HOSPITAL REPORT OF DEATH

Under authority of Chapter 362, C.G.S.
ME-3 REV. 7/92

STATE OF CONNECTICUT
OFFICE OF THE CHIEF MEDICAL EXAMINER
11 SHUTTLE ROAD, FARMINGTON, CONNECTICUT 06032-1939
TEL. 1-800-842-9820

COUNTY: New Haven
M.E. CASE NO.: [redacted]
OCME

Section 1. To be completed by HOSPITAL

NAME (First): [redacted] | AGE: 5m | RACE: Hispanic | SEX: ☒ MALE ☐ FEMALE

LAST RESIDENCE (No., Street, Town, State): [redacted] West Haven CT 06516

ADMITTED TO (Name of Hospital): Yale New Haven | CN (Date): 81094 | AT (Time): 1042 M.

PRIVATE PHYSICIAN: [redacted] | DATE LAST SEEN: 7/29/94

BROUGHT TO HOSPITAL FROM (State whether public place, hospital, or residence & give no. and street): home

BROUGHT BY (Name of ambulance service, if not by ambulance, of person accompanying): A MR

EXAMINED ON ADMISSION BY: [redacted] M.D.

DEATH PRONOUNCED BY (Name): [redacted] M.D. | CN (Date): 81094 | AT (Time): 1058 M.

Section 2. To be completed by REPORTING PHYSICIAN

SIGNS AND SYMPTOMS ON ADMISSION *Include clinical, x-ray, and laboratory finding on admission. State whether from natural disease, poisoning, or injuries. If latter, give location, extent, number, and character of injuries when first examined; state whether in shock, conscious, or unconscious.*

[illegible] 7/29/94. [illegible] found the infant pale, gray and without respiration [illegible] mother [illegible] and found the infant [illegible] and apnea. CPR was started and the infant was placed [illegible] of operative [illegible] placed with [illegible] and apnea throughout the [illegible] was pronounced at 1058 am dead.

#52

COURSE IN HOSPITAL *Include pertinent clinical, laboratory, and x-ray findings.*

OPERATIONS & PROCEDURES *List names and dates of all pertinent operative, diagnostic and therapeutic procedures including anesthetic agents.*

No operations.

RECEIVED STATE OF CONNECTICUT 94 SEP 12 PM 12:25 OFFICE OF CHIEF MEDICAL EXAMINER

REPORTING PHYSICIAN NAME: [redacted] SIGNATURE: [signature] M.D.

OFFICE OF CHIEF MEDICAL EXAMINER

Section 3 To be completed by ASSISTANT MEDICAL EXAMINER

	INFORMANTS (Name)	Address
INFORMANTS	Yale [redacted] Dr [redacted] pad	ER

CIRCUMSTANCES OF DEATH (Use this space to make any additional remarks.)

[redacted] was a 5 month old hispanic infant who was premature (27 wks) and had 1st Bleeding at birth. He was in respiration for several weeks. Released. Patient did well gained, weighed. On 8-10 at 500A infant was OK and all. At 1000A found by mean between matters and rail face down 911 - CPR → ER calls

Pad Dr [redacted] / PCC yale
Dr [redacted]

EXTERNAL EXAMINATION	DECEASED EXAMINED AT	ON

Briefly describe position of body, estimated hight & weight, eye color, hair characteristics, scars, intoxs, blemishes, & signs of injury or disease

Taken to OCME

AUTOPSY	☒ YES ☐ NO	IF "YES" ☒ AUTHORIZED ☐ CONSENT	DATE	FAMILY NOTIFIED ☐ YES ☐ NO
	AT (Hospital Name) OCME		BY (Name)	
CAUSE OF DEATH	Cause and manner of death should be listed as on Certificate of Death and should be based on circumstances of death, post medical history, external examination, and autopsy if performed			
CERTIFICATION	I certify that I made an external examination of the deceased on the date shown and that the cause of death is as stated above			
	DATE 8-11-94	NAME OF ASSISTANT MEDICAL EXAMINER [signature]	SIGNED (Assistant Medical Examiner) [signature]	

POSTMORTEM REPORT
HE-8 REV 1/93

[redacted]

STATE OF CONNECTICUT
OFFICE OF THE CHIEF MEDICAL EXAMINER
11 Shuttle Rd., FARMINGTON, CONN. 06032

COUNTY OF DEATH: New Haven
TOWN OF DEATH: New Haven
DATE OF DEATH: 10 Aug 94

THIS IS TO CERTIFY THAT
H. Wayne Carver, II, M.D., Chief Medical Examiner

PERFORMED A POSTMORTEM EXAMINATION ON THE BODY
[redacted]

AT
Office of the Chief Medical Examiner

BEGINNING AT 11:06 am ON 11 Aug 94

IN THE PRESENCE OF

AND SAID POSTMORTEM REVEALED

NARRATIVE SUMMARY:

EXTERNAL EXAMINATION:

The body is that of a well-developed, small-appearing, white male infant. The body weighs 3,830 grams and measures 20" from crown to heel.

