

ACKNOWLEDGED

"CORONERS ACT"
(Sec. 7, Subsecs. (2) and (3))

(Coroner's Report Form of Inquiry) 1 1959

FILE No. _____

Vancouver, B.C.

October 15th, 1959

Report of INQUIRY as to Cause of Death ofFLYNN, Errol LeslieAge 50 Sex Male Birthplace Hobard, Tasmania Date of death October 14, 1959Nationality American Race Irish

Remarks

See the attached "Vancouver City Police Department
Investigation Report" File #59-31083
Coroner's Case No. 10,33, 1959

Where found D.O.A. Vancouver General HospitalFound by Friends & Dr. G. Gould

Post-mortem findings:

Myocardial InfarctionCoronary ThrombosisCoronary AtherosclerosisFatty Degeneration of the LiverPortal Cirrhosis of the LiverDiverticulosis of the ColonWounds, etc. NoneAddress of deceased 7047 Franklin Avenue, Hollywood, California, U.S.A.

Address of next of kin _____

Opinion of Coroner

Investigation and autopsy into the death of this
fifty year old movie actor, of Irish racial origin, disclosed that
the deceased had been staying in West Vancouver with one
Mr. George Caldough, as a house guest and on October 14, 1959, was
leaving for the Vancouver International Airport intending to fly
to California. The deceased had apparently been suffering from
acute low back and leg pains and requested his host, Mr. Caldough,
to obtain the services of a doctor before boarding his plane. As a
result of a telephone call an appointment was arranged at the residence

Municipality or district responsible Vancouver, B.C. /OVERUndertaker Harron Brothers Ltd. Buried at Los Angeles, California,

U.S.A.

Glen McDonald, Coroner.

Glen McDonald.

NOTE.—Depositions or statements of witnesses (if any) to be attached to this form.

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OPINION OF THE CORONER CON'T:

was arranged at the residence/

of Dr. Grant Gould and this appointment was met and the report of Dr. Gould is attached hereto.

Investigation by the Police Constables and Detectives of the Vancouver City Police Force disclosed no evidence of violence, or suspicion of foul play and exhaustive Toxicological Examination has disclosed no poison or foreign substance which could be directly associated in any way with his death. The fact that no Demoral was found toxicologically would appear to confirm that the dosage given by Dr. Grant A. Gould was therapeutic. The blood alcohol level of 0.25% would appear not to have been unusual for the deceased to have been able to handle without difficulty.

I am, therefore, of the opinion that this death should be classified, in view of the above noted autopsy findings, as having been due to natural causes.


Glen McDonald, Coroner.

AUTOPSY

3 VANCOUVER CITY POLICE DEPARTMENT
INVESTIGATION REPORT

10-33

DATE - TIME INVESTIGATED October 14th, 1959 6:50 p.m.CASE NO. 54 310631. OFFENCE - INCIDENT SUDDEN DEATH2. WHERE OCCURRED 201-1310 Burnaby PAT AREA 1 RPT ZONE3. COMPLAINANT: NAME FLYNN: Erroll
(VICTIM) ADDRESS 7047 Franklin Ave, Hollywood
PHONE: BUS. Calif. RES.4. REPORTED BY: NAME Mr. George Caldough
ADDRESS 1026 Eyremont Dr, W. Vancouver
PHONE: BUS. RES. WA 2-13525. TIME OCCURRED October 14 1959 6:35pm Wed. Aft. 34 hrs

6. MODUS OPERANDI:

A. DESC. VICTIM: RACE/SEX _____ AGE _____ OCCUPATION _____ ZONE _____

B. PROPERTY OR PLACE OF ATTACK _____

C. HOW ATTACKED _____

D. MEANS ATTACK _____

E. OBJECT ATTACK _____

F. TRANSPORTATION _____

G. TRADE MARKS _____

7. CASUALTIES:

DESC. VICTIM: NATIONALITY Australian. SEX male AGE 50 OCCUPATION actor MAR. STATUS married

OLD AGE PENSION NO. _____ SOC. SERVICE NO. _____ REG'L. NO. _____ WCS. NO. _____

NATURE CASUALTY cause n.k. TAKEN TO VGH & Morgan BY Motor

ATTENDED BY DOCTOR Dr. Frank Gould ADDRESS 201-1310 Burnaby PHONE WA 5-7488

DEATH PRONOUNCED BY Prof J. Mrs. Flynn, London England. RELATIONSHIP parents

NOTIFIED: CORONER yes OFF. ADMINS. by Agent. NEXT OF KIN Mr. Caldough RELATIONSHIP friend

