

R93-0181 Claflin, Pamela

*Autopsy*

Milwaukee County Medical Examiner  
933 West Highland  
Milwaukee, Wisconsin 53233

**AUTOPSY PROTOCOL**

**NAME:** PAMELA CLAFLIN      **SEX:** FEMALE      **AGE:** 35 YRS  
**DOB:** 7/16/58

**DATE OF DEATH:** SEPTEMBER 21, 1993      **TIME:** 1500 Hours

**DATE OF AUTOPSY:** SEPTEMBER 22, 1993      **TIME:** 1100 Hours

**PLACE OF AUTOPSY:** Milwaukee County Medical Examiner's Office

**PERFORMED BY:** Dr. Jeffrey Jentzen, Medical Examiner

**WITNESSED BY:** Debra Kakatsch, Manitowoc Deputy Coroner  
K. Alan Stormo, Assistant Medical Examiner  
Steven Lackey, Forensic Assistant

**CAUSE OF DEATH:** Asphyxia

**DUE TO:** Strangulation with Crushing Head Injuries

I HEREBY CERTIFY THIS DOCUMENT AS A TRUE  
AND EXACT COPY OF THE ORIGINAL PAGES  
TO            ON *Pamela Claflin*  
*Marion B. Hill*

Signed *Jeffrey Jentzen*  
Jeffrey Jentzen, M.D.  
Medical Examiner

Notes by: PAMELA VOSS, MEDICAL TRANSCRIPTIONIST  
Remarks: IDENTIFICATION OF THE BODY IS MADE BY RIGHT TOE TAG

R93-0181 Claflin, Pamela

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Milwaukee, Wisconsin 53233

## AUTOPSY PROTOCOL

### Final Anatomic Findings

- I. Crushing skull fracture craniofacial dislocation and transverse basilar skull fracture.
  - A. Subarachnoid hemorrhage.
  - B. Cortical contusion.
- II. Crushing facial fractures with mandibular fracture.
- III. Crushing neck injuries with fracturing of the thyroid cartilage, hyoid bone, superior cornu of thyroid cartilage.
  - A. Abundant hemorrhage.
  - B. Aspiration of blood.
- IV. Traumatic sexual assault.
  - A. Gaping laceration, posterior anus.
  - B. Found nude out of doors.
- V. Contusion, right breast.
  - A. Probable bite mark.

**HISTORY:**

The decedent is a 35 year old caucasian female who was last seen 9/13/93. She was found 9/21/93 at 2:00 p.m. at Harvard Circle Subdivision in a wooded area of Manitowoc County. The body was pronounced dead by Debbi Kakatsch, Manitowoc County Coroner.

**X-RAYS:**

X-rays are obtained by the Manitowoc County Coroner's office. Additional x-rays are obtained by the Milwaukee County Medical Examiner's office on admission of the body. AP lateral skull, chest and upper extremity x-rays are obtained prior to autopsy.

**IDENTIFICATION:**

Identification is confirmed by fingerprints, dental x-rays and visibly identified by the decedent's mother,

**WITNESSES:**

Dr. K. Alan Stormo, Assistant Medical Examiner; Steven Lackey, Forensic Assistant; Debbi Kakatsch, Manitowoc County Coroner; Fred Nicholson, Manitowoc County Sheriff's Dept.

**CLOTHING:**

The body is nude. There is a gold colored chain surrounding the neck.

**GENERAL EXTERNAL EXAMINATION**

The body is that of a Caucasian thin female in an advanced state of decomposition. There is abundant vegetation matter that is present over the anterior portion of the body which includes, stick and leaves of different varieties. There is heavy maggot infestation predominantly over the right side of the head in the right external auditory canal. Maggots are recovered from this area. There is an occasional beetle that is recovered. Focal masses of maggot eggs in the early state of hatching are also recovered.

The hair measures 10.0 cm anteriorly and is elongated in the back portion measuring up to almost 20.0 cm. There is severe head injury noted which will be designated later. The **EYES** have a yellow-brown color. There is extensive periorbital ecchymosis. There is early desiccation of the nasal area. The **ORAL CAVITY** contains natural dentition in a good state of repair. There is a fracture of the mandible. The **NECK** (see "External Injuries"). The **CHEST** reveals band-like areas of compression overlying the anterior chest area. There is a multichromic tattoo of a rose with a sword which measures 8.0 x 3.0 cm and that is present on the left upper quadrant of the left breast. The nipples (see "External Traumatic Injuries") and breasts are small. There is numerous areas of impression overlying the anterior portion of the chest. No surgical scars can be detected. The pubic hair is brown in color. A sexual assault examination is obtained. A specimen is obtained from the anal, oral and vaginal swabbing. This is obtained at 12:15. The anus reveals a large gaping laceration noted measuring 3.5 x 2.0 cm and extending to 1.5 cm in depth. The **LOWER EXTREMITIES** (see "External Traumatic Injuries") have trimmed nails. There is no coloring noted. There are greenish socks present over the ankles. These are rolled down. The socks are soiled on the bottoms. There is vegetation matter present within the rolled portion of the socks. The **LOWER EXTREMITIES** reveals hand to be bagged. There is a silver colored ring surrounding the right second digit. There is a silver colored Timex watch which has been displaced, rolled backwards and is now present over the midportion of the dorsum of the left hand. Two long brownish colored hairs are recovered from the left hand. Right and left fingernail clippings are obtained. There is smeared blood predominantly over the hypothenar and palmar aspect of the right hand. This is a sterile swab and retained in a normal evidentiary fashion. The **BACK** and **SACRUM** reveals abundant excoriations over the superior shoulders bilaterally. Present over the left lateral thorax

overlying the left scapula are vertically oriented linear abrasions measuring up to 1.0 to 5.0 cm in length. These are running in a vertical orientation. They are photographed for evidentiary matter. The body measures 62" in length and weighs 119 pounds nude (nude).

### EXTERNAL TRAUMATIC INJURIES

#### FACE:

There is pronounced bilateral periorbital ecchymosis present. There is an approximate 4.0 x 1.5 cm gaping laceration over the right inferior zygomatic region. This is surrounded by areas of identifiable hemorrhage. There is marked crepitation of the facial bones detected on palpation. There is a large bruise measuring approximately 4.0 cm over the left zygomatic area. There is diffuse purplish discoloration overlying the right zygomatic buccal and mandibular distribution. There is a palpable fracture dislocation of the mandible with a gaping 2.5 x 1.0 cm fracture over the mental area with an associated 2.0 cm laceration over the superior mental region.

There is a 1.5 cm contusion over the left mandibular ramus. There is a 2.0 x 1.0 cm contusion to the left mandible 2.0 cm to the left.

#### NECK:

Overlying the left sternocleidomastoid muscle is a 4.0 x 3.0 cm contusion. This commences approximately 4.0 cm to the left midline.

#### CHEST:

There is a 2.5 cm contusion over the midportion of the left clavicle. There is an area of purplish discoloration measuring 4.0 x 2.0 cm over the midportion of the right clavicle. There is a 2.0 x 2.0 cm contusion to the right subclavicular fossa on the right 12.0 cm from the midline.

**RIGHT BREAST**

Present at the 10 o'clock position (anatomic position) of the right breast from the nipple is a 1.0 x 0.5 cm contusion which is centered 2.2 cm lateral and superior to the right nipple.

**LOWER EXTREMITY (RIGHT LEG):**

There is a 1.0 cm contusion to the midright thigh. There are patchy 1.5, 1.0, 1.0 and 0.5 cm contusions to the medial aspect of the right tibial area.

Present over the right superior medial malleolus is a 2.0 x 0.8 cm linear contusion.

**LEFT LEG:**

There is a 1.0 cm contusion to the left superior thigh approximately 3.0 cm left of midline.

**UPPER EXTREMITIES:**

Present over the radial aspect of the right wrist is a 2.0 x 0.5 cm area of indentation with a patterned linear area present. There is an identifiable pattern present.

**LEFT WRIST:**

There is a 1.0 cm contusion to the dorsal radial aspect 4.0 cm from the wrist joint. There is an area of purplish discoloration 0.5 x 0.2 cm over the ulnar aspect, dorsally.

**INTERNAL TRAUMATIC INJURIES**

Reflection of the anterior chest reveals areas of recent hemorrhage overlying the above mentioned contusions of the midclavicular areas. The skeletal muscle is a dark reddish-brown color and normal smooth texture. The subcutaneous fat measures approximately 2.0 cm at the level of the umbilicus. The peritoneal cavity is smooth and glistening, and appears

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unremarkable. There are no exudates, adhesions or effusions present. The pleural cavities are smooth and glistening. There are no exudates, adhesions or effusions present. The rib cage is inspected. There is no fractures noted. The pericardial sac is intact, smooth and glistening and appears unremarkable.

**SKULL:**

There is a C-shaped laceration to the midleft parietal region which measures 15.0 cm in greatest dimension. This overlies the midsuperior left parietal region extending onto the left frontal area. There is an approximate 2.0 cm area of contusion posterior to the left external auditory canal.

Reflection of the scalp reveals a massive, crushing injury to the left parietal skull with indentation of the skull in the biparietal diameter. There is an area measuring 18.0 x 12.0 cm of depressed skull fracture which is depressed for a distance of approximately 2.0 to 3.0 cm. The central aspect of the fracture consists of eight separate fragments of bone indented. One large fragment shows fracturing of the internal table with nonfracturing of the external table. There is extension of the fracture anteriorly across the frontal skull. This extends for approximately 10.0 cm in a horizontal direction.

There is a massive basilar skull fracture with cranial facial dislocation. There is bilateral crushing orbital plate fractures with complete fracturing of the facial orbits. There is crushing injury to the left petrous portion of the temporal bone. There is multiple comminuted fragmentation of the petrous portion of the left temporal bone. There is bilateral fracturing to the lambdoidial sutures.

**BRAIN:**

The brain weighs 1,000 gm. There is a subdural blush present overlying the dural surfaces. There is laceration of the left parietal dura.

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Serial coronal sections to the brain reveal no identifiable areas of contusions present. Normal sulcation is present. The cranial nerves are symmetrically intact. The cerebrovascular system is of normal configuration. There is accentuation of the hemorrhage at the base of the brain.

**NECK:**

Reflection of the skin and subcutaneous tissue of the anterior neck reveals extensive, confluent areas of hemorrhage overlying the anterior strap musculature. These include areas of hemorrhage over the cricoid cartilage and diffusely throughout the sternocleidomastoid muscles, bilaterally.

Reflection of the musculature reveals a comminuted fracture of the anterior thyroid cartilage. There is bilateral fracturing of the superior thyroid horns. There is bilateral fracturing of the lesser horns of the hyoid bone, bilaterally. There is confluent hemorrhage overlying the posterior esophagus and confluent over the right and left portions of the neck area. No discrete areas of hemorrhage are noted.

**GENERAL INTERNAL EXAMINATION**

**HEART:**

The heart has a normal configuration. It is bloodless and contracted. The heart weighs 260 gm. The tricuspid valve measures 12.0 cm; pulmonic valve 6.5 cm; mitral valve 10.5 cm; and aortic valve 6.5 cm in circumference. The left ventricle 1.0 cm distal to the mitral valve measures 1.8 cm. The valve leaflets are thin, pliable and competent. The valve coronary and papillary muscles are unremarkable. The trabecular, and endocardial surfaces are unremarkable. The epicardial dark reddish-brown color and normal smooth texture. There are no areas of fibrosis or scarring present. The coronary ostia are widely patent. The coronary arteries have a normal



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configuration. Serial coronal sections reveal no identifiable areas of atherosclerotic plaquing or obstruction present. The aorta has a normal smooth yellow intimal surface. The major branches including the celiac, superior and inferior mesenteric and renal arteries are widely patent. The vena cava and major vessels appear unremarkable.

**LUNGS:**

The right and left lungs weigh 350 gm and 390 gm, respectively. The lungs are well aerated and have the normal septation. Serial coronal sections to the lungs reveal no identifiable areas of contusion or consolidation. The trachea and mainstem bronchi contain abundant aspirated blood. The pulmonary artery is intact. There is no thrombi present.

**LIVER:**

The liver weighs 1,040 gm. The capsule is intact, smooth and glistening. The parenchyma is a dark reddish-brown color and normal smooth texture. There are no infarcts, nodules, scars or cysts present. A thin walled gallbladder is present which contains abundant thick bile. The biliary system is patent the ampulla of Vater and there are no calculi.

**PANCREAS:**

The pancreas has a normal tan lobular architecture and appears unremarkable.

**ADRENALS:**

The adrenal glands appear unremarkable.

**SPLEEN:**

The spleen weighs 60 gm. The capsule is intact, smooth and glistening. The parenchyma is a dark reddish-brown color and normal smooth texture. There are no infarcts, nodules, scars or cysts present.

**GASTROINTESTINAL TRACT:**

The esophagus has abundant hemorrhage overlying the posterior aspect. This is predominantly behind the trachea and cricoid cartilages. The stomach is collapsed but contains approximately 50 cc's of thick burgundy colored blood. Food debris is present. The mucosal surface is smooth, glistening and appears unremarkable. The small bowel has a uniform dimension and appears unremarkable. A vermiform appendix is present. The colon has a normal configuration. The distal descending rectosigmoid colon and contains firm, hard stool. The colon is opened in its entirety with dissection of the distal anus. There is the gaping 3.5 x 2.0 cm laceration noted on the posterior aspect of the anus which penetrates to a depth of 1.5 cm. There is the associated rectosigmoid mucosal surfaces intact without laceration or trauma. No foreign bodies are noted. The anus is dilated.

**GENITOURINARY TRACT:**

The right and left kidneys weigh 130 gm and 120 gm, respectively. The capsules strip with ease, and the cortices have a dark reddish-brown color and normal smooth texture. There are no infarcts, nodules, scars or cysts present. The ureters are uniform in dimension and patent to the bladder. The bladder is collapsed and contains approximately 180 cc to 200 cc of straw colored urine. The mucosal surface is unremarkable.

**INTERNAL GENITALIA:**

An 8.0 x 3.0 x 6.0 cm uterus is present on section. There is a uniform myometrial cavity with tannish velvety endothelial surface. Foreign bodies are present. The cervical os has a concaved appearance and slight ectropion. The vaginal cavity is removed and inspected in its entirety. There is no additional trauma, injury or foreign bodies noted.

**SPIINE:**

The spine is of normal configuration and appears unremarkable.

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**NECK:**

See "External Traumatic Injuries". The thyroid gland has normal symmetrical lobes and appears to have patchy areas of hemorrhage. The tongue is removed, and there is abundant hemorrhage throughout the anterior third of the tongue musculature.

**SPECIMENS:**

Specimens obtained at autopsy include sexual assault testing kit with anal, oral and vaginal swabs, pulled head hair, pulled pubic hair, combed pubic hair is not obtained due to maggot infestation. Aortic and iliac blood is obtained, bile, urine, right and left fingernail clippings, hair is recovered from left hand, debris recovered from the anterior body area, dirt recovered from the anterior aspect of the body, multiple fly larvae are obtained and sent for entomological analysis.

**PROVISIONAL ANATOMIC DIAGNOSIS**

**MICROSCOPIC EXAMINATION**

**LUNGS:**

The lungs are inflated, generally well preserved. There is no areas of acute inflammation or necrosis present. There are patchy areas of atelectasis and pulmonary edema fluid.

**RECTUM:**

A section of the laceration of the rectum reveals a laceration of the tissue with a focal hematoma and extravasation of erythrocytes in the surrounding muscle tissue. There is no evidence of organized inflammation present.

**UTERUS:**

Normal myometrium with proliferative endometrium.

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**CERVIX:**

Normal cervical tissue. No evidence of dysplasia.

**LIVER:**

Normal histological architecture, otherwise unremarkable.

**HEART:**

Histologically unremarkable.

**SPLEEN:**

Histologically unremarkable.

**KIDNEY:**

Histologically unremarkable with early autolysis.

**THYROID:**

Histologically unremarkable.

**APPENDIX:**

Histologically unremarkable.

**SKIN:**

Sections of skin reveal diffuse autolysis and desiccation. There is patchy hemorrhage within the subjacent fat tissue, otherwise unremarkable.

**OVARY:**

Histologically unremarkable.

**BRAIN:**

Sections of cortex reveal identifiable subarachnoid hemorrhage present. There are patchy cortical contusions noted. Otherwise unremarkable.

**RIGHT BREAST:**

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Sections of right breast tissue reveal marked desiccation. There is marked autolysis of the epidermis. No gross hemorrhage can be detected.

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OFFICE OF THE CORONER/MEDICAL EXAMINER

MANITOWOC

COUNTY, WISCONSIN

ORDER TO PERFORM AUTOPSY

I, Debra Karatsch, coroner for Manitowoc County, Wisconsin, pursuant to Sections 979.01, 979.02 and 979.03 of the Wisconsin Statutes, do hereby order that an autopsy be performed upon the body of Janet Claffier, deceased.

I authorize Dr. Jentzen, as pathologist and coroner's physician, to perform such autopsy and to remove and retain such organs, parts of organs and body fluids for further study, as he/she or the coroner's office may deem necessary.

Dated: Sept. 22, 1993

Debra Karatsch  
(Signature of Medical Examiner, Coroner, Deputy)  
(Original to Pathologist, Copy to File)

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OFFICE OF THE MEDICAL EXAMINER  
*Milwaukee County*

September 29, 1993  
Case 1993 - #0181R  
CLAFLIN, PAMELA

Specimens of blood and urine which were labeled, sealed and identified as being those of the decedent were analyzed by this laboratory.

The analyses revealed that the blood contained 0.19 gram percent ethyl alcohol by weight. None of the following chemicals was detected: methyl alcohol; isopropyl alcohol; formaldehyde; acetaldehyde; or acetone. The blood contained no detectable carbon monoxide.

The analyses revealed that the urine contained 0.30 gram percent ethyl alcohol by weight. Qualitative chemical tests performed on the urine of the decedent detected neither salicylate, acetaminophen, ethchlorvynol, imipramine, thioridazine, phenothiazines in general, glucose nor ketone bodies. In addition, the urine contained no detectable barbiturate, glutethimide, phenytoin, meprobamate, chlordiazepoxide, diazepam, oxazepam or flurazepam. Immunoassay analyses of the urine detected no metabolites of cannabis, cocaine, or opiates. Thin-layer chromatographic analysis of the urine detected no narcotic substances. Nicotine and caffeine were present. These are normal findings for a tobacco smoker and regular coffee drinker.

*Jeffrey M. Jentzen*  
Jeffrey M. Jentzen, M.D.  
Medical Examiner

*Robert D. Eberhardt*  
Robert D. Eberhardt  
Toxicologist  
Laboratory Director

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OFFICE OF THE MEDICAL EXAMINER  
*Milwaukee County*

September 29, 1993

Case 1993 - #0181R

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Laboratory Director

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REGISTERED  
FIRST CLASS

Debra J. Kakatsch, R.N.  
Manitowoc County Coroner  
1010 South 8th Street  
Manitowoc, Wisconsin 54220

Note: Empty  
Envelope

...MINER  
... W. Highland Avenue  
...waukee, Wisconsin 53233