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69 8795

### OFFICE OF CHIEF MEDICAL EXAMINER-CORONER

Dote\_AUGUST 10, 1969 Time

I performed an autopsy on the body of

JAY SEBRING

of OFFICE OF CHIEF MEDICAL EXAMINER-CORONER, HALL OF JUSTICE, LOS ANGELES, and from the anatomic findings and pertinent history I ascribe the death to:

EXSANGUINATION

DUE TO:

MULTIPLE STAB WOUNDS

(final 8/19/69)

#### ANATOMIC SUMMARY

1. Stab wound of aorta.

Stab wound of left lung. 2.

Gunshot wound of left lung. Massive left hemopleura.

Multiple stab wounds of chest and back.

Contusion of left nose and eye. Defense lacerations left hand.

#### EXTERNAL EXAMINATION:

The unembalmed body is that of a normally developed, normally nourished white male which measures 66 and one-quarter inches in length and weighs 122 pounds. Rigor mortis is complete: post-mortem livor is posterior and dependent. Body heat is absent. The hair is black and is normal in amount and distribu-Inspection and palpation of the scalp reveals no evidence of injury. The external ears are unremarkable. There is a recent severe contusion involving the left periorbital region, the root bridge and tip of the nose and extending over into the upperlip. The irides are brown. The pupils are round and equal measuring 4 mm in diameter. There is ecchymosis in the left conjunctival area associated with the noted contusion. The teeth are the deceased's own and in good repair. There is a small amount of fresh blood within the mouth. The tongue is unremarkable. neck is symmetrical and free from injury. The thorax and abdomen are symmetrical and contain numerous stab and gunshot wound which will be detailed below. The external genitalia are adult male. The penis is circumcised. Inspection of the back reveals numerous stab wounds which will be included in the description below. The extremities are normally developed and are unremarkable except for the injuries to be noted. There is a laceration of the back of the left hand measuring approximately 2 1/2 inches in length. This is superficial and probably constitutes a "defense" mark.

#69 8795 JAY SEBRING AUGUST 10, 1969

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#### LISTING OF STAB WOUNDS

#### FATAL WOUND:

This is the fatal wound and is about 1 1/2 inches in length. It is almost exactly in the mid-line, 15 1/2 inches below the top of the head. This wound penetrates deeply into the thorax and results in severance of the artery to be described.

#### Stab wound #2:

This is a penetrating stab wound measuring 1 1/2 inches in length. It lies 16 3/4 inches below the top of the head and 1 3/4 inches to the left of the anterior mid-line.

#### Stab wound #3:

Stab wound #3 lies 12 1/2 inches below the top of the head and 4 inches to the left of the anterior mid-line. It is 1 1/2 inches in length and has a sharp edge and is directed toward the mid-line and a blunt edge, laterally, and upward.

#### Gunshot wound:

On the left chest just at the axillary fold 15 1/2 inches below the top of the head and 7 1/2 inches to the left of the anterior midline is the gunshot wound of entrance 1 1/4 inches in diameter. This shows a peripheral abrasion ring and is clearly an entrance wound.

At fluoroscopy bullet fragments are noted anteriorly about 3 inches below the gunshot entrance wound. These fragments are small and can be seen in the fluoroscope, but are not detectable and locatable on dissection.

#### Stab wound #4:

This is a penetrating stab wound 13 inches below the top of the head and at the mid-line. It is 1 1/2 inches in length and has a sharp edge directed toward the left.

#### Stab wound #5:

This is a penetrating stab wound 1 1/2 inches an length, 14 inches below the top of the head, 2 1/2 inches to the left of the posterior mid-line.

#### Stab wound #6:

This is a penetrating stab wound 18 inches below the top of the head and 1 3/4 inches to the left of the posterior mid-line. It measures about 1 1/2 inches in length and has a sharp edge directed toward the left. To the right of this is a recent contusion.

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#### INTERNAL EXAMINATION:

The body is opened by the usual Y-shaped incision. The subcutaneous fat is found to be normal in amount, color and distribution. The sternal plate is removed. The left pleural cavity contains an estimated 2500 cc of blood. The right contains only a very small amount of blood. There are no adhesions. The pericardial cavity is clear. The abdominal cavity contains a very small amount of blood.

