

COUNTY OF LOS ANGELES

12**AUTOPSY REPORT**

No.

2009-08735

MURPHY-MONJACK,
BRITTANY

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

Los Angeles, California on DECEMBER 21, 2009 @ 0940 HOURS
 (Date) (Time)

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

(A) COMMUNITY - ACQUIRED PNEUMONIA
 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:

IRON DEFICIENCY ANEMIA, MULTIPLE DRUG INTOXICATION

Anatomical Summary:

- I. No evidence of traumatic injury.
- II. Status post collapse at home followed by resuscitative efforts.
 - A. Medical records: hypochromic microcytic anemia; thrombocytopenia; hyperkalemia and hypermagnesemia.
 - B. All tubing in proper locations.
- III. Other findings:
 - A. Pulmonary edema, moderate to severe, bilateral, with effusions.
 - B. Gas distension of small bowel without obstruction.
 - C. Generalized lymphadenopathy, moderate.
 - D. Pallor consistent with anemia.
- IV. See additional reports:
 - A. Toxicology
 - B. Microscopic.
 - C. Cultures.
 - D. Radiology.

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CIRCUMSTANCES:

This 32 year old female has a history of diabetes and had been previously hospitalized for an episode of hypoglycemia. She had complained of shortness of breath and abdominal pain for 7 to 10 days prior to her day of death. There is no history of alcohol or drug abuse. Handling detectives report a history of mitral valve prolapse. Information from family members indicates a history of very heavy menstrual bleeding (menorrhagia) accompanied by cramps. There is also an anecdotal report regarding a trip to Puerto Rico approximately 6 weeks prior, during which her mother and husband became ill, but the decedent herself did not. Current medications include: Biaxin (clarithromycin), fluoxetine, hydrocodone, Klonopin, Topamax, propranolol, and methylprednisolone. Multiple additional medications belonging to the husband and mother were also reportedly at the scene; the decedent may have had access to these medications.

The decedent complained of abdominal pain on 12-20-09. She went into the bathroom at approximately 0730 hours, and was found lying on the bathroom floor approximately 30 minutes later. Her family attempted to revive her by putting her in the shower and running the water. She also vomited prior to the arrival of paramedics.

Paramedics arrived at the scene at 0808 hours. The decedent had no vital signs and was asystolic from 0811 to 0820 hours; at 0825 hours, ventricular fibrillation was present but vital signs remained absent. She was described as pale and diaphoretic, with fixed, dilated pupils. Blood glucose at the scene was 49. She was taken to a local hospital, where blood tests revealed a severely decreased hemoglobin level and hypochromic, microcytic anemia. Platelets were also severely decreased, but her white cell count was within normal limits. Potassium and magnesium were elevated. Coagulation and liver function tests were also elevated. Multiple hospital EKGs showed changes consistent with acute myocardial infarction. She did not respond to resuscitative efforts and was pronounced dead at 1005 hours.

EVIDENCE OF INJURY:

Autopsy reveals no evidence of traumatic injury externally or internally.

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EVIDENCE OF MEDICAL INTERVENTION:

A nasogastric tube protrudes from the right naris and is properly positioned in the stomach. An endotracheal tube protrudes from the right corner of the mouth and is properly positioned in the proximal trachea. There is an intravenous line tip protruding from the left side of the neck. A multilumen catheter protrudes from the right groin; the tip extends into the right femoral vein. Multiple needle punctures, some accompanied by a small amount of ecchymosis, are present in the right antecubital fossa. The central sternal chest area contains a faint pink contusion containing a few small abrasions within it; these findings are consistent with CPR.

IDENTIFYING FEATURES:

No tattoos, surgical scars or track marks are identified. There is a small nonspecific old scar on the left buttock. Each earlobe has been pierced once.

EXTERNAL EXAMINATION:

The body is that of an unembalmed Caucasian female adult who appears the stated age of 32 years. The body is identified by toe tags. The overall appearance of the body is consistent with the recorded height of 65 inches and the recorded weight of 115 pounds. The body appears well-developed, normally muscular and slim but not excessively thin. There is generalized pallor of the skin surface in all areas. On the back, there are a few tan solid and targetoid macules. Skin is otherwise unremarkable. A minimal amount of livor mortis is discernible; it is distributed dorsally and blanches with firm pressure. Rigor mortis is present.

The head is normocephalic and covered by wavy dark brown hair of a moderate length that has been focally lightened. The hair has been multiply gathered into segments, held close to the scalp by metal fasteners. There also appear to be multiple hair extensions woven into the natural hair. There is no evidence of balding. Examination of the eyes reveals brown irides, equal round pupils and mildly injected sclerae. Soft contact lenses are in place bilaterally. There are no petechial hemorrhages of the conjunctivae of the eyelids or sclerae. Ears and external

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auditory canals are unremarkable. Oronasal passages are unobstructed. There is a small amount of thin brown liquid at the nares and mouth, but there is no evidence of oropharyngeal obstruction. Dentition is natural. Mucous membranes are moist. The neck is unremarkable. There is no appreciable chest deformity or increased anterior-posterior chest diameter. Breasts are symmetric and palpation reveals no masses or nipple discharge. There are no scars of the chest or abdomen. The lower abdomen appears mildly distended. The abdomen is otherwise unremarkable. The genitalia are those of a normal adult female; there is no evidence of trauma. The pubic hair has been partly shaved peripherally and is only present centrally. The anus is unremarkable and atraumatic; no hemorrhoids are identified. No needle tracks are present. There are no needle punctures that do not appear related to therapeutic procedures. There is no appreciable edema of the extremities and no joint deformities are present.

CLOTHING:

The body is unclothed. Clothing is examined separately and consists of a single item. This is a pink-orange, floral patterned shirt or pajama top, "Bed Head" brand, size Petite. The garment has been previously cut. There is a moderate to large amount of yellow to brown emesis on the left collar, sleeve and front. Garment is otherwise unremarkable.

INITIAL INCISION:

The body cavities are entered through a Y-shaped incision. Examination of the tongue, gingiva, lips and oral mucosa reveals no lesions and no evidence of trauma. Examination of the oral cavity reveals no abnormality of the tonsils or epiglottis. There is a small amount of gastric material in the posterior pharynx, without obstruction. The hyoid bone and larynx are intact without fractures. There is no hemorrhage in the adjacent throat organs or in the prevertebral fascia. Both pleural cavities are free of adhesions. Each cavity contains up to 200 cc of slightly cloudy serous fluid. There are no rib fractures. Parietal pleurae are intact. There is no evidence of pneumothorax. Both lungs appear fairly well-expanded. Soft tissues of the thoracic and abdominal walls are well-preserved. The subcutaneous fat of the abdominal wall measures 1.1 cm. There is generalized pallor of the viscera and soft tissues.

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9.0 cm, aortic valve 4.9 cm. There is no abnormality of the apices of the papillary muscles. There is no endocardial discoloration. The great vessels enter and leave in a normal fashion. The ductus arteriosus is obliterated. The foramen ovale is closed. Coronary ostia are widely patent and normally located. The coronary arteries have a right dominant pattern of distribution. Serial sectioning of the coronary arteries reveals no evidence of atherosclerosis, stenosis or thrombosis. Sectioning of the myocardium reveals no focal lesions.

RESPIRATORY SYSTEM:

There is no edema of the larynx and there are no fractures of the laryngeal cartilages. No blood or other material is present within the respiratory passages. Mucosal surfaces are intact and pale. The right lung weighs 1230 grams and the left lung weighs 760 grams. Both are subcrepitant. Visceral pleurae are smooth and intact. A moderate number of petechial hemorrhages are noted on the visceral pleural surfaces bilaterally. Both lungs have a heavy, meaty consistency. Sectioning of both lungs reveals moderate to severe edema and minimal congestion. Portions of both lower lobes and the right upper lobe appear very dense grossly, consistent with consolidation, and these sections sink when placed in water. Sections from the left upper lobe and right middle lobe remain floating when placed in water. Other than these areas of possible consolidation, there are no focal lesions. There is no evidence of thromboembolism in any area.

GASTROINTESTINAL SYSTEM:

The esophagus is intact and unremarkable throughout its course. The stomach is not distended. It contains up to 50 cc of tan, slightly digested food containing multiple pieces of rice or noodle material, a possible blueberry, and other nonspecific pieces of food. Also present are several irregular pieces of flattened, fragile material that may represent portions of medication. The gastric mucosa is congested but otherwise unremarkable; no ulcers or other focal lesions are identified. The duodenum is unremarkable and contains no ulcers or focal lesions; it contains yellow, mucoid material. The remainder of the small intestine and the colon are unremarkable on external and in situ examination. They are opened along their entire length and are unremarkable throughout their course, as are

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their contents. There is focal erythema of the mucosa of the colon. The small bowel contains yellow, mucoid material throughout its course, with no evidence of blood or "coffee ground" material. The colon contains well-formed brown stool, showing no evidence of melena; there is no evidence of diarrhea. The appendix is present and is grossly unremarkable. The pancreas occupies a normal position. Sectioning reveals no parenchymal abnormality. Pancreatic ducts are not ectatic.

HEPATOBIILIARY SYSTEM:

The liver weighs 1680 grams and is brown. The capsule is intact and unremarkable. The cut surface is smooth, has a normal consistency and shows no gross evidence of fatty change or fibrosis. The gallbladder has an edematous wall measuring between 0.5 and 0.6 cm, but the wall remains pliable. The gallbladder contains a small to moderate amount of bile; no stones are present. There is no obstruction or dilatation of the extrahepatic ducts. Periportal lymph nodes are moderately enlarged.

URINARY SYSTEM:

The right kidney weighs 170 grams and the left kidney weighs 220 grams. Both are normally situated and their capsules strip easily to reveal smooth cortical surfaces. Corticomedullary demarcation remains sharp. The relatively pale cortices sharply contrast with the congested medullary pyramids, giving them the appearance of "shock kidneys". No focal lesions are noted in any area. Peripelvic fat is not increased. Ureters show no evidence of dilatation or obstruction and pursue their normal course. The urinary bladder is unremarkable. It contains approximately 50 cc of cloudy yellow urine. Dipstick testing of the urine is negative for both glucose and ketones.

