

**METROPOLITAN NASHVILLE AND DAVIDSON COUNTY  
OFFICE OF THE MEDICAL EXAMINER  
84 HERMITAGE AVENUE, NASHVILLE, TN 37210-2110  
(615) 862-8940  
REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER**

State #  
County # 98-0796

DECEDENT: Virginia W Richardson RACE: White SEX: Female AGE: 55 Years

HOME ADDRESS: 4916 Franklin Road ; Nashville TN MARITAL STATUS: Married

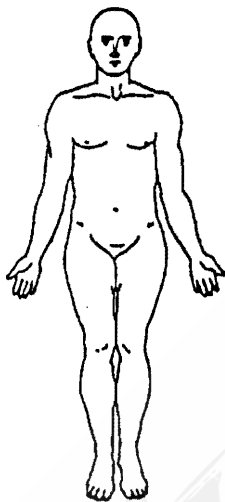
OCCUPATION: Entertainer SS#: DATE OF BIRTH: 05/05/1942

TYPE OF DEATH: Violent ( ) Casualty ( ) Suicide ( ) Suddenly when in apparent health ( )  
Found Dead (X) In Prison ( ) Suspicious, unusual or unnatural ( ) Cremation ( )  
Motor Vehicle Accident ( ) Check One Driver ( ) Passenger ( ) Pedestrian ( ) Unknown ( )  
COMMENT:

AGENCY INVESTIGATOR AND COMPLAINT #: MNPD

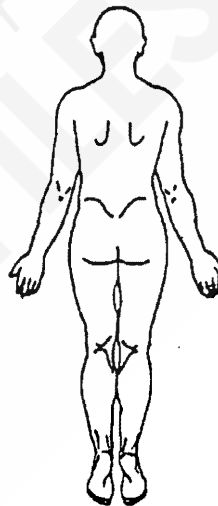
DESCRIPTION OF BODY: Clothed (•) Unclothed ( ) Partly Clothed ( ) Circumcised? ( )  
Eyes: Hair: Blonde Mustache: No Beard: No  
Weight: 100 (Lbs.) Length: 64 (In.) Body Temp: Cold  
Rigor? (•) Lysed? (•) Livor Color Purple Fixed? (•)

**Marks & Wounds**



No acute injuries

Multiple abdominal scars (see autopsy report)



CERTIFIED COPY

Date: 5-21-99

Certified by: *[Signature]*  
Forensic Medical - Metro Davidson  
County Medical Examiner's Office

| Probable Cause of Death   | Manner Of Death  | Disposition Of Case  |
|---|--|--|
| Heart failure with cardiac arrhythmia due to Chronic pulmonary emboli with pulmonary hypertension<br>Contributing Cause:<br>Intestinal dysmotility on chronic pain management | Accident ( ) Homicide ( )<br>Suicide ( ) Natural ( )<br>Could Not Be Determined (•)<br>Pending Investigation ( )<br><br>Cremation Approved ( ) | Medical Examiner Jurisdiction Refused ( )<br>Autopsy Ordered (•)<br>Toxicology (•)<br><br>Responsible For Death Certificate:<br>Medical Examiner ( )<br>Other MD (•) Dr. Wallis Marsh<br><br>Funeral Home: Woodlawn Funeral Home |

I hereby declare that after receiving notice of death described herein, I took charge of the body and made inquiries regarding the cause of death in accordance with Section 38-7-101-117 Tennessee Code Annotated and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

May 21, 1999  
Date

DAVIDSON  
County of Appointment

*[Signature]*  
Signature of County Medical Examiner

Personal History: Suicide Attempts  Suicide Threats  Hobbies, aptitude and skills with firearms, chemicals, etc.   
 Domestic, premarital or marital conflicts  Financial or business reverses  Social or religious conflicts  Legal Difficulties   
 Criminal Record  Unemployment  Fear of disease   
 Other (Specify):

