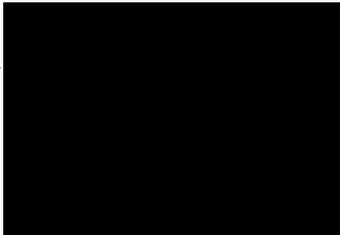


#31



FERGUSON'S MEDICAL LABORATORIES, INC.
2700 McClelland Blvd., Suite 205
Joplin, Missouri 64804
417-623-6330



NAME: [REDACTED]
AGE: 7 months SEX: Male
HOSPITAL NO: N/A
ADMISSION DATE: N/A
DATE EXPIRED: 6-23-98
PLACE OF DEATH: Freeman West Hospital
ATTENDING PHYSICIAN: N/A

AUTOPSY NO: [REDACTED]
DATE/TIME OF AUTOPSY: 6-23-98 4 P.M.
AUTOPSY CONSENT: Newton County Coroner
LIMITATIONS: None
IDENTIFICATION: Newton County Coroner
PROSECTOR: [REDACTED]
WITNESS: Detective Mike Hobson and
Detective Darren Gallup, Joplin Police Dept
Lee Ireland, Newton County Deputy Coroner

CLINICAL HISTORY: [REDACTED] was a 7 month old infant who was found unresponsive in his crib on the morning of 6-23-98, having been put down for a nap earlier that morning, while in the care of a baby sitter. He was transported by ambulance to Freeman West Hospital in full cardiac and respiratory arrest. Resuscitative efforts in the Emergency Department were unsuccessful and he was pronounced dead at 10:30 AM. He had a history of recent upper respiratory infections, and had been diagnosed on 6-17-98 with an upper respiratory infection with conjunctivitis and acute bilateral otitis media, treated with Augmentin and Polymyxin. Prior to that, he had been treated for upper respiratory infections on 6-1-98, 5-29-98, and 4-27-98 and an episode of otitis media on 3-10-98. The records show no perinatal complications, with a delivery at 38 weeks estimated gestational age and a birth weight of 3430 grams.

EXTERNAL EXAMINATION: The autopsy is begun at 4 o'clock PM at Freeman West Hospital on 6-23-98, approximately 5 1/2 hours after the infant was pronounced dead. The autopsy is performed at the request of the Newton County Coroner and there are no restrictions.

The subject is a boy, height 69.8 cm, head circumference 43.6 cm, chest circumference 43.1 cm, abdominal circumference 38.6 cm, who appears externally to be of normal development and nutritional status. Mild congestion is noted in the blood vessels of the left upper eyelid. No subconjunctival hemorrhage is noted. A small amount of mucus is noted from both nares. An endotracheal tube enters the mouth. No blood or discharge is noted from the auditory canals. Five external cardiac leads are noted on the chest and left upper abdomen. A recent puncture wound, consistent with resuscitative efforts, is present on the right lower extremity. The subject is circumcised. There is livor mortis noted on the left face, left upper arm and elbow, and right inner arm as well as the posterior surfaces of the back, buttocks and legs. No ecchymoses are noted. Rigor mortis is present. The infant's weight is recorded on the Emergency Department record at 19 lbs, 2.2 oz. Subsequent examination of photographs taken in the Emergency Room show a linear crease across the left forehead which had subsided by the time of post mortem examination.

INTERNAL EXAMINATION: The usual Y shaped incision is made, and reveals no evidence of subcutaneous hemorrhage.

THORACIC CAVITIES: The thoracic cavities contain no excess free fluid. The serosal surfaces of the lungs and parietal pleura are smooth and glistening. On both lungs, there are mottled areas of apparent hemorrhage noted throughout all lobes. The right lung weighs 109 grams and the left lung weighs 85 grams. Sectioning through the lungs reveals extensive congestion and apparent hemorrhage, but no lesions are noted and the development of the lungs appears unremarkable in configuration. The trachea, major bronchi and larynx show minimal erythema of the mucosal surface, but mucus plugging, ulceration or foreign bodies, other than the endotracheal tube, are not noted. No edematous changes are noted within the larynx or epiglottis. The thymus weighs 28 grams and has an unremarkable lobular configuration, without ecchymoses or hemorrhages. No lesions are noted on sectioning. The heart has a normal external anatomic configuration. The epicardial surface is notable for a few scattered punctate areas of hemorrhage scattered along the left anterior descending coronary artery and also adjacent to the posterior descending coronary artery. On sectioning through the heart, no abnormality of the myocardial tissue is noted. The valves appear of normal configuration and without focal lesion or apparent maldevelopment. No thrombi are noted within the heart or proximal pulmonary vasculature. The parietal pericardial surface is smooth and shows no ecchymoses. No free fluid is noted in the pericardial sac.

