

07-04005

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

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Re \_\_\_\_\_ Co. \_\_\_\_\_

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By: A. Ledgewood  
Date: 8-23-99

**REPORT OF INVESTIGATION BY MEDICAL EXAMINER**

DECEDENT First - Middle - Last Names (Please avoid use of Initials)	Age	Birth Date	Race	Sex
<b>PAUL SCOTT HOWELL</b>	45	2-23-1954	WHITE	MALE

HOME ADDRESS - No. - Street, City, State  
**727 EAST DRIVE, EDMOND, OKLAHOMA**

<b>TYPE OF DEATH:</b> (Check one only) <input type="checkbox"/> While in penal incarceration <input type="checkbox"/> After unexplained coma <input type="checkbox"/> During therapeutic procedure <input type="checkbox"/> Death possible threat to public health	<input type="checkbox"/> Unattended during fatal illness <input type="checkbox"/> Under suspicious circumstances* <input checked="" type="checkbox"/> Violent, unusual or unnatural* *Means: <b>FIREARM</b>	If motor vehicle accident <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN	Type of Vehicle <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> LIGHT TRUCK <input type="checkbox"/> HEAVY TRUCK <input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE
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EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS)	DATE	TIME
<b>TAY SHA HOWELL M.D. EDMOND REGIONAL HOSPITAL</b>	7-28-99	2313

INJURED OR BECAME ILL AT (ADDRESS)	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
<b>727 EAST DRIVE</b>	<b>EDMOND</b>	<b>OKLAHOMA</b>	<b>DRIVEWAY</b>	7-28-99	2131

LOCATION OF DEATH	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
<b>EDMOND REGIONAL HOSPITAL</b>	<b>EDMOND</b>	<b>OKLAHOMA</b>	<b>HOSPITAL</b>	7-29-99	0145

BODY VIEWED BY MEDICAL EXAMINER	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
<b>901 NORTH STONEWALL</b>	<b>OKLAHOMA CITY</b>	<b>OKLAHOMA</b>	<b>OFFICE</b>	7-29-99	0930

DESCRIPTION OF BODY EXAMINATION	RIGOR	LIVOR	EXTERNAL OBSERVATION		BLOOD	NOSE	MOUTH	EARS
			Clothed	Unclothed				
Jaw <input type="checkbox"/>	Complete <input type="checkbox"/>	Color <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER Sand, dirt, water, etc.			
Neck <input type="checkbox"/>	Absent <input type="checkbox"/>	Lateral <input type="checkbox"/>	Partly Clothed <input type="checkbox"/>	Hair _____				
Arms <input type="checkbox"/>	Passing <input type="checkbox"/>	Posterior <input type="checkbox"/>	Beard _____	Mustache _____				
Legs <input type="checkbox"/>	Passed <input type="checkbox"/>	Anterior <input type="checkbox"/>	Eyes: Color _____					
	Decomposed <input type="checkbox"/>	Regional _____	Pupils, Opacities, Etc. _____					
Significant observations and injury documentation - (Please use space below)			R _____ L _____					
			BODY LENGTH _____	BODY WEIGHT _____				

See Autopsy Protocol

<b>Probable cause of death:</b> Contact Gunshot Wound of Head	<b>Manner of Death:</b> (Check one only) Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/>	<b>Case disposition:</b> Autopsy Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Authorized by <u>FBJ</u> Pathologist <u>FBJ</u> Not a medical examiner case <input type="checkbox"/>
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<b>MEDICAL EXAMINER</b> Name, Address and Telephone No. <u>Ed B. Jordan, MD</u> <u>901 N. Stonewall</u> <u>Oklahoma City, OK 73117</u>	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.  <u>Ed B. Jordan</u> Signature of Medical Examiner	Date <b>JULY 29, 1999</b>
County of Appointment <b>OCME</b>		

9904250

**Board of Medicolegal Investigations  
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By <u>A Ledgerwood</u>
Date <u>8-23-99</u>

**REPORT OF AUTOPSY BY MEDICAL EXAMINER**

<b>DECEDENT</b>	First-Middle-Last Names (Please avoid use of initials)	Age	Birth Date	Race	Sex	Marital Status
	PAUL SCOTT HOWELL	45	02/23/54	W	M	UNKNOWN
<b>AUTOPSY</b>	Authority for Autopsy	Present at Autopsy		Identified By		
	FRED B. JORDAN, M.D.	ERIC SCHMELZER		TOE TAG		