Conduct Before Death: Efforts to prevent help  Efforts to obtain help  Suicide attempt: Admitted  Denied  Refused to talk  Written declaration of intended suicide  Accusations against others   
 Other (Specify):

|      | Last Seen Alive | Injury or Illness | Death      | Discovery  | Medical Examiner Notified | View of Body | Police Notified |
|------|-----------------|-------------------|------------|------------|---------------------------|--------------|-----------------|
| Date | 04/06/1998      | Chronic           | 04/06/1998 | 04/16/1998 | 04/06/1998                | 04/14/1999   | 04/06/1998      |
| Time | Unknown         | Illness           | 19:00      | Unknown    | 21:15:00                  | 08:00:00     | 19:00:00        |

|                                     | Location            | City or County | Type of Premises (hospital, hotel, highway, etc.) |
|-------------------------------------|---------------------|----------------|---|
| Injury or onset of illness          |                     |                |   |
| Death                               | 4916 Franklin Road  | Nashville      | Residence   |
| Viewing of body by Medical Examiner | 84 Hermitage Avenue | Nashville      | Medical Examiner's Office                         |

#### MEDICAL ATTENTION AND HOSPITAL, INSTITUTIONAL CARE OR HOME HEALTH CARE

| Name of Physician or Institution | Address        | Diagnoses                               | Dates     |
|----------------------------------|----------------|---|-----------|
| Dr. Wallace Marsh                | Pittsburgh, PA | Intestinal dysmotility, thromboembolism | 1992-1998 |

#### (35) CIRCUMSTANCES OF DEATH

|                              | Name            | Address   |
|------------------------------|-----------------|---|
| Found Dead By                | George Richey   | 4916 Franklin Road;<br>Nashville 37220-                   |
| Last Seen Alive By           | Cleta Ramsey    | 4916 Franklin Road;<br>Nashville 37220- (615) 315-8911    |
| Witness to Injury or Illness | Chronic illness |   |
| Witness to Death             | None            |   |
| Next of Kin                  | George Richey   | 4916 Franklin Road;<br>Nashville TN 37220- (615) 315-8911 |

#### (36) NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

See attached sheets.

Report of Investigation by County Medical Examiner Narrative Summary

Case #: MEC98-0796

Name: Virginia Richardson (a.k.a. Tammy Wynette)

On April 6, 1998, Mrs. Virginia Richardson expired at her residence at 4916 Franklin Road, Nashville, Tennessee. Her death was reported to local authorities, and the Homicide Bureau of the Metro Police Department responded.

Detective Jim Fuqua conducted the investigation that evening, including an evaluation of the death scene, which revealed no evidence of foul play. He interviewed Tina Jones, a daughter of the deceased, who stated that Mrs. Richardson "had been sick for a long time from a degenerative disease and that she had been under the care of a Dr. Wallace Marsh." It was reported that Dr. Marsh, who was licensed to practice medicine in Tennessee, was en route from Pennsylvania to certify the death. Detective Fuqua stated in his report that "it appears that victim's death was not unexpected."

The Metro Medical Examiner's Office was contacted at 9:15 p.m. that evening, notified of the death, and provided with the above information. I was contacted by the medical examiner investigator on duty and based on the information available at that time, declined jurisdiction over the death. Dr. Marsh was instructed to contact the Medical Examiner's Office when he arrived in Nashville to provide his opinion on the cause of Mrs. Richardson's death.

The next morning, Dr. Marsh contacted the Medical Examiner's Office. I personally spoke with him. He related that he had been treating Mrs. Richardson for several years for a variety of ailments, including intestinal dysmotility with numerous complications, most serious of which were problems with adequate nutrition and blood clotting. She had suffered several episodes of thrombosis and embolization of blood clots in the past and Dr. Marsh expressed his opinion that Mrs. Richardson had died from a pulmonary embolus. I found his opinion to be reasonable and credible. I concluded Mrs. Richardson had died from natural causes and her death did not fall under the jurisdiction of the medical examiner based on Tennessee State Law and the policies of the Metro Medical Examiner's Office.

My next involvement with this case was December 1998 when I received copies of letters sent by three of Mrs. Richardson's daughters, Jackie Daly, Tina Jones, and Georgette Smith, expressing concern over the cause of their mother's death and asking that an autopsy be performed. At that time the daughters had not requested a meeting. I consulted with the District Attorney General and Metro Police, who had also received copies of the same letters. Our initial review failed to reveal any need for further investigation. In January 1999, an attorney representing three of the daughters, requesting a face-to-face meeting with the daughters, contacted me so additional information could be provided to my office. That meeting took place on February 8, 1999.

