

Anastasia Witbolsfeugen

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REASON FOR PERFORMING AN EXAMINATION:

This 18 year old white female was reportedly found outside with a gunshot wound. Additional details may be found in the Medical Examiner Investigator's report filed in this office.

DATE AND TIME OF EXAMINATION:

Under the provisions of RSMo 58.725, an autopsy is performed at the Jackson County Morgue on Thursday, October 23, 1997 beginning at 0930 hours.

PRESENTATION OF THE BODY:

The body was brought to the morgue fully clothed and in a white tarp.

X-RAY EXAMINATION:

A radiograph of the head reveals a radiodense bullet fragments, comminuted calvarial and facial fractures and amalgam fillings in the teeth.

The clothing and personal effects are forwarded to Crime Scene Technicians of the Kansas City Missouri Police Department.

THERAPEUTIC INTERVENTION:

None.

IDENTIFYING FEATURES:

The body is that of a well developed, well nourished white female appearing to be in her late teens. The height is about 62 inches and the weight 120 pounds. Light brown below shoulder length hair covers the scalp. The irides are hazel. The teeth are natural and in good condition.

EXTERNAL POSTMORTEM CHANGES:

Rigor mortis is well developed and generalized. Livor mortis is faint and posterior, mostly in the buttocks and legs. Livor mortis is mostly fixed but focally blanching. The corneas are clear.

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SPECIFIC EXTERNAL EXAMINATION:

Gunshot entry and exit wounds and associated defects lie in the head, and these will be described in greater detail subsequently. Three fine punctate abrasions lie in the forehead. The face reveals fine acneiform lesions. Stains of copious bloody fluid exude from the ear canals, the nares and the mouth. These bloodstains extend along the right side of the face laterally and posteriorly.

The neck and trunk reveal no recent injuries.

The fingernails are short and intact. Both upper extremities reveal no recent injuries.

The external genitalia and anus are atraumatic.

A faint 1/2 inch in diameter irregular scar lies in the anterior left knee. A 3/8 inch in diameter small round scar lies in the anterior proximal left lower leg. A 3/4 inch in diameter yellow-green contusion lies in the lateral left knee. A smaller oval yellow-green contusion lies anterior to the 3/4 inch contusion.

A faint yellow-green 1 inch in diameter contusion lies in the proximal anterior right lower leg.

CLOTHING AND PERSONAL EFFECTS:

The subject wears black Doc Marten shoes, dark gray socks, black denim pants with the "Dungaree" label, a light brown corduroy jacket, size small, with the "Brandon Thomas" label, a dark gray pullover shirt, size medium, with the "Energie" label, a black bra and a pair of black panties containing a sanitary napkin. The pant's pockets contain \$3.65 in bills and change.

DESCRIPTION OF GUNSHOT WOUND:

A contact gunshot wound involves the tip of the nose. The entry wound lies 4 1/2 inches inferior to the top of the head and in the anterior midline. Gaping radially oriented lacerations extend into the skin superior to the vermilion border of the upper lip, along both nasolabial folds, and superiorly along the nasal septum. Upon approximating these radial lacerations, a marginally abraded gunshot entry defect measuring about 3/8 inch in diameter is seen. Multiple dark particles, which under a dissecting microscopic examination appear to be gunpowder particles, adhere to the skin of the face, mostly around the lips and anterior chin. Several of these are embedded in the vermilion border of the upper lip. Also, a slight dark sooty deposit is noted around the face. Additionally, portions of soft tissue within the deeper wound track reveal similar particles which under a dissecting scope appear also to be gunpowder particles. There is no stippling.

