

NOK		ADDRESS		CITY		STATE		ZIP	
RELATIONSHIP		PHONE		NOTIFIED BY		DATE		TIME	
		Autopsyfiles.org - Simon Monjack Autopsy Report				5/23/2010			
DL ID		STATE		PENDING BY					
ID METHOD OTHER STATE OR GOVERNMENT DOCS									
LA #		MAIN #		CII #		FBI #		MILITARY #	
IDENTIFIED BY NAME (PRINT)				RELATIONSHIP		PHONE		DATE	
US PERMANENT RESIDENT CARD								5/23/2010	
PLACE OF DEATH / PLACE FOUND		ADDRESS OR LOCATION				CITY		ZIP	
RESIDENCE		[REDACTED]				LOS ANGELES		90069	
PLACE OF INJURY		AT WORK		DATE		TIME		LOCATION OR ADDRESS	
RESIDENCE		No						[REDACTED]	
DOO		TIME		FOUND OR PRONOUNCED BY					
5/23/2010		21:45		LAFD RA 41					
OTHER AGENCY INV. OFFICER				PHONE		REPORT NO.		NOTIFIED BY	
LAPD ROBBERY HOMICIDE DIVISION - DET BYN									
TRANSPORTED BY				TO		DATE		TIME	
GREG MYERS				LOS ANGELES FSC		5/24/2010		02:30	

FINGERPRINTS?	Yes	CLOTHING	Yes	PARPT	No	MORTUARY	
MED. EV.	Yes	INVEST. PHOTO	19	SEAL TYPE		HOSP RPT	No
PHYS. EV.	No	EVIDENCE LOG	Yes	PROPERTY?	Yes	HOSP CHART	No
SUICIDE NOTE	No	GSR NO		REPT. NO.	246123	PF NO.	

SYNOPSIS
 THE DEC'D IS A 40-YR OLD CAUCASIAN MALE WHO REPORTED TO FAMILY OF HAVING A HISTORY OF A "LEAKY" HEART VALVE REQUIRING FUTURE TRIPLE BYPASS SURGERY, GRAND MAL SEIZURES AS THE RESULT OF A FALL 2 1/2 YEARS AGO, AND A MILD MI IN 11/09. DEC'D WAS REPORTED BY FAMILY TO HAVE HAD APPROX (9) BOUTS OF PNEUMONIA IN THE PAST YEAR AND HAD HAD A HIGH FEVER, SWEATS, WEAKNESS, COUGHING, SOME SYNCOPAL EPISODES, VOMITING, AND CHEST PAIN A DAY OR TWO LEADING UP TO HIS DEATH. ON 05/23/10, HE WAS FOUND SEEMINGLY UNRESPONSIVE AND WITH PURGE/EMESIS EMITTING FROM HIS MOUTH WHILE IN BED. HE HAD BEEN HEARD MAKING A GURGLING SOUND EARLIER. 911 WAS PHONED BY FAMILY AND PARAMEDICS WERE DISPATCHED AT 2125 HRS. THEY ARRIVED AND FOUND THE DEC'D UNRESPONSIVE, APNEIC, AND IN ASYSTOLE AND PRONOUNCED HIS DEATH AT 2145 HRS. EXTENSIVE AMOUNT OF MEDICATIONS FOUND AT THE SCENE. NO OBVIOUS TRAUMA FOUND/FOUL PLAY IS NOT SUSPECTED.

KELLI BLANCHARD		DATE		REVIEWED BY		DATE	
496863		5/24/2010					
INVESTIGATOR		TIME				TIME	
		22:00					

FORM #3 NARRATIVE TO FOLLOW? ☒



Autopsyfiles.org - Simon Monjack Autopsy Report
County of Los Angeles, Department of Coroner
Investigator's Narrative



Case Number: 2010-03497

Decedent: MONJACK, SIMON

Information Sources:

1- LA County Coroner Assistant Chief Winter: Present at scene

Investigation:

At 2323 hrs on 05/23/10, Assistant Chief Winter reported the apparent ACCIDENT versus NATURAL death of Simon Monjack to the FSC. I departed the FSC at 2340 hrs, arrived at the scene at 0005 hrs, and completed my scene investigation at 0220 hrs. Upon my return to the FSC, I phoned the decedent's mother in England,

While at the scene, Assistant Chief Winter contacted the decedent's primary care physician, Dr Richard Kroop [REDACTED] and spoke to him prior to my arrival, arranging for the decedent's medical records to be forwarded to this office. Assistant Chief Winter also spoke to Dr. Kroop concerning Mr. Monjack's medical history, advising him that Monjack had told family that he had cardiac problems and was scheduled to undergo open heart surgery as a result. Dr. Kroop advised him that he had not diagnosed Simon Monjack with any cardiac condition and in fact, the decedent had undergone a recent EKG and CT scan with no problems found.

Location:

Injury & Death, Residence- [REDACTED] Los Angeles 90069

Informant/Witness Statements:

According to Assistant Chief Winter, the decedent resides at the above location with his mother-in-law [REDACTED] Murphy had found Monjack unresponsive in his bed earlier that evening and had phoned 911. Responding LAFD Paramedics had subsequently pronounced Mr Monjack's death at the residence.

I then obtained the paramedic runsheet from officers and read that at approximately 2125 hrs, LAFD Engine 41 and RA 41 responded to the residence in regards to a medical aid call. When they arrived, they found the decedent supine in bed, unresponsive and apneic. His last known alive time was reported as approximately five hours prior. They moved him to the floor and found no pulse and no lung sounds. An EKG found him in asystole and paramedics subsequently pronounced the decedent's death at 2145 hrs.

According to [REDACTED] her son-in-law had never recovered, physically or emotionally, from the death of his wife and her daughter, Brittany Murphy, in 12/09 (CC# 2009-08735). Despite this, he was not suicidal and she advised that he had been eagerly making plans with her for a coming memorial for Brittany.

She advised that he had a medical history of seizures originating approximately 2 ½ years ago after a fall from a ladder while photographing. The seizures were grand mal in nature and she advised that he was prescribed medication for the condition and she believed he may have suffered a seizure approximately a week ago. He did not seek medical attention after the reported seizure.

He had a cardiac condition of a leaking heart valve and had suffered a mild heart attack in 11/09. He was scheduled to undergo a triple bypass in May 2010, however, he had rescheduled it.

He had been diagnosed with pneumonia nine times over the past year and would take antibiotics for it.

She advised that he appeared to be suffering from pneumonia again as he had suffered a wide range of fevers ranging from 105.8 degrees to 96 degrees and was coughing and weak over the



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Investigator's Narrative



Case Number: 2010-03497

Decedent: MONJACK, SIMON

past few days. He was using a home oxygen machine (concentrator). He had fainted a few times on 05/22/10 while in bed, however, she described this not as losing consciousness but rather, seemingly closing his eyes and becoming somewhat unresponsive/ on occasions. He had been complaining of abdominal and lung pain.

Despite all of these symptoms, she advised that he refused to go to the hospital or seek medical attention from his doctor.

Overnight on 05/22/10, they had both been up most of the night due to his coughing, sweating, and his "spitting up due to his lungs filling up with liquid". The next day on 05/23/10, he had fallen asleep in his bed at approximately 1230 hrs and she had stayed in a chair in the bedroom as she did not want to leave him alone while she knew he was feeling unwell.

She advised that she fell asleep in the chair at some point and woke up several hours later (estimating the time as approximately 1930 hrs). At that time, she heard him making a gurgling noise. She went up to him as he was lying in bed on his back. She noted that there was liquid coming out the side of his mouth and described it as brown. His eyes were closed and he was not responsive, however, she did not feel he was unconscious. Over the next approximate (45) minutes, she continued to stay with him, wiping the stream of brown fluid that continued emitting from his mouth. To her recollection, he never woke up or spoke to her during this time.

Due to the fact that he continued remaining unresponsive, she decided to phone 911.

Scene Description:

The scene is in a large, multi-story residence in a residential neighborhood in the Hollywood Hills during evening hours.

The home is nicely kept.

The decedent's bedroom is located at the southern portion of the residence and faces the street. It is spacious and contains a large walk-in closet, two bathrooms (one with a steam room), and a fireplace in the center of the bedroom.

There is a sitting room upon entry into the room and once past this there is the sleeping area consisting of a large bed, flanked at each side by a nightstand. There is a chest of drawers with a large TV on it across from the foot of the bed, a chair next to this chest of drawers. There is a small desk and chair in front of the fireplace, facing the sleeping area.

The entire bedroom feels somewhat cluttered with furniture, medical supplies (oxygen tubes and masks), personal accessories, paperwork, clothing etc. The desk and the ledges surrounding the fireplace are all cluttered with these various items.

The decedent is found lying on the floor next to the side of the bed that is immediately adjacent to the fireplace and the doorway leading to the walk-in-closet and bathrooms.

This side of the bed contains a nightstand, two trashcans, and an oxygen concentrator with attached tubing. There is a settee next to the concentrator and on the other side of the settee, there is a chest of drawers and I see a metal bowl of water with a washcloth in it.