The body is received dressed in a disposable diaper.

The head is covered with fine, blonde, curly hair. The anterior fontanel is soft. There is livor mortis around the left side of the face. The eyes are a dark indistinct color. The pupils are midposition and equal. The cornea are clear. The conjunctivae are pale. There is livor mortis on the left side of the face. The nose is unremarkable. The lips are dry. The mouth is appropriately edentulous. The palate is normally formed. An endotracheal tube is in situ. The neck is externally unremarkable. The anterior aspect of the body shows a pattern of livor mortis, with rumpling consistent with lying on a cloth.

The chest is symmetrical. The abdomen is unremarkable. An 0.5 cm. umbilical hernia is present. It is easily reduced.

The genitalia are those of a normal uncircumcised male infant.

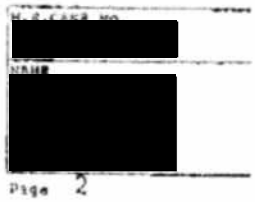
The upper extremities are unremarkable. The palmar creases are normally formed. The fingertips are cyanotic. The nails are trim and clean.

The lower extremities have intramedullary catheters in situ but are otherwise unremarkable.

The back of the body also shows livor mortis which is fixed.

(report continues on next page)

POSTMORTEM REPORT (Continued)
KB-4 REV 1/93


M.E. CASE NO. [redacted]
NAME [redacted]
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STATE OF CONNECTICUT
OFFICE OF THE CHIEF MEDICAL EXAMINER
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Narrative Summary of Postmortem Examination: (continued)

Rigor mortis is present. The body is cool to touch consistent with recent refrigeration.

INTERNAL EXAMINATION AND REVIEW OF ORGAN SYSTEMS:

The body is opened with the usual Y-shaped thoracoabdominal incision. The pleural, pericardial and peritoneal cavities are grossly unremarkable. The panniculus measures less than 1 cm. thick in the anterior midline. The subcutaneous and intra-abdominal fat stores appear adequate. The muscles appear appropriately developed.

CARDIOVASCULAR SYSTEM:

The heart weighs 23 grams. Occasional petechial hemorrhages are seen in the epicardial surfaces. The attachments to the great vessel are unremarkable. The ventricular and atrial septae are appropriately closed as is the ligamentum arteriosus. The architecture of the four valves is unremarkable. There is a slight whitening of the left ventricular endocardium. The aorta and its major branches are unremarkable. The myocardium of the left ventricle appears somewhat pale and dilated. It is not particularly soft. The coronary arteries arise in the usual place, pursue the usual course, and are patent.

RESPIRATORY SYSTEM:

The right lung weighs 51 grams and the left lung weighs 46 grams. Bilaterally the lung parenchyma is intensely congested. Occasional petechial hemorrhages are seen in the pleural surfaces. No focal lesions are observed. The larynx and supporting structures and major airways are grossly unremarkable.

HEPATOBILIARY SYSTEM:

The liver weighs 205 grams. The liver edge is sharp. The color is red-brown. No focal or diffuse lesions are seen within the liver parenchyma. The extrahepatic biliary tract is grossly unremarkable.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 16 grams and is grossly unremarkable.

(report continues on next page)

POSTMORTEM REPORT (Continued)
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[redacted]

Narrative Summary of Postmortem Examination: (continued)

Physiologic hypertrophy of the lymph nodes and mesenteric fan is observed.

The thymus weighs 22 grams. Occasional petechial hemorrhages are present on its capsular surface. No other abnormalities are observed.

Representative samples of thoracic vertebral bone marrow are grossly unremarkable.

ENDOCRINE SYSTEM:

The pancreas, thyroid and adrenal glands are grossly unremarkable.