#### HEART:

The heart weighs 340 grams and is symmetrical. It is opened along the course of the blood. The valve measurements are within normal limits. The valves are free of disease. The myocardium is dark red. There is no evidence of old or recent infarction. The coronary arteries are patent throughout.

#### LUNGS:

The right lung weighs 800 grams. The left approximately 300 grams and is completely collapsed by the surrounding blood. The pleural surfaces are smooth. The right lung shows marked congestion and edema, but no consolidation. There is marked evidence of aspiration of blood. The left lung is collapsed. There is severing of the left main pulmonary artery at its entrance into the hilum of the lung. This is the apparent continuation of stab wound #5. There are several other superficial stab wounds of the left lung.

#### AORTA:

The aorta arises normally from the heart. The right subclavian and common carotid arteries are unremarkable. The innominate artery is almost severed from its attachment to the arch of the aorta, the origin of the fatal hemorrhage and appears to be the continuation of stab wound #1.

#### NECK ORGANS:

The neck organs are dissected and removed. There is no evidence of injury. The hyoid bone is intact as are the laryngeal cartilages. The airway is patent.

#### LIVER:

The liver weighs 1200 grams. The capsule is smooth and transmits a dark reddish brown color. On section there is congestion, but no other remarkable change.

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#### SPLEEN:

The spleen weighs 150 grams. The capsule is somewhat tense. On section there is intense congestion.

#### PANCREAS:

Grossly unremarkable.

#### ADRENALS:

Bilaterally symmetrical; grossly unremarkable.

#### KIDNEYS:

The kidneys weigh 210 grams together. On section the capsules strip easily leaving a smooth surface. The architecture is well preserved and the cut surface is congested. The bladder contains only about one ounce of urine. The prostate is unremarkable to palpation.

#### GASTROINTESTINAL TRACT:

The GI tract is removed from esophagus to rectum. The esophagus is unremarkable. The stomach contains a fluid type meal in which particles are not identified. The meal remains in the stomach. The remainder of the GI tract is unremarkable.

#### MUSCULOSKELETAL SYSTEM:

The left 5th rib is fractured by a bullet track in the posterior axillary line. The sternum and ribs are penetrated by stab wounds.

#### HEAD:

The scalp is incised and reflected. There is no evidence of injury. The calvarium is removed by saw-cut and there is no fracture. The dura is intact. No epidural or subdural hematoma is noted. The brain weighs 1320 grams. There is congestion of the surface vessels. On serial section congestion and edemaare note which contain no petechiae. The pituitary lies in its normal place and is unremarkable.

RUSSELL C. HENRY, M. D. DEPUTY MEDICAL EXAMINER

RCH/ah/g 8/21/69 DIRECTED AND SUPERVISED BY

THOMAS T. NOGUCHÍ, M.D. Chief Medical Examiner-Coroner

Mander

		NTY OF LOS		ME	DICAL REPORT
Name_JAY	SEBRING		Occupation Tax Lake	ACIST Cos	No.69-8795
Date 4/10/69 TI	me 2 15 IN IN Crys	p . 24 out □	MORTUARY M. E.		
INVESTIGATION	AUTOPSY PE	NDING M FINAL	ON 8/10/69	Dr	Henry
CAUSE OF DEATH:	EXSANG	GUINATION		☐ Boct. ☐ P.R.	☐ Med. History ☐ S. P. R.
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# COUNTY OF LOS ANGELES DEPARTMENT OF CHIEF MEDICAL EXAMINER-CORONER PRELIMINARY EXAMINATION REPORT