BODY IDENTIFIED BY Mr. Caldough ADDRESS above RELATIONSHIP friend

8. SUSPECTED/ARRESTED: STATE REASON FOR SUSPICION IN "DETAILS" SECTION.

1. NAME _____ RACE/SEX _____ AGE _____ HEIGHT _____ WEIGHT _____ BLD _____ COMPL. _____

ADDRESS _____ HAIR _____ EYES _____ OCCUPATION _____

CLOTHING _____

DIST. FEATURES _____

2. NAME _____ RACE/SEX _____ AGE _____ HEIGHT _____ WEIGHT _____ BLD _____ COMPL. _____

ADDRESS _____ HAIR _____ EYES _____ OCCUPATION _____

CLOTHING _____

DIST. FEATURES _____

DETAILS: WITNESSES - DESC. OF PROPERTY

VALUE OF PROPERTY

At approx 6:50pm ans inhalator call to #201-1310 Burnaby St, where the victim had been attended by Dr. Gould and inhalator squad. Appar the victim had succumbed to an undetermined attack and attempts were being made to revive him. The follg persons were present at the scene in addition to Dr. Gould - Mr & Mrs. George Caldough of 1026 Eyremont Dr, W. Vancouver, Flynn's manager protege, Miss Beverly Aadland, o/c 7047 Franklin Ave, Hollywood, Mr & Mrs A D Cameron of the Sylvia Htl, (Mr Cameron manager of Sylvia Htl). Mr. Cameron was interviewed at the scene and reported the following circumstances - He stated that he & his wife had been visiting Dr Gould at his residence when the Doctor received a phone call between 3:30 and 4pm approx. Subsequently the dec'd Flynn, in company with Beverly Aadland, Mr & Mrs Caldough arrived at the apartment. At this time, Flynn was apparently suffering from severe pain in his back and complained of this.

CASE DECLARED:

UNFOUNDED

INACTIVE - NOT CLEARED

CLEARED BY ARREST

CLEARED OTHER MEANS

INVESTIGATED BY PG 368 Marshall. CAR 1 SQUAD 1ACCOMPANIED PG 440 Johnston APPROVED BY _____

COPIES TO: _____

TYPED BY S. Swanson 10:30pm

BULLETIN NO. _____

INDEXED _____

TABULATED _____

SIGNED BY _____

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PHONE PACIFIC 7922

Dr. Grant A. Gould

PHYSICIAN AND SURGEON

SUITE 1423, MEDICAL-DENTAL BUILDING
925 WEST GEORGIA STREET
VANCOUVER 1, B.C.

October 16th, 1959.

Commander Glen McDonald,
Coroner, City of Vancouver,
312 Main Street,
Vancouver, B. C.

Re: Errol Flynn, Deceased
October 14th, 1959.

Dear Sir:-

I received a telephone message from Mr. George Caldough of West Vancouver on the above date to the effect that his house guest Mr. Errol Flynn was leaving shortly for the airport, and before taking his flight desired sedation for acute low back and leg pain which had been bothering him for many months intermittently, but which had been particularly bad for the last two days. Owing to the fact that I had just finished my office appointments, I suggested that it would be more expedient for the patient to drop by my apartment en route to the airport and that I would examine him at this time.

Mr. Flynn arrived at my residence at approximately 3:45 p. m. accompanied by both Mr. Caldough and Miss Aandland. I assisted Mr. Caldough in helping Mr. Flynn negotiate the stairs as it was extremely difficult for him to flex his left leg. On arrival at my apartment examination disclosed that he was suffering from an acute intervertebral disc syndrome with sciatic radiation producing intense muscle spasm and pain down the left leg, as well as in the lower back. This condition rendered it impossible for him to sit down without an excruciating exacerbation of the pain. Accordingly, I administered 50 milligrams of demerol intravenously with the patient standing and supporting himself against a table. He obtained considerable relief almost immediately, but elected to remain standing with his back against the patio doorway which seemed to further ease the discomfort.

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Commander Glen McDonald

October 16th, 1959.

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At no time did he complain of chest pains or dyspnea and he seemed in excellent spirits and reminisced at great length about his past experiences. He was offered a drink but refused. During this time Mr. Caldough was on the telephone attempting to delay the flight departure. I advised against the wisdom of making the flight at this time even though he was feeling considerably more comfortable. When he had relaxed sufficiently to be able to lie down without severe pain I manipulated his left leg while he was supine on the bedroom floor. This produced further relief and I suggested he remain on the floor in the lateral flexed position for several minutes before attempting to resume walking. He thanked me and said he felt "ever so much better". From time to time during the next twenty minutes one or other of the persons present would drop in and converse with him.

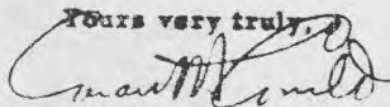
At approximately 6:45 p. m., his companion Miss Aadland came running to me saying that he had suddenly collapsed, that his colour was poor and that he had apparently stopped breathing. I immediately went to his aid and while commencing to examine him, Miss Aadland pulled a box of amyl nitrite ampoules from her purse and quickly broke one under his nose. This was the first indication of any previous cardiac involvement and it was confirmed subsequently by her that she had been instructed to carry this preparation as he had evidently suffered previous cardiac attacks. At this time only a faint heart beat was audible and I injected adrenalin directly into the heart, while instructing Miss Aadland to perform mouth to mouth respirations.

The Inhalator Squad was immediately summoned and administered oxygen and further resuscitation from 6:50 to 7:15 p. m. The patient did not respond and he was transferred to the Emergency Department of the Vancouver General Hospital where oxygen therapy was continued for a short time following intubation.

I finally pronounced Mr. Flynn dead at 7:45 p. m., although the exact time of expiry is possibly a matter of conjecture. In retrospect it is concluded that he died as the result of a sudden overwhelming myocardial infarction of such proportions as to produce death without premonitory symptoms.

I trust this summary will serve to elucidate a few points which may have been obscured by the press releases.

Yours very truly,



Grant A. Gould, M.D.

GAG/mc

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AUTOPSY REPORT

Errol Leslie FLYNN
Hollywood, Calif.
Age: 50 Years

Date of Entry: October 14/59
Date of Autopsy: October 15/59
By: Dr. T.R. Harmon

This is the body of a well nourished, well developed, white male, 73½ inches in length and weighing approximately 225 lbs. On external examination there is a red area with a slight scratch on the right forehead. There are needle punctures in the left chest, 2 to 2½ inches from the midline over the 4th and 5th interspaces. There are crusted scaled areas on both legs, some of these have raised papillomatous appearing centres and there are numerous scars present on both lower legs and on the knees, these are small superficial scars, they vary from 3 or 4 mm. to 1 cm. in diameter. There is an old healed scar in the right lower quadrant of the abdomen. There are a number of papillomatous condylomatous areas on the anterior aspect of the penis just at the margin of the prepuce.

The body is opened in the usual manner.

The Lungs: are partially collapsed in their respective pleural cavities. They weigh the right 540, the left 480 grams. The bronchi are markedly congested, they contain a large amount of mucus. The trachea and larynx are patent. The pulmonary arteries contain P.M. blood clot and fluid blood.

The Heart: weighs 600 grams. On section the muscle is a reddish-brown colour. There is an area of infarction in the posterior wall of the left ventricle, this is an acute infarction and shows pallor and brownish degeneration and red streaking, the pallor is very marked extending into the septum near the base. There are no valvular defects. There is some dilatation of the right heart and also a definite dilatation of the left heart. Careful examination of all parts of the muscle shows no evidence of scarring. The muscle is mottled, however, indicating degenerative changes due to poor blood supply. The coronary arteries show very marked patchy atheromatous thickening with narrowing of the lumen. The atheromatous plaques are large, fusiform and nodular, some of these are beginning to calcify. In the right coronary artery 1½ cm. from its origin there is a degenerated atheromatous plaque with organized thrombus formed on it. This extends for 2 cm. and in the central area there is a recent organized dark red thrombus formed plugging the lumen. The aorta shows patchy atheromatous thickening.

The Gastrointestinal Tract: The esophagus and stomach show no evidence of erosion or ulceration. The mucosa is reddened and congested and contains a quantity of brown fluid and mucus. There is a particle of pink powder in the lower portion of the esophagus suggestive of a Frost 292. The duodenal mucosa is moderately reddened. The remainder of the bowel has a normal appearance and normal content except for a number of diverticulae in the descending and sigmoid colon.

The Liver: weighs 3450 grams. It is a pale yellowish-tan or brownish-tan colour and on section has a pale yellowish-brown cut surface. It cuts with increased resistance indicative of a moderate cirrhosis. This would appear to me to be a portal cirrhosis and the surface of the liver is finely nodular in some areas. The biliary system, pancreas and adrenal glands are not remarkable except that the pancreas is slightly enlarged and slightly more firm than normally seen in the head of the pancreas but the sections show a normal architecture.

The Spleen: weighs 270 grams. It is firm and on section congested. It is a dark purple colour in the cut surface. It shows only congestion grossly but it is marked.

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Errol Leslie FLYNN

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The Kidneys: weigh the right 336 grms., the left 330 grms. The capsules strip with ease revealing finely granular cortical surfaces. On cut section the kidney parenchyma is markedly congested. The remainder of the G.U. tract is not remarkable.

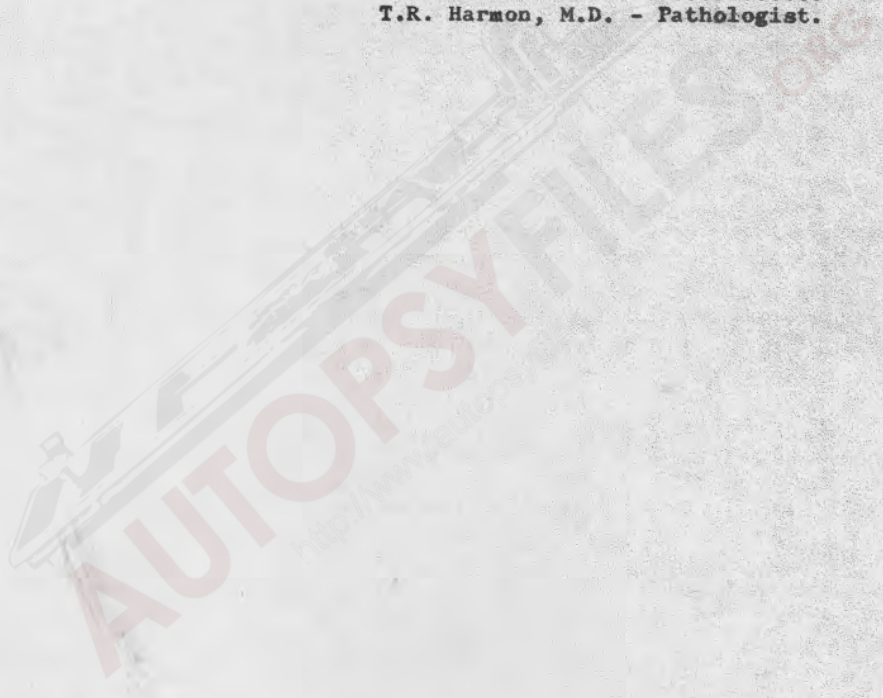
Examination of the spine shows rather marked osteoarthritic changes. This is particularly noted in the upper lumbar area.

ANATOMICAL FINDINGS:

Myocardial Infarction
Coronary Thrombosis
Coronary Atherosclerosis
Fatty Degeneration of the Liver
Portal Cirrhosis of the Liver
Diverticulosis of the Colon

T.R. Harmon

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T.R. Harmon, M.D. - Pathologist.



MICROSCOPIC EXAMINATION

- The Lungs: Sections taken through the lungs show some congestion. Sections taken through the basilar portion show edema, several small nodules in the sub-pleural areas, they show extensive anthracotic pigment deposit and many of the alveoli are stuffed with pigment containing large macrophage cells.
- The Heart: A number of sections were taken through the heart. All of the sections show some disturbance of architecture. In some areas there is hypertrophy of the muscle fibers. Other sections show considerable fibrous tissue replacement of the muscle fibers and there is evidence of an acute infarction with pallor or loss of staining of the muscle fibers, pyknosis or absence of the nuclei into an area of definite necrosis where the muscle fibers are degenerated shells and there is some beginning hemorrhage into the interstitial tissue.
- The Aorta: Sections taken through the aorta show atheromatous thickening of the intima with areas of degeneration and some of these areas of degeneration are extending into the media. The media and adventitia show no specific disease.
- The Liver: Sections taken through the liver show marked fatty degeneration of the liver cells. There is some fibrosis in the portal areas with mononuclear infiltration and some bile duct proliferation. I believe this is an early portal cirrhosis with marked fatty degeneration of the liver.
- The Pancreas: Sections taken through the pancreas show areas of P.M. degeneration. It is pale and slightly more marked than one would expect but I believe this is within normal limits.
- The Adrenal Glands: have the usual appearance.
- The Spleen: Sections taken through the spleen show some thickening of the capsule. There is some degeneration in the centres of the follicles. The spleen is very markedly congested. It shows, I believe, hemorrhage into the pulp. There is considerable hemosiderin pigment present in it. There is present, I believe, reticuloendothelial hyperplasia. In many areas the sinuses have been obliterated, in other areas there is a hyaline deposit. There are areas of fibrosis and in the spleen there are present an increased number of eosinophils and plasma cells. The eosinophils I think were worthy of note. The pigment and reticulo-endothelial hyperplasia were worthy of note. I found no malaria parasites but I think the appearance could indicate previous malaria. This is not diagnostic.
- The Kidneys: Sections taken through the kidneys show marked congestion. There is considerable swelling of the tubular epithelium.
- The Skin: Sections taken from the skin show in the legs hyperkeratosis, parakeratosis, acanthosis and marked vascularity of the papillae and dilatation of the vessels. There is very little inflammatory reaction. The skin from the penis shows a condyloma acuminata or verrucoid like lesion.