At the meeting, the daughters were genuinely concerned about the cause of their mother's death and somewhat uninformed about the specific details of their mother's medical history. They said they were aware of her history of previous blood clotting episodes and the underlying intestinal problems. They expressed concerns about narcotics administered to their mother for control of pain and the sequence of events that transpired the day she passed away. I informed them I would seriously consider their request.

I contacted Dr. Marsh in Pittsburgh and asked him for additional information about Mrs. Richardson's medical condition, specifically the narcotics she was taking and the reason this information was not initially provided to our office or the police. He expressed regret that the complete list of medications had not been provided the evening Mrs. Richardson expired. He said this was a miscommunication error between himself, the home health care nurse, and the police officer. This caused me to suspect there may have been an attempt to provide minimal information to the authorities that evening. I requested and received more detailed information on Mrs. Richardson's medical history, including all medications she was receiving.

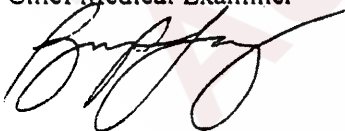
Dr. Marsh first treated Mrs. Richardson in May 1992 when he was in practice in St. Louis and she required medical treatment while on tour in the area. Previous to May 1992, she had multiple abdominal surgeries for a variety of complaints. She was pleased with the treatment she received from Dr. Marsh, as she continued to see him frequently even as his practice moved to Pittsburgh.

After 1992, she was admitted to hospitals numerous times with a variety of complaints related to her intestinal condition. These complications included multiple episodes of thrombosis (blood clotting) with embolization. Bleeding episodes and severe anemia complicated medication administered to prevent clotting. Dr. Marsh obtained numerous consults from medical experts in multiple subspecialties and Mrs. Richardson's treatment plan was based upon a consensus opinion of these experts.

Blood work was routinely obtained and reviewed, most recently at the end of March 1998. Dr. Marsh was contacted on April 5, 1998 with additional medical complaints. He was extremely concerned Mrs. Richardson was having another clotting episode and urged that she be admitted to the hospital. The next morning she reported she was feeling better and declined to go to the hospital. Dr. Marsh was next contacted that evening and informed she had expired. He said he was not surprised by her death due to the events of the last couple of days.

During this portion of the investigation, George Richey, the deceased's widower and legal next-of-kin, contacted me and requested that a disinterment and autopsy be performed in order to resolve lingering questions regarding her death. Based upon these questions, especially regarding the narcotic and sedative medications administered to her, I agreed to grant that request.

Bruce P. Levy, M.D.  
Chief Medical Examiner



**TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT  
METROPOLITAN NASHVILLE DAVIDSON COUNTY  
Office of Medical Examiner  
Forensic Sciences Center  
84 Hermitage Avenue  
Nashville, Tennessee 37210-2110**

**CASE: MEC98-0796  
County: Davidson**

**AUTOPSY REPORT**

**NAME OF DECEDENT: RICHARDSON, VIRGINIA W. RACE: W SEX: F AGE: 55  
(a.k.a. Tammy Wynette)**

**HOME ADDRESS: 4916 Franklin Road, Nashville, TN**

**DATE AND TIME OF DEATH: April 6, 1998 at 7:00 p.m.**

**DATE AND TIME OF AUTOPSY: April 14, 1999 at 8:00 a.m.**

**COUNTY MEDICAL EXAMINER: Bruce P. Levy, M.D.**

**ADDRESS: 84 Hermitage Avenue, Nashville, TN 37210-2110**

**DISTRICT ATTORNEY GENERAL: Honorable Victor S. Johnson**

**ADDRESS: Washington Square, Suite 500, 222 2nd Avenue North,  
Nashville, TN 37201-1649.**

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**PATHOLOGIC DIAGNOSES**

1. Thromboembolic disease, with:
  - a) Multiple old pulmonary emboli.
  - b) No acute pulmonary emboli identified.
  - c) Pulmonary hypertension, secondary.
  - d) Right ventricular dilation and hypertrophy.
  