Name JAY SEBRING	Case No. : 9-87-15
RIGOR MORTIS:	TEMPERATURE:
NECK:	ENVIRONMENT TEMPERATURE 24° F
Anterior flexion 7+	DATE 8-9-69 TIME 6 2 (PM)
Posterior flexion 4+ Right lateral flexion 4+	LIVER TEMPERATURE = 82.5° F
Left lateral flexion 4+  TAW: 4+ HIP: 4+	WHERE TAKEN OFFICE
SHOULDER: KNEE: 47	DATE 8-9-69 TIME 6 14 PM
ELBOW: ANKLE: 4+	
RDSHOULDER (4+) LIVOR MOR	RTIS:
DELBOW (2+) Use shading on diagrams	s to illustrate location.
7ELBOW $(4+)$ Describe intensity of c	coloration. (use scale)
Permanent or blanches u	inder pressure? Describe.
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0 = Absence/Ne	gative
the case	
Remarks: Body fully or	eoth.l
	17.34
Hair sake	Date 8 9-69 Time 6 PM
Coroner's Investigator	

16P836- Cdb 10-84

# COUNTY OF LOS ANGELES DEPARTMENT OF CHIEF MEDICAL EXAMINER-CORONER PRELIMINARY EXAMINATION REPORT

. 1	Sebring	1 2 2
Name Yay	seving	TEMPERATURE:
NEGK:		2.50
Anterior fle Posterior fle Right latera Left lateral  JAW: SHOULDER: ELBOW: WRIST:  Anterior fle Posterior fle Pos	exion 0	DATE 8-9-69 TIME 849 PM  LIVER TEMPERATURE = 82° F  WHERE TAKEN (OFFICE)  DATE 8-9-69 TIME 843 AM  PM
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	adient of Didiches	under pressure? Describe.
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Remarks:

Coroner's Investigator

Date 8-9-69 Time 845 (PM)

T6P556-Cdb 10-65

COUNTY OF DEPARTMENT OF CHIEF M	LOS ANGELES EDICAL EXAMINER-CORONER XAMINATION REPORT	fur place
Name Suy Selving	Case No. 6	
RIGOR MORTIS:	TEMPERATURE:	
NECK:	ENVIRONMENT TEMPERATURE	83 F
Anterior flexion 47	DATE 8 9 TIME	200 AM
Posterior flexion 4/7 Right lateral flexion 4/7	LIVER TEMPERATURE =	
Left lateral flexion	47	2
JAW: 4/+ HIP: 4/+ SHOULDER: 4/+ KNEE: 4/+	DATE 8 9-69 TIME	3 10 AM
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	coloration. (use scale)	
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Coroner's Investigator	DateTir	mePM
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T6P536-Cdb 10-66

# OFFICE OF CHIEF MEDICAL EXAMINER-CORONER

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SEBRING - FATHER

BENARD J. KUMMER

16616 STAKSBURY

PETROIT, MICHIGAN

76A878-- Cdb 1-69

# COUNTY OF LOS ANGELES

OFFICE OF CHIEF MEDICAL EXAMINER-CORONER

## AUTOPSY CHECK SHEET

	AUTOPSY C	HECK SHEET		
Name Jay Schring	-	File # 69-8795	Date 8/10/69 Fime	2/5 2/pm
EXTERNAL EXAM	PERITONEUM		BRAIN Wt /320	
Sex M.	Fluid		Dura	
Race W	Adhes		Fluid	
Age 26: "	LIVER Wt /200	2	Ventric DIF	
Height 66/4	Caps		Vessels C7L	
Weight 122	Lobul 0/		Ears	
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Eyes Bu. 4mm	GB C		PITUITARY	
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Mouth little Most	SPLEEN Wt /50			
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Scar SC CO	ADRENALS		SECTIONS	
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Edema	Caps			
Skin -	Cortex Vessels ()	1.		
HEART Wt 340	Vessels ///	7	GROSS IMPRESSION	
Pericard 1	Ureter	1 -		4
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69-8795

NAME:

JAY SEBRING

COCU. SNTED WOUNDS	STAB	GSW	I cuts	Severe Contusions
Chesa	3	1		
Back	4			
Hand - left (back)			1	
Face				x
CONTRACTOR OF THE PARTY OF THE		X CHICAGO		
OTAI DOCUMENTED	7	i	1	X

SUMMARY OF WOUNDS:

7 stab wounds

1 gunshot wound Incised cut

FATA WOUNDS:

Severe contusions to facial area

#### WOUNDS NOT DOCUMENTED:

none, with explanation below.\*

\* Stab Wound #7 - is diagrammed but not described on autopsy protocol.