GASTROINTESTINAL TRACT:

Dissection of the tongue is deferred. The esophagus is unremarkable. The gastric mucosa is well-preserved The stomach contains 3-4 cc. of bilious mucus. The small bowel contains a cystic structure in the antimesenteric border several inches proximal to the cecum. It is 0.5 cm. in diameter. It is covered with mucosa. It is discretely well-defined. It has an opening in the mucosal surface from which mucus can be can be extruded. There is no apparent obstruction of the bowel because of this structure. The appendix and colon are grossly unremarkable.

GENITOURINARY SYSTEM:

The right kidney weighs 14 grams, the left kidney weighs 15 grams. Bilaterally the capsules strip off easily. The cortical surfaces are smooth. The corticomedullary architecture is well-preserved. The collecting systems are not dilated. The bladder is devoid of urine. The prostate, seminal vesicles, testes and epididymides are in the expected infantile state of development. Bilateral direct hernias are present.

CENTRAL NERVOUS SYSTEM:

The brain weighs 530 grams and is saved for later dissection.

LABORATORY PROCEDURES:

Specimens taken for Toxicologic Analysis:
Liver; Gastric Contents; Blood, Cardiac; Blood, Cardiac

(report continues on next page)

POSTMORTEM REPORT (Continued)
NE-4 REV 1/90

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N.E. CASE NO. [redacted]

MICROSCOPIC EXAMINATION:

HEART (1 slide including cross section of the left ventricle and some right ventricle) - Histologically unremarkable.

LUNG (5 sections, one from each lobe) - The architecture is intact other than a slightly greater than expected degree of variability of the size of the alveoli. The alveolar walls are unremarkable except for intense capillary congestion. There is some diapedesis of red cells into the alveolar spaces. There is a moderate increase in alveolar macrophages within the alveolar spaces. No fibrosis or acute inflammatory infiltrates are observed.

LIVER (1 slide) - The architecture is intact. There are no inflammatory infiltrates of nodes and there is slight foaminess to the hepatocyte cytoplasm. No other abnormalities are observed.

SPLEEN (1 section) - No histopathologic abnormality.

THYMUS (1 section) - No histopathologic abnormality.

LYMPH NODE (1 section) - No histopathologic abnormality.

KIDNEY (1 section) - No histopathologic abnormality.

ADRENAL GLAND (1 section) - No histopathologic abnormality.

PANCREAS (1 section) - No histopathologic abnormality.

NECK ORGANS (1 section includes cartilage, respiratory mucosa, subcusal glands, voluntary muscle, smooth muscle, adipose tissue, thyroid gland and section of peripheral nerve) - No abnormalities are seen in any of these structures.

ANATOMIC DIAGNOSES:

PETECHIAL HEMORRHAGES IN THE EPICARDIUM CAPSULE, THYMUS AND VISCERAL PLEURA.
PULMONARY CONGESTION.
RETENTION CYST IN SMALL BOWEL.
UMBILICAL HERNIA.
BILATERAL INGUINAL HERNIA, DIRECT.
HISTORY OF PREMATURITY COMPLICATED BY INTRACEREBRAL HEMORRHAGE.

SEE NEUROPATHOLOGY REPORT.

POSTMORTEM COMPLETED AT: 12:10 pm

(report continues on next page)

POSTMORTEM REPORT (Continued)
ME-1 REV 1/90

STATE OF CONNECTICUT
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CAUSE OF DEATH:

PENDING FURTHER STUDIES

FINAL CAUSE OF DEATH: (Amended: 10/21/94)

SUDDEN INFANT DEATH SYNDROME.

OTHER SIGNIFICANT CONDITIONS:
HISTORY OF PREMATURITY

FINAL MANNER OF DEATH: NATURAL

Certification:

This is a true statement of the postmortem findings upon the body of Edwardo Viera.