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The wound track travels directly from front to back. The facial structures, including both inferior orbital rims, the zygomas, the maxilla, and the mandible reveal palpable comminuted fractures. There are midline fractures of the maxilla that extend between the maxillary central incisors and involve the midline mandible. Gaping fractures involve the anterior cranial fossa. Comminuted fractures extend into all cranial fossae and throughout the calvarium. A 5 1/2 inch long transverse laceration lies in the posterior scalp, and two additional shorter lacerations extend from the midportion of this defect. These lacerations fit together upon approximation, and there is no marginal abrasion. The confluence of these lacerations lie in the posterior midline 4 inches inferior to the top of the head. These lacerations correspond to the fracture lines noted in the posterior calvarium. A distorted lead bullet fragment is recovered from the hair of the posterior scalp. This bullet fragment is labeled with my initials, sealed in a container, and submitted to Charlie Clossen, Crime Scene Technician, Kansas City Missouri Police Department.

Gaping fractures extend through the foramen magnum, and a portion of the fractured upper vertebra is noted through these fractures. There are extensive dural lacerations. There are no epidural fluid accumulations, but slight amounts of blood clot lie within the subdural space. Slight subarachnoid hemorrhage is noted on the brain surface. The midline structures of the brain are lacerated, and the cerebellum and brainstem are not identified. Sectioning through fragmented portions of brain reveals no other extrinsic or intrinsic lesions.

OTHER INTERNAL FINDINGS:

Neck:

Slight hemorrhage lies beneath the precervical fascia in the upper spine. The neck organs and the vital structures of the lateral neck compartments are generally intact although there is some hemorrhage around the pharynx. The hyoid bone and neck cartilages reveal no fractures. There is no upper airway obstruction. The thyroid gland is symmetrical and normally formed.

Chest and Abdomen:

The soft tissues of the anterior chest and abdominal walls are atraumatic. The chest wall and spine are intact. The pleural, peritoneal, and pericardial linings are smooth and glistening, and the body cavities reveal no abnormal fluid accumulations.

Cardiovascular system:

The 230 gm heart has pliable and patent coronary arteries. The coronary arteries arise from the aorta in the usual fashion. The myocardium is uniform and brown. The cardiac chambers are not dilated. The endocardium and valves are smooth and glistening, and the valves are normally formed. The intima of the aorta reveals scattered fatty streaks.

Respiratory tract:

The 380 gm right and 340 gm left lung are spongy and reveal dependent congestion. The tracheobronchial tree and pulmonary arteries are patent.

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Gastrointestinal tract:

The esophagus is intact and has a smooth mucosa. The stomach reveals minimal clear mucoid material but no significant food material. The small and large intestines reveal no unusual features.

Liver and Gallbladder:

The 1220 gm liver is tan-brown. The gallbladder is unremarkable.

Pancreas:

The pancreas has the usual lobular parenchyma.

Spleen:

The 180 gm spleen is intact and has the usual dark parenchyma.

Adrenal glands:

Unremarkable.

Urinary tract:

The 100 gm right and 120 gm left kidney are brown. The capsules strip with ease. The corticomedullary markings are distinct. The ureters are not dilated. The urinary bladder contains about 30 cc of urine. The bladder wall and mucosa are unremarkable.

Internal genitalia:

The uterus, fallopian tubes, and ovaries are normally formed, and there is no intrauterine pregnancy. Examination of the deeper vagina reveals no evidence of injury.

SUMMARY OF AUTOPSY FINDINGS:

1. Contact gunshot wound to nose:
 - A. Comminuted calvarial, basilar skull and facial fractures.
 - B. Lacerations of brain and dura mater.
 - C. Gaping lacerated defect, posterior scalp.
 - D. Lead bullet fragment recovered from scalp hair along posterior aspect.

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OTHER PROCEDURES:

1. Specimens retained for toxicology.
2. Portions of tissue retained in 10% formalin.
3. Oral, vaginal, and rectal swabs and smears obtained and submitted as evidence.
4. Identification and documentary photographs are taken.
5. Blood for serology submitted to Charlie Clossen.

CAUSE OF DEATH:

Gunshot wound to nose, unknown type of gun.