Description: Measures approximately 1/2" in skin
length and is located 9" below the top of head and 3"
to left of midline, and lies in a horizontal position;
the wound appears superficial.

76R290A-Tox 4- On 11-66

## REPORT OF CHEMICAL ANALYSIS

#### LOS ANGELES COUNTY MEDICAL EXAMINER-CORONER

Toxicology Laboratory Hall of Justice

Los Angeles, California

			File :	No. 69-8795	
Name of Deceased	Jay Sebri	ng		Lab No. 8-11	±5 <b>-</b> 69
Date Submitted	August 7,	1969	Time	8 A.M.	
Autopsy Surgeon	R. Henry,	M.D.			
Material Submitted:	$_{\mathrm{Blood}}\mathbf{x}$	Liver		Stomach	
	Brain	Lung		Lavage	
	Femur	Spleen		Urine	
	Kidney	Sternum		Gall bladder	
	Drugs	Chemicals			
Test Desired: P	oisons				

Laboratory Findings:

1. Blood: Ethanol, Barbiturates, Doriden, Meprobamate, Phenacetin, Quaalude

and Soma absent

2. Urine: Amphetamine absent

Bile: Codeine and Morphine absent

Examined Byl. Lawrence Plutchak mes Toxicologist. Date August 13, 1969

Toxicologist

August 13, 1969

# REPORT OF MICROBIOLOGICAL ANALYSIS CHIEF MEDICAL EXAMINER-CORONER'S OFFICE Bacteriology Laboratory Hall of Justice Los Angeles, California

	File No. 69-8795
Name of Deceased	Jay Sebring
Date Submitted	8/10/69
Autopsy Surgeon	T. Noguchi, M.D.
Material Submitted_	Blood for ABO and Rh typing.
Laboratory Findings	s:
	BLOOD: Group O Rh negative.

Examined By Rolleril J. Lub Date 8/25/69

Jay Sebring Autopsy 8-10-69 at about 2:15 p.m.

Supervised and directed autopsy performed

P8779 by Dr. R. C. Henry

Cause of death: Exsanguination due to multiple stab wounds.

"exsanguination is a medical term designating conditions which, perhaps if I use the words, the term is "bled to death" - might be the term.

Identification of photographs, taken under your direction, on August 10, 1969, prior to the autopsy.

At scene: Did you see Jay Sebring's body? Yes. In proximity of Miss Tate's body, in living room of residence; a rope around neck at time; rope around Mr. Sebring's neck extended to S. Tate's neck? Yes.

(Finken cut rope at scene to separate bodies? Yes)
Rope still around neck on arrival at coroner's office.

At H/J Did you remove rope? Yes, I did. Turned over to a representative from LAPD.

How many stab wounds? 7 stab wounds.

Original autopsy report indicated 6? Yes.

You found an additional stab wound? Yes.

How many fatal in and of themselves? At least 3 would be fatal.

All 7 penetration wounds? Yes.

Any gunshot wound? Yes. 1 gunshot wound.

Was gunshot wound fatal wound? Yes, it could be classified as a fatal wound.

Original autopsy did not indicate that particular gunshot wound was a fatal wound? That is true.

You re-evaluated and feel it could have been the fatal wound?

Yes. To clarify: The term "fatal wound" - it could be fatal -that would be a division of the severeness of
the wound, the injury to the body. Naturally,
when injury is extensive, there are multiple
stab wounds involved, one would be most fatal and
other stab wounds could be fatal by itself if no
medical attention is given. But in light of
additional stab wounds, by separating which one
is the fatal one, we often find difficulty, and we
use the term, "could be fatal", and this is a
category that you might also use the words,
"potentially fatal"/

Indicate on diagram the location of each wound, the part of the body penetrated, if fatal and why, and the direction of the thrust of each wound. Also the wound tract on the bullet wound.

- Fatal Side of the mid-chest -- on the left side of the mid-chest.