This nightstand is cluttered on top with personal items, bottles of water, half-smoked cigar in an ashtray, inhalers, and cigarette lighters. The drawer is open and the interior is filled with prescription medication bottles, many which are empty and some still sealed in their boxes. I see that the prescriptions are mainly in the decedent's name, however, some have the name "Trevor Williams", "Sharon Murphy", and "Sharon Monjack" on them.

I then walk to the other side of the bed and see that this nightstand is similarly cluttered with personal items, etc. I see that there are prescription medications in this drawer as well as numerous unopened "Vicks Vapo inhalers". As I go through the drawer, tells me



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Investigator's Narrative



Case Number 2010-03497

Decedent, MONJACK, SIMON

that this is "her" side of the bed and all the prescription bottles and items on top of the nightstand belong to her. In looking at the prescription bottles in this drawer, the majority are prescribed to her, although, I find a few to the decedent as well as to Brittany Murphy.

On the floor by this nightstand, I find a small trashcan and I see a pile of white paper towels in it. The towels all have brown fluid on them, consistent with emesis/purge.

I check underneath the bed and see no loose pills or anything of evidentiary value.

I then look at the bedding and find some dried brown fluid on one of the pillows. There is an apparent urine stain on the bedsheet corresponding to where the decedent had been lying before being removed to the ground by the paramedics.

In searching throughout the room and bathrooms, I find no obvious vomit or blood.

Evidence:

I collected an extensive amount of prescription medications from the decedent's bedroom and booked them as "Medical Evidence" at the FSC.

Body Examination:

The decedent is found lying supine on a rug next to the bed covered with a white sheet. There are white cloth towels next to his head containing brown fluid on them, consistent with emesis/purge.

I see that he appears as a heavyset Caucasian male who appears much older than his (40) years. He has wavy brown hair, brown eyes, mustache, and is unshaven. I see no obvious scars or tattoos to his body. I find no obvious injection sites to his inner arms.

He is wearing a white-shirt which has been cut down the front by paramedics, blue/white striped sleep pants with a large urine stain, and gray cotton briefs.

There is a mouth block in his mouth from the paramedics as well as defibrillation pads on his chest.

I see copious amounts of brown fluid on his face and in his mouth, both consistent with purge/emesis. His eyes are bloodshot. His face, neck, and across his upper chest are discolored in blotches of purplish-red. I feel no obvious trauma to his head and see no obvious trauma to his face.

I see no obvious trauma to the front or rear of his body.

At 0030 hrs, rigor mortis is not felt to his arms and jaw/neck, however, is felt to his lower legs. It appears possible that rigor was disturbed by paramedics moving and attempting to render aid to him. At the same time, livor mortis is dark to his back and blanches with easy pressure. At 0040 hrs, the ambient temperature inside the room measures 68.6 degrees and at 0045 hrs, his liver temperature measures 100 degrees.

Identification:

The decedent was identified as: Simon Monjack, DOB 03/09/70, US Permanent Resident Alien Card # [REDACTED] by comparison with his photo on this card.

Next of Kin Notification:

According to [REDACTED], her son was not legally married at the time of his death and had a minor daughter living in England.

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Autopsyfiles.org - Simon Monjack Autopsy Report
County of Los Angeles, Department of Coroner
Investigator's Narrative



Case Number: 2010-03497

Decedent: MONJACK, SIMON

Tissue Donation:

The decedent's candidacy is unknown.

Autopsy Notification:

None requested.

Kelli Blanchard

INVESTIGATOR

5/24/10

DATE OF REPORT

John R. Smith
SUPERVISOR

AUTOPSYFILES.ORG

COUNTY OF LOS ANGELES

MEDICAL EVIDENCE

DEPARTMENT OF CORONER

3A

CASE # 2010-03497
 DECEDENT'S NAME: MONJACK, SIMON
 DOD: 5/23/2010
 INCOMING MODE:

Page 1 of 5

Drug Name	Rx Number	Date of Issue	Number Issued	Number Remaining	Form	Dosage	Rx Directions	Physician	Pharmacy Phone/Comments
AMBIEN	05452127599	2/12/2010	30	0	TABLET	10MG	1 @ BEDTIME	KROOP	RITE AID 323 876 4466
BIAXIN	05452119485	1/15/2010	14	8	TABLET	500MG	2 1X/DAY	KROOP	RITE AID 323 876 4466
CHLORDIAZEPOXIDE	05452131746	5/1/2010	75	63	CAPSULE	UNK	1 3X/DAY	KROOP	RITE AID 323 876 4466
CHLORDIAZEPOXIDE	05452130548	3/18/2010	30	0	CAPSULE	UNK	1 4X/DAY	KROOP	RITE AID 323 876 4466
CYMBALTA	05452129690	4/8/2010	30	0	CAPSULE	30MG	1 1X/DAY	KROOP	RITE AID 323 876 4466
CYMBALTA	05452129690	3/15/2010	30	0	CAPSULE	30MG	1 1X/DAY	KROOP	RITE AID 323 876 4466
CYMBALTA	05452129690	2/16/2010	30	0	CAPSULE	30MG	1 1X/DAY	KROOP	RITE AID 323 876 4466
CYMBALTA	05452129729	4/8/2010	30	0	CAPSULE	60MG	1 1X/DAY	KROOP	RITE AID 323 876 4466
CYMBALTA	05452129729	2/17/2010	30	0	CAPSULE	60MG	1 1X/DAY	KROOP	RITE AID 323 876 4466
CYMBALTA	05452129729	3/15/2010	30	4	CAPSULE	60MG	1 1X/DAY	KROOP	RITE AID 323 876 4466
Paraphernalia Description									Investigator: KELLI BLANCHARD (496863)
(2) PRO AIR INHALERS; BENADRYL ALLERGY CAPSULES; (2) BOXES OF "COLD-EEZE" THROAT LOZENGES									Date: 5/24/2010

COUNTY OF LOS ANGELES

MEDICAL EVIDENCE

DEPARTMENT OF CORONER

3A

CASE # 2010-03497
 DECEDENT'S NAME: MONJACK, SIMON
 DOD 5/23/2010
 INCOMING MODE

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Drug Name	Rx Number	Date of Issue	Number Issued	Number Remaining	Form	Dosage	Rx Directions	Physician	Pharmacy Phone/Comments
CYMBALTA	05452129729	5/6/2010	30	27	CAPSULE	60MG	1 1X/DAY	KROOP	RITE AID 323 876 4466
CYMBALTA	05451296906	5/6/2010	30	26	CAPSULE	30MG	1 1X/DAY	KROOP	RITE AID 323 876 4466
CYMBALTA			7	7	CAPSULE	60MG			SAMPLE
CYMBALTA			7	7	CAPSULE	60 MG			SAMPLE
CYMBALTA			7	7	CAPSULE	60 MG			SAMPLE
CYMBALTA			7	4	CAPSULE	60 MG			SAMPLE
DIAZEPAM	05452129307	2/2/2010	90	0	TABLET	10MG	1 3X/DAY	KROOP	RITE AID 323 876 4466
DIAZEPAM	05452129307	3/3/2010	90	0	TABLET	10MG	1 3X/DAY	KROOP	RITE AIDE 323 876 4466
DIAZEPAM	05452131149	4/9/2010	30	0	TABLET	10MG	1 3X/DAY	KROOP	RITE AID 323 876 4466
DIAZEPAM	05452129307	4/8/2010	20	0	TABLET	10MG	1 3X/DAY	KROOP	RITE AID 323 876 4466

Paraphernalia Description

(2) PRO AIR INHALERS; BENADRYL ALLERGY CAPSULES; (2) BOXES OF "COLD-EEZE" THROAT LOZENGES

Investigator:
 KELLI BLANCHARD (496863)

Date:
 5/24/2010

COUNTY OF LOS ANGELES

MEDICAL EVIDENCE

DEPARTMENT OF CORONER

3A

CASE # 2010-03497
 DECEDENT'S NAME: MONJACK, SIMON
 DOD 5/23/2010
 INCOMING MODE:

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Drug Name	Rx Number	Date of Issue	Number Issued	Number Remaining	Form	Dosage	Rx Directions	Physician	Pharmacy Phone/Comments
DIAZEPAM	08340650644	5/19/2010	90	77	TABLET	10MG	1 3X/DAY	KROOP	WALGREENS 310 275 2117
LEXAPRO	05452130149	5/6/2010	60	60	TABLET	10MG	2 1X/DAY	KROOP	RITE AIDE 323 876 4466
LEXAPRO	05452130149	3/4/2010	60	0	TABLET	10MG	2 1X/DAY	KROOP	RITE AID 323 876 4466
LEXAPRO	05452130149	4/8/2010	60	1	TABLET	10MG	2 1X/DAY	KROOP	RITE AID 323 876 4466
LORAZEPAM	08270720644	4/23/2010	90	0	TABLET	10MG	1 3X/DAY	KROOP	WALGREENS 310 275 2117
LORAZEPAM	05452127751	2/8/2010	120	0	TABLET	2MG	1 4X/DAY	KROOP	RITE AID 323 876 4464
LORAZEPAM	05452131796	5/4/2010	120	33	TABLET	2MG	1 4X/DAY	KROOP	RITE AID 323 876 4466
LORAZEPAM	C150597	4/6/2010	90	0	TABLET	2MG	1 3X/DAY	KROOP	CVS 323 653 0217
LORAZEPAM	08169700644	3/19/2010	10	0	TABLET	2MG	1 AS NEEDED	COHEN	WALGREENS 310 275 2117 PRESCRIBED TO TREVOR WILLIAMS

