no suspicions about the scene, and there were no marks seen on the baby.

The baby was born three weeks premature, and has had breathing problems since she was born. The baby was under the care of Pediatrician, Dr. [REDACTED] in Sarasota, but on August 26, 1996 she was taken to All Children's Hospital. She was being tested for Cystic Fibrosis. The baby had an appointment with Dr. [REDACTED] for this date, September 3, 1996.

I called B.R.A.T. at 1200 hours to respond to the residence and transport the infant to the Sarasota Medical Examiner Facility.

I then called Dr. [REDACTED] office to advise Dr. [REDACTED] of the death, and a nurse advised that although the infant's mother was only 16 years old, the staff felt that she was an excellent mother, and did a good job with the baby.

I then spoke to Dr. [REDACTED] who advised that the infant was 37 weeks gestation. She spent one week in the Intensive Care Unit at Sarasota Memorial Hospital, and was diagnosed with V.S.D. (ventricle septal defect-which was a small hole in the heart). The baby was "a sick child." She had poor weight gain and a chronic cough.

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M.E.# [REDACTED]

The infant went to All Children's Hospital from July 23rd through July 26, 1996 and again from August 5th through August 14, 1996. She was seen by pulmonary physicians and was tested for Cystic Fibrosis, which was negative, according to Dr. [REDACTED]. The child was going to be tested again in one month. Dr. [REDACTED] advised that the pulmonary physicians were concerned because they did not have a diagnosis for [REDACTED].

Dr. [REDACTED] also advised that there was a lot of smoking in the home where the baby was living. There was also a question of asbestos in the home, and Dr. [REDACTED] wanted the mother to move the infant to the father's home.

According to Dr. [REDACTED] the infant was seen very regularly, and there were not too many days in between visits.

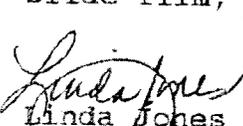
I had another conversation with Det. Bang, who had also spoken to Dr. [REDACTED], and she advised Det. Bang that the "child was sick from the get go."

I discussed the case with Dr. Wilson, who advised he would waive jurisdiction if the Pediatric Pathologists at All Children's Hospital, who are specialists in that field, wanted to perform the autopsy.

I called All Children's Hospital Pathology Department and spoke to Dr. [REDACTED] who declined to do the autopsy.

This case was referred to Dr. Wilson for autopsy and certification of the death certificate. I did not attend the autopsy.

On September 17, 1996 Det. Bang and I are going to meet [REDACTED] at the residence where the baby died. Det. Bang was able to find a doll that was approximately the same height as the decedent, and she will place the doll in the same position that she found the decedent in when she found the baby deceased. I will take photographs using 35 mm color slide film, as well as polaroid pictures. *No photos on file*

  
Linda Jones  
M.E. Investigator  
September 16, 1996

**DISTRICT TWELVE MEDICAL EXAMINER**

1762 HAWTHORNE STREET, SUITE 5, SARASOTA, FLORIDA 34239 • PHONE (941) 361-6909

MEDICAL EXAMINER AUTOPSY

**NAME:** [REDACTED] 2 mos. W/F  
**CASE NUMBER:** [REDACTED]  
**DATE / TIME:** September 4, 1996 3:00 PM  
**PLACE:** Sarasota Medical Examiner Facility  
**PATHOLOGIST:** James C. Wilson, M.D.  
**ATTENDING:** Detective Bang, S.S.O.  
Pete Lindemann, Kevin Brown, F.A.T.s

SUMMARY OF AUTOPSY FINDINGS:

1. Body of an infant female consistent with 2 months of age after birth measuring about 15 inches in maximum length and weighing approximately 9.5 pounds.
2. External appearances and organs and tissues on internal examination appearing generally pale.
3. Decreased amounts of fat in storage locations, as compared to expected.
4. Evidence suggestive of vascular congestion in the lungs.
5. Small probe patent ventriculoseptal defect in the heart, and probe patent apparently functionally closed foramen ovale in the atrial septum.
6. Petechia of the thymus gland and a few petechia on the heart and the lungs.
7. No external or internal evidence suggesting inflicted traumatic injury.
8. Microscopical evidence for previous pneumonitis and possible pneumonia, mostly healed, with slight thickening of airspace walls, a few interstitial inflammatory cells and some airspaces containing thin membranes of slight fibrosis.