ABDOMINAL CAVITY: The organs of the abdominal cavity lie in their normal correct anatomic position. The mucosal surface of the esophagus and stomach appears unremarkable. A mild amount of punctate erythema is noted in the proximal duodenum, but no ulceration is noted. No obstruction of the pyloric region of the stomach is noted. The remainder of the gastrointestinal tract has an unremarkable mucosal surface. The appendix is present and does not appear inflamed. The liver weighs 387 grams and shows no focal lesions. The gallbladder is present and contains no calculi. The pancreas, on serial sectioning, shows no focal lesions and has a normal anatomic configuration. The spleen weighs 48 grams and has no focal lesions and has a smooth capsular surface. The right and left kidneys are in their normal anatomic positions, and connect normally to ureters which then connect sequentially normally to the bladder. The bladder is empty. No obstructive changes are noted in the ureters. The right kidney weighs 27 grams and on sectioning has moderate congestion, but an otherwise unremarkable proximal cut surface. The left kidney weighs 35 grams and also has a congested cut surface, but otherwise is unremarkable on sectioning. The adrenal glands are noted superior to the kidneys and have normal configurations, without hemorrhage or neoplasm. The mesentery contains a few scattered lymph nodes, of which two are submitted for representative sections. The serosal surfaces of the abdomen appear smooth and glistening, both on the organs and on the parietal serosal surfaces.

BRAIN: The brain, after fixation, weighs 998 grams. The external convexities are symmetrical, without evidence of cerebral edema, hematoma or evidence of malformation. The base of the brain shows no evidence of herniation. The blood vessels appear normally configured, without thrombosis. The meninges appear clear.

Serial sectioning through the cerebrum shows normal gray and white matter, the ventricles are not dilated and there is no shift of the midline. No intraparenchymal hemorrhage is noted, and no focal intraparenchymal lesions are seen. The brain stem and cerebellum are also serially sectioned and show unremarkable gray and white matter structures, without evidence of mass, malformation or hemorrhage.

SUMMARY OF SECTIONS:

- Block A - Liver and spleen
- Block B - Right kidney and adrenal glands
- Block C - Left kidney and adrenal glands
- Block D - Thymus and heart
- Block E - Heart
- Block F - Trachea and larynx
- Block G - Right lung, lower lobe
- Block H - Right lung, middle lobe
- Block I - Right lung, upper lobe
- Block J - Left lung, lower lobe
- Block K - Left lung, upper lobe
- Block L - Pancreas, stomach, duodenum and colon
- Block M - Pancreas and jejunum
- Block N - Pancreas, ileum and representative mesenteric lymph nodes.
- Block O - Upper spinal cord and cerebellum
- Block P - Pons
- Block Q - Midbrain
- Block R - Hippocampus
- Block S - Basal ganglia and lateral ventricle lining
- Block T - Cerebral cortex.
- Block U - Heart, interventricular septum.

MICROSCOPIC DESCRIPTION

LUNGS: Sections of the lungs show congestion of the alveolar septal blood vessels, clear fluid within the alveolar spaces indicative of pulmonary edema, and small areas with alveolar hemorrhage. A significant inflammatory infiltrate is not noted within the alveolar spaces or bronchioles. A small amount of peribronchial lymphoid tissue is noted, but bronchitis is not seen. Sections of the trachea show much of the surface to be denuded of surface epithelium. There is a mild lymphoid infiltrate within the underlying connective tissue, but this appears minor in degree.

HEART: Sections of the heart show no myocardial degenerative or inflammatory process. There is congestion and focal acute hemorrhage within the heart.

THYMUS: The thymus shows unremarkable cortical and medullary zones.

KIDNEYS: Sections of the kidneys show vascular congestion, but no significant inflammation and no developmental abnormality is noted.

ADRENAL GLANDS: The adrenal glands show congestion of the medullary zones. No inflammatory or neoplastic change is noted.

SPLEEN: The spleen shows marked congestion of the red pulp. The white pulp is preserved, and reactive germinal centers.

GASTROINTESTINAL TRACT: Sections of the gastrointestinal tract show areas of with autolytic change, but no significant inflammation is noted. The associated abdominal lymph nodes show reactive features.

PANCREAS: Sections of the pancreas show unremarkable glandular acini, islets and ducts. No inspissation of mucin or ectasia of the ducts are noted.

BRAIN: Sections of the brain show central nervous system tissue of unremarkable development with no acute or chronic process or evidence of hemorrhage.

MICROBIOLOGY: A blood culture obtained at autopsy showed no growth.

RADIOGRAPHIC STUDIES: A chest x-ray shows right greater than left bilateral infiltrates consistent with pulmonary edema. The bilateral upper and lower extremities show a negative study, with intact osseous structures, normal mineralization and no identified fractures or dislocations. An AP and lateral skull film show an endotracheal tube in place appearing adequately positioned. No fractures are identified and no other foreign bodies were evident.

TOXICOLOGY: Blood submitted for toxicology shows no drugs present.

[REDACTED]

[REDACTED]

AUTOPSY SUMMARY: The autopsy is most notable for pulmonary congestion and edema as well as a few epicardial petechiae; these findings are not specific, but are consistent with death due to asphyxiation. The scene photographs of the crib, including those showing the position in which the infant was found, show the infant's face to have been in a corner of the crib and covered by a pad along the edge of the crib, which would cause asphyxiation due to obstruction of airflow. A crease noted on the infant's forehead is consistent with an impression from the edge of the crib and further supports this conclusion. The autopsy findings do not show evidence of an infectious process, degenerative disorder, or acute trauma to have caused death in this infant. The scene photographs have been reviewed by Dr. [REDACTED] a pediatric forensic pathologist in St. Louis, Mo who agrees that these findings indicate positional asphyxiation.

Asphyxiation, accidental.

CAUSE OF DEATH

[REDACTED]