Paraphernalia Description

(2) PRO AIR INHALERS; BENADRYL ALLERGY CAPSULES; (2) BOXES OF "COLD-EEZE" THROAT LOZENGES

Investigator:
 KELLI BLANCHARD (496863)

Date:
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COUNTY OF LOS ANGELES

MEDICAL EVIDENCE

DEPARTMENT OF CORONER

3A

CASE # 2010-03497
 DECEDENT'S NAME: MONJACK, SIMON
 DOD: 5/23/2010
 INCOMING MODE:

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Drug Name	Rx Number	Date of Issue	Number Issued	Number Remaining	Form	Dosage	Rx Directions	Physician	Pharmacy Phone/Comments
LORAZEPAM	05452127751	3/9/2010	120	0	TABLET	2MG	1 4X/DAY	K	RITE AID 323 876 4466
LUNESTA	04542127971	3/29/2010	20	6	TABLET	3MG	1 @ BEDTIME	KROOP	RITE AID 323 876 4466
LYRICA			14	0	CAPSULE	75 MG		KROOP	SAMPLE
PREVACID	05452127842	12/5/2009	54	0	CAPSULE	30MG	1 2X/DAY	KROOP	RITE AID 323 876 4466
PROAIR HFA	05452127613	12/26/2009			INHALER	90MCG		KROOP	RITE AID 323 876 4466
PROCHLORPERAZINE	05452113773	8/18/2008	30	7	TABLET	10MG	1 @ BEDTIME	KROOP	RITE AID 323 876 4466
PROCHLORPERAZINE	05452115660	2/19/2009	30	17	TABLET	10MG	1 @ BEDTIME	KROOP	RITE AID 323 876 4466
PROPRANOLOL	05452129003	1/22/2010	180	0	TABLET	10MG	2 3X/DAY	KROOP	RITE AID 323 876 4466
PROPRANOLOL	05452129003	1/22/2010	166	0	TABLET	10MG	2 3X/DAY	KROOP	RITE AID 323 876 4466
PROPRANOLOL	05452129003	1/22/2010	78	108	TABLET	10MG	2 3X/DAY	KROOP	RITE AID 323 876 4466

Paraphernalia Description

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 KELLI BLANCHARD (496663)

Date:
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COUNTY OF LOS ANGELES

MEDICAL EVIDENCE

DEPARTMENT OF CORONER

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CASE # 2010-03497
 DECEDENT'S NAME: MONJACK, SIMON
 DOD 5/23/2010
 INCOMING MODE:

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Drug Name	Rx Number	Date of Issue	Number Issued	Number Remaining	Form	Dosage	Rx Directions	Physician	Pharmacy Phone/Comments
PROPRANOLOL	05452129003	4/13/2010	180	5	TABLET	10MG	2 3X/DAY	KROOP	RITE AID 323 876 4466
SINGULAR	05452126049	10/9/2009	30	30	TABLET	10MG	1 1X/DAY	KROOP	RITE AID 323 876 4466
TRAZODONE	08280520614	4/27/2010	2	0	TABLET	100MG	1 AS NEEDED	KROOP	WALGREENS 310 275 2117 "EMERGENCY SUPPLY"
TRAZODONE	05452128384	2/15/2010	30	0	TABLET	150MG	1 @BEDTIME	KROOP	RITE AID 323 876 4466
TRAZODONE	05452130378	3/12/2010	30	0	TABLET	150MG	1 @ BEDTIME	KROOP	RITE AID 323 876 4466
TRAZODONE	08283960644	4/28/2010	60	35	TABLET	100MG	1 2X/DAY	KROOP	WALGREENS 310 275 2117
VICODIN	08169680644	3/19/2010	40	0	TABLET	7.5/750MG	1 4X/DAY	COHEN	WALGREENS 310 275 2117 PRESCRIBED TO TREVOR WILLIAMS
VICOPROFEN	08270740644	5/7/2010	90	0	TABLET	7.5/200MG	1 6X/DAY	KROOP	WALGREENS 310 275 2117
VICOPROFEN	05452128032	1/27/2010	100	0	TABLET	7.5/200MG	1 6X/DAY	KROOP	RITE AID 323 876 4466

Paraphernalia Description

(2) PRO AIR INHALERS; BENADRYL ALLERGY CAPSULES; (2) BOXES OF "COLD-EEZE" THROAT LOZENGES

Investigator:
 KELLI BLANCHARD (496863)

Date:
 5/24/2010

6WAS ORIGINAL SCENE DISTURBED BY OTHERS? ☒ YES ☐ NO ☐ IF YES, NOTE CHANGES IN NARRATIVE FORM #3.DATE 5/24/10AMBIENT #1 68.5 °FTIME 0040

AMBIENT #2 _____ °F

TIME _____

WATER _____ °F

TIME _____

LIVER TEMPERATURE #1 100.0 °FTIME 0045

LIVER TEMPERATURE #2 _____ °F

TIME _____

DATE & TIME FOUND 5/23/10 ≈ 2120LAST KNOWN ALIVE POSSIBLY HOME (POOR HISTORIAN OF SCENE)APPROX. AGE 40 SEX M EST. HEIGHT 74" EST. WEIGHT 325 CLOTHED? YES ☒ NO ☐ IF YES, DESCRIBE:T-SHIRT, BRIEFS, SLEEP PANTS

DESCRIPTION AS TO WHERE REMAINS FOUND AND CONTACT MATERIAL TO BODY:

SUPINE IN BEDSCENE TEMPERATURE REGULATED? YES ☐ NO ☒ IF YES, THERMOSTAT SET AT _____ DEGREES FLIVOR MORTIS: TIME OBSERVED 0030RIGOR MORTIS: TIME OBSERVED 0030

NECK FLEXION

ANTERIOR 0POSTERIOR IRT LATERAL ILT LATERAL IJAW 0 HIP 2-3SHOULDER I KNEE LELBOW I ANKLE LWRIST I

SCALE

0 - ABSENT/NEGATIVE

1 -

2 -

3 -

4 - EXTREME DEGREE

USE SCALE TO DESCRIBE INTENSITY OF RIGOR MORTIS.

SHADE DIAGRAMS TO ILLUSTRATE THE LOCATION OF LIVOR MORTIS.

DESCRIBE INTENSITY OF COLORATION AND WHETHER LIVOR MORTIS IS PERMANENT OR BLANCHES UNDER PRESSURE.

BRANCHARD

CORONER'S INVESTIGATOR

REVIEWED BY:

12**AUTOPSY REPORT**

No.

2010-03497

MONJACK, SIMON

I performed an autopsy on the body of
at the DEPARTMENT OF CORONER

Los Angeles, California on MAY 25, 2010 @ 0905 HOURS
(Date) (Time)

From the anatomic findings and pertinent history I ascribe the death to:

COMMUNITY ACQUIRED ACUTE BRONCHOPNEUMONIA

(A)
DUE TO, OR AS A CONSEQUENCE OF

(B)
DUE TO, OR AS A CONSEQUENCE OF

(C)
DUE TO, OR AS A CONSEQUENCE OF

(D)
OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:
CARDIOMEGALY WITH FOCAL MYOCARDIAL FIBROSIS

Anatomical Summary:

- I. Cardiomegaly, 550 grams with increased epicardial fat.
 - A. Dilatation of the left ventricle.
 - 1. No significant coronary artery plaques or occlusive coronary artery disease.
 - 2. No coronary artery anomalies.
 - 3. Myocardial fibrosis, patchy, mild.
 - B. Pulmonary congestion and edema, moderate.
 - 1. Basal lung lobes consolidated, bilateral.
 - a. Bronchi secretions
 - b. Acute bronchopneumonia, severe.
 - i. community acquired pneumonia, gram positive cocci.
- II. Other findings: no evidence of external or internal trauma:
 - A. Hepatosplenomegaly.
 - B. Obesity.
 - C. Right kidney absent.
 - 1. Left kidney hypertrophy.
 - 2. Right retroperitoneal calcified cyst.

12**AUTOPSY REPORT**

No 2010-03497

MONJACK, SIMON

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D. History of traumatic induced seizures.

1. Left dorsum of tongue with hemorrhage, focal.

E. Early autolysis of organs and soft tissue.

F. Clinical iron deficient anemia.

III. See Toxicology Report.

IV. See Microscopic Report.

V. See Microbiology blood culture results.

A. Legionella antigen, urine, negative.

VI. See Neuropathology consultation.

CIRCUMSTANCES:

See the Investigator's Narrative Report.

EXTERNAL EXAMINATION:

The body is identified by toe tags and is that of an unembalmed, refrigerated adult male Caucasian who appears about the reported age of 40 years. The body weighs 325 pounds, measures 74 inches and is obese. The skin is otherwise free of abrasions, bruises, and lacerations. The left upper anterior arm shows a nearly squared 3-1/2 x 3 inch white scar-like tissue area. The facial area shows mild acne scars. The shoulder regions shows a questionable folliculitis versus old acne scars. The left #4 digit proximally shows a red perimortem contusion circumferentially. Tattoos are not present. Rigor has presumably been abolished. Livor mortis is posterior, purple and fixed. There is livor mortis also in the posterior legs that is red and fixed. Tardieu spots are present on the upper back.

The head is normocephalic and covered by dark brown hair. There is no balding but thinning of the hair is present and the hair can be described as medium length, straight, with an average length of 6 inches. Mustache and beard are present. Examination of the eyes reveals irides that appear to be brown and sclerae that are congested. There are no petechial hemorrhages of the conjunctiva of the lids or sclerae. The oronasal passages are unobstructed. Upper and lower teeth are present. The frenulum is intact. The neck is unremarkable. There is no chest

12**AUTOPSY REPORT**

No 2010-03497

MONJACK, SIMON

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deformity. There is no increased anterior-posterior diameter. The abdomen is obese. The genitalia are those of an adult male. The penis appears circumcised. The external genitalia are without trauma or lesions. The extremities show no edema, joint deformity, abnormal mobility or needle tracks.

EVIDENCE OF THERAPEUTIC INTERVENTION:

There is no evidence of any previous or recent hospitalization. There has not been postmortem intervention for organ procurement.

EVIDENCE OF EXTERNAL INJURY:

None observed.

CLOTHING:

The body was not clothed however I did inspect the clothing. The clothing can be described as gray boxer like/underwear shorts that have been previously cut, a white t-shirt previously cut, and a pajama that has been previously cut. These clothing items are partly soiled and purge is also present.

INITIAL INCISION:

The body cavities are entered through the standard coronal and Y-shaped incision. No foreign material is present in the mouth, upper airway, and trachea.

EVIDENCE OF INTERNAL INJURIES:

None observed.

NECK:

The neck organs are removed en bloc with the tongue. No lesions are present, nor is trauma of the gingiva, lips, or oral mucosa demonstrated. There is no edema of the larynx. Both hyoid bone and larynx are intact and without fractures. No hemorrhage is present in the adjacent throat organs, investing fascia, strap muscles, thyroid or visceral fascia. There are no prevertebral

12**AUTOPSY REPORT**

No. 2010-03497

MONJACK, SIMON

Page 4

fascial hemorrhages. The tongue when sectioned shows over the left dorsum of the tongue on the posterior aspect a small 5 mm focal hemorrhage.

CHEST/ABDOMINAL CAVITY:

Both pleural cavities contain no fluid or adhesions. The parietal pleura are intact. The lungs are well expanded. Soft tissues of the thoracic and abdominal walls are well preserved. The subcutaneous fat of the abdominal wall measures 8 cm in thickness and the chest wall measures 4.5 cm. The breasts are examined and palpated in the usual manner and show no abnormalities. The organs of the abdominal cavity have a normal arrangement and the right kidney is absent. There is no fluid collection. The peritoneal cavity is without evidence of peritonitis. There are no adhesions.

SYSTEMIC AND ORGAN REVIEW

The following observations are limited to findings other than injuries, if described above.

MUSCULOSKELETAL SYSTEM:

No abnormalities of the bony framework or muscles are present.

CARDIOVASCULAR SYSTEM:

The aorta is elastic and of even caliber throughout with vessels distributed normally from it. The abdominal and thoracic aorta has no significant atherosclerosis. There is no tortuosity or widening of the thoracic segment. There is no dilatation of the lower abdominal segment. No aneurysm is present. The major branches of the aorta show no abnormality. Within the pericardial sac there is a minimal amount of serosanguineous fluid. The heart weighs 550 grams. It has a globoid configuration. The right ventricle is 0.3 cm thick and the left ventricle is 1 cm thick. The septal wall measures 1.3 cm. The chambers are normally developed and are without mural thrombosis. The valves are thin, leafy and competent. Circumferences of the valve rings are: Tricuspid valve 13.5 cm, pulmonic valve 9 cm, mitral valve 11 cm, and aortic valve 7.5 cm. There are no valvular anomalies seen grossly. No vegetations are observed.

12**AUTOPSY REPORT**

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MONJACK, SIMON

Page 5

No bicuspid aortic valve is observed. There is no endocardial discoloration. There are no infarcts of the myocardium seen grossly however on careful examination of the left ventricle there are questionable pinpoint white lesions observed. Photographs are taken of all chambers of the heart during the course of this autopsy. There is no abnormality of the apices of the papillary musculature. There are defects of the septum. The great vessels enter and leave in a normal fashion. The ductus arteriosus is obliterated. The coronary ostia are widely patent. The right coronary artery is the dominant vessel and shows some hypoplasia. There is no coronary atherosclerosis. There are minimal focal plaques present that are non-occlusive. No focal endocardial, valvular or myocardial lesions are seen. The blood within the heart and large blood vessels is liquid and clotted.

RESPIRATORY SYSTEM:

A moderate amount of edema fluid is found in the upper respiratory and lower bronchial passages. The mucosa has a greenish postmortem discoloration. The lungs are subcrepitant and there is dependent congestion. The left lung weighs 770 grams. The right lung weighs 810 grams. The visceral pleura are smooth and intact with a basal lobe greenish discoloration. The parenchyma is congested, edematous and shows consolidation at the basal lung lobes. There are white confluent patches seen in both bilateral basal lung lobes that are firm to palpation. See separate Microscopic Report. The pulmonary vasculature is without thromboembolism. Thromboemboli are not present in the distal tertiary branches.

GASTROINTESTINAL SYSTEM:

The esophagus has terminal postmortem erosion. The stomach is distended by food. It contains about 600 ml of green partially to well digested food of which thin pasta type noodles and questionable carrots are observed. The mucosa is otherwise smooth and green with no erosions or ulcerations. No blood is observed. Portions of tablets and capsules cannot be discerned in the stomach. The small intestine and colon are opened along the antimesenteric border in certain regions and show soft green and firm stool in both regions. No hemorrhage or hyperemic mucosa is observed otherwise. The appendix is present. The pancreas occupies a normal position. There is no necrosis or trauma. There is autolysis of the pancreas. The parenchyma is otherwise lobular and softened. The pancreatic ducts are not ectatic, and there is no parenchymal calcification.

12**AUTOPSY REPORT**

No 2010-03497

MONJACK, SIMON

Page 6**HEPATOBIILIARY SYSTEM:**

The liver weighs 3050 grams, is enlarged and is tan-brown. The capsule is intact and the consistency of the parenchyma is soft. The cut surface is smooth. There is a normal lobular arrangement grossly. The gallbladder is present. The wall is thin and pliable. It contains green liquid bile and no calculi. There is no obstruction or dilatation of the extrahepatic ducts. The periportal lymph nodes are not enlarged.

URINARY SYSTEM:

The left kidney weighs 400 grams and is greatly enlarged. The right kidney as described above is absent. The left kidney is normally situated, and the capsule strips easily revealing a surface that is red and smooth. The corticomedullary demarcation is preserved. The pyramid is not remarkable. The peripelvic fat is increased. The left ureter is without dilatation or obstruction and pursues its normal course. The urinary bladder is distended and contains about 400 ml of yellow urine. The urine is tested by the dipstick method and the results are negative for glucose and ketones.

The right kidney is absent and the right retroperitoneal area near the thoracic vertebrae shows an oblong 4 cm capsular firm lesion with no parenchyma and shows some clear yellow fluid present on cross sectioning and appears grossly calcified. See separate Microscopic Report.

GENITAL SYSTEM (MALE):

The prostate is without enlargement or nodularity. Both testes are in the scrotum, are unremarkable and without trauma.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 290 grams and is enlarged. The capsule is intact. The parenchyma is mushy. There is an increased follicular pattern. Lymph nodes throughout the body are small and inconspicuous. The bone is not remarkable grossly. The bone marrow otherwise of the vertebrae and rib is red moist and unremarkable. See decalcified thoracic vertebrae bone marrow in microscopic description.

12**AUTOPSY REPORT**

No. 2010-03497

MONJACK, SIMON

Page 7**ENDOCRINE SYSTEM:**

The thyroid gland is unremarkable. The parathyroid glands are not identified. The adrenal glands are unremarkable and autolyzed. The thymus gland is unremarkable. The pituitary gland is of normal size and is unremarkable.

SPECIAL SENSES:

The eyes are not dissected. The middle and inner ear are not dissected.

HEAD AND CENTRAL NERVOUS SYSTEM:

There is no subcutaneous or subgaleal hemorrhage in the scalp. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of the skull. There are no tears of the dura mater. There is no epidural, subdural or subarachnoid hemorrhage. The fresh brain weighs 1450 grams. The leptomeninges are thin and transparent. A normal convolutionary pattern is observed. See separate Neuropathology Report to follow. The brain overall grossly is softened but shows no discoloration or hemorrhage seen externally. Anatomic landmarks externally are preserved. Cerebral contusions are not observed. There is no evidence of uncus or cerebellar herniation. Vessels at the base of the brain have a normal pattern of distribution. There are no aneurysms. The cranial nerves are intact, symmetrical, and normal in size, location and course. The pons, medulla and cerebellum are unremarkable grossly without cross sectioning. The cerebral arteries are without arteriosclerosis.