**TYPE OF DEATH**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> While in penal incarceration | <input type="checkbox"/> Death possible threat to public health   | <input type="checkbox"/> *Under suspicious circumstances           |
| <input type="checkbox"/> After unexplained coma       | <input type="checkbox"/> Unattended stillbirth or by midwife only | <input checked="" type="checkbox"/> *Violent, unusual or unnatural |
| <input type="checkbox"/> During therapeutic procedure | <input type="checkbox"/> Unattended during fatal illness          |  |
|   | <input type="checkbox"/> Found dead without obvious cause         | *Means:  |

**PATHOLOGICAL DIAGNOSIS**

- I. Contact gunshot wound of left head with perforation of left hemisphere and recovery in the left lateral ventricular area; trajectory is to the right, slightly forward and relatively horizontal.
- II. Acute abrasions of left elbow, left lateral hip, right and left pretibial areas and right and left feet.
- III. Acute right perirenal hemorrhage.

**COMMENT:** This 45 year old male sustained a hard contact gunshot wound to the left side of the head in a shooting witnessed by members of his family. The manner of death is homicide.

**CAUSE OF DEATH:**  
CONTACT GUNSHOT WOUND OF HEAD

**AUTOPSY NO. ML 501-99                      CASE NO. 9904250                      FBJ/ND**

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

*Fred B Jordan*  
Signature of Pathologist

07-29-99 (0930)  
Date and time of autopsy

OCME MORGUE  
Place of autopsy

## EXTERNAL EXAMINATION

AUTOPSY NO. ML 501-99

CASE NO. 9904250

=====

### DESCRIPTION

Height	Weight	Eyes	Pupils	Opacities, Etc.	Hair	Beard	Mustache	Circumcised
72 in.	82 kg.	BROWN	R 0.4cm L 0.4cm		BROWN	N	N	Y
RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)				LIVOR (color, anterior, posterior, lateral, regional)			Body Heat	
COMPLETE				PURPLE - POSTERIOR			COOL	

An endotracheal tube is in place. There is a tiny abrasion of the lower lip on the left laterally.

There is a dry, sterile dressing over multiple needle puncture marks in the right subclavian area and another over a solitary needle puncture mark on the dorsal surface of the right hand.

There are two needle puncture marks over the left antecubital fossa. Acute abrasions are present over the left elbow, the left lateral hip, the right pretibial area, the left pretibial area, the left foot, the areas superior to the right ankle posteriorly and the right foot. These are documented in the accompanying diagrams and by digital photography.

There is a right subcostal scar with a solitary, more laterally placed, apparent drain scar.

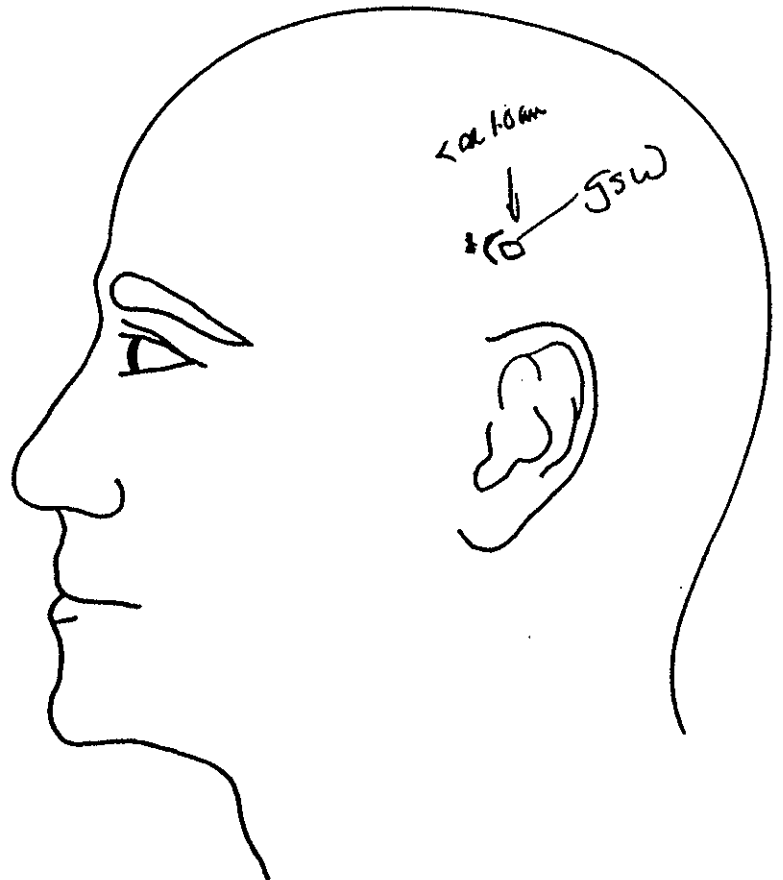
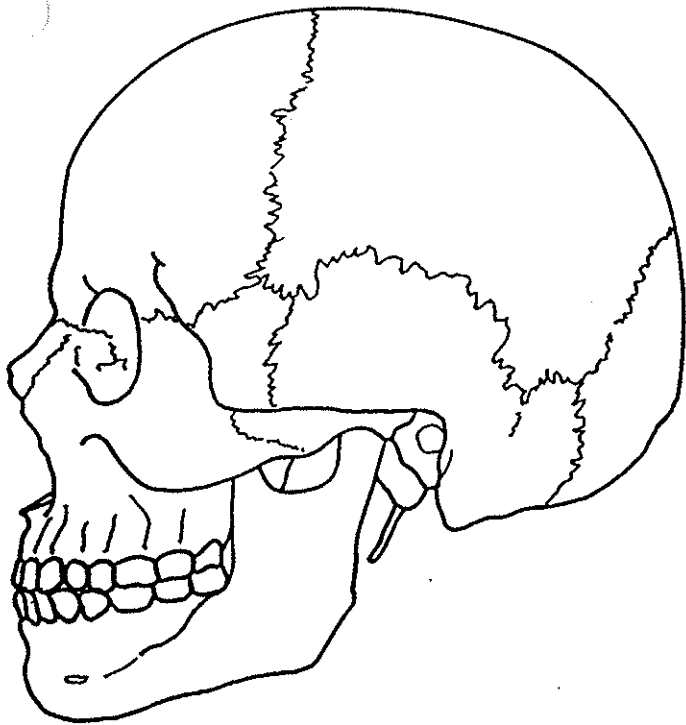
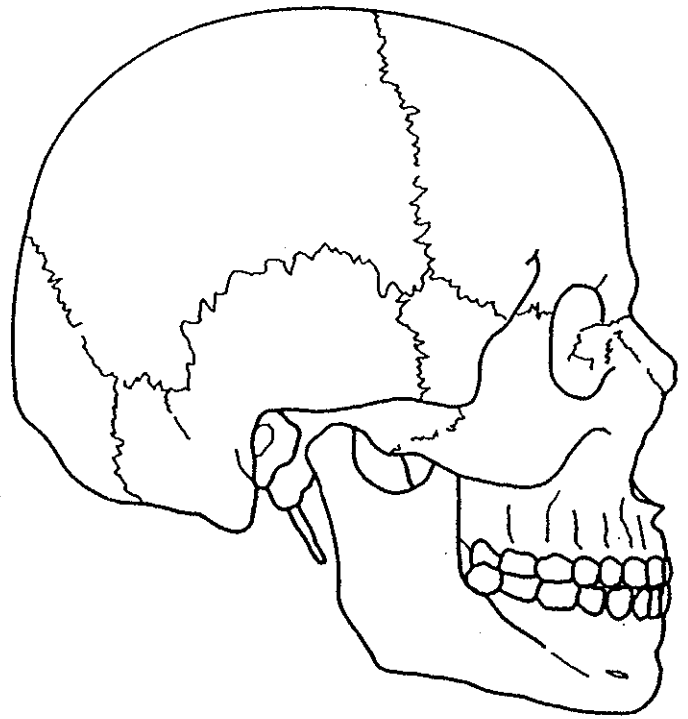
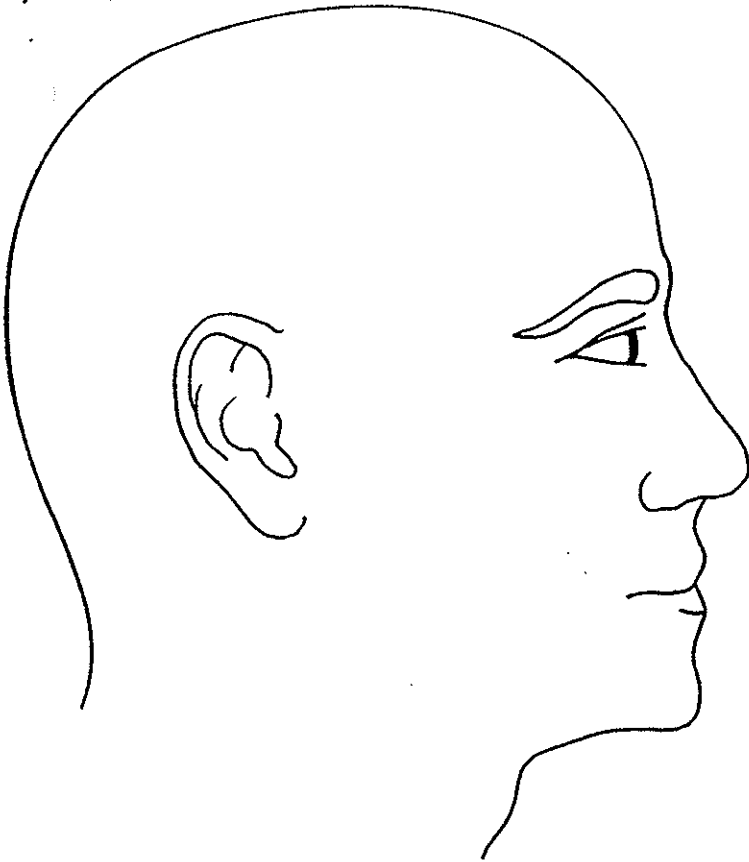
The left lateral head above the ear at approximately 3 in. from the top of the head and approximately 5 in. to the left of the midline shows a hard contact gunshot wound of entrance. The entrance hole itself measures approximately 7 mm in diameter. Anteriorly there is a semilunar barrel abrasion and lateral to this is a smaller more irregular separated abrasion. These are depicted in the accompanying diagrams and are also documented by digital photography. At this point the distance from the margin of the soot stained gunshot wound to the semilunar abrasion is somewhat less than 1 cm.