**TOXICOLOGY:**

Blood, Plasma: Ethanol - None Detected

Blood: Drug Screen - No Drugs Detected

SUMMARY OF AUTOPSY FINDINGS (Continued):

CAUSE OF DEATH

**MECHANISM OF DEATH:** Asphyxia

**UNDERLYING CAUSE OF DEATH:** Suffocation - Face Down in Soft Bedding

**MANNER OF DEATH:** Accident

*James C. Wilson*

James C. Wilson, M.D.  
Associate Medical Examiner

JCW:vw  
10/24/96



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This is the body of an infant appearing consistent with the stated age of 2 months after birth. The body presents clothed in a yellow cloth snap and string cinch closure baby gown-like garment with sleeves, long, on the arms and an open bottom, possible to be closed with a sting tie, on the lower part of the body and it extends partway down the legs. There are white socks like booties on the feet. There is a disposable diaper in a typical location in the pelvic region. The baby is lying face up on a white towel and a synthetic thin white covered pillow like structure which is soft 20" x 14". Also present with a baby is a paper bag which contains one bottle of apparent liquid form antibiotic (augmenting) and a baby bottle which is plastic with purple color and includes a white plastic cap over the rubber nipple. This contains about 2 oz. of a white milky appearing fluid. The baby's body measures about 21.5 inches from head to heel. The crown to rump length is about 15 inches. The weight of the baby's body is 4315 grams, approximately 9.5 pounds. At the time of this examination the body is cold. There is moderately prominent pink/red to purple lividity on the head and it is more accentuated at the time of this exam on the left side of the face and left side of the head than on the right side of the face. There is some red/purple irregular lividity marking in each inguinal-lower quadrant and leg crease region. There is posterior dependent mostly purple to red/purple livor mortis at the time of this exam. The body does not show residual rigor mortis.

Inside of the disposable diaper there is abundant yellowish-greenish brown soft fecal material, this is smeared in the perineal region. There is evidence for a mild to moderate rash of the skin in the perineal region including the inferior portions of buttocks and the labia majora with slight epidermal excoriations and some red discoloration. There is a greenish discoloration in the region of the umbilicus.

On the central to right side aspect of the chest there are vague pink/red, slightly curved marks which simulate superficial contusion or very slight abrasion mark on the skin surface which appears consistent with application of defibrillation paddles during CPR attempts. There is a small amount of similar marking on the left side of the chest, this is relatively high and adjacent to the left breast.

#### GENERAL EXTERIOR

The head has an unremarkable configuration for a 2 months old infant. There is a moderate amount of very fine relatively short pale blonde hair on the scalp with the shortest and most sparse hair in the anterior aspect of the scalp. The ears, eyes, nose and mouth have unremarkable external configurations. The anterior fontanel is soft and easily slightly depressed. There is no

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distinctly palpable posterior fontanel. The eyes show blue-gray irides. The corneae are minimally cloudy. The conjunctivae are pale and show little vascular congestion and no evidence for any hemorrhages. The nostrils are open and at the time of this exam do not show any obstructing materials. The lips are unremarkable except for slight pink/red discoloration along the margin of the upper lip and less along the lower lip. The mucosal aspects of the lips, cheeks and gums are remarkable only for small amounts of tan/white, soft material which may represent vomitus. The frenulum in the midline of the upper and lower lip and the frenulum in the midline of the tongue is intact. The neck has an unremarkable configuration and the skin appears to be intact.

On the left side posterior aspect of the scalp there is a slight reddish-purple discoloration about 0.8 inch in maximum dimension without any associated swelling or surface change of the skin which is compelling for a focus of injury. The torso is overall unremarkable for a 2 months old infant. The minimally protuberant umbilicus has a gray/green discoloration as noted. The external genitalia are unremarkable for an infant female except for the slight rash-like change on the skin of the labia majora. There is a small identifiable vaginal introitus with intact hymen. The anus appears unremarkable. The four extremities have normal overall configurations. There is mild to moderate to purple-cyanotic change in the nail beds of the fingers and slightly less prominent change in the nail bed of the feet. The right great toe and second toe show pallor suggestive of pressure pallor. There is a small amount of similar change in the left great toe and second as well as third toes. The skin on the back of the baby is unremarkable except for color change due to postmortem lividity.

There are no scars or tattoos. There is no evidence for active medical therapy which is detectable on gross examination. There are no changes which indicate injury.

#### INTERIOR

The body is opened with a Y-shaped incision to reveal that the organs of the thorax and abdomen maintain normal positions. There is no accumulation of excess fluid in the major body cavities. The visceral surfaces are smooth and glistening.

There are petechia on the thymus gland and visible on its cut surfaces. There are a few irregular larger petechial hemorrhages on the inferior aspect of the heart adjacent to the atrioventricular groove. There are rare small petechia on the lungs.

The scalp is reflected anterior and posterior to reveal no



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scalpular or subscalpular hemorrhages. The skull as exposed has an unremarkable configuration and appears to be intact.

**Cardiovascular:** The heart weighs 28 grams. Its overall configuration is unremarkable. The surface is covered by a thin smooth membrane. Sectioning at the surface of the heart reveals evidence for two coronary arteries with an unremarkable distribution pattern. Opening the heart along the pathway of blood flow reveals overall normal appearing four cardiac chambers with unremarkable cardiac valves. There is probe patent foramen ovale with slight overlap of the closing membrane and the atrial septum suggesting functional closure. Probing of the interventricular septum reveals a small, 1-2 mm. in maximum diameter defect in the midportion of the septum which cannot be opened for visual examination of a through and through hole, but rather is probe patent. The myocardium of the heart generally appears possibly slightly pale. Otherwise the consistency is unremarkable on gross inspection. The aorta has a normal configuration. The ductus arteriosus is markedly stenotic and closed. The large arteries arise from the aorta in the usual fashion. No evidence for abnormality involving the large veins in the chest or abdomen is detected.

**Neck:** Dissection in tissues of neck from the tongue down into the mediastinum and anterior to the cervical spine reveals no focal hemorrhages. The tongue has a normal configuration and shows no evidence for gross lesions. The mucosa of the oropharynx, lower nasopharynx and the hypopharynx shows no evidence for significant inflammatory change, and no evidence for exudate. The larynx, trachea and hyoid bone have unremarkable configurations and are intact. The airway is patent. The mucosa of the larynx, trachea and major bronchi appears unremarkable and similar to that noted in the pharyngeal regions. The salivary glands at the floor of the mouth, and the structures about the thyroid gland are unremarkable grossly.

**Lungs:** The right lung weighs 54 grams and the left lung 49 grams. They have unremarkable overall configurations and are red to focally red/purple in color on external examination. The surfaces are smooth and covered by thin membranes. The parenchyma throughout both lungs shows reddish-purple coloration with minimal if any increase in consistency and no patchy changes. The bronchi appear to be patent and unremarkable grossly. The pulmonary artery branches are unremarkable. Focal lesions and any other evidence for diffuse significant pathologic change is not detected. Multiple sections are taken for microscopical examination.

**Liver and Biliary System:** The liver weighs 190 grams. It has a normal configuration. The capsule is thin. The parenchyma is slightly pale red/brown to red/purple, but is unremarkable in



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consistency and shows no abnormality on the architectural pattern. No evidence for abnormality involving the gallbladder nor the intra or extrahepatic bile ducts is detected.

**Genitourinary:** The kidneys together weigh 43 grams and they appear to be similar in size and unremarkable in size with surfaces which show some retention of fetal lobulation markings. The capsules appear thin. The cut surfaces show well demarcated cortices of normal thickness, and normally formed darker renal pyramids with overall indication of mild to moderate generalized vascular congestion. The collection systems appear normal. The urinary bladder has a normal configuration and is empty. The external and internal genitalia are unremarkable for an infant female except for a small simple cyst adjacent to or arising from the margin of the right ovary.

**Reticuloendothelial:** The thymus gland weighs 20 grams and has a normal configuration. Petechia have been noted. There is diffuse color change indicating vascular congestion with no other changes detected in the parenchyma which shows some tan/white, slightly thick, cloudy fluid on the cut surfaces. The spleen weighs 12 grams and grossly is unremarkable both externally and on the cut surfaces with visible lymphoid follicle markings. Lymph nodes in the chest and abdomen grossly are unremarkable.