SPINAL CORD:

The entire cord is not dissected. The superior portion of the cervical spinal cord is examined through the foramen magnum and is unremarkable.

NEUROPATHOLOGY:

The brain is placed in formalin solution for further fixation and lateral neuropathology consultation.

12**AUTOPSY REPORT**

No 2010-03497

MONJACK, SIMON

Page 8**HISTOLOGICAL SECTIONS:**

Representative sections from various organs are preserved in two storage jars in 10% formalin. Sections of the heart to include right ventricle, right and left lungs, liver, spleen, left kidney, right retroperitoneal capsulated lesion, thyroid gland, adrenal gland, pancreas and decalcified thoracic vertebrae are submitted for slides. The slide key is 10-3497: #1-5 heart with slide #2 to include the right ventricle, #6-8 right lung, #9-11 left lung, #12 liver and spleen, #13 left kidney, #14 right capsule lesion and thyroid gland, #15 adrenal gland and pancreas and add on which is the decalcified thoracic vertebrae (13).

TOXICOLOGY:

Blood (heart, femoral, EDTA in vacuum intact purple top tube), vitreous humor, urine, stomach contents x2, liver tissue and bile have been submitted to the laboratory. A comprehensive screen was requested.

SPECIAL PROCEDURES:

Blood cultures to include aerobic and anaerobic have been submitted to the LAC/USC Microbiology Lab.

PHOTOGRAPHY:

At-scene photos are available (19). Photographs have been taken prior to and during the course of this autopsy.

WITNESSES:

Detectives Kevin Becker and N. Hernandez of the LAPD were at the autopsy.

DIAGRAMS USED:

Diagram Form #20 was used during the performance of the autopsy. The diagram is not intended to be a facsimile.

12**AUTOPSY REPORT**

No. 2010-03497

MONJACK, SIMON

Page 9**OPINION:**

This 40-year-old Caucasian gentleman died as a result of community acquired acute bronchopneumonia. Cardiomegaly with myocardial fibrosis was a contributing factor to the death. The decedent had a diagnosis of iron deficiency anemia on medical record review.

The autopsy showed no evidence of gastrointestinal blood loss, trauma or malignancy.

Blood toxicology studies showed the presence of multiple medications (see report) but all these drugs were detected at therapeutic or subtherapeutic levels and most likely did not contribute to death.

Based on the history and circumstances, as currently known, the manner of death is natural.

Dr. Lakshmanan Sathyavagiswaran, Chief Medical Examiner-Coroner, reviewed this case and concurs.

Louis A. Pena M.D.
LOUIS A. PENA, M.D.
DEPUTY MEDICAL EXAMINER

8-4-2010
DATE

LAP:mtm:c
D-5/25/10 @ 1435 hours
T-5/26/10

13NEUROPATHOLOGY

2010-03497

MONJACK, SIMON

June 8, 2010

AGE: 40 years

DATE OF DEATH: May 23, 2010

REFERRING DME: Louis A. Pena, M.D.

CIRCUMSTANCES:

The following information is taken from the Investigator's Narrative. On May 23, 2010, at approximately 2125 hours, LAFD R.A. responded to the decedent's residence to find him unresponsive and apneic supine in bed. He was last known to be alive approximately five hours before. EKG confirmed the decedent to be in asystole, and he was pronounced dead at the scene at 2145 hours.

The decedent had a history of a seizure disorder starting approximately 2-1/2 years ago, reportedly after a fall from a ladder. The seizures were grand mal in type, and the last seizure may have occurred approximately one week ago.

The decedent also had a cardiac condition with which he had "a mild heart attack" in November 2009. He was scheduled to undergo a triple bypass in May 2010 which he rescheduled. The decedent was using a home oxygen machine, and he had fainted a few times on the day before death while in bed. The decedent's mother-in-law described this as "not losing consciousness but rather, seemingly, closing his eyes and becoming somewhat unresponsive on occasions". The decedent was taking a large number of medications prescribed in 2010 recorded on Form 3A.

Autopsy findings included a cardiomegaly of 550 grams with a dilated left ventricle, pulmonary congestion and edema with consolidation of lung base bilaterally.

13NEUROPATHOLOGY

2010-03497

MONJACK, SIMON

Page 2

GROSS DESCRIPTION:

Specimen consists of a formalin-fixed brain and most of cranial dura mater including the dorsal convexity regions, attached falx cerebri, attached tentorium cerebelli, and the adjacent areas stripped from the posterior and both middle fossae. Dura shows no abnormality. Epidural surfaces are clean and free of blood stains, old or recent. Subdural surfaces are smooth and glistening with no neomembrane.

Brain weighed 1450 grams at removal. Discounting postmortem flattening of the right parietal convexity against the container, cerebral hemispheres are approximately symmetrical and normal in configuration. Interhemispheric fissure is straight and closed at the midline. Leptomeninges over hemispheric convexities are transparent, and superficial blood vessels show mild generalized congestion without subarachnoid hemorrhage, recent or old. Cortical surfaces remain normally configured, and sulcal openings are normally retained. Convolutional pattern is normal. No cortical atrophy or focal softening is evident. Contusions are not found.

At the base, rectus orbital and basitemporal cortical surfaces are intact without change, including contusions. Olfactory bulbs are lost postmortem, but tracts are intact. Optic nerves appear normal. Arteries at the base are normal in caliber and thin-walled but show minor variations in circle of Willis. The A1 segment of the anterior cerebral artery is hypoplastic and thread-like. The posterior communicating arteries are disrupted postmortem, probably at the same time that the midbrain has been stretched. Both internal carotid arteries are clean and normal in caliber. Posterior circulation is also free of atherosclerosis. Belly of the pons is symmetrically full, and medulla is intact with symmetrical pyramids. Cerebellar hemispheres are full and symmetrical with normal-appearing folia. Vallecule is open by 0.3 cm, and cisterna magna is normally patent.

13NEUROPATHOLOGY

2010-03497

MONJACK, SIMON

Page 3

Coronal sections of cerebral hemispheres reveal symmetrical lateral ventricles of normal size with sharp dorsolateral angles of the frontal horns. Septum pellucidum is intact at the midline. Third ventricle is a narrow normal opening at the midline. Aqueduct is pinpoint, and fourth ventricle is generally reduced. Central areas are still pale pink from incomplete fixation and slightly softened. Cerebral cortical ribbon is well-fixed, and no abnormality is found. The ribbon is normal in thickness. No cortical change is appreciated. Central white matter is uniformly pale pink and slightly softened as noted above. On the other hand, corpus callosum is well-fixed and normal in thickness. Basal ganglia and thalamus show no change. Hippocampal formations are symmetrically normal in size and configuration.

In brainstem, midbrain is symmetrical and normal in configuration with the lateral diameter measuring 4.0 cm. Substantia nigra is normally pigmented. Transverse sections of pons at five levels reveal no change. Medulla is intact with symmetrical pyramids. Cerebellum is unremarkable other than mild congestion.

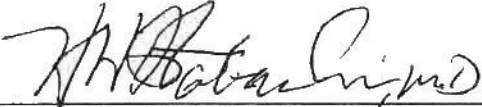
Representative sections are submitted for microscopic examination, and selected areas are retained in storage.

GROSS IMPRESSIONS:

A. Grossly normal adult brain and its coverings.

COMMENT:

No gross anatomic cause of sudden unexpected death is found in brain.


HIDEO H. ITABASHI, M.D.
NEUROPATHOLOGY CONSULTANT

DATE

6-23-10

HHI:am/hg:c
T-06/09/10

13NEUROPATHOLOGY

2010-03497

MONJACK, SIMON

June 17, 2010

MICROSCOPIC DESCRIPTION:

Sections of brain (8) stained by H&E method include a single cerebral cortical sample, hippocampal formation from both sides, basal ganglia, thalamus, midbrain, medulla, and cerebellum. No abnormality is found.

Cerebral cortex of frontal cytoarchitecture shows a normal population of normal-appearing neurons with no sign of dropout. Glia and vasculature appear normal. Subarachnoid contents are also normal. Subcortical white matter is unremarkable.

On both sides, hippocampal formation appears intact. Pyramidal neurons of hippocampus proper are present in normal numbers and appearance with no sign of change or dropout in Sommer's sector. Lateral geniculate bodies are normal. Medial temporal isocortex is normal.

Section 3 contains globus pallidus without change other than mild mineralization in a larger artery without perivascular change. In the same section, optic tract, supraoptic nucleus, paraventricular nucleus are normal, and a large population of neurons of nucleus basalis is unremarkable. Neurons of dorsal thalamus are present in normal numbers and appearance. There is no background glial or vascular change.

In midbrain, empty aqueduct is flat but otherwise unremarkable. Opening is normal in caliber, and ependymal lining is intact. Oculomotor nuclei are unremarkable. Well-pigmented substantia neurons are present in normal abundant numbers. Cerebral peduncles are intact. The floor nuclei of medulla show no change. Pyramids are symmetrically very full without change. Inferior olivary nuclei are normally plicated and contain normal complements of neurons. Purkinje cells and cerebellum are present in normal numbers in well-preserved appearance. Granule cell layer is normal. No change is noted in white matter. Subarachnoid blood vessels are mildly congested.

13NEUROPATHOLOGY

2010-03497

MONJACK, SIMON

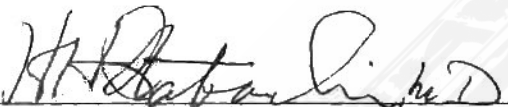
Page 2

FINAL NEUROPATHOLOGIC DIAGNOSIS:

A. Normal adult brain and its coverings.

COMMENT:

No gross or microscopic anatomic cause of sudden unexpected death was found in brain.


HIDEO H. ITABASHI, M.D.
NEUROPATHOLOGY CONSULTANT

DATE

6-23-10

HH1:am/hg:c
T-06/18/10

13

2010-03497
MONJACK, Simon

FORENSIC LABORATORIES

June 30, 2010

As reported on the Toxicology Laboratory Summary Report the following drugs were detected in Mr. Monjack's system at the time of his death:

Cialopram (Celexa®), Duloxetine (Cymbalta®), and Trazodone (Desyrel®), all antidepressants; Diazepam (Valium®) and Lorazepam (Ativan®), both anti-anxiety agents; Hydrocodone (Vicodin®), Pregabalin (Lyrica®) and Acetaminophen (Tylenol®), all analgesics; and Propranolol (Inderal®), an antihypertensive agent.

All of these drugs were detected at therapeutic or sub-therapeutic levels and most likely did not contribute to Mr. Monjack's death.



Joseph J. Muto
Chief

MICROSCOPIC REPORT

14

I performed a microscopic examination on



6/12/10

2010-03497

at THE DEPARTMENT OF CORONER

MONJACK, SIMON

Los Angeles, California

MICROSCOPIC DESCRIPTION

Slides #1,2,3,4,5/15: Sections of cardiac muscle show mild focal interstitial fibrosis. There is autolysis present. No ischemic change or myocarditis observed. A descending left anterior coronary artery cross-section is unremarkable.

The trichrome stain confirms the fibrosis above.

Slides #6,7,8,9,10,11/15: Sections of lung show a florid acute bronchopneumonia with areas of abscess formation. There is interstitial red blood cell congestion, pulmonary edema and focal intraalveolar hemorrhage. An acute bronchitis is observed. There is slight pleural fibrosis with angiomatosis. The polarization of this tissue is unremarkable. There is focal terminal bronchiole probable foreign body food debris aspiration. Other area shows focal foreign body giant cells.

A Brown and Brenn stain for bacteria organisms shows cocci in pairs in which cells have a slightly elongated "lanceolate" morphology. Dr Michael Koss, Pulmonary Pathologist LAC/USC Medical Center, reviewed the lung slides and concurs with findings.

Slide #12/15: Section of liver with microvesicular steatosis. The portal triads show focal mild chronic inflammation. No cirrhosis is present.

Section of spleen with some neutrophils, and band segment cells present.

Slide #13/15: Section of autolyzed kidney. An iron stain is negative for iron pigment granules.

Slide #14/15: Section of autolyzed unremarkable thyroid gland.

Section of right retroperitoneal area capsular lesion, seen grossly, shows dense collagenous tissue with neovascularization. No epithelial cells or tumor identified.

14

2010-03497

MONJACK, SIMON

Page 2

Slide #15/15: Section of autolyzed unremarkable adrenal glands.

A vertebral bone marrow is decalcified and examined and is autolyzed. The tissue is normocellular with slight erythroid hyperplasia. There is mild eosinophilia that is nonspecific. The megakaryocytes and myeloid elements are unremarkable.

The bone marrow was reviewed by Dr. Russell Brynes, Hematopathologist, LAC/USC Medical Center.

An iron stain is negative consistent with iron deficiency anemia. No malignancy is observed.

Louis A. Pena M.D.
LOUIS A. PENA, M.D.
DEPUTY MEDICAL EXAMINER

8.3.2010
DATE

LAP:mtm:l
T-7/19/10

15

AUTOPSY CLASS: ☒ A ☐ B ☐ C ☐ Examination Only D☐ FAMILY OBJECTION TO AUTOPSYDate: 5-25-10 Time: 09:05 Dr. Louis A. Pera
(Print)FINAL ON: 7-9-10 By: Louis A. Pera
8-3-10 (Print)APPROXIMATE
INTERVAL
BETWEEN
ONSET
AND
DEATH

DEATH WAS CAUSED BY: (Enter only one cause per line for A, B, C, and D)

IMMEDIATE CAUSE:

(A) Community Acquired Acute Bacteremia DAYS

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

DUE TO, OR AS A CONSEQUENCE OF:

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:

Cardiomegaly with focal myocardial fibrosis☒ NATURAL☐ SUICIDE☐ HOMICIDE☐ ACCIDENT☐ COULD NOT BE DETERMINEDIf other than natural causes,
HOW DID INJURY OCCUR?WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: ☐ YES ☒ NO

TYPE OF SURGERY: DATE:

☐ ORGAN PROCUREMENTTECHNICIAN: George H. Ito

PREGNANCY IN LAST YEAR

☐ YES ☐ NO ☐ UNK ☒ NOT APPLICABLE☒ WITNESS TO AUTOPSY☐ EVIDENCE RECOVERED AT AUTOPSY
Item Description:

Detectives

Kevin Becker

N. Hernandez

LAPD

Info. re. deceased:70 y.o. male white

Heart valve reg. Future triple bypass sur.

Genital size result of fall 2 1/2 years

And mild me. 109. Rec. 10 pneumonia,

high fever, sweats, weakness, cough.

Some syncopal episode, 10/10/09. CP.

Fnd unrespon. at residence 5-23-10.

Medication at scene.

Autopsy - NO evidence of trauma

Early autopsied tissue, organs.

See next form #12 dictated report

Urine dipstick
(-) glucose, ketones

5-25-10

6/29/10 Reviewed slides / NP Report by Louis A. Pera

RESIDENT

DME

2010-03497

Morlock, Simon

Age: 70 Gender: Male / Female

PRIOR EXAMINATION REVIEW BY DME

☒ BODY TAG ☒ CLOTHING
☐ X-RAY (No. 1) ☒ FLUORO 1P
☐ SPECIAL PROCESSING TAG ☒ MED. RECORDS
☒ AT SCENE PHOTOS (No. 19 1P 1P)

CASE CIRCUMSTANCES

☐ EMBALMED
☐ DECOMPOSED
☐ >24 HRS IN HOSPITAL
☐ OTHER: (Reason)

TYPING SPECIMEN

TYPING SPECIMEN TAKEN BY: Louis A. Pera
SOURCE: Heart

TOXICOLOGY SPECIMEN

COLLECTED BY: Louis A. Pera
☒ HEART BLOOD ☒ STOMACH CONTENTS
☒ FEMORAL BLOOD ☒ VITREOUS X2
TECHNIQUE: Internal
☐ BLOOD ☐ SPLEEN
☐ BLOOD ☐ KIDNEY
☒ BILE
☒ LIVER
☒ URINE
URINE GLUCOSE DIPSTICK RESULT 4+ 3+ 2+ 1+ 0
TOX SPECIMEN RECONCILIATION BY: 10

HISTOLOGY

☒ Regular (No. 2) ☐ Oversize (No.)
Histopath Cut: ☒ Autopsy ☐ Lab

TOXICOLOGY REQUESTS

FORM 3A: ☒ YES ☐ NO
☐ NO TOXICOLOGY REQUESTED
SCREEN ☒ C ☐ H ☐ T ☐ S ☐ D
☐ ALCOHOL ONLY
☐ CARBON MONOXIDE
☒ OTHER (Specify drug and tissue)
See Form 3AVitreous - Dehydration studies, pH
NAT. ICF, CI - ORGANITON, CRITICIAN

REQUESTED MATERIAL ON PENDING CASES

☐ POLICE REPORT ☐ MED HISTORY
☐ TOX FOR COD ☒ HISTOLOGY
☒ TOX FOR R/O ☐ INVESTIGATIONS
☒ MICROBIOLOGY ☐ EYE PATH. CONS.
☐ RADIOLOGY CONS.
☐ CONSULT ON:
☒ BRAIN SUBMITTED
☒ NEURO CONSULT ☐ DME TO CUT
☐ CRIMINALISTICS
☐ GSR ☐ SEXUAL ASSAULT ☐ OTHER

16

(A) = EARLY Autolysis organs, SOFT TISSUE

⊗ = UNREMARK. / NONE

EXTERNAL EXAM

Sex *male*
 Race *cauc.*
 Age *40 y.o.*
 Height *74"*
 Weight *325 lbs*
 Hair *Brown, Rev G-mg*
 Eyes *Brown*
 Sclera *congested*
 Teeth *over*

Mouth *left Dorsum tongue fast 5mm*
 Tongue *Septum Intact*

Nose *&*
 Chest *&*
 Breasts *&*
 Abdomen *obese*
 Scar *&*
 Genitals *circum. or testes ↓↓*
 Edema *&*
 Skin *& see Diagram #20*
 Decubitus

HEART WL.

Pericardium *&*
 Hypertrophy *&*
 Dilation *LV*
 Muscle *& grossly*
 Valves *& NO abnormality*
 Coronaries *& (NO abnormality, minimal plaques)*

AORTA**VESSLS****LUNGS WL.**

R *81g*
 L *77g*
 Adhesions *&*
 Fluid *&*
 Atelectasis *&*
 Oedema *&*
 Congestion *&*

Consolidation**Bronchi****Nodes****PHARYNX****TRACHEA****THYROID****THYMUS****LARYNX****HYOID****ABDOMINAL WALL FAT**

chest wall FAT *8cm*
 crotch wall FAT *4.5cm*

PERITONEUMFluid *&*Adhesions *&***LIVER WL.**Capsule *Intact*Lobules *&*Fibros *&*GB *+ green liquid bile*Calculus *&*Bile ducts *&***SPLEEN WL.**Color *purple*Consistency *musky*Capsule *Intact*Malpighian *increased***PANCREAS****ADRENALS****KIDNEYS WL.**R *capsular firm no parenchyma*L *40g hyperochy*Capsule *Intact, L*Cortex *&*Vessels *&*Pelvis *&*Ureter *&***BLADDER****GENITALIA**Prostate *&*Testes *&*Uterus *&*Tubes *&*Ovaries *&***OESOPHAGUS****STOMACH**Contents *~ 600ml green pasty well-org***DUOD. & SM. INT.****APPENDIX****LARGE INT.****ABDOM. NODES****SKELETON**Spine *EXT. &*Marrow *Rib &*Rib Cage *&*Long bones *&*Pelvis *&*

No Fractures

Urinary *distended*

neg glucose, (cortic)

SCALP**CALVARIUM****BRAIN WL.**Dura *&*Fluid *&*Ventricles *&*Vessels *&*Middle ears *&*Other *&***PITUITARY****SPINAL CORD**

SUP. portion cervical

spinal cord *&***TOXICOLOGY SPECIMENS**

Blood - Heart, Fem., EDTA

Vitrals, urine, stomach

Liver, bile

SECTIONS FOR**HISTOPATHOLOGY**1. *Heart*2. *Heart*3. *Heart*4. *Heart*5. *Heart*6. *Heart*7. *Heart*8. *Heart*9. *Heart*10. *Heart*11. *Heart*12. *Heart*13. *Heart*14. *Heart*15. *Heart***MICROBIOLOGY**1. *blood cultures*2. *urine*3. *stool***DIAGRAMS****X-RAYS**

#20

FLUORO - negative

OTHER PROCEDURES

neuropath. to

consult

GROSS IMPRESSIONS

See Aut Form #12

Dictated Report.

Date

5-25-2010

Time

7:30 am
END

Deputy Medical Examiner

Laurie A. Perna MD

20

0905

- Rigor

2010-03497 # 5-2510

Monjack, Simon

eyes - Brown
Congested
Nose
Periorbital
small white
elevated skin
lesions

Teeth =
Own
Frenulum
Intact

Thinning Brown, few Gray
STRAIGHT HAIR AVE. 6"

Facial purple
Livor, congestion,
acne scars.

Brown, gray mustache,
beard

Folliculitis
w/ Acne scars
Shoulder
Back

Purple
Fixed
Livor
Tardieu spots

post mortem
abrasions

3 1/2 x 3 1/2
white scar -
like slash
nearly squared

Liver tear
Incision
mark

Obese
Abdomen

Circumcise
peels
testes

Red
Perianal
contus.
circumf.

Nails short

No trauma to hands,
palms or digits

Red Fixed
Livor

Small
Red blotchy
skin lesions

Yellow band matches
CCA 2010-03497

Red, white toe tags
Matches Decedent's
Name & CCA 2010-03497

Date

5-25-2010

Younis A. Ben
Deputy Medical Examiner

M.D.



FORENSIC SCIENCE LABORATORIES
Laboratory Analysis Summary Report

To: Dr. Pena
Deputy Medical Examiner

☒ PendingTox

The following results have been technically and administratively reviewed and are the opinions and interpretations of the Analyst:

Coroner Case Number: 2010-03497 Decedent: MONJACK, SIMON

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>LEVEL</u>	<u>UNITS</u>	<u>ANALYST</u>
Blood, Femoral					
Bases		Citalopram	0.16	ug/ml	S. DeQuintana
Bases		Duloxetine	0.23	ug/ml	S. DeQuintana
Bases		Trazodone	<0.10	ug/ml	S. DeQuintana
LC/MS		Zopiclone	ND		S. Brooks
Blood, Heart					
Acetaminophen		Acetaminophen	17	ug/ml	O. Pleitez
Alcohol		Ethanol	Negative		M. Schuchardt
Barbiturate		Barbiturates	ND		J. Lintemoot
Bases		Citalopram	0.25	ug/ml	S. DeQuintana
Bases		Diazepam	Present		S. DeQuintana
Bases		Diphenhydramine	ND		S. DeQuintana
Bases		Duloxetine	0.36	ug/ml	S. DeQuintana
Bases		Hydrocodone	ND		S. DeQuintana
Bases		Norcitalopram	Present		S. DeQuintana
Bases		Nordiazepam	Present		S. DeQuintana
Bases		Prochlorperazine	ND		S. DeQuintana
Bases		Propranolol	0.13	ug/ml	S. DeQuintana
Bases		Trazodone	<0.10	ug/ml	S. DeQuintana
Bases		Zolpidem	ND		S. DeQuintana
Benzodiazepines		Diazepam	0.36	ug/ml	S. DeQuintana
Benzodiazepines		Lorazepam	36	ng/ml	S. DeQuintana
Benzodiazepines		Nordiazepam	0.57	ug/ml	S. DeQuintana
Cocaine		Cocaine and Metabolites	ND		J. Lintemoot
Fentanyl		Fentanyl	ND		J. Lintemoot
LC/MS		Chlordiazepoxide	ND		J. Lintemoot
LC/MS		Pregabalin	4.6	ug/ml	S. Brooks
LC/MS		Zopiclone	ND		S. Brooks
Methamphetamine		Amphetamine	ND		O. Pleitez

JP
6-30-10

Coroner Case Number: 2010-03497 Decedent: MONJACK, SIMON

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>LEVEL</u>	<u>UNITS</u>	<u>ANALYST</u>
	Methamphetamine	Methamphetamine		ND	O. Pleitez
	Neutrals	Ibuprofen		ND	O. Pleitez
	Opiates	Codeine, Free		ND	S. Brooks
	Opiates	Hydrocodone, Free	0.29	ug/ml	S. Brooks
	Opiates	Hydromorphone, Free		ND	S. Brooks
	Opiates	Morphine, Free		ND	S. Brooks
	Opiates	Oxycodone, Free		ND	S. Brooks
	Opiates	Oxymorphone, Free		ND	S. Brooks
	Phencyclidine	Phencyclidine		ND	J. Lintemoot
	Salicylate	Salicylate		ND	O. Pleitez
Vitreous					
	Outside Test	Electrolytes		Done	NMS Labs, Inc.
	Outside Test	Glucose		ND	NMS Labs, Inc.

Legend:

		ND	Not Detected
g	Grams	ng/gm	Nanograms per Gram
g%	Gram Percent	ng/ml	Nanograms per Milliliter
Inc.	Inconclusive	QNS	Quantity Not Sufficient
mg	Milligrams	TNP	Test Not Performed
mg/dl	Milligram per Deciliter	ug	Micrograms
mg/l	Milligram per Liter	ug/g	Micrograms per Gram
		ug/ml	Microgram per Milliliter

AP
6-30-10

D. Anderson

Administratively reviewed by: Daniel T. Anderson, M.S., FTS-ABFT, D-ABC
Supervising Criminalist II
TOXICOLOGY



NMS Labs

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3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437

Phone: (215) 657-4900 Fax: (215) 657-2972

e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 06/05/2010 09:00

To: 10139

Los Angeles County Coroner Medical Examiner

Attn: Joseph Muto

1104 N. Mission Road

Los Angeles, CA 90033

Patient Name MONJACK, SIMON

Patient ID 2010-03497

Chain 11163412

Age Not Given

Gender Male

Workorder 10127814

Page 1 of 3

Positive Findings:

Compound	Result	Units	Matrix Source
Sodium (Vitreous Fluid)	130	mmol/L	Vitreous Fluid
Potassium (Vitreous Fluid)	15	mmol/L	Vitreous Fluid
Chloride (Vitreous Fluid)	110	mmol/L	Vitreous Fluid
Urea Nitrogen (Vitreous Fluid)	19	mg/dL	Vitreous Fluid
Creatinine (Vitreous Fluid)	1.4	mg/dL	Vitreous Fluid

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
1919FL	Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)

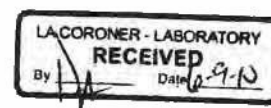
Specimens Received:

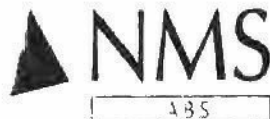
ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Red Top Tube	1 mL	Not Given	Vitreous Fluid	

All sample volumes/weights are approximations.