2. Intestinal dysmotility, clinical diagnosis:
  - a) Status-post multiple abdominal surgeries, clinical history.
  - b) Marked peritoneal fibrous adhesions.
  - c) Marked decrease in soft tissue mass.
  - d) Abdominal pain requiring pain management control, clinical diagnosis.
    - 1) Translumbar catheter in place and unremarkable.
    - 2) Toxicology positive for midazolam and promethazine.

(Continued)



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RICHARDSON, VIRGINIA W.

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3. Pulmonary edema (1690 grams).
4. Congestive splenomegaly (320 grams).

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**CAUSE OF DEATH:**

Right heart failure with cardiac arrhythmia due to: Chronic pulmonary emboli with pulmonary hypertension.

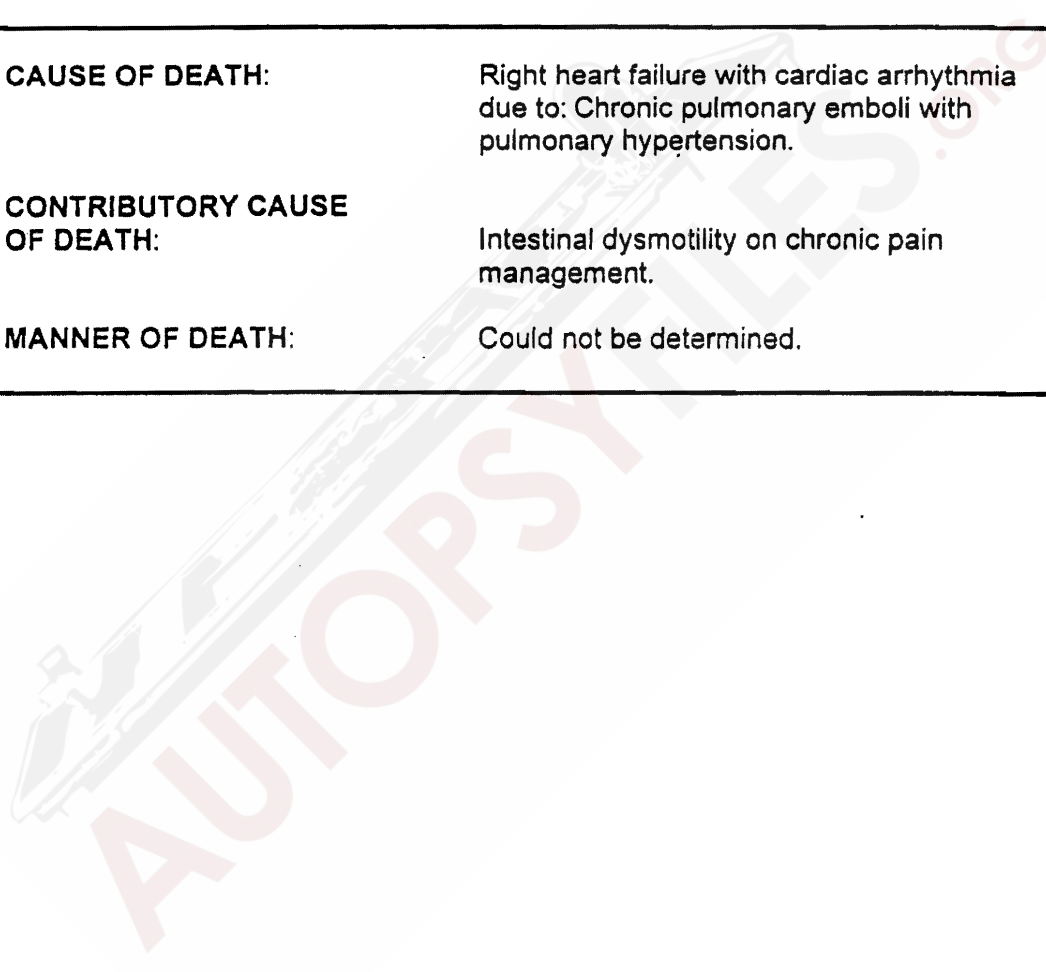
**CONTRIBUTORY CAUSE OF DEATH:**

Intestinal dysmotility on chronic pain management.

**MANNER OF DEATH:**

Could not be determined.

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RICHARDSON, VIRGINIA W.

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*I hereby certify that I, Bruce P. Levy, M.D. have performed an autopsy on the body of Virginia Richardson on the 14th day of April, 1999 at 8:00 a.m. in the Forensic Sciences Center of Davidson County with Charles Harlan, M.D. present as an observer. The purpose of this report is to provide a certified opinion to the County Medical Examiner and District Attorney General. The facts and findings to support these conclusions are filed with the Tennessee Department of Health.*

### EXTERNAL EXAMINATION

The body is that of a well developed, thin, previously embalmed fully clothed white female, measuring approximately 64 inches and weighing approximately 100 pounds, whose appearance is older than the reported age of 55 years. The body is in a good state of preservation. The hair is blonde, up to 4 in. in length. The irides are dark with cloudy corneas. The conjunctivae are pale without petechial hemorrhages. The ears, nose and mouth are unremarkable. The nasal and oral mucosa are free of petechial hemorrhages. Natural teeth are in good repair.

The anterior torso is symmetric with a flat abdomen. The posterior torso is unremarkable. The upper extremities are symmetric and unremarkable. The lower extremities are symmetric and unremarkable. External genitalia are those of a normal female and unremarkable.

Rigor mortis is absent. Livor mortis is purple in color, posterior in distribution, and fixed. The body is cool to touch. There is darkening of the skin of the distal lower extremities bilaterally, slightly higher on the left leg.

The body shows evidence of the previous embalming procedure. There is a 2-1/2 inch sutured incision of the anterior aspect of the right shoulder. There is a 1/2 inch sutured incision adjacent to the umbilicus. There is a 1/2 inch sutured incision of the right flank of the abdomen. There is a 3/8 inch circular white colored plastic implant of the left flank. There is a 1-1/2 inch sutured incision on the anterior aspect of the right forearm near the wrist. There is a 1-1/2 inch sutured incision of the anterior aspect of the left forearm near the wrist. There is a 3-1/2 inch sutured incision of the right femoral region. There is a 3-1/4 inch sutured incision of the left femoral region.

**SCARS:** There are 4 inch linear scars on the inferior margins of each breast. There is an 11 inch vertically oriented linear scar of the midline abdomen. There is a 2-1/2 inch horizontally oriented linear scar of the left lower quadrant of the abdomen. There is a 6 in. horizontally oriented linear scar of the lower abdomen. There are two 1/4 inch scars of the right upper quadrant of the abdomen. There is a 1/2 inch scar of the right lower quadrant of the abdomen. There is a 1-1/4 inch linear scar of the right lateral aspect of the back.

**INJURIES:** There are no visible injuries.

## INTERNAL EXAMINATION

**HEAD:** The scalp is unremarkable without abrasions, contusions, or lacerations. The skull is intact without fractures. The meningeal coverings of the brain are intact without epidural, subdural, or subarachnoid hemorrhages.

The 1080 gram brain is symmetric with an unremarkable gyral pattern. The distribution of cranial nerves at the base of the brain is normal. The cerebral vessels are unremarkable and normally distributed. Coronal sections through the cerebral hemispheres reveal a normal distribution of gray and white matter without focal lesions. The ventricles are of normal configuration and size. Horizontal sections through the cerebellum and brain stem reveal a normal distribution of gray and white matter without focal lesions.

**NECK:** There are no hemorrhages into the musculature or soft tissues of the neck. The hyoid, larynx, and trachea are intact without obstructions. The base of the tongue is unremarkable. The cervical vertebrae are palpably intact.

**BODY CAVITIES:** All organs are in their normal anatomic locations. The pleural and pericardial cavities are unremarkable. There are marked fibrous adhesions of the peritoneal cavity.

**CARDIOVASCULAR SYSTEM:** The great vessels are normally distributed without thromboemboli. There is marked narrowing of the inferior vena cava below the level of the renal veins with obliteration of the lumen at the level of the iliac veins. There are no significant atherosclerotic deposits of the aorta. A catheter is present in the inferior vena cava at the level of the renal veins. It is oriented superiorly and is unremarkable without occlusion or surrounding thrombus.

The 350 gram heart has a smooth, glistening, intact epicardial surface. The coronary arteries are free of significant atherosclerosis. The myocardium is homogeneous red-brown without focal lesions. The left and right ventricles are 1.0 and 0.2 cm. in thickness at the lateral walls, respectively, and symmetric. The right ventricle is markedly dilated. The left ventricle, right atrium and left atrium are normal in size. The endocardial surfaces and four cardiac valves are unremarkable. The mitral and tricuspid valves measure 8.5 and 13.0 cm. in circumference, respectively.

**RESPIRATORY SYSTEM:** The right and left lungs weigh 1000 and 690 grams, respectively. The pleural surfaces are glistening and intact. The pulmonary arteries are free of acute thromboemboli. The bronchi are unremarkable. The parenchyma is red/brown without focal lesions or consolidations.

**DIGESTIVE SYSTEM AND LIVER:** The esophagus is unremarkable. The stomach, small and large intestines are matted together with marked fibrous adhesions. There is variability of the diameter of the intestinal lumen without obvious obstruction. There is no perforation or infarction of the intestines. The mucosal surfaces are unremarkable. The vermiform appendix is not identified.

The 2050 gram liver has a smooth, intact capsule. The parenchyma is red-brown and soft without focal lesions. The gallbladder is absent. The pancreas is unremarkable.



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RICHARDSON, VIRGINIA W.

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**RETICULOENDOTHELIAL SYSTEM:** The 320 gram spleen is congested, otherwise unremarkable. There is a normal distribution of unremarkable lymph nodes.

**GENITOURINARY SYSTEM:** The right and left kidneys weigh 130 and 120 grams, respectively. The subcapsular surfaces are smooth. The cortices are of normal thickness with sharp corticomedullary junctions. The calices, pelves, and ureters are patent and unremarkable. The unremarkable urinary bladder is empty.

The vagina ends in a blind sac. The uterus, fallopian tubes, and ovaries are not identified.

**ENDOCRINE SYSTEM:** The pituitary, thyroid, and adrenal glands are unremarkable.

**MUSCULOSKELETAL SYSTEM:** The musculoskeletal system is intact with decreased muscle mass for size. There is a marked decrease in thickness of subcutaneous and intracavity fat. The thickness of the abdominal subcutaneous fat at the level of the umbilicus is approximately 1 mm.

**TOXICOLOGY:** The following specimens are submitted for possible toxicologic analysis: liver tissue, kidney tissue and brain tissue. A separate report will be issued.

**HISTOLOGY:** The following specimens are submitted for histologic examination: heart (right and left ventricles), inferior vena cava, left main bronchus, lungs, intestines, liver, spleen, kidney, pituitary gland, thyroid gland, adrenal gland, and brain. A separate report will be issued.

#### SUMMARY OF CASE

This is a 55 year old white female with a complex medical history, including intestinal dysmotility with nutritional deficiency and multiple episodes of thromboembolic disease. She is status-post multiple abdominal surgical procedures and has an indwelling catheter placed for chronic pain management and nutritional support. She expired on April 6, 1998 at her residence in Nashville. The death was reported to the Metro Medical Examiner's Office, and based upon information provided that evening, jurisdiction was declined. Approximately one year later, the deceased's widower requested that the Metro Medical Examiner perform an autopsy to resolve lingering questions regarding the cause of her death.

The autopsy was performed April 14, 1999. Specimens were obtained for toxicology studies and simultaneously tested at three separate toxicology laboratories. The toxicology was qualitatively positive for the presence of midazolam (Versed) and promethazine (Phenergan). None of the laboratories were able to detect the presence of hydromorphone (Dilaudid). Histology specimens were examined and revealed multiple old pulmonary emboli with recanalization. No acute thromboemboli were identified grossly or microscopically. There was pulmonary hypertension with right ventricular dilation and hypertrophy secondary to the old emboli.

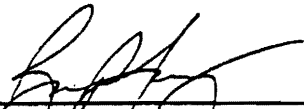
In my opinion, this woman died as a result of right-sided heart failure. The mechanism of her

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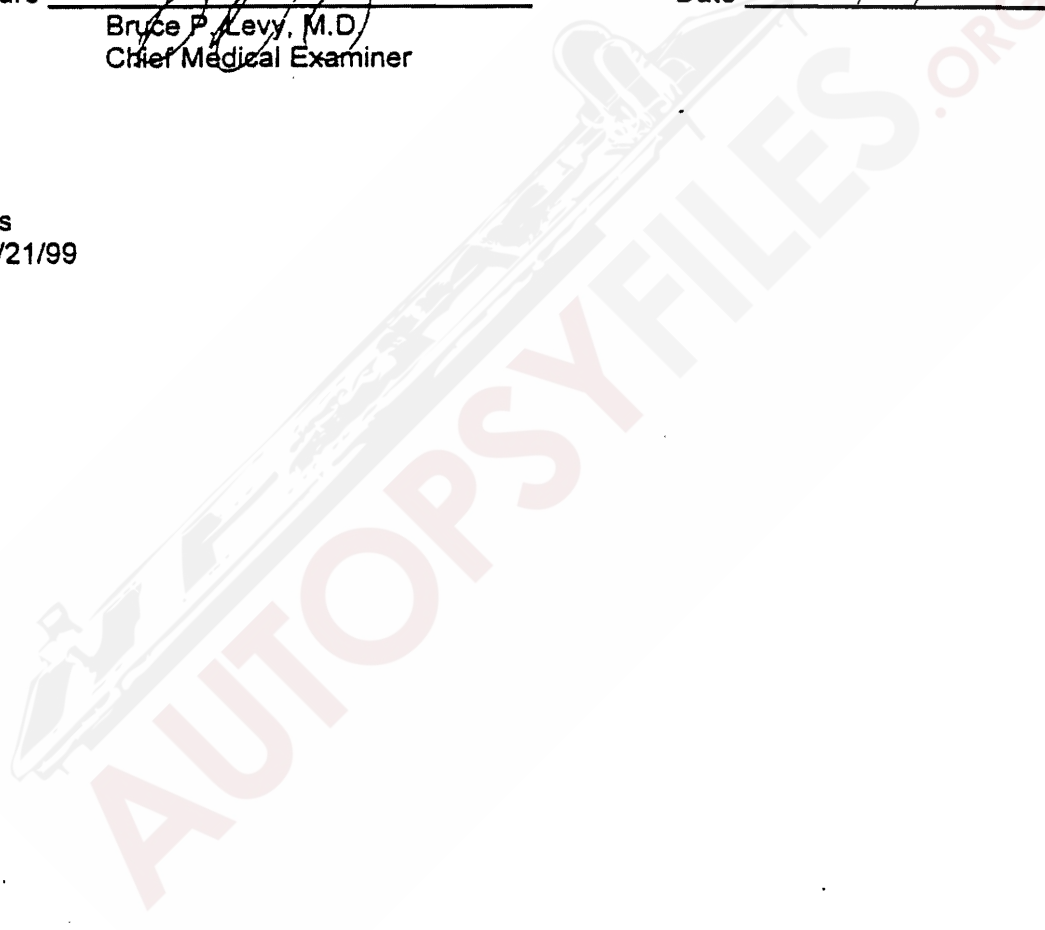
RICHARDSON, VIRGINIA W.

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death is a cardiac arrhythmia. The relative contributions to her death from the underlying natural diseases and the medications present in her body at the time of her death cannot be ascertained. Therefore, the manner of her death cannot be determined.

Signature  \_\_\_\_\_ Date 5/21/99 \_\_\_\_\_  
Bruce P. Levy, M.D.  
Chief Medical Examiner

BPL/Iss  
T: 05/21/99



OFFICE OF THE MEDICAL EXAMINER  
FORENSIC MEDICAL

REPORT OF MICROSCOPICAL EXAMINATION

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**Name of Deceased:** RICHARDSON, VIRGINIA W.

MEC98-0796

**Date of Report:** May 21, 1999

**Heart:** Sections of the left and right ventricles are examined.

The epicardial surface of the left ventricle is unremarkable. Branches of the coronary arteries are free of significant atherosclerotic deposits and do not contain thromboemboli. The interstitial spaces within the myocardium are slightly expanded. The myocytes are unremarkable and are free of ischemic or inflammatory changes. The endocardial surfaces are unremarkable.

The epicardial surface of the right ventricle is unremarkable. Branches of the coronary arteries are free of significant atherosclerotic deposits and do not contain thromboemboli. The interstitial spaces within the myocardium are slightly expanded. The myocytes are somewhat variable in size with focal myocyte hypertrophy. There are no ischemic or inflammatory changes. Attached to the endocardial surfaces is a mixture of fresh and hemolyzed red and white blood cells (Comment: consistent with post-mortem blood clot). An iron stain is negative. Trichrome stain reveals one small focus of mature fibrous tissue within this area. Step sections through this area are similar in appearance. The endocardial surface is otherwise unremarkable.

**Inferior vena cava:** The wall of the inferior vena cava is thickened with partial occlusion of the lumen. There is sub-intimal fibrosis, confirmed with Trichrome stain. There is hypertrophy of the medial muscular layer.

**Left main bronchus:** The mucosal surface is focally preserved and is unremarkable with normal respiratory-type epithelium. The submucosa is unremarkable and free of significant inflammation. The muscular and cartilaginous portions are unremarkable.

**Lungs:** Sections of both lungs are examined and are similar in appearance. Many of the pulmonary arteries are almost completely occluded by mature fibrous tissue containing one or more well-formed tiny vascular channels. Trichrome stain confirms the presence of mature fibrous tissue. Elastic stain shows reduplication and expansion of the elastic layers of the arteries. No acute or organizing thromboemboli are identified. The remainder of the pulmonary arteries show thickening of the vessel walls with hypertrophy of the medial muscular layers, and elastic stain shows similar changes to those seen in the occluded vessels. The bronchi are unremarkable. Alveoli are focally dilated and contain an amorphous eosinophilic material. There are no inflammatory lesions.

**Intestines:** Multiple sections of the intestines are examined. The mucosal surfaces are well preserved with a normal villous architecture. There is a normal inflammatory component. The submucosal layer is unremarkable. The muscular layers are well developed. Numerous serosal adhesions are noted.

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RICHARDSON, VIRGINIA W

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**Liver:** The hepatocytes are somewhat autolyzed, but show a normal granular eosinophilic cytoplasm. The hepatic sinusoids are slightly expanded. Portal areas are unremarkable.

**Spleen:** The spleen is autolyzed. The capsule is unremarkable. Red and white pulp components are present. There is vascular congestion.

**Kidney:** Glomeruli and tubules are unremarkable.

**Pituitary gland:** Unremarkable.

**Thyroid gland:** Unremarkable.

**Adrenal gland:** The adrenal gland is somewhat autolyzed, otherwise unremarkable.

**Brain:** Sections of the cerebrum, cerebellum and brain stem are examined and are unremarkable without infectious or neoplastic lesions.

BRUCE P. LEVY, M.D.



BPL/lss




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**FORENSIC MEDICAL**

MEC98-0796  
Virginia Richardson

Summary Toxicology Report

| <u>Medication/Drug</u>      | <u>Sample tested</u> | <u>Lab 1</u> | <u>Lab 2</u> | <u>Lab 3</u> |
|-----------------------------|----------------------|--------------|--------------|--------------|
| Midazolam (Versed)          | Kidney               | Positive     | Negative     | Negative     |
| Midazolam (Versed)          | Liver                | Positive     | Negative     | Negative     |
| Promethazine<br>(Phenergan) | Kidney               | Positive     | Positive     | Positive     |
| Promethazine<br>(Phenergan) | Liver                | Positive     | Positive     | Positive     |
| Hydromorphone<br>(Dilaudid) | Kidney               | Not reported | Negative     | Negative     |
| Hydromorphone<br>(Dilaudid) | Liver                | Not reported | Negative     | Negative     |

Bruce P. Levy, M.D.  
Chief Medical Examiner