**Alimentary:** The esophagus and stomach have normal overall configurations. There are trace amounts of tan/white cloudy apparent infant formula type material mixed with thick mucus which shows occasional dark staining. The lining mucosa is unremarkable grossly except for an apparent autolytic change. The small bowel, the colon and the vermiform appendix have normal configurations. No evidence for abnormality is detected. The rectum is normal in configuration and the mucosal aspect is unremarkable.

**Pancreas:** The pancreas is normal in size and configuration with grossly unremarkable cut surfaces.

**Endocrine:** The thyroid gland is normal in its size and location. The color is red/purple and the parenchyma is slightly meaty and uniform. The adrenal glands have normal sizes and configurations for an infant and together weigh about 2 grams. The cut surfaces appear unremarkable to this examiner. The pituitary gland grossly is unremarkable.

**Brain:** The brain weighs 505 grams. There is no subdural or subarachnoid hemorrhage over its surfaces. The leptomeninges are thin and delicate with moderately prominent congestion of blood vessels over the brain surfaces. There is no evidence for exudate. The brain does not show any evidence for focal lesions at its surface otherwise. The arteries at the base of the brain have an unremarkable pattern in the region of the circle of Willis and they

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appear thin-walled and patent. Sections throughout the brain reveal the expected poorly demarcated gray and white matter markings, but the patterns and quantities appear normal. The cerebral ventricles are unremarkable.

**Musculoskeletal:** No detectable abnormalities of the axial or appendicular skeleton are identified by usual autopsy exposures. The skeletal muscles appear unremarkable on gross inspection by the same exposures.

The organs and tissues of the baby generally appear slightly to moderately pale.

**Samples:** Blood is collected from the heart and great vessels as available. Vitreous fluid is collected. Usual tissue samples are collected for stock purposes and for microscopy.

JCW

James C. Wilson, M.D.  
Associate Medical Examiner

JCW/as  
9/6/96

#### MICROSCOPIC FINDINGS

**Lungs and Bronchi:** Sections of major bronchi show no pathologic diagnosis. Sections from lungs show no significant bronchiole or bronchiolar inflammation. There is evidence for mild increased thickness of airspace walls with slight mixed inflammatory cells infiltrating this area. There are scattered microscopical patches of slight fibrosis (a few fibrocytes each). There is no inflammatory consolidation. There is a suggestion of retained character of fetal circulation with appearance of increased thickness in the walls of pulmonary artery branches due to smooth muscle and fibrous tissue.

**Larynx and Esophagus:** No pathologic diagnosis.

**Peribronchial and Abdominal Lymph Nodes, Spleen:** These organs show histologic features which are remarkable only for evidence consistent with mild lymphocyte depletion. The spleen shows possible mild increase in the number of eosinophils but no diagnostic change.

**Liver:** There is evidence for small aggregates of extra medullary hematopoiesis with otherwise unremarkable histology and cytology.

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**Brain and Pituitary Gland:** No specific pathologic diagnosis.

**Meninges:** No inflammation.

**Adrenal Glands:** No specific pathologic diagnosis; brown fat is unremarkable.

**Thyroid Gland and Parathyroid Gland:** No pathologic diagnosis.

**Tonsil (Pharynx):** Reactive lymphoid tissue is present.

**Ovary:** No pathologic diagnosis.

**Skeletal Muscle:** Rare foci of degenerating muscle fibers.

**Gastrointestinal (Stomach, Colon, Small Bowel):** No pathologic diagnosis.

**Pancreas:** No pathologic diagnosis.

**Thymus Gland:** The overall histologic and cytologic features are not indicative of definite lymphocyte depletion. There appear to be scattered acute lymphocytic aggregates.

**Tongue:** Mucosa and muscle are unremarkable.

**Pharynx:** Mucosa and submucosa are unremarkable.

**Heart:** No pathologic diagnosis.

**Salivary Gland:** No pathologic diagnosis.

**Kidney:** No pathologic diagnosis.

**Sternum with Hematopoietic Bone Marrow:** No pathologic diagnosis.

**POSTMORTEM CHEMISTRY:**

Vitreous Fluid, Electrolytes, Glucose, etc. -

Na	138	mmol/L	BUN	7	mg/dl
K	20.4	mmol/L	Creat.	0.9	mg/dl
Cl	116	mmol/L	Gluc.	52	mg/dl

*James C. Wilson*  
 James C. Wilson, M.D.  
 Associate Medical Examiner

JCW:vw  
 10/24/96