Specimens received on 06/03/2010.

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**CONFIDENTIAL****Workorder** 10127814**Chain** 11163412**Patient ID** 2010-03497

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Sodium (Vitreous Fluid)	130	mmol/L	80	001 - Vitreous Fluid	Chemistry Analyzer
Potassium (Vitreous Fluid)	15	mmol/L	1.0	001 - Vitreous Fluid	Chemistry Analyzer
Chloride (Vitreous Fluid)	110	mmol/L	70	001 - Vitreous Fluid	Chemistry Analyzer
Glucose (Vitreous Fluid)	None Detected	mg/dL	35	001 - Vitreous Fluid	Chemistry Analyzer
Urea Nitrogen (Vitreous Fluid)	19	mg/dL	3.0	001 - Vitreous Fluid	Chemistry Analyzer
Creatinine (Vitreous Fluid)	1.4	mg/dL	0.50	001 - Vitreous Fluid	Chemistry Analyzer

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Chloride (Vitreous Fluid) - Vitreous Fluid:
Normal: 105 - 135 mmol/L
2. Creatinine (Vitreous Fluid) - Vitreous Fluid:
Normal: 0.6 - 1.3 mg/dL
3. Glucose (Vitreous Fluid) - Vitreous Fluid:
Normal: <200 mg/dL

Postmortem vitreous glucose concentrations >200 mg/dL are associated with hyperglycemia.

Since postmortem vitreous glucose concentrations decline rapidly after death both in vivo and in vitro, care should be taken in the interpretation of results. Stability of vitreous glucose for up to 30 days has been noted by NMS Labs when specimens are maintained frozen (-20°C).

4. Potassium (Vitreous Fluid) - Vitreous Fluid:
Normal: < 15 mmol/L
5. Sodium (Vitreous Fluid) - Vitreous Fluid:
Normal: 135 - 150 mmol/L
6. Urea Nitrogen (Vitreous Fluid) (VUN) - Vitreous Fluid:
Normal: 8 - 20 mg/dL

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Analysis Summary and Reporting Limits:

Acode 1919FL - Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic) - Vitreous Fluid

-Analysis by Chemistry Analyzer for:

4P
6-30-10



v.7

2/3



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Workorder 10127814
Chain 11163412
Patient ID 2010-03497

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Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Chloride (Vitreous Fluid)	70 mmol/L	Potassium (Vitreous Fluid)	1.0 mmol/L
Creatinine (Vitreous Fluid)	0.50 mg/dL	Sodium (Vitreous Fluid)	80 mmol/L
Glucose (Vitreous Fluid)	35 mg/dL	Urea Nitrogen (Vitreous Fluid)	3.0 mg/dL

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Autopsyfiles.org - Simon Monjack Autopsy Report

LAC + USC Medical Center
1200 N. State St., Los Angeles, CA 90033
Ira A. Shulman, M.D., Director, Laboratories & Pathology
05/29/2010 07:00

Page: 1

T659758 COLL: 05/25/2010 1000 REC: 05/25/2010 1323 PHYS: UNKNOWN, PHYSICIAN
BLOOD CULTURE - AERO FINAL 05/28/2010
MICRO LAB SETUP: 05252010 1326
SPECIMEN DESCRIPTION: BLOOD, AUTOPSY
SPECIAL REQUESTS: NONE

CULTURE: Clostridium perfringens
Streptococcus viridans group

A
6-1-10

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CORONER DOCUMENT

END OF REPORT

ACCOUNT #: 9068

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SUMMARY REPORT

MONJACK, SIMON
CC-201003497
CC CORONERS CASE
M 03/09/1970

Pena

LAC + USC Medical Center
1200 N. State St., Los Angeles, CA 90033
Ira A. Shulman, M.D., Director, Laboratories & Pathology
05/27/2010 07:00

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T659758 COLL: 05/25/2010 1000 REC: 05/25/2010 1323 PHYS: UNKNOWN, PHYSICIAN
BLOOD CULTURE - AERO *** PRELIMINARY ***
MICRO LAB SETUP: 05252010 1326
SPECIMEN DESCRIPTION: BLOOD, AUTOPSY
SPECIAL REQUESTS: NONE

CULTURE: Clostridium perfringens

T659759 COLL: 05/25/2010 1000 REC: 05/25/2010 1323 PHYS: UNKNOWN, PHYSICIAN
BLOOD CULTURE - ANAE *** PRELIMINARY ***
MICRO LAB SETUP: 05252010 1326
SPECIMEN DESCRIPTION: BLOOD, AUTOPSY
SPECIAL REQUESTS: NONE

CULTURE: Clostridium perfringens

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ACCOUNT #: 906B

MONJACK, SIMON
CC-201003497
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Autopsyfiles.org - Simon Monjack Autopsy Report

LAC + USC Medical Center
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Ira A. Shulman, M.D., Director, Laboratories & Pathology
05/27/2010 07:00

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T659758 COLL: 05/25/2010 1000 REC: 05/25/2010 1323 PHYS: UNKNOWN, PHYSICIAN
BLOOD CULTURE - AERO *** PRELIMINARY ***
MICRO LAB SETUP: 05252010 1326
SPECIMEN DESCRIPTION: BLOOD, AUTOPSY
SPECIAL REQUESTS: NONE
CULTURE: Clostridium perfringens

T659759 COLL: 05/25/2010 1000 REC: 05/25/2010 1323 PHYS: UNKNOWN, PHYSICIAN
BLOOD CULTURE - ANAE *** PRELIMINARY ***
MICRO LAB SETUP: 05252010 1326
SPECIMEN DESCRIPTION: BLOOD, AUTOPSY
SPECIAL REQUESTS: NONE
CULTURE: Clostridium perfringens

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ACCOUNT #: 9068

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SUMMARY REPORT

MONJACK, SIMON
CC-201003497
CC CORONERS CASE
M 03/09/1970

Pena

T659758 COLL: 05/25/2010 1000 REC: 05/25/2010 1323 PHYS: UNKNOWN, PHYSICIAN
BLOOD CULTURE - AERO Autopsyfiles.org - Simon Monjack Autopsy Report *** PRELIMINARY ***

MICRO LAB SETUP: 05252010 1326

SPECIMEN DESCRIPTION: BLOOD, AUTOPTSY
SPECIAL REQUESTS: NONE

CULTURE: Clostridium perfringens
Streptococcus species - Identification to follow

T659759 COLL: 05/25/2010 1000 REC: 05/25/2010 1323 PHYS: UNKNOWN, PHYSICIAN
BLOOD CULTURE - ANAE FINAL 05/27/2010

MICRO LAB SETUP: 05252010 1326

SPECIMEN DESCRIPTION: BLOOD, AUTOPTSY
SPECIAL REQUESTS: NONE

CULTURE: Clostridium perfringens
Streptococcus, beta hemolytic not group A,B, or D
Streptococcus viridans group

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ACCOUNT #: 9068

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SUMMARY REPORT

MONJACK, SIMON
CC-201003497
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Autopsyfiles.org - Simon Monjack Autopsy Report

LAC + USC Medical Center
1200 N. State St., Los Angeles, CA 90033
Ira A. Shulman, M.D., Director, Laboratories & Pathology
07/30/2010 07:00

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W678148 Coll: 05/25/2010 10:00 Rec: 07/21/2010 19:46 Phys: UNKNOWN, PHYSICIAN
Result Reference Range Units

LEGIONELLA AG EIA URINE

LEGIONELLA ANTIGEN, URINE, NEGATIVE
(NOTE)

REFERENCE RANGE: NEGATIVE

INTERPRETIVE CRITERIA:

NEGATIVE - Antigen Not Detected
POSITIVE - Antigen Detected

Legionella pneumophila is responsible for 80-85% of reported cases of Legionella infections in the United States, and most of these cases are caused by L. pneumophila serogroup 1. Detection of L. pneumophila serogroup 1 soluble antigen in urine is a highly sensitive and specific method for the laboratory diagnosis of infection in these cases. L. pneumophila serogroup 1 urinary antigen levels typically peak 6-14 days after infection. Elevated antigen levels may persist for several months, depending on the patient's treatment regimen and any underlying illness. A negative result does not rule out infection by other L. pneumophila serogroups or other Legionella species. Other laboratory tools useful in the diagnosis of Legionella infection include culture of respiratory specimens, direct detection of Legionella by DFA or genetic probes, and Legionella antibody detection by IFA. Performed at Focus Diagnostics, 5785 Corporate Avenue, Cypress, CA 90630, Jay M. Lieberman, MD., Director, CLIA 05D0644251

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ACCOUNT #: 9068

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SUMMARY REPORT

MONJACK, SIMON
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