H. Wayne Carver, II, M.D.
Chief Medical Examiner
21 Oct 94

(End of Report)

NEUROPATHOLOGY REPORT
RE-9H REV 1/90

STATE OF CONNECTICUT
OFFICE OF THE CHIEF MEDICAL EXAMINER
11 Shuttle Rd., FARMINGTON, CONN. 06032

[redacted]

COUNTY OF DEATH
New Haven

TOWN OF DEATH
New Haven

DATE OF DEATH
10 Aug 94

THIS IS TO CERTIFY THAT [redacted] M.D., Neuropathology Consultant PERFORMED A NEUROPATHOLOGIC EXAMINATION ON [redacted]

AND SAID EXAMINATION REVEALED

NEUROPATHOLOGY CONSULTATION SUMMARY:

EXAMINATION OF THE BRAIN (10-13-94) - The dura is absent. The leptomeninges are thin and transparent. The brain is that of an infant appearing normally developed for age without any external anomalies or evidence of hemorrhage or trauma. Coronal sections show asymmetry of the ventricular system, the right lateral ventricle being approximately twice as large as the left secondary to a smooth walled cavity lying in the deep white matter measuring approximately 1.5 x .8 cm. in maximum dimension which appears to be consistent with old perinatal hemorrhage. The remainder of the brain is unremarkable.

Sections A: Right periventricular
B: Right periventricular
C: Left periventricular
D: Right hippocampus
E: Cerebellum and pons
F: Pons

MICROSCOPIC EXAMINATION OF THE BRAIN (10-27-94):

Two sections of the periventricular region are examined - Section A, taken anterior to the cystic lesion, shows evidence of old germinal matrix hemorrhage with large numbers of hemosiderin laden macrophages lying in the gliotic subependymal tissue. Much of the ependyma has been disrupted and is submerged in the gliotic tissue lying beneath the ventricular wall, occurring as a series of small islands of ependymal cells forming rosette-like clusters. Section B, showing the cystic lesion, demonstrates a smooth walled cavity lying in the deep white matter adjacent to the ventricle lined by glial cells. No hemosiderin is seen within the walls of the cavity. A section of the left periventricular tissue at the same level shows no significant abnormality. A section of the right hippocampus shows abnormality of the subependymal tissues, numerous hemosiderin laden macrophages being present in the gliotic tissue lining the ventricular wall, along with islands of ependymal cells similar to that seen in Section A. In addition, the hippocampus shows reduction of the numbers of neurons in Sommer's sector, although no acute neuronal ischemic changes are seen. The cerebellum shows the expected persistence of the external granular cell layer. The pons is unremarkable.

(report continues on next page)

NEUROPATHOLOGY REPORT (Continued)
MB-3N REV 1/90

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Neuropathology Summary (cont)

COMMENT:

The partial loss of neurons from Sommer's sector of the hippocampus raises the possibility of a seizure disorder relating to the perinatal germinal matrix hemorrhage.

NEUROPATHOLOGIC DIAGNOSIS:

OLD PERINATAL GERMINAL MATRIX HEMORRHAGE WITH CYSTIC ENCEPHALOMALACIA OF DEEP PARIETAL WHITE MATTER.
MILD NEURONAL LOSS, HIPPOCAMPUS.

November 7, 1994 [redacted]

[redacted]
Neuropathology Consultant

(End of Neuropathology Consultation Summary Report)

TOXICOLOGY REPORT
VE-8 REV. 1/89

STATE OF CONNECTICUT
OFFICE OF THE CHIEF MEDICAL EXAMINER
11 Shuttle Road, Farmington, Connecticut 06032
TELEPHONE: (203) 679-3990

M.E. CASE NO. [redacted]

LAB NO	DECEASED			DATE OF REPORT
[redacted]	[redacted]	4 months	M	September 13, 1994

SPECIMENS SUBMITTED

Blood -A (11 mL), Blood-B (8 mL), Stomach Contents (trace), Liver (100 g)

TAKEN BY	AT	ON (Date)	AT (Time)
Dr. H. Wayne Carver	Office of the Chief Medical Examiner	8/11/94	11:06 a.m.
RECEIVED FROM	**BY**	**ON (Date)**	**AT (Time)**
Dr. H. Wayne Carver	Sandra Elliott	8/12/94	7:30 a.m.

FINDINGS

A sample of blood was screened for the presence of ethanol by a microdiffusion procedure. The results were negative.

Samples of blood were screened for the presence of acidic drugs by a gas chromatographic procedure. None were detected.

Samples of blood were screened for the presence of basic drugs by a gas chromatography/mass spectrometry procedure. None were detected.

A sample of blood was screened for the presence of salicylates by a colorimetric procedure, with negative results.

Samples of blood were screened for the presence of cocaine [+ metabolite], opiates and benzodiazepines by radioimmunoassay. The results were negative.

Carol Fletterick
Carol Fletterick
Toxicologist

NL

Unless notified in writing, the tissue specimens retained in this case will be destroyed one year after the date of this report