FEMALE GENITAL SYSTEM AND BREASTS:

Sectioning of the breast tissue reveals no cysts, masses or other focal lesions. The uterus is symmetrical and of appropriate size for age; the uterine cavity is not enlarged. The endometrium appears minimally hemorrhagic, and there is a minimal amount of bloody material at the cervical os; these findings are grossly consistent with menstruation. There are

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no focal lesions of the myometrium. The cervix and vagina are unremarkable. Both fallopian tubes are unremarkable. The left ovary contains a 2.2 cm serous cyst but is otherwise unremarkable; the right ovary is unremarkable.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 220 grams. The capsule is intact and smooth. The parenchyma is pale red and contains no focal lesions. There is generalized moderate lymphadenopathy, with enlarged lymph nodes in the following areas: pulmonary hilar, paratracheal, aortic (in vicinity of arch and along abdominal descending aorta), hepatic portal, peripancreatic, and mesenteric. Lymph nodes in other areas are inconspicuous. Bone is unremarkable. Bone marrow appears somewhat pale but otherwise grossly unremarkable. There are minimal degenerative changes of the thoracic spinal column.

ENDOCRINE SYSTEM:

The thyroid gland is symmetric, normal in size and unremarkable on sectioning. Both adrenal glands are intact and unremarkable. The thymus is the usual appearance for age. The pituitary gland is unremarkable.

CENTRAL NERVOUS SYSTEM:

There is a minimal amount of subgaleal hemorrhage in the left posterior parietal area. Otherwise, there is no evidence of hemorrhage beneath the scalp. There is no hemorrhage into the orbits or into the temporal muscles. There are no fractures of the calvarium or base of the skull. There are no tears of the dura mater and there are no epidural, subdural or subarachnoid hematomas. The brain weighs 1400 grams. Leptomeninges are thin and transparent. The convolutionary pattern is within normal limits. There is overall moderate cerebral edema. Cerebral hemispheres are symmetrical. Coronal sectioning demonstrates a uniformity of cortical gray thickness. There is no softening, discoloration or hemorrhage of the white matter. Basal ganglia are intact. Anatomic landmarks are preserved. The ventricular system, brainstem and cerebellum are unremarkable. There is no evidence of uncal or cerebellar herniation. Vessels at the base of the brain have a normal

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pattern of distribution and are free of aneurysms and atherosclerosis. The spinal cord is not dissected.

HISTOLOGIC SECTIONS:

Representative sections from various organs are preserved in 10% formalin and placed in a total of two storage jars. Multiple sections from various organs have been submitted for microscopic examination. The slide key is as follows:

1. Uterus, appendix (longitudinal and cross-sections of tip), clotted blood from heart
2. Left kidney, rectum, abdominal lymph nodes (2 sections)
3. Vertebral bone marrow
4. Right kidney, thyroid, pancreatic lymph node
5. Epiglottis, spleen
6. Liver, pancreas, gallbladder
7. Gastrointestinal tract (stomach, duodenum, jejunum, ileum, colon)
8. Left lung (3 sections)
9. Right lung (4 sections)
10. Heart: left ventricle (posterior), right ventricle
11. Heart: anterior-septal left ventricle, septum, right atrial appendage
12. Sinoatrial node area, Bundle of His area
13. Apical right atrium (septum with white material)
14. Septum with white material, subapical
15. Brain: frontal and occipital lobes
16. Cerebellum
17. Right basal ganglia

TOXICOLOGY:

Blood, bile, urine, liver tissue, vitreous humor, stomach contents, and possible pill material from stomach have been submitted to the laboratory. A complete drug screen has been requested.

PHOTOGRAPHS:

Photographs have been taken prior to and during the course of the autopsy.

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RADIOLOGY:

The body has been fluoroscoped and a total of 14 x-rays have been taken.

DIAGRAMS USED:

Diagram 20 has been used in the preparation of this autopsy report. The diagram is not intended to be a facsimile, nor is it drawn to scale.

WITNESSES:

The following witnesses attended the autopsy: Los Angeles Police Department, Hollywood Division, Detectives C. Gable and S. Brandstetter; Dr. Lakshmanan (Chief Medical Examiner-Coroner).

OPINION:

Autopsy revealed a bilateral acute pneumonia consistent with a community-acquired infection. Blood cultures were positive for Oxacillin-Resistant Staphylococcus aureus, which is the most likely causative organism. Viral cultures were negative. Other cultures were positive for additional organisms, which may represent contaminants and/or minor pathogens.

Two additional factors cannot be ruled out as playing contributory roles. Blood tests at the hospital on the day of death revealed a severe hypochromic, microcytic anemia. Gross autopsy findings of pallor and decreased blood volume, as well as microscopic findings (see report) and decreased blood iron levels (see Toxicology report) are consistent with this finding. In a young woman with no history or evidence of gastrointestinal bleeding or trauma, the most common cause of this type of anemia is chronic iron deficiency. Her history of menorrhagia (heavy periods) is the most likely cause of this. The anemia would account for her recent complaints of tiredness, lightheadedness and shortness of breath. Chronic anemia leads to a weakened state of health and would increase her vulnerability to infection.

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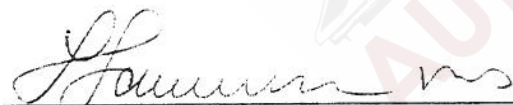
The second contributory factor is multiple drug intoxication. Multiple medications were present in the blood, with elevated levels of hydrocodone, acetaminophen, and chlorpheniramine. L-methamphetamine was also present.

It should be noted that the pattern of use of these medications suggests treatment of symptoms of a cold or other respiratory infection. Acetaminophen and hydrocodone are components of Vicodin. Chlorpheniramine is the active ingredient in some over-the-counter medications. L-methamphetamine is a component of some inhalers.

It should be noted that L-methamphetamine is not an illegal drug. Street methamphetamine is D-methamphetamine; none of this or any other illegal drug was detected. L-methamphetamine is not as active as the D-isomer, but still has physiological effects.

The possible adverse physiological effects of elevated levels of these medications cannot be discounted, especially in her weakened state. Therefore the manner of death is Accident.

This case was discussed with Dr. Lakshmanan Sathyavagiswaran, the Chief Medical Examiner-Coroner, who concurs with this evaluation.



LISA A. SCHEININ, M.D.
DEPUTY MEDICAL EXAMINER

2/9/10
DATE

LAS:mtm:c
D-12/21/09
T-12/23/09

13

CC#2009-08735

MURPHY-MONJACK, Brittany Anne

RADIOLOGY CONSULT

REQUEST:

32 year old Caucasian female with history of diabetes, found unresponsive by responding paramedics at home and taken to a local hospital and pronounced. Please evaluate for ante mortem pathology/trauma.

FILMS:

1. Skull—AP and lateral
2. Chest
3. Abdomen
4. Pelvis
5. Shoulders

FINDINGS:

Incidentally noted is degenerative spondylosis of the C5/6 and C 6/7 cervical disc spaces. There are no visible skeletal fractures or other significant skeletal pathology.

The lateral view of the skull demonstrates a horizontal air-fluid level within a maxillary sinus, consistent with sinusitis or other sinus fluid. No facial fracture is identified.

Iatrogenic endotracheal tube, nasogastric tube and right femoral intravascular catheter are in place.

There is diffuse moderate, gaseous distension of the bowel, but there is no evidence of pneumoperitoneum or pneumothorax.

There is diffuse pulmonary opacity consistent with atelectasis, consolidation or pulmonary edema.

IMPRESSION:

1. There are no visible skeletal fractures or recent post traumatic skeletal pathology.
2. There is evidence of maxillary sinus fluid on the lateral view of the skull.
3. There is moderate air/gas bowel distension, opacification of the lungs secondary to consolidation/atelectasis or edema.
4. Multiple iatrogenic tubes/lines are present.

Donald C. Boger - M.D.

DONALD C. BOGER, M.D.
RADIOLOGY CONSULTANT

Date 12/22/09

DCB/ecf
hw 12/21/09

13**CC#2009-08735
Murphy, Brittany****Criminalist Report**

Investigating agency: LAPD - Hollywood
Investigating officer: Detective Berndt
Date written: 12-21-09

At 0830 hours on December 21, 2009, Supervising Criminalist II D. Anderson notified me that evidence needed to be collected from the decedent at the Forensic Science Center (FSC).

At 0847 hours, I observed a nude female (covered by a white sheet) in room S-6 with Supervising Criminalist II Anderson present. Medical apparatus was present in the decedent's nose, mouth, and along the left side of her neck. Autopsy Technician II D. Dominguez washed and photographed the decedent prior to my involvement.

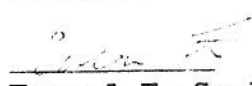
I collected the following items of evidence at the FSC:

- Hair kit
 - Head hair
 - bindle of decedent's natural hair
 - bindle of hair from a weave/extension
 - Facial hair
 - Arm hair

The following evidence was collected by me for toxicology purposes and submitted to the toxicology laboratory

- Hair kit (toxicology)
- Pubic hair kit (toxicology)

I completed evidence collection at 0935 hours on December 21, 2009.


Eucen L. Fu, Senior Criminalist

1-20-10
Date

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COUNTY OF LOS ANGELES

MICROSCOPIC REPORT

DEPARTMENT OF CORONER

14

I performed a microscopic examination on →

2009-08735

MURPHY-MONJACK,
BRITTANY

at THE DEPARTMENT OF CORONER

Los Angeles, California

01-13-2010

Supplemental Microscopic Examination: Consultations

On 1-13-10, the Examiner met with Dr. Russell Brynes, a USC Hematopathologist, and Dr. Koss, a USC Pulmonologist and Nephrologist, at separate times to review selected slides from this case.

Dr. Brynes reviewed the vertebral bone marrow and the slides that contain thrombi. His evaluation is as follows:

1. Bone marrow is hypercellular, with a left-shifted granulocytic hyperplasia. Megakaryocytes are normal to possibly slightly decreased. Bone trabeculae are thin for age. Eosinophilic cell line is borderline increased. Red cell precursors are probably present within normal numbers, although erythroid islands are absent. Impression is that of a long-standing anemia; given her age and the clinical history of a hypochromic, microcytic anemia, iron deficiency anemia is the most likely anemia involved. While the number of normoblasts is most likely within normal limits, it is not possible to evaluate the growth and division of this cell line, which may be decreased. Since there is no evidence of active bleeding at autopsy, this most likely represents a steady state iron deficiency. The most likely cause of the decedent's extremely low hematocrit is heavy periods.
2. The thrombus within the meningeal artery has the same configuration as that of the vascular lumen and was most likely formed there; however, a thromboembolus cannot be conclusively ruled out.

Dr. Koss reviewed the lung and kidney slides. His evaluation is as follows:

1. The presence of alveolar exudative membranes suggests that the process has been ongoing for at least several days.

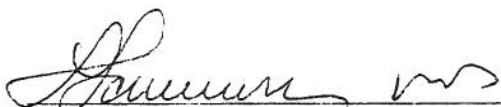
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2. The acute bronchopneumonia is well-developed.
3. Bacteria seen in routine and gram-stained sections most likely represent postmortem overgrowth.
4. In renal slides, the cells of the proximal tubules have irregularly placed nuclei in addition to being somewhat flattened. This suggests some element of acute tubular damage.



LISA A. SCHEININ, M.D.
DEPUTY MEDICAL EXAMINER

2/3/10
DATE

LAS:mtm:c
D-1/14/10
T-1/25/10

AUTOPSYFILES.ORG

COUNTY OF LOS ANGELES

MICROSCOPIC REPORT

DEPARTMENT OF CORONER

14

I performed a microscopic examination on →

at THE DEPARTMENT OF CORONER

Los Angeles, California

2009-08735

MURPHY-MONJACK,
BRITTANY

01/06/2010

Supplemental Microscopic Report: Special stains

Sections submitted:

- Iron stain on vertebral bone marrow (slide 3)
- Tissue gram stains on slides 1,9,13 and 15

Iron stain: Iron stain on bone marrow is completely negative, showing no evidence of iron deposition either extracellularly or intracellularly.

Gram stain: Gram stains on the right ventricular apex and its adherent thrombus (slide #13), the cardiac thrombus (slide 1), and cerebral hemispheres (slide 15) are negative. Gram stain on right lung (slide 9) shows apparent mixed gram-positive flora, both cocci and bacilli, within alveoli. Distribution is suggestive of postmortem overgrowth. The possible bacterial cocci seen within a blood vessel in the routinely stained section are not identified in this section.



LISA A. SCHEININ, M.D.
DEPUTY MEDICAL EXAMINER

2/3/10
DATE

LAS:mtm:c
D-1/14/10
T-1/25/10

COUNTY OF LOS ANGELES

MICROSCOPIC REPORT

DEPARTMENT OF CORONER

14I performed a microscopic examination on
12/30/09 →

2009-08735

MURPHY-MONJACK,
BRITTANY

at THE DEPARTMENT OF CORONER

Los Angeles, California

MICROSCOPIC DESCRIPTION

Sections submitted:

1. Appendix (cross and longitudinal sections), uterus, thrombus from heart
2. Abdominal lymph nodes (2 sections), rectum, left kidney
3. Vertebral bone marrow
4. Right kidney, pancreatic lymph nodes (2 sections), thyroid
5. Spleen, epiglottis
6. Liver, pancreas, gallbladder
7. Gastrointestinal tract, random sections (stomach, duodenum, jejunum, ileum, colon)
8. Left lung (3 sections)
9. Right lung (4 sections)
10. Heart: right ventricle, posterior left ventricle
11. Heart: septum, anterior-septal left ventricle, left atrial appendage
12. Sinoatrial node area, Bundle of His area
13. Apical right ventricle
14. Apical right ventricle
15. Frontal and occipital cerebral cortex
16. Right basal ganglia
17. Cerebellum

Heart: Right ventricle, septum, posterior left ventricle, anterior-septal left ventricle and the sinoatrial node area are all unremarkable except for mild to moderate interstitial edema; sinoatrial node area also shows mild fatty infiltration. The myocardium in the vicinity of the Bundle of His shows minimal focal basophilic degeneration of a few septal myocytes, but is otherwise unremarkable. A portion of the mitral valve attached to this section shows no vegetations; the valve itself is mildly fibrotic.

Section of the left atrial appendage shows unremarkable myocardium with a thrombus interdigitating with the endocardium but not adherent to it. The thrombus itself contains a large number of erythrocytes and neutrophils, which appear to form separate layers; it appears to be antemortem.

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suggestive of postmortem overgrowth. However, sheets of what appear to be bacterial cocci are noted in one small blood vessel within the right lung.

Epiglottis: Small number of submucosal lymphocytes; otherwise unremarkable.

Liver: Fatty change is absent. A few hepatocytes show erythrophagia. There is mild to moderate hepatocellular cholestasis. Mild vacuolization of hepatocytes is noted. Portal areas are unremarkable.

Gallbladder: Gallbladder wall is diffusely and severely autolyzed; no abnormality is identified.

Pancreas: Sections reveal interstitial edema and minimal fatty infiltration. Exocrine and endocrine portions are unremarkable.

Stomach: Basilar lamina propria contains a few lymphocytes, plasma cells and rare eosinophils. Section is otherwise unremarkable.

Small bowel: The duodenum, jejunum and ileum all contain mild to moderate infiltrates of neutrophils in the basilar lamina propria; jejunum and ileum also contain foci of mildly to moderately elevated eosinophils.

Colon: Lamina propria contains a moderate to focally severe increase in eosinophils; neutrophils are present but very rare. There is occasional prominent vascular dilatation and congestion.

Appendix: Essentially unremarkable; few eosinophils in lamina propria.

Kidneys: Both kidneys show similar findings. Medullary areas show vascular congestion. Cortical areas show abundant flocculent material within tubular lumina and the glomerular space. The proximal tubular cells appear somewhat flattened. Glomeruli and blood vessels are unremarkable.

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Spleen: There is a borderline to mild increase in neutrophils in several areas. Parenchymal erythrocytes are decreased.

Lymph nodes: Abdominal lymph nodes show mild sinus histiocytosis. One of two abdominal lymph nodes contains foci in which neutrophils are mildly increased. Pancreatic lymph nodes contain numerous active-appearing germinal centers. A mild increase in neutrophils is noted in interfollicular areas.

Vertebral bone marrow: Bone marrow is hypercellular, and there is prominent granulocytic hyperplasia. Myelocytes are abundant, indicating a mild shift to the left. Megakaryocytes appear adequate, although many appear somewhat small. Erythroid precursors are present and appear adequate in numbers, although erythroid elements are rather scattered throughout the bone marrow and do not form well-defined erythropoietic islands. The myeloid/erythroid ratio appears within normal limits in most areas; in rare areas, it appears very mildly increased.

The eosinophilic cell line is present in normal to mildly increased numbers. A few macrophages contain phagocytosed erythrocytes. Bony trabeculae appear somewhat thin for age. A rare small lymphoid aggregate is present within the bone marrow.

Thyroid gland: Lymphoid follicles are unremarkable. A few small lymphoid aggregates are present, one containing a germinal center. There is focal, mild interstitial fibrosis towards the periphery of the gland.

Uterus: There are no myometrial lesions. Vascular dilatation and congestion is noted in both the myometrium and endometrium. Within the endometrium, there are a few spiral glands; surface endometrium is largely absent. There are a few small foci of hemorrhage within the superficial stroma. Stroma also contains a few lightly pigmented macrophages.

Central nervous system: Sections from right basal ganglia and cerebellum are unremarkable. Sections from frontal and occipital lobes reveal an essentially unremarkable cerebral cortex. A few

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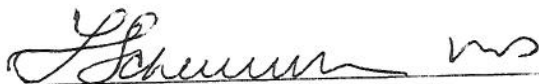
small parenchymal and meningeal blood vessels contain fibrin thrombi, and one small meningeal artery contains a nonadherent thrombus consisting of erythrocytes, neutrophils and fibrin.

DIAGNOSES:

1. Acute bronchopneumonia, moderate to severe, bilateral.
2. Adult Respiratory Distress Syndrome with diffuse alveolar damage, moderate, multifocal, right and left lungs.
3. Acute duodenitis, jejunitis, and ileitis, mild to moderate.
4. Acute splenitis and lymphadenitis, mild.
5. Hypercellular bone marrow with granulocytic hyperplasia and absence of well-defined erythropoietic islands (see note).
6. Antemortem thrombi, left atrial appendage, right ventricular apex, cerebral leptomeninges (see note).
7. Possible menstrual endometrium.
8. Fibrosis, mild, mitral valve.

NOTES:

1. The absence of well-defined erythropoietic islands in the bone marrow is suggestive of a decrease in cell division and proliferation of this cell line.
2. No definite infectious organisms are identified; organisms noted in lungs may represent postmortem bacterial overgrowth. Special stains have been requested; please refer to separate report.
3. It is not possible to determine whether the thrombus in the cerebral meninges represents a thromboembolus, or whether it was formed locally.



LISA A. SCHEININ, M.D.
DEPUTY MEDICAL EXAMINER

2/3/10
DATE

LAS:mtm:c
D-1/14/10
T-1/22/10

Microbiology Results

ATT: Penmz

Time of report: 01/14/2010 09:58

MURPHY, BRITTANY (CC-200908735)
Date of birth: 11/10/1977 (32Y)
SSN:

Sex: F

Hospital ID: LAC
Location: CCT448332 Collection D/T: 12/21/2009 1130 Receive D/T: 12/22/2009 0809
FUNBX:Transport Time: UNKNOWN hours
Requisition No:

Order Location: CC

AD Diagnosis:

AD Comment:

Attending Phys: UNK

FUNGAL CULTURE, BIOPSY

SETUP D/T:

SPECIMEN DESCRIPTION

SPECIAL REQUESTS

DIRECT EXAM

CULTURE

REPORT STATUS

12/22/2009 11:38

AUTOPSY

HEART

KOH PREP No fungi seen

Rhodotorula mucilaginosa

Candida parapsilosis

PENDING

(100206)

(100206) (LA)

(100206) (LA)

(100206) (LA)

(100977) (LA)

END OF REPORT

DEPARTMENT OF
CORONER DOCUMENT
AUTOPSYFILES.ORG

LAC + USC Medical Center
1200 N. State St., Los Angeles, CA 90033
Ira A. Shulman, M.D., Director, Laboratories & Pathology
01/27/2010 07:00

Page: 1

T448332 COLL: 12/21/2009 1130 REC: 12/22/2009 0809 PHYS: UNKNOWN, PHYSICIAN
FUNGAL CULTURE, BIOP FINAL 01/26/2010

MICRO LAB SETUP: 12222009 1138

SPECIMEN DESCRIPTION: AUTOPSY

SPECIAL REQUESTS: HEART

DIRECT EXAM: **KOH PREP** No fungi seen

CULTURE: Rhodotorula mucilaginosa
Candida parapsilosis

DEPARTMENT OF
CORONER DOCUMENT

END OF REPORT

ACCOUNT #: 9068

C O N F I D E N T I A L
SUMMARY REPORT

MURPHY, BRITTANY
CC-200908735
CC CORONERS CASE
F 11/10/1977

LAC + USC Medical Center
1200 N. State St., Los Angeles, CA 90033
Ira A. Shulman, M.D., Director, Laboratories & Pathology
12/25/2009 07:00

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M298928 COLL: 12/21/2009 1130 REC: 12/21/2009 2101 PHYS: UNKNOWN, PHYSICIAN
BIOPSY CULTURE FINAL 12/24/2009

MICRO LAB SETUP: UNKNOWN UNKNOWN

SPECIMEN DESCRIPTION:

SPECIAL REQUESTS:

AUTOPSY

HEART

GRAM STAIN: <1+ POLYMORPHONUCLEAR LEUKOCYTES
<1+ GRAM NEGATIVE RODS

CULTURE: 2+ Escherichia coli
2+ Staphylococcus aureus - Oxacillin Resistant
(ORSA)
1+ Streptococcus agalactiae (Group B)

SUSCEPTIBILITY (KB)

2+ Staphylococcus aureus - Oxacillin Resistant (ORSA)

ANTIBIOTIC

INTERPRETATION

Oxacillin

Resistant

T448306 COLL: 12/21/2009 1000 REC: 12/22/2009 2028 PHYS: UNKNOWN, PHYSICIAN
RESPIRATORY PNL, VIR FINAL 12/24/2009

MICRO LAB SETUP: UNKNOWN UNKNOWN

SPECIMEN DESCRIPTION:

NASAL

SPECIAL REQUESTS:

SPECIMEN RECEIVED ON ICE.

CULTURE: NO VIRUS ISOLATED IN TISSUE CULTURE.
Interpret results with caution if specimen is not
received on ice.

M298901 COLL: 12/21/2009 0940 REC: 12/21/2009 2056 PHYS: UNKNOWN, PHYSICIAN
BLOOD CULTURE - AERO FINAL 12/24/2009

MICRO LAB SETUP: 12212009 2058

SPECIMEN DESCRIPTION:

BLOOD

SPECIAL REQUESTS:

NONE

CULTURE: Staphylococcus aureus - Oxacillin Resistant (ORSA)
Diphtheroids

<< CONTINUED ON NEXT PAGE >>

CONTINUED

ACCOUNT #: 9068

C O N F I D E N T I A L
SUMMARY REPORT

MURPHY, BRITTANY
CC-200908735
CC CORONERS CASE
F 11/10/1977

12/28/09

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1200 N. State St., Los Angeles, CA 90033
Ira A. Shulman, M.D., Director, Laboratories & Pathology
12/25/2009 07:00

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<< ACC. NO: M298901 - CONTINUED FROM PREVIOUS PAGE >>

M298901 COLL: 12/21/2009 0940 REC: 12/21/2009 2056 PHYS: UNKNOWN, PHYSICIAN
BLOOD CULTURE - AERO FINAL 12/24/2009

MICRO LAB SETUP: 12212009 2058

SPECIMEN DESCRIPTION: BLOOD
SPECIAL REQUESTS: NONE

SUSCEPTIBILITY (KB)

Staphylococcus aureus - Oxacillin Resistant (ORSA)

ANTIBIOTIC INTERPRETATION

Oxacillin

Resistant

M298902 COLL: 12/21/2009 0940 REC: 12/21/2009 2056 PHYS: UNKNOWN, PHYSICIAN
BLOOD CULTURE - ANAE FINAL 12/24/2009

MICRO LAB SETUP: 12212009 2058

SPECIMEN DESCRIPTION: BLOOD
SPECIAL REQUESTS: NONE

CULTURE: Diphtheroids

M298932 COLL: 12/21/2009 0930 REC: 12/21/2009 2106 PHYS: UNKNOWN, PHYSICIAN
WOUND CULT, AEROBIC *** PRELIMINARY ***

MICRO LAB SETUP: UNKNOWN UNKNOWN

SPECIMEN DESCRIPTION: AUTOPSY
SPECIAL REQUESTS: PLEURA

GRAM STAIN: Cell debris
NO ORGANISMS SEEN

CULTURE: Specimen received. Culture in progress.

DEPARTMENT OF
CORONER DOCUMENT

END OF REPORT

ACCOUNT #: 9068

C O N F I D E N T I A L
SUMMARY REPORT

MURPHY, BRITTANY
CC-200908735
CC CORONERS CASE
F 11/10/1977

12/25/09

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1200 N. State St., Los Angeles, CA 90033
Ira A. Shulman, M.D., Director, Laboratories & Pathology
12/26/2009 07:00

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T448332 COLL: 12/21/2009 1130 REC: 12/22/2009 0809 PHYS: UNKNOWN, PHYSICIAN
FUNGAL CULTURE, BIOP *** PRELIMINARY ***

MICRO LAB SETUP: 12222009 1138

SPECIMEN DESCRIPTION: AUTOPSY
SPECIAL REQUESTS: HEART

DIRECT EXAM: **KOH PREP** No fungi seen

CULTURE: YEAST - Identification to follow

M298901 COLL: 12/21/2009 0940 REC: 12/21/2009 2056 PHYS: UNKNOWN, PHYSICIAN
BLOOD CULTURE - AERO FINAL 12/25/2009

MICRO LAB SETUP: 12212009 2058

SPECIMEN DESCRIPTION: BLOOD
SPECIAL REQUESTS: NONE

CULTURE: Staphylococcus aureus - Oxacillin Resistant (ORSA)
Lactobacillus species CORRECTED ON 12/25 AT 1131:
PREVIOUSLY REPORTED AS Diphtheroids

SUSCEPTIBILITY (KB)

Staphylococcus aureus - Oxacillin Resistant (ORSA)
ANTIBIOTIC INTERPRETATION

Oxacillin

Resistant

M298902 COLL: 12/21/2009 0940 REC: 12/21/2009 2056 PHYS: UNKNOWN, PHYSICIAN
BLOOD CULTURE - ANAE FINAL 12/25/2009

MICRO LAB SETUP: 12212009 2058

SPECIMEN DESCRIPTION: BLOOD
SPECIAL REQUESTS: NONE

CULTURE: Lactobacillus species CORRECTED ON 12/25 AT 1132:
PREVIOUSLY REPORTED AS Diphtheroids

DEPARTMENT OF
CORONER DOCUMENT

CONTINUED

ACCOUNT #: 9068

C O N F I D E N T I A L
SUMMARY REPORT

MURPHY, BRITTANY
CC-200908735
CC CORONERS CASE
F 11/10/1977

LF 12/25/09

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1200 N. State St., Los Angeles, CA 90033
Ira A. Shulman, M.D., Director, Laboratories & Pathology
12/26/2009 07:00

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M298932 COLL: 12/21/2009 0930 REC: 12/21/2009 2106 PHYS: UNKNOWN, PHYSICIAN
WOUND CULT, AEROBIC *** PRELIMINARY ***

MICRO LAB SETUP: UNKNOWN UNKNOWN

SPECIMEN DESCRIPTION: AUTOPSY

SPECIAL REQUESTS: PLEURA

GRAM STAIN: Cell debris
NO ORGANISMS SEEN

CULTURE: GRAM POSITIVE RODS - Identification to follow

AUTOPSYFILES.ORG

DEPARTMENT OF
CORONER'S OFFICE

END OF REPORT

ACCOUNT #: 9068

CONFIDENTIAL
SUMMARY REPORT

MURPHY, BRITTANY
CC-200908735
CC CORONERS CASE
F 11/10/1977

12/25/09

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1200 N. State St., Los Angeles, CA 90033
Ira A. Shulman, M.D., Director, Laboratories & Pathology
12/27/2009 07:00

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M299049 COLL: 12/21/2009 1035 REC: 12/21/2009 2201 PHYS: UNKNOWN, PHYSICIAN
STOOL CULTURE FINAL 12/26/2009
MICRO LAB SETUP: UNKNOWN UNKNOWN

SPECIMEN DESCRIPTION: STOOL
SPECIAL REQUESTS: NONE

CULTURE: NO SALMONELLA, SHIGELLA, YERSINIA, OR
CAMPYLOBACTER ISOLATED.

M298932 COLL: 12/21/2009 0930 REC: 12/21/2009 2106 PHYS: UNKNOWN, PHYSICIAN
WOUND CULT, AEROBIC FINAL 12/26/2009
MICRO LAB SETUP: UNKNOWN UNKNOWN

SPECIMEN DESCRIPTION: AUTOPSY
SPECIAL REQUESTS: PLEURA

GRAM STAIN: Cell debris
NO ORGANISMS SEEN

CULTURE: Lactobacillus species - Susceptibility routinely
NOT done

END OF REPORT

ACCOUNT #: 9068

C O N F I D E N T I A L
SUMMARY REPORT

MURPHY, BRITTANY
CC-200908735
CC CORONERS CASE
F 11/10/1977

JF 12/28/09

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1200 N. State St., Los Angeles, CA 90033
Ira A. Shulman, M.D., Director, Laboratories & Pathology
01/06/2010 07:00

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T451610 Coll: 12/21/2009 10:40 Rec: 12/22/2009 13:11 Phys: ILLEGIBLE, PHYSICIAN
Result Reference Range Units

Viral Culture and Identific

Specimen Description

STOOL ENTVC, ADEVC

CORRECTED ON 12/22 AT 1321: PREVIOUSLY REPORTED AS STOOL CORRECTED ON
12/22 AT 1319: PREVIOUSLY REPORTED AS STOOL[AEDVC CORRECTED ON 12/22 AT
1315: PREVIOUSLY REPORTED AS STOOL

Status

PRELIMINARY

Culture and Identification

NO VIRUS ISOLATED

(NOTE)

Performed at Focus Diagnostics, 5785 Corporate Avenue,
Cypress, CA
90630, Dr. Alfred Lui, MD., Director, CLIA 05D0644251

DEPARTMENT OF
CORONER DOCUMENT

END OF REPORT

ACCOUNT #: 9068

C O N F I D E N T I A L
SUMMARY REPORT

MURPHY, BRITTANY
CC-200908735
CC CORONERS CASE
F 11/10/1977

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LAC + USC Medical Center
1200 N. State St., Los Angeles, CA 90033
Ira A. Shulman, M.D., Director, Laboratories & Pathology
12/31/2009 07:00

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T448297 Coll: 12/21/2009 10:35 Rec: 12/22/2009 08:06 Phys: UNKNOWN, PHYSICIAN
Result Reference Range Units

Ova and Parasites, Stool Co
Trichrome (1)

SEE NOTE
(NOTE)

{Q3}

OVA AND PARASITES, STOOL CONC AND PERM SMEAR

MICRO NUMBER: 91625194
TEST STATUS: FINAL
SPECIMEN SOURCE: STOOL
SPECIMEN COMMENTS: ADEQUATE
CONCENTRATION 1: NO OVA OR PARASITES SEEN
TRICHROME 1: NO OVA OR PARASITES SEEN

Test performed at QUEST DIAGNOSTICS-WEST HILLS
8401 FALLBROOK AVENUE
WEST HILLS, CA 91304-3226
Director: LEE H. HILBORNE, MD

Concentrate (1) PENDING

{Q3} = Performed by: Quest Diagnostics, 8401 Fallbrook Ave., West Hills, CA
91304; Lee H. Hilborne, MD, Director

DEPARTMENT OF
CORONER DOCUMENT

END OF REPORT

ACCOUNT #: 9068

C O N F I D E N T I A L
SUMMARY REPORT

MURPHY, BRITTANY
CC-200908735
CC CORONERS CASE
F 11/10/1977

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1200 N. State St., Los Angeles, CA 90033
Ira A. Shulman, M.D., Director, Laboratories & Pathology
12/23/2009 07:00

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M299699 COLL: 12/21/2009 1040 REC: 12/21/2009 1957 PHYS: UNKNOWN, PHYSICIAN
ROTAVIRUS ANTIGEN FINAL 12/22/2009

MICRO LAB SETUP: UNKNOWN UNKNOWN

SPECIMEN DESCRIPTION: STOOL
SPECIAL REQUESTS: SPECIMEN RECEIVED ON ICE.

RESULT: Rotavirus Antigen not detected.

M298901 COLL: 12/21/2009 0940 REC: 12/21/2009 2056 PHYS: UNKNOWN, PHYSICIAN
BLOOD CULTURE - AERO *** PRELIMINARY ***

MICRO LAB SETUP: 12212009 2058

SPECIMEN DESCRIPTION: BLOOD
SPECIAL REQUESTS: NONE

CULTURE: GRAM POSITIVE COCCI - Identification to follow
GRAM POSITIVE RODS - Identification to follow

M298902 COLL: 12/21/2009 0940 REC: 12/21/2009 2056 PHYS: UNKNOWN, PHYSICIAN
BLOOD CULTURE - ANAE *** PRELIMINARY ***

MICRO LAB SETUP: 12212009 2058

SPECIMEN DESCRIPTION: BLOOD
SPECIAL REQUESTS: NONE

CULTURE: GRAM POSITIVE RODS - Identification to follow

M298932 COLL: 12/21/2009 0930 REC: 12/21/2009 2106 PHYS: UNKNOWN, PHYSICIAN
WOUND CULT, AEROBIC *** PRELIMINARY ***

MICRO LAB SETUP: UNKNOWN UNKNOWN

SPECIMEN DESCRIPTION: AUTOPSY
SPECIAL REQUESTS: PLEURA

GRAM STAIN: Cell debris
NO ORGANISMS SEEN

CULTURE: NO GROWTH AT 24 HRS.

DEPARTMENT OF
CORONER DOCUMENT

END OF REPORT

ACCOUNT #: 9068

C O N F I D E N T I A L
SUMMARY REPORT

MURPHY, BRITTANY
CC-200908735
CC CORONERS CASE
F 11/10/1977

LAC + USC Medical Center
1200 N. State St., Los Angeles, CA 90033
Ira A. Shulman, M.D., Director, Laboratories & Pathology
12/23/2009 07:00

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M298928 COLL: 12/21/2009 1130 REC: 12/21/2009 2101 PHYS: UNKNOWN, PHYSICIAN
BIOPSY CULTURE *** PRELIMINARY ***

MICRO LAB SETUP: UNKNOWN UNKNOWN

SPECIMEN DESCRIPTION: AUTOPSY
SPECIAL REQUESTS: HEART

GRAM STAIN: <1+ POLYMORPHONUCLEAR LEUKOCYTES
<1+ GRAM NEGATIVE RODS

CULTURE: 2+ GRAM NEGATIVE RODS - Identification to follow
2+ Staphylococcus species - Identification to follow

T448101 COLL: 12/21/2009 1130 REC: 12/22/2009 0744 PHYS: UNKNOWN, PHYSICIAN
AFB CULTURE, WOUND *** PRELIMINARY ***

MICRO LAB SETUP: 12222009 1420

SPECIMEN DESCRIPTION: HEART
SPECIAL REQUESTS: SWAB

AFB STAIN: **AURAMINE-RHODAMINE STAIN** No acid fast
bacilli seen
Negative results obtained from specimens
submitted on swabs are not reliable.

CULTURE: PENDING

T448332 COLL: 12/21/2009 1130 REC: 12/22/2009 0809 PHYS: UNKNOWN, PHYSICIAN
FUNGAL CULTURE, BIOP *** PRELIMINARY ***

MICRO LAB SETUP: 12222009 1138

SPECIMEN DESCRIPTION: AUTOPSY
SPECIAL REQUESTS: HEART

DIRECT EXAM: **KOH PREP** No fungi seen

CULTURE: PENDING

DEPARTMENT OF
CORONER DOCUMENT

CONTINUED

ACCOUNT #: 9068

C O N F I D E N T I A L
SUMMARY REPORT

MURPHY, BRITTANY
CC-200908735
CC CORONERS CASE
F 11/10/1977

LAC + USC Medical Center
1200 N. State St., Los Angeles, CA 90033
Ira A. Shulman, M.D., Director, Laboratories & Pathology
01/12/2010 07:00

Page: 1

T448101 COLL: 12/21/2009 1130 REC: 12/22/2009 0744 PHYS: UNKNOWN, PHYSICIAN
AFB CULTURE, WOUND *** PRELIMINARY ***

MICRO LAB SETUP: 12222009 1420

SPECIMEN DESCRIPTION: HEART

SPECIAL REQUESTS: SWAB

AFB STAIN: **AURAMINE-RHODAMINE STAIN** No acid fast
bacilli seen
Negative results obtained from specimens
submitted on swabs are not reliable.

CULTURE: NO ACID FAST BACILLI ISOLATED AFTER 2 WEEKS

END OF REPORT

ACCOUNT #: 9068

C O N F I D E N T I A L
SUMMARY REPORT

MURPHY, BRITTANY
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Ira A. Shulman, M.D., Director, Laboratories & Pathology
01/13/2010 07:00

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T451610 Coll: 12/21/2009 10:40 Rec: 12/22/2009 13:11 Phys: ILLEGIBLE, PHYSICIAN
Result Reference Range Units

Viral Culture and Identific
Specimen Description

STOOL ENTVC, ADEVC
CORRECTED ON 12/22 AT 1321: PREVIOUSLY REPORTED AS STOOL CORRECTED ON
12/22 AT 1319: PREVIOUSLY REPORTED AS STOOL[AEDVC CORRECTED ON 12/22 AT
1315: PREVIOUSLY REPORTED AS STOOL

Status

FINAL
CORRECTED ON 01/12 AT 1649: PREVIOUSLY REPORTED AS PRELIMINARY

Culture and Identification

NO VIRUS ISOLATED
(NOTE)

Performed at Focus Diagnostics, 5785 Corporate Avenue,
Cypress, CA
90630, Dr. Alfred Lui, MD., Director, CLIA 05D0644251

DEPARTMENT OF
CORONER DOCUMENT

END OF REPORT

MURPHY, BRITTANY
CC-200908735
CC CORONERS CASE
F 11/10/1977

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ACCOUNT #: 9068

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SUMMARY REPORT

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Ira A. Shulman, M.D., Director, Laboratories & Pathology
12/22/2009 07:00

Page: 1

M298928 COLL: 12/21/2009 1130 REC: 12/21/2009 2101 PHYS: UNKNOWN, PHYSICIAN
BIOPSY CULTURE *** PRELIMINARY ***

MICRO LAB SETUP: UNKNOWN UNKNOWN

SPECIMEN DESCRIPTION: AUTOPSY

SPECIAL REQUESTS: HEART

GRAM STAIN: <1+ POLYMORPHONUCLEAR LEUKOCYTES

<1+ GRAM NEGATIVE RODS

CULTURE: PENDING

M298831 COLL: 12/21/2009 1000 REC: 12/21/2009 2028 PHYS: ILLEGIBLE, PHYSICIAN
INFLUENZA A&B ANTIGE FINAL 12/21/2009

MICRO LAB SETUP: UNKNOWN UNKNOWN

SPECIMEN DESCRIPTION: NASAL

SPECIAL REQUESTS: SPECIMEN RECEIVED ON ICE.

RESULT: Influenza A and B Antigens not detected. The published sensitivity of this test for Influenza A virus is 80% for seasonal H1N1, 80% for seasonal H3N2, and 69% for novel H1N1 strains. Therefore, patient management decision should be made on clinical grounds rather than on the results of the antigen test alone. Respiratory viral cultures will be set up automatically for ICU patients whose rapid antigen test results are negative. RESPIRATORY VIRAL CULTURE FOR ALL OTHER INPATIENTS AND OUTPATIENTS MAY BE ORDERED ON SPECIMENS WITH NEGATIVE RESULTS BY CALLING X97012.

M298932 COLL: 12/21/2009 0930 REC: 12/21/2009 2106 PHYS: UNKNOWN, PHYSICIAN
WOUND CULT, AEROBIC *** PRELIMINARY ***

MICRO LAB SETUP: UNKNOWN UNKNOWN

SPECIMEN DESCRIPTION: AUTOPSY

SPECIAL REQUESTS: PLEURA

GRAM STAIN: Cell debris
NO ORGANISMS SEEN

<< CONTINUED ON NEXT PAGE >>

CONTINUED

ACCOUNT #: 9068

C O N F I D E N T I A L
SUMMARY REPORT

MURPHY, BRITTANY
CC-200908735
CC CORONERS CASE
F 11/10/1977

DEPARTMENT OF
CORONER DOCTOR

Scheinin

Sec.
note

LAC + USC Medical Center
1200 N. State St., Los Angeles, CA 90033
Ira A. Shulman, M.D., Director, Laboratories & Pathology
12/22/2009 07:00

<< ACC. NO: M298932 - CONTINUED FROM PREVIOUS PAGE >>

Page: 2

M298932 COLL: 12/21/2009 0930
WOUND CULT, AEROBICREC: 12/21/2009 2106 PHYS: UNKNOWN, PHYSICIAN
*** PRELIMINARY ***

MICRO LAB SETUP: UNKNOWN UNKNOWN

SPECIMEN DESCRIPTION:

AUTOPSY

SPECIAL REQUESTS:

PLEURA

CULTURE: PENDING

JF 12/23/09

DEPARTMENT OF
CORONER DOCUMENT

END OF REPORT

ACCOUNT #: 9068

MURPHY, BRITTANY
CC-200908735
CC CORONERS CASE
F 11/10/1977CONFIDENTIAL
SUMMARY REPORT

Schelmini

COUNTY OF LOS ANGELES

MEDICAL REPORT

DEPARTMENT OF CORONER

15

AUTOPSY CLASS: ☒ A ☐ B ☐ C ☐ Examination Only D☐ FAMILY OBJECTION TO AUTOPSYDate: 12/21/09 Time: 0940 Dr. SCHENIN
(Print)FINAL ON: 2/3/10 By: SCHENIN
(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 Pneumonia

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:

Iron Deficiency Anemia, Multiple Drug Intoxication☐ NATURAL☐ SUICIDE☐ HOMICIDE☒ ACCIDENT☐ COULD NOT BE DETERMINEDIf other than natural causes,
HOW DID INJURY OCCUR?Drug intake 12/23/10
ingestion + probable inhalationWAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: ☐ YES ☒ NO

TYPE OF SURGERY: _____ DATE: _____

☐ ORGAN PROCUREMENT☐ TECHNICIAN: L Bivens

PREGNANCY IN LAST YEAR

☐ YES ☒ NO☐ UNK☐ NOT APPLICABLE☐ WITNESS TO AUTOPSY☐ EVIDENCE RECOVERED AT AUTOPSYLAPD Holly WoodsDet. S. Brandstetter +Det. C. Gable;Dr. Lakshmanan32 CF collapsed @ home 12/20/09. At hosp, Hgb 3.0,
mcv 64.4, pils 36, wbc 8.5, K 8.6, mg >9.8,
EtOH ND.Exam - No trauma, Heavy lungs. No GI bleed.Perd - Tox, dxs, cxs, consultant reports.Age: 32 Gender: Male ☒ Female

PRIOR EXAMINATION REVIEW BY DME

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

CASE CIRCUMSTANCES

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

TYPING SPECIMEN

TYPING SPECIMEN TAKEN BY: LSSOURCE: heart

TOXICOLOGY SPECIMEN

COLLECTED BY: LS + LB☒ HEART BLOOD☒ STOMACH CONTENTS☒ FEMORAL BLOOD☒ VITREOUS

TECHNIQUE

☐ BLOOD☐ SPLEEN☐ BLOOD☐ KIDNEY☒ BILEpills from stomach☒ LIVER☐☒ URINE9 cultures

URINE GLUCOSE DIPSTICK RESULT: 4+ 3+ 2+ 1+ 0

TOX SPECIMEN RECONCILIATION BY: LS

HISTOLOGY

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

TOXICOLOGY REQUESTS

FORM 3A: ☒ YES ☐ NO☐ NO TOXICOLOGY REQUESTEDSCREEN ☒ C ☐ H ☐ T ☐ S ☐ D☐ ALCOHOL ONLY☐ CARBON MONOXIDE☒ OTHER (Specify drug and tissue)Please ID possible pill
material (if possible)
Fluoxetine

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 ☐ OTHERRESIDENT XDME LS

WHITE - File Copy

CANARY - Forensic Lab

PINK - Certification

GOLDENROD - DME

(Rev 04-09)

<http://www.autopsyfiles.org>

COUNTY OF LOS ANGELES

DEPARTMENT OF CORONER

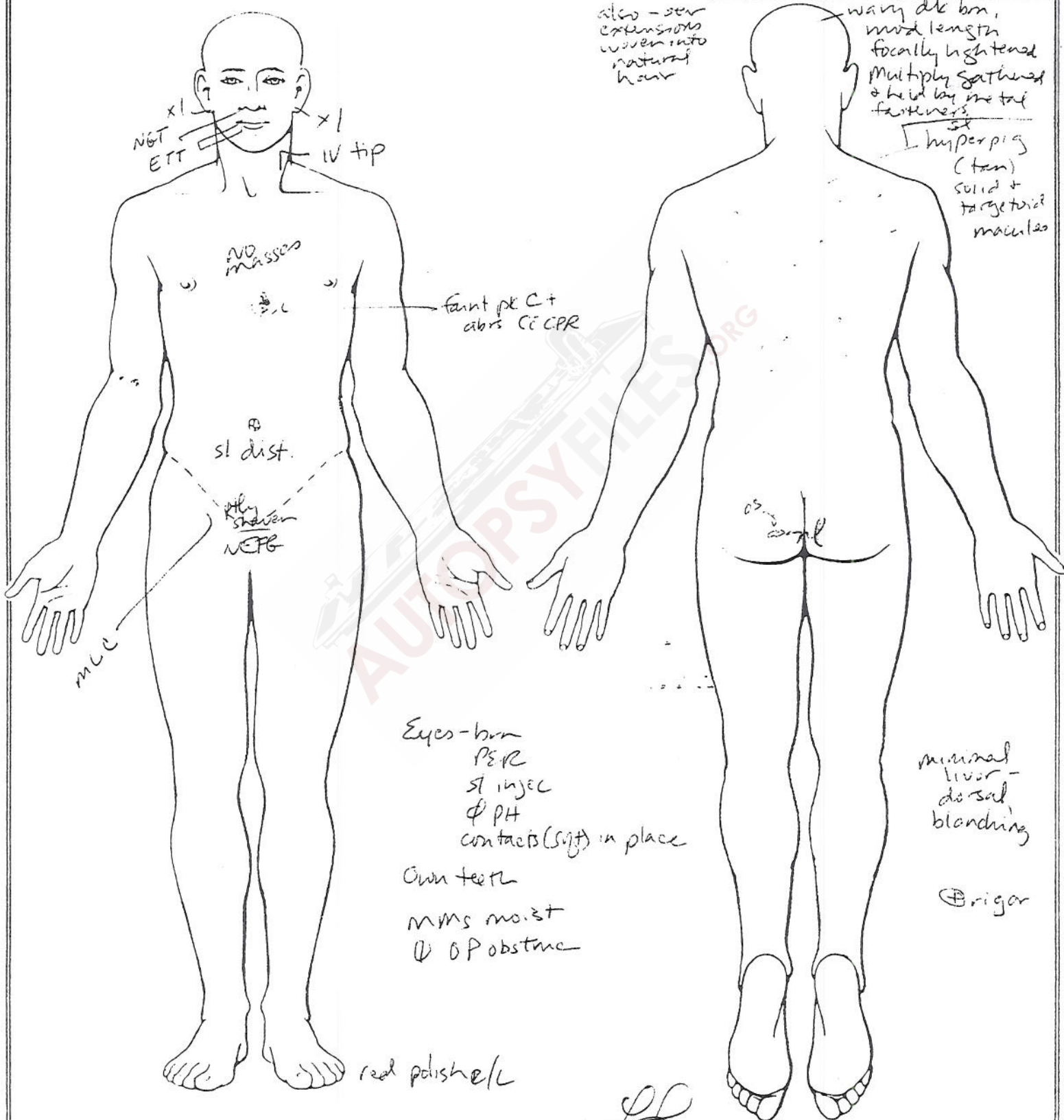
20

Slim but w/ CF No trauma
Pale w/ D

2009-08735
MURPHY, BRITANNY
MAY

SEC

Thin brown liquid @ nares + mouth



[Signature]

Deputy Medical Examiner 12/21/09 M.D.

COUNTY OF LOS ANGELES

MEDICAL EVIDENCE

DEPARTMENT OF CORONER

3A

CASE # 2009-08735
 DECEDENT'S NAME: MURPHY-MONJACK, BRITTANY
 DOD: 12/20/2009
 INCOMING MODE:

Page 1 of 1

| Drug Name | Rx Number | Date of Issue | Number Issued | Number Remaining | Form | Dosage | Rx Directions | Physician | Pharmacy Phone/ Comments |
|---|-----------|---------------|---------------|------------------|---------|-----------|---------------|-----------|--|
| BIAXIN | 1038946 | 9/17/2007 | 30 | 30 | TABLET | 500MG | 2QD | DR. KROOP | RITE AID 323-876-4466 |
| CLARITHROMYCIN | 1180502 | 11/16/2009 | 14 | 14 | TABLET | 500MG | 2CC | DR. KROOP | RITE AID 323-876-4466 |
| FLUOXETINE | 1271537 | 11/17/2009 | 44 | 27 | CAPSULE | 20MG | 2QAM | DR. KROOP | RITE AID 323-876-4466 |
| HYDROCODONE | 0784527 | 12/9/2009 | 120 | 11 | TABLET | 7.5/750MG | 1QID | DR. COHEN | WALGREENS 310-275-2117 |
| KLONOPIN | 1271057 | 12/5/2009 | 60 | 18 | TABLET | 5MG | 1BID | DR. KROOP | RITE AID 323-876-4466 |
| METHYLPREDNISOLONE | 1252010 | 9/10/2009 | 21 | 3 | TABLET | 4MG | N/A | DR. KROOP | RITE AID 323-876-4466 |
| PROPRANOLOL | 1253024 | 9/14/2009 | 100 | 97 | TABLET | 10MG | 1Q6H | DR. KROOP | RITE AID 323-876-4466 |
| TOPAMAX | 1006133 | 5/18/2007 | 180 | 153 | TABLET | 25MG | 1QD | DR. COHEN | RITE AID 323-876-4466 |
| Paraphernalia Description (24) EMPTY PRESCRIPTION MEDICATION BOTTLES FOR THE FOLLOWING MEDICATIONS: PREVACID, CLONAZEPAM, PROPRANOLOL, VICOPROFEN, ZOLPIDEM, CARBAMAZEPINE, KLONOPIN, ATIVAN, AND HYDROCODONE/ICODIN. MSC UNKNOWN VITAMINS. | | | | | | | | | Investigator: JAMES BLACKLOCK (534037) Date: 12/21/2009 |

Los Angeles County Department of Coroner

2009 - 08735

| | |
|---|---|
| CC#: 2009 - 08735 | Inv. Agency: LAPD - HOLLYWOOD |
| Decedent: MURPHY-MONSTACK, BERTTANY | Agency File #: |
| Mode: NATURAL | Agency DR #: |
| HOLD initiated by: on ____ / ____ / 2009 | Inv. Office# Detective: BERNDT # 23627 |
| | HOLD release date: ____ / ____ / 2009 |

[illegible]



Department of Coroner, County of Los Angeles
FORENSIC SCIENCE LABORATORIES
 Laboratory Analysis Summary Report



To: Dr. Scheinin
 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: 2009-08735 Decedent: MURPHY-MONJACK, BRITTANY ANNE

| <u>SPECIMEN</u> | <u>SERVICE</u> | <u>DRUG</u> | <u>LEVEL</u> | <u>UNITS</u> | <u>ANALYST</u> |
|-----------------|-----------------|-------------------|--------------|--------------|----------------|
| Blood, Femoral | | | | | |
| | Bases | Chlorpheniramine | 0.31 | ug/ml | S. DeQuintana |
| | Bases | Fluoxetine | 0.16 | ug/ml | S. DeQuintana |
| | Bases | Norfluoxetine | 0.55 | ug/ml | S. DeQuintana |
| | Bases | Propranolol | <0.20 | ug/ml | S. DeQuintana |
| | Benzodiazepines | Chlordiazepoxide | 0.37 | ug/ml | S. DeQuintana |
| | Benzodiazepines | Diazepam | <0.10 | ug/ml | S. DeQuintana |
| | Benzodiazepines | Nordiazepam | 0.22 | ug/ml | S. DeQuintana |
| | Methamphetamine | Amphetamine | ND | | O. Pleitez |
| | Methamphetamine | Methamphetamine | 0.09 | ug/ml | O. Pleitez |
| | Opiates | Codeine, Free | ND | | D. Anderson |
| | Opiates | Hydrocodone, Free | 0.94 | ug/ml | D. Anderson |
| | Opiates | Morphine, Free | ND | | D. Anderson |
| Blood, Heart | | | | | |
| | Acetaminophen | Acetaminophen | 63 | ug/ml | O. Pleitez |
| | Alcohol | Ethanol | Negative | | S. Brooks |
| | Barbiturate | Barbiturates | ND | | J. Lintemoot |
| | Bases | Chlorpheniramine | 0.45 | ug/ml | S. DeQuintana |
| | Bases | Dextromethorphan | <0.10 | ug/ml | S. DeQuintana |
| | Bases | Fluoxetine | 0.30 | ug/ml | S. DeQuintana |
| | Bases | Hydrocodone | Present | | S. DeQuintana |
| | Bases | Nordiazepam | Present | | S. DeQuintana |
| | Bases | Norfluoxetine | 0.89 | ug/ml | S. DeQuintana |
| | Bases | Phenazopyridine | Present | | S. DeQuintana |
| | Bases | Propranolol | 0.20 | ug/ml | S. DeQuintana |
| | Bases | Zolpidem | ND | | S. DeQuintana |
| | Benzodiazepines | 7-Aminoclonazepam | 38 | ng/ml | S. Brooks |
| | Benzodiazepines | Chlordiazepoxide | 0.26 | ug/ml | S. DeQuintana |
| | Benzodiazepines | Clonazepam | ND | | S. Brooks |

2/2/10

Coroner Case Number: 2009-08735 **Decedent:** MURPHY-MONJACK, BRITTANY ANNE

| <u>SPECIMEN</u> | <u>SERVICE</u> | <u>DRUG</u> | <u>LEVEL</u> | <u>UNITS</u> | <u>ANALYST</u> |
|------------------|------------------|-------------------------|--------------|--------------|-------------------|
| | Benzodiazepines | Diazepam | 0.06 | ug/ml | S. DeQuintana |
| | Benzodiazepines | Lorazepam | 14 | ng/ml | S. DeQuintana |
| | Benzodiazepines | Nordiazepam | 0.25 | ug/ml | S. DeQuintana |
| | Cocaine | Cocaine and Metabolites | ND | | J. Lintemoot |
| | Fentanyl | Fentanyl | ND | | J. Lintemoot |
| | Methamphetamine | Amphetamine | ND | | O. Pleitez |
| | Methamphetamine | Methamphetamine | 0.12 | ug/ml | O. Pleitez |
| | Neutrals | Carbamazepine | ND | | O. Pleitez |
| | Neutrals | Ibuprofen | 20 | ug/ml | O. Pleitez |
| | Neutrals | Topiramate | ND | | O. Pleitez |
| | Opiates | Codeine, Free | ND | | D. Anderson |
| | Opiates | Hydrocodone, Free | 0.66 | ug/ml | D. Anderson |
| | Opiates | Morphine, Free | ND | | D. Anderson |
| | Outside Test | HIV | Done | | B. Waters |
| | Outside Test | Lead | ND | | NMS Labs, Inc. |
| | Outside Test | Methamphetamine | * Done | | NMS Labs, Inc. |
| | Phencyclidine | Phencyclidine | ND | | O. Pleitez |
| | Salicylate | Salicylate | 54 | ug/ml | O. Pleitez |
| Blood, Hospital | | | | | |
| | Methamphetamine | Amphetamine | ND | | O. Pleitez |
| | Methamphetamine | Methamphetamine | 0.11 | ug/ml | O. Pleitez |
| Pills | | | | | |
| | Medical Evidence | ----- | ** | ND | D. Anderson |
| Serum, Hospital | | | | | |
| | Outside Test | *** | Done | | Quest Diagnostics |
| Stomach Contents | | | | | |
| | Bases | Chlorpheniramine | <1.0 | mg | S. DeQuintana |
| | Bases | Dextromethorphan | <1.0 | mg | S. DeQuintana |
| | Bases | Fluoxetine | <1.0 | mg | S. DeQuintana |
| | Bases | Phenazopyridine | Present | | S. DeQuintana |
| | Bases | Propranolol | <1.0 | mg | S. DeQuintana |
| | Opiates | Hydrocodone | <1.0 | mg | D. Anderson |
| Urine | | | | | |
| | Methamphetamine | Amphetamine | 0.36 | ug/ml | O. Pleitez |
| | Methamphetamine | Methamphetamine | >2.0 | ug/ml | O. Pleitez |
| | Phencyclidine | Phencyclidine | ND | | O. Pleitez |

2/2/10 JJ

Coroner Case Number: 2009-08735 **Decedent:** MURPHY-MONJACK, BRITTANY ANNE

| <u>SPECIMEN</u> | <u>SERVICE</u> | <u>DRUG</u> | <u>LEVEL</u> | <u>UNITS</u> | <u>ANALYST</u> |
|-----------------|----------------|-------------|--------------|--------------|----------------|
|-----------------|----------------|-------------|--------------|--------------|----------------|

NOTE: *The Methamphetamine reported in the Heart Blood was detected as the L-isomer form and does NOT indicate use of an illegal drug. **No drugs detected in the 0.538g of white pill fragments removed by the Deputy Medical Examiner from the stomach contents. ***Iron & Iron Binding Capacity performed on Serum, Hospital drawn 12/20/09 @ 1100 hours. Blood, Hospital drawn 12/20/09 @ 0924 hours.

Legend:

| | | | |
|-------|--------------------------|-------|--------------------------|
| % | of total Hgb | ND | Not Detected |
| g% | gram percent (g/100ml) | ng/ml | Nanogram per Milliliter |
| mg | Milligram | ug/g | Microgram per Gram |
| mg/dL | milligrams per deciliter | ug/ml | Microgram per Milliliter |

Administratively reviewed by: Daniel T. Anderson
Supervising Criminalist II
TOXICOLOGY



NMS Labs

CONFIDENTIAL

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 12/25/2009 11:00

Patient Name DOE, JANE
Patient ID 2009-08735
Chain 11110608
Age Not Given
Gender Female
Workorder 09282532

Page 1 of 2

To: 10139

Los Angeles County Coroner Medical Examiner
Attn: Joseph Muto
1104 N. Mission Road
Los Angeles, CA 90033

Positive Findings:

None Detected

See Detailed Findings section for additional information

Testing Requested:

| Analysis Code | Description |
|---------------|-------------|
| 2492B | Lead, Blood |

Specimens Received:

| ID | Tube/Container | Volume/ Mass | Collection Date/Time | Matrix Source | Miscellaneous Information |
|-----|----------------|-----------------|-------------------------|---------------|------------------------------|
| 001 | Clear Vial | 1 mL | 12/23/2009 08:00 | Cardiac Blood | |

All sample volumes/weights are approximations.
Specimens received on 12/24/2009.

CONFIDENTIAL

Workorder 09282532
 Chain 11110608
 Patient ID 2009-08735



Page 2 of 2

Detailed Findings:

Examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

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 2492B - Lead, Blood - Cardiac Blood

-Analysis by Inductively Coupled Plasma/Mass Spectrometry (ICP/MS) for:

| <u>Compound</u> | <u>Rpt. Limit</u> | <u>Compound</u> | <u>Rpt. Limit</u> |
|-----------------|-------------------|-----------------|-------------------|
| Lead | 1.1 mcg/dL | | |

AUTOPSYFILES.ORG

gg 1/24/10
 12/19/09
 v.6



PATIENT INFORMATION
DOE, JANE

REPORT STATUS **FINAL**

ORDERING PHYSICIAN

DOB: AGE:
GENDER: FASTING: U

ID: 2009-08735
PHONE:

CLIENT INFORMATION
W90033076 T224000
EXAMINER OFFICE (CORONER)
FORENSIC LABORATORY
1104 N MISSION RD
LOS ANGELES, CA 90033-1017

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.877.2515

SPECIMEN INFORMATION
SPECIMEN: EN625341S
REQUISITION: 8443664

Hospital Blood - Red Top Serum 12/20/09 1100

COLLECTED: 12/29/2009 12:00 PT
RECEIVED: 12/29/2009 23:23 PT
REPORTED: 12/30/2009 08:14 PT

| Test Name | In Range | Out of Range | Reference Range | Lab |
|---|----------|--------------|-----------------|-----|
| IRON AND TOTAL IRON BINDING CAPACITY | | | | EN |
| IRON, TOTAL | | 21 L | 40-170 mcg/dL | |
| IRON BINDING CAPACITY | | 232 L | 250-450 mcg/dL | |
| % SATURATION | | 9 L | 15-50 % (calc) | |

PERFORMING LABORATORY INFORMATION

EN QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226, Laboratory Director: LEE H. HILBORNE, MD
CLIA: 05D0642827

DOE, JANE - EN625341S

Page 1 - End of Report

Handwritten signature and date:
12/21/09
21/08/10



NMS Labs

CONFIDENTIAL

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 02/02/2010 11:00

Patient Name DOE, JANE
 Patient ID 2009-08735
 Chain 11110641
 Age Not Given
 Gender Not Given
 Workorder 10021586

Page 1 of 2

To: 10139
 Los Angeles County Coroner Medical Examiner
 Attn: Joseph Muto
 1104 N. Mission Road
 Los Angeles, CA 90033

Positive Findings:

| <u>Compound</u> | <u>Result</u> | <u>Units</u> | <u>Matrix Source</u> |
|---------------------------|---------------|--------------|----------------------|
| D/L Methamphetamine Ratio | SEE COMMENT | | Cardiac Blood |

See Detailed Findings section for additional information

Testing Requested:

| <u>Analysis Code</u> | <u>Description</u> |
|----------------------|---------------------------------|
| 0329B | Amphetamines (D/L Ratio), Blood |

Specimens Received:

| <u>ID</u> | <u>Tube/Container</u> | <u>Volume/ Mass</u> | <u>Collection Date/Time</u> | <u>Matrix Source</u> | <u>Miscellaneous Information</u> |
|-----------|-----------------------|-------------------------|---------------------------------|----------------------|--------------------------------------|
| 001 | Clear Vial | 3.5 mL | 01/27/2010 08:00 | Cardiac Blood | |

All sample volumes/weights are approximations.
 Specimens received on 01/28/2010.

Rec'd
 02/02/10
 DS
 v.6



CONFIDENTIAL

Workorder 10021586
Chain 11110641
Patient ID 2009-08735

Page 2 of 2

Detailed Findings:

| Analysis and Comments | Result | Units | Rpt. Limit | Specimen Source | Analysis By |
|--|-------------|-------|------------|---------------------|-------------|
| D/L Methamphetamine Ratio Present in I-form only. | SEE COMMENT | | | 001 - Cardiac Blood | GC/MS |

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. D/L Methamphetamine Ratio - Cardiac Blood:

If the D/L Methamphetamine ratio is greater than 0.13, the Methamphetamine found is probably the result of the use of the DEA Schedule II CNS stimulant (d-methamphetamine).

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.

Workorder 10021586 was electronically signed on 02/02/2010 10:43 by:

Laura M. Labay, Ph.D., DABFT
Forensic Toxicologist

Analysis Summary and Reporting Limits:

Acocode 0329B - Amphetamines (D/L Ratio). Blood - Cardiac Blood

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for:

| Compound | Rpt. Limit | Compound | Rpt. Limit |
|-----------------------|------------|---------------------------|------------|
| D/L Amphetamine Ratio | N/A | D/L Methamphetamine Ratio | N/A |

1524210
Rec'd 02/02/10
4/1
v.3

CASE REPORT

DEPARTMENT OF CORONER

COUNTY OF LOS ANGELES

CASE NO

2009-08735

CRYPT

SEC.

APPARENT MODE

NATURAL

SPECIAL CIRCUMSTANCES

Celebrity, Media Interest

LAST, FIRST MIDDLE

MURPHY-MONJACK, BRITTANY ANNE

AKA

#

CITY

STATE

ZIP

ADDRESS

SEX

RACE
APPEARS
CAUCASIAN

DOB

AGE

HGT

WGT

EYES

HAIR

TEETH

FACIAL HAIR

ID VIEW

CONDITION

FEMALE

CAUCASIAN

11/10/1977

32

65 in.

115 lbs.

BROWN

BROWN

ALL NATURAL
TEETH

NONE

Yes

FAIR

MARK TYPE

MARK LOCATION

MARK DESCRIPTION

NOK

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP
HUSBAND

PHONE

NOTIFIED BY
BY HOSPITAL PERSONNEL
PENDING BY

DATE 12/20/2009 TIME 10:05

ID METHOD

CALIFORNIA DRIVER'S LICENSE

LA #

MAIN #

CII #

FBI #

MILITARY #

POB

IDENTIFIED BY NAME (PRINT)

RELATIONSHIP

PHONE

DATE

TIME

12/20/2009

PHOTO COMPARISON W/CDL

PLACE OF DEATH / PLACE FOUND

ADDRESS OR LOCATION

HOSPITAL

8700 BEVERLY BLVD.

CITY

LOS ANGELES

ZIP

90048

CEDARS-SINAI MEDICAL CENTER

PLACE OF INJURY

AT WORK

DATE

TIME

LOCATION OR ADDRESS

No

DOD

TIME

FOUND OR PRONOUNCED BY

12/20/2009

10:05

DR. CASEY

PHONE

REPORT NO.

NOTIFIED BY

NO

OTHER AGENCY INV. OFFICER

LAPD HOLLYWOOD - DET. BERNDT #23627

(213) 972-2910

TRANSPORTED BY

JULIE M. BISHOP

FINGERPRINTS?

Yes

CLOTHING

Yes

PA RPT

No

MORTUARY

HOSP RPT

Yes

HOSP CHART

Yes

PF NO

200081802

MED. EV

Yes

INVEST. PHOTO #

25

SEAL TYPE

NOT SEALED

PHYS. EV

No

EVIDENCE LOG

Yes

PROPERTY?

No

RCPT NO.

244723

SUICIDE NOTE

No

GSR NO

SYNOPSIS

THE DECEDENT IS A 32-YEAR-OLD WHITE FEMALE WHO WAS DISCOVERED UNRESPONSIVE IN HER BATHROOM BY FAMILY MEMBERS ON 12/20/09. 911 WAS CALLED AND THE DECEDENT WAS TRANSPORTED TO CEDARS-SINAI MEDICAL CENTER WHERE SHE WAS PRONOUNCED DEAD AT 1005 HOURS BY DR. CASEY. THE DECEDENT HAD A MEDICAL HISTORY OF HYPOGLYCEMIA AND MORE RECENTLY COMPLAINTS OF SHORTNESS OF BREATH AND ABDOMINAL PAINS. NO OBVIOUS SIGNS OF EXTERNAL TRAUMA WERE NOTED AND FOUL PLAY IS NOT SUSPECTED.

JAMES BLACKLOCK
534037

JBM

INVESTIGATOR

DATE

12/20/2009

TIME

21:34

REVIEWED BY

[Signature]

DATE

12/20/09

TIME

FORM #3 NARRATIVE TO FOLLOW? ☒



County of Los Angeles, Department of Coroner Investigator's Narrative



Case Number: 2009-08735

Decedent: MURPHY-MONJACK, BRITTANY ANNE

Information Sources:

1. Medical Records – Cedars-Sinai Medical Center, 8700 Beverly Boulevard, Los Angeles, CA 90048.
2. Detective Berndt #23627, Los Angeles Police Department – Hollywood Homicide Bureau, (213) 972-2910.
3. , Decedent's husband,

Investigation:

On 12/20/09 at 1117 hours, Registered Nurse Dallas Pofenroth of the Cedars-Sinai Medical Center called to report this apparent natural death to Sandra Espinoza. Acting Supervisor Selena Barros assigned me this death to investigate at 1230 hours. I responded from the Forensic Science Center and conducted an investigation at the hospital and subsequently at the decedent's residence. I concluded my investigation and departed the scene at 1710 hours. Forensic Attendants Julie Bishop and Ramiro Gonzalez transported the decedent to the Forensic Science Center on 12/20/09 at 1445 hours.

Location:

Location of Incidence: Residence

Location of Death: Cedars-Sinai Medical Center, 8700 Beverly Boulevard, Los Angeles, CA 90048.

Informant/Witness Statements:

Upon my arrival at Cedar-Sinai Medical Center I made contact with hospital staff and obtained the decedent's medical records and admission blood. According to the provided medical records, on 12/20/09 at 0800 hours Los Angeles City Fire Department personnel were dispatched the location of incidence on report of an unresponsive female. Upon arrival, RA 41 paramedics found the decedent in her residence bathroom without signs of life. ALS was initiated and the decedent was transported to the hospital via rescue ambulance. The decedent presented to the emergency room at approximately 0838 hours in full cardiac arrest. Despite all attempts to resuscitate the decedent by the emergency room staff, the decedent was pronounced dead at 1005 hours by Dr. Casey. The decedent had a reported medical history of diabetes. A cause of death was not noted.

I responded to the decedent's residence and made contact with Detective Berndt and she related the following statement. On 12/20/09 Los Angeles Police Department detectives were dispatched to the location of incidence regarding a death investigation. Contact was made with the decedent's husband, , and her mother, . They advised that on 12/20/09 the decedent had been complaining of shortness of breath and severe abdominal pain. At approximately 0730 hours the decedent walked in to her bathroom and closed the door. After approximately 30 minutes the decedent's mother went in to the bathroom and discovered the decedent lying on the floor unresponsive. She yelled for help and the decedent's husband entered the bathroom. She called 911 and the decedent's husband attempted to revive the decedent by placing her in the shower and running the water. The decedent remained unresponsive and purged her stomach contents prior to the arrival of paramedics. They were later advised by hospital staff of the decedent's death. The decedent had a medical history of hypoglycemia and more recently complaints of shortness of breath and abdominal pain. Based on the initial police investigation, foul play is not suspected.

I made contact with the decedent's husband, , while at the scene and he related the following statement. On 12/20/09 at approximately 0730 hours the decedent complained of severe abdominal pain and went to the bathroom. He remained in bed until he heard the