  Fatal Measures 1 1/2 skin surface, penetrated front to back, and left to right, in an upper direction; penetratex severed a portion of the acrta, causing massive. Fatal
- #2 located slightly below location of #1, still in the chest, the mid-portion of the chest, slightly to the left side; measures 1 1/2 inches skin length, penetrating into the chest cavity.
- #3 Located on left side of upper chest, penetrating into the chest cavity.
- GSW: Found in the left axilla, inside the armpit, slightly in front of the midline of the left side of the chest; wound tract penetrated downward, penetrated to the left fifth rib, and through the left lung. Bullet was found adjacent to the exit wound, found in the back, basically the left side of the mid-back. "I personally recovered during fluoroscopic x-ray under fluoroscopic examination I found what appears to be fragments of lead which still remained in the bony structure which we did not attempt to pick up."

But you recovered part of the bullet? Yes. Near the exit wour Bullet had penetrated the body but did not penetrate through his garment, shirt, so the bullet was trapped in between the surface of the skin and the shirts. I might say that the gunshot wound did not disclose any powder residue or powder deposit on the surface of the entrance area. Significance: if muzzle distance is close, there are powder burns around the gunshot wound? Yes. You found no such powder burns? True.

Stab wound in mid-back,; measures 1 1/2 inches skin length.

- #5 FAML Left side of mid-back; measures 1 1/2 inches skin length.
- Lower portion of left mid-back; measures 1 1/2 skin length, and is one of three stab wounds penetrating into the lung, which if not immediately fatal, is potentially fatal. Fatal.
- 47 Left shoulder, measures 1/2 inch skin length; superficial.
- Additional: Wounds found in back of the left hand, precisely between ring finger and middle finger of left hand; slicing type

Series of contusions -- on face -- tissue damage caused by a blunt force, dark, red, swellen soft tissues. This contused area found on nose, left upper and lower eyelids, and also lip, showing considerable swelling Caused by application of blunt force against facial structure, causing breakage of capillaries underneath the skin, called subcutaneous tissue, causing hemorrhage into tissues, causing swelling. Could be delivered by a number of objects but without obvious breaking of skin would exclude probability of sharp object such as axe or hammer, more likely the soft padded -- a heavy object capable of delivering blunt force. (most common usually a fist

P. 8794 Going back to powder burns and the absence thereof, how clos does muzzle of weapon have to be before it will leave powder burns?

Varies quite a bit because:

where a person exposing the skin without having any clothing on;

If muzzle is close to skin, contacting the skin, the almost entire burnt and unburnt powder is propelled right into the tissue, which causes sometimes a tearing of the skin showing a singeing of hair and a large amount of deposit of the powder in the subcutaneous tissue; sometimes it goes deeper into the bony structures. It may show unburnt powder.

If muzzle distance is greater, then such unburnt powder may not be detectable in the wound tract, but on the surface. These are the grayish, dark grayish, round particles, deposits on the surface. Depending on weapon an cartridge, varies a great deal. In fact, very difficult to determine the muzzle distance unless the suspected weapon is tested.

Generally speaking, powder usually visible within 15 inches that is muzzle distance from skin is 15 inches, by careful examination we will see either unburnt powder or black smoke on surface of skin. Beyond that level, not detectable by naked eye, but often we can perform a chemical analysis.

Re Jay Seb ring: Muzzle in excess of 15 inches from body? Yes.

#### MC RNING RECESS

Identification of damaged bullet? First seen 8-10-69 during the examination; at the time of the fluoroscopy examination? Yes.

Mr. Sebring still had shirt on? Yes.
Looking through fluoroscopy, you saw this bullet? Yes.
You removed bullet? Yes.
Placed in envelope for evidence and turned over to Mr. Lee
(Sgt. Lee) of LAPD Crime Lab.

There was an exit wound? Yes. In the vicinity of his back Was this bullet close to the exit wound? Yes - within two or three inches from the exit wound.

Bullet is damaged? Yes. The base, and also one side of the bullet is flattened.

Parts of the bullet no longer attached to the bullet? Yes.

Parts of the bullet have fallen off? Yes.

In the fluoroscopy examination did you find any bullet fragments? Yes, I did; in the back, in the center portion of the EMMXXXXXXXXX body structure. I would think that the fragments were lodged in the spinal processes — that is a portion of the spine. Did you remove these fragments?

No I did not attempt to do so

# COUNTY OF LOS ANGELES

OFFICE OF CