

GENERAL MEDICAL LABORATORY

P.M. No. 729/78

NAME: ... AGE: 37 yrs ... SEX: Male ... RACE: ...  
 PLACE OF P.M. EXAMINATION: ... DATE: 20/11/78 ... TIME: 9.00 a.m.  
 DIED: 18/11/78 ... PLACE: Fort Belvoir, North West Dist. - riot.  
 IDENTIFICATION: James T. Schollert, c/o U.S. Embassy, Georgetown.  
 WITNESSES: Assistant Superintendent, Lee, U.I.D. Headquarters.

EXTERNAL EXAMINATION: The body is that of a male of Caucasian descent, measuring 6ft. 2 ins. It was fully clothed as follows:

- (1) Long sleeved shirt (light-green).
- (2) Blue striped pants held in position by a buckle.
- (3) Brown pair of shoes.
- (4) Pair of socks.

ALL INFORMATION CONTAINED  
 HEREIN IS UNCLASSIFIED  
 DATE 10/24/01 BY [redacted]

The shirt, pants and shoes were blood-stained. There were tears of varying diameters in the pants (3) in the (R) buttock and (2) in the (L) buttock; in front of pants 6 cm. tear on (L) groin area. The pockets (2) in back on the pants were turned inside out.

- (1) In the (L) front pocket there was an electioneering pin of Congressman Lee Ryan.

The body was identified by:-

James T. Schollert Esq. of the U.S. Embassy in Georgetown, Guyana.

INTERNAL EXAMINATION:

- (1) Perforated wound (L) groin 2 1/2 c.m. elliptical in outline and 1 1/2 c.m. wide at its greatest/running downwards in line with the (L) inguinal ligament and parallel to it.
- (2) Above wound (1) was another perforated wound 10 c.m. x 1/2 c.m. above wound (1)
- (3) Linear contusion 2 c.m. above wound No.2 running across abdomen for 6 c.m.
- (4) Twelve c.m. above wound No.3, perforated wound 2 c.m. by 1 c.m. with contusion parallel to upper and lower ellipses. Wound is on the (L) lower aspect of the abdomen 10 c.m. lateral to umbilicus.
- (5) There was a raised area under the skin at the (L) subcostal area 15 c.m. above wound No.4. Incision revealed a metal object (deformed bullet).
- (6) Perforated wound on (L) chest 6 c.m. above (L) nipple wound 2 c.m. x 1 c.m.
- (7) There was a raised area under skin parallel with wound number (6), 5 c.m. from mid sternum metal object removed (deformed bullet).
- (8) Perforating wound. (L) upper limb medial aspect 3 c.m. by 1 1/2 c.m. 6 c.m. below axilla. Contusions around wound with 2 parallel cuts in the skin above and below the perforating wound 1 1/2 c.m. one above 2 c.m. the one below.
- (9) Two perforating wounds on the (R) aspect of the neck 0.9 c.m. diameter each, the lower one 1 1/2 c.m. from tip of (R) ear the upper one 1 1/2 c.m. from tip of (R) ear.
- (10) Massive lacerated wound (R) side of neck 6 c.m. Muscles of neck exposed long upper end of wound 2 1/2 c.m. from tip of ear (R) medial to wound irregular abrasion extending from neck to angle of jaw. Under angle of jaw perforating wound 3 c.m. by 1 1/2 c.m., bone of angle of jaw exposed.
- (11) (L) lateral aspect of shoulder perforating wound 3 c.m. by 2 1/2 c.m. bony fragments at orifice - wound is 3 c.m. from root of neck.
- (12) On the (L) neck posterior lateral aspect perforating wound 4 c.m. by 2 c.m. bony fragment protruding from wound. Wound is 2 c.m. from

side of (L) ear.

- (13) Back of (L) ear perforating wound 3c.ms. by 2c.ms. The posterior attachment of the ear was detached.
- (14) (L) aspect of parieto-occipital region of skull, compound comminuted fracture excavating scalp with herniation and protrusion of Brain. Brain substance blood-stained oozing out.
- (15) Fracture wound mid position of (L) thigh posterior aspect 25 c.ms. from popliteal fossa.
- (16) Perforating wound 2c.ms. by 1c.m. on fold of (R) buttocks.
- (17) 12 punctured wounds of varying sizes, both buttocks.
- (18) (R) loin two areas of contusion.
- (19) Contusion of (R) scrotal.
- (20) Bilateral ecchymosis with bilateral subconjunctival haemorrhages.
- (21) Perforating wound (R) posterior lateral aspect of arm in line with shoulder joint wound 1c.m. diameter.
- (22) On the (R) thigh 3 c.ms. below the inguinal ligament two parallel linear contusions 3c.ms. and 2c.ms. in length each and 1/4c.ms. from each other.

#### INTERNAL EXAMINATION:

OSOPHAGUS: Some amount of congestion upper  $\frac{2}{3}$  with large amount of submucous haemorrhage between thyroid cartilage and hyoid bone.

TRACHEA & BRONCHI: Congestion in upper aspect with blood-stained froth in Bronchi.

#### THORACIC CAVITY:

LUNGS: (R) was adherent to the pericardium and there were some pleural reaction at base. Small puncture wound in lower lobe.  
(L) lung perforation of the basal lobe bony fragments in substance of (L) lung.

HEART: Some increase of epicardial fat - normal in size. Myocardial normal; Coronary vessels patent and normal. Arch of aorta normal in appearance.

The chest cavity contained 125 ml. of blood on the (R) side and 200 ml. on the (L) side. Fracture of the 2nd and 3rd ribs on the (L) side.

#### ABDOMEN:

STOMACH: signs of gastritis (patchy) rugae normal - stomach empty except for mucus.

LIVER: Some petechial subcapsular haemorrhage other wise pale in appearance.

GALL BLADDER: No gall stones.

PANCREAS: Normal appearance.

KIDNEYS: Normal appearance except slight increase of hilar fat.

BLADDER: Filled with urine straw coloured.

INTERSTINES: Normal appearance.

APPENDIX: Normal.

#### HEAD AND NECK:

SKULL: Small pieces of the skull on the left side were missing, in the parietal and occipital areas. There was a compound comminuted fracture of the vault extending from the (L) fronto-parietal-region and extending upwards and backwards into the parietal and occipital region and involving the bones of the (R) aspect of the vault. The bones of the face were also fractured in a comminuted manner - all the bones of the anterior, middle and posterior cranial fossae bilateral - fracture lines extending in all directions.

BRAIN: Only the Cerebellum was in the skull all the cerebrum had fallen out. Cerebellum shows some congestion.

CAUSE OF DEATH:

SHOCK AND HAEMORRHAGE FOLLOWING MULTIPLE  
GUN SHOT INJURIES:

- (1) COMPOUND COMMINATED FRACTURE OF THE SKULL WITH LACERATION AND HEMORRHAGE OF THE BRAIN.
- (2) PERFORATION OF BOTH LUNGS WITH BILATERAL HAEMOTHORAX.

*L. Mootoo*  
.....  
Dr. L. Mootoo,  
L.M.R.C.P; L.M.R.C.S (Dublin),  
D.G.O; D. Obst. (Dublin),  
D.P.H. (Edin.),  
Dipl. Forensic Med. D.F.M. (Vienna),  
Forensic Path. Govt. of Guyana.

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH.

To the REGISTRAR of Division

in the District,

I hereby certify that I <sup>performed a post mortem</sup> in the County of <sup>Georgetown</sup> ~~examination~~ on  
 subject: Lee, Ryan aged 53  
 that I just saw him <sup>at the Georgetown Hospital Mortuary</sup> on 20/11/78 1978, that he died on 18/11/78  
 at Port Kaituma and that the cause of his death was

CAUSE of DEATH		Approximate interval between onset and death
I	Disease or condition directly leading to death* (a) <u>Shock and Haemorrhage following Multiple Myxoma</u> due to (or as a consequence of) <u>Perforation of both lungs</u>	
	Antecedent causes. (b) <u>Fracture of Skull (multiple)</u> Malignant conditions, if any, giving rise to the above cause, stating the underlying condition last (c) <u>with Ulceration and haemorrhage of the brain</u>	
II	Other significant conditions contributing to the death but not related to the disease or condition causing death	
* This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Signed: <u>Charles Boots</u> Prof. Title: <u>Prof. Head and Forensic Path.</u> Address: <u>Central Medical Laboratory, Georgetown, Guyana</u> Date: <u>20/11/78</u>

Certify a true copy  
 American Embassy  
 Georgetown, Guyana

C.G.P. No. 12. C.G.P. No. 12. C.G.P. No. 12.