There is a needle mark of the thenar area of the left hand.

Ointment is present on the eyes.

There is a hospital name band showing the name of "Paul Howell" on the right wrist.

HEAD - SURFACE AND SKELETAL ANATOMY, LATERAL VIEW

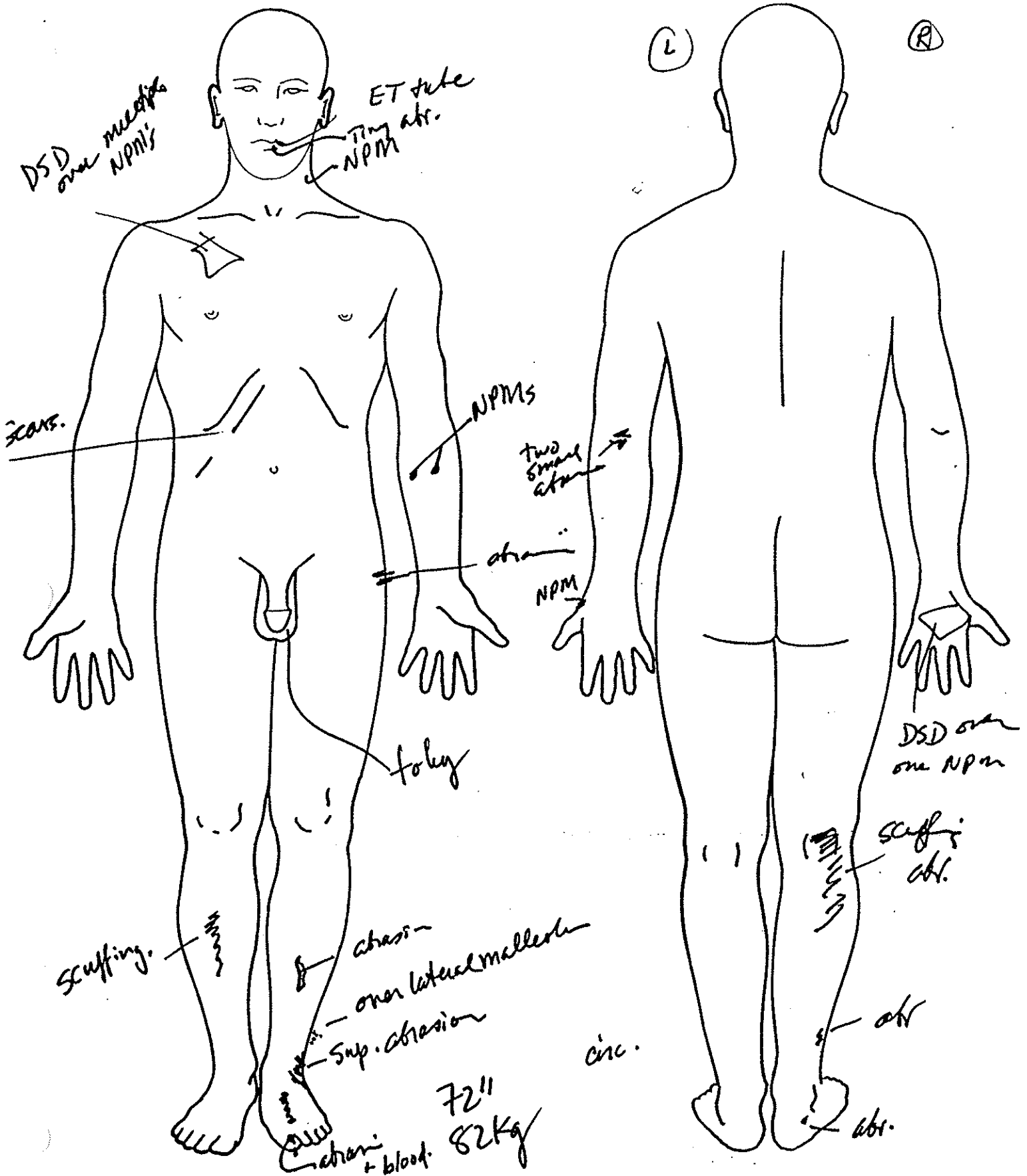


Name Paul Scott Howell

Case No. 9904250

Date 7-29-99

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



Name Paul Scott Howell

Case No. 9904250

7-29-99

GUNSHOT WOUND CHART

NAME Paul Scott Howell City or County 9904250

		WOUND NO.											
		1		2		3		4		5		6	
		Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.
1. Location of wound:	Head	✓											
	Neck												
	Chest												
	Abdomen												
	Back												
	Right Arm <												
	Left Arm <												
	Right Leg <												
	Left Leg <												
	2. Size of wound: (Millimeters)	Diam.											
Width		7											
Length													
3. <sup>INCHES</sup> Centimeters from wound to:	Top of head	3											
	CA. Left of midline	5											
4. Powder burns:	On skin	✓	+ S.C. tissue										
	Clothing												
	Absent												
5. Direction of bullet through body:	Backward												
	Forward												
	Downward												
	Upward												
	To right	✓											
	To left												
6. Bullet found:	Calibre	small											
	Shotgun												

Photographs made: Yes  No  X-rays made: Yes  No

REMARKS: hard contact gun

Arm

9-27-99

## GROSS EXAMINATION

AUTOPSY NO. ML 501-99

CASE NO. 9904250

=====  
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 2 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:

Weights 340 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 10.5 cm, pulmonic 7.0 cm, mitral 10.0 cm, and aortic 6.5 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 no atherosclerosis. Other great vessels also arise and distribute normally and are widely patent.

Gross - 2 Case No. 9904250

**NECK ORGANS:**

Musculature is normal, rubbery, and maroon, but there is a fair amount of hemorrhage particularly on the right hand side. 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 480 gm, and the left weighs 440 gm. Visceral pleurae are moderately anthracotic. The overall configuration is hyperdistended and there appears to be some loss of elasticity diffusely. The trachea is widely patent and lined by characteristic pink membrane. Likewise, the major bronchi and bronchioles bilaterally are patent, normally formed, and contain small amounts of mucus like material, which is non-obstructive. The pulmonary arterial tree is free of emboli or thrombi. The parenchyma is uniformly spongy, varies from pink upper lobes to dark purple atelectatic lobes and there is moderate congestion and minimal edema. 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 approximately 200 cc of poorly chewed food material including greens, whole peas, and a morbus gray-pink material, little of which has passed to the duodenum. 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 present. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula. Anus and rectum are unremarkable.



**Gross - 3 Case No. 9904250**

**LIVER:**

Weighs 1940 gm. It is of normal configuration, rubbery, tan, and intact. Cut surface shows no pathology.

**GALLBLADDER:**

Appears to be surgically absent.

**PANCREAS:**

Lies in its normal position, shows a normal configuration and is pink-tan. It is characteristically lobulated, and there is a small amount of head contusion.

**SPLEEN:**

Weighs 180 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 150 gm and there is considerable adjacent perirenal hemorrhage. Search again of the skin and soft tissues does not reveal a definitive evidence of source of this trauma. The left kidney weighs 160 gm. Sections show the organs to be moderately congested with unremarkable cortices, medullae, and pelves. Ureters and blood vessels are patent and unremarkable.

**URINARY BLADDER:**

Contains no appreciable free 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.

**Gross - 4 Case No. 9904250**

**BRAIN AND MENINGES:**

The scalp is opened through the customary intermastoid incision and shows a large amount of hemorrhage over its entire left side. The calvarium is removed through the use of an oscillating saw and is involved with the gunshot wound of entry. The brain weighs 1440 gm. Dura and leptomeninges show extensive subarachnoid and subdural hemorrhage, particularly on the left hemisphere. Cranial nerves and circle of Willis arise and distribute normally. There is a path of contusive laceration through the left temporoparietal lobe extending medially, relatively horizontally as best one can determined. The bullet is recovered within the tissue of the left lateral ventricle. Sections of right hemisphere reveal only meningeal hemorrhage. Sections of left hemisphere in addition to this track of contusive laceration show extensive subdural and subarachnoid hemorrhage. The base of the skull shows no appreciable fractures.

**RIBS:**

Intact.

**PELVIS:**

Intact.

**VERTEBRAE:**

Intact.

**BONE MARROW:**

Moist and dark red. Unremarkable.

**GUNSHOT WOUND DESCRIPTION:**

The gunshot wound of entrance is documented in the external description, but to reiterate, is approximately 3 in. from the top of the head and approximately 5 in. to the left of the midline. The wound itself measures 7 mm in diameter and shows powder deposition around its margins and in the subcutaneous tissue. Anterior to the wound of perforation of the skin is a semilunar abrasion consistent with a barrel abrasion. This is somewhat less than 1 cm away from the anterior margin of the actual perforating wound. Anterior to this semi-lunar area of abrasion is another small, relatively rectangular abrasion.

The trajectory of the wound is basically to the right and perhaps slightly forward in an apparent relatively horizontal plane. A copper jacketed small caliber, somewhat deformed bullet is recovered from the left lateral ventricular area.

MICROSCOPIC EXAMINATION

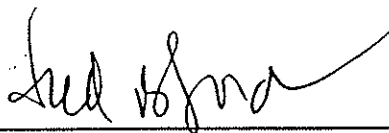
AUTOPSY NO. 501-99

CASE NO. 9904250

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Sections of all major organs are histopathologically embedded but not examined microscopically.

July 30, 1999  
nd



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Fred B. Jordan, M.D.

BOARD OF MEDICOLEGAL INVESTIGATIONS  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
901 N. Stonewall  
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

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By <u>A. L. Loder</u>
Date <u>8-23-99</u>

NAME: HOWELL, Paul S.

LABORATORY NO. 992021

MATERIAL SUBMITTED: Blood, Vitreous, Liver, Brain,  
Hospital Specimens

DATE RECEIVED: July 29, 1999

CASE NO. 9904250

SUBMITTED BY: Fred B. Jordan, M.D.

MEDICAL EXAMINER: Fred B. Jordan, M.D.

RESULTS:

BLOOD: (Hospital; 7/28/99)

Ethyl Alcohol - Negative

August 11, 1999

DATE

Philip M. Kemp  
PHILIP M. KEMP, Ph.D.  
Chief Forensic Toxicologist

Please Note: Unless notified in writing to the contrary, the specimen(s) submitted in this case will be discarded at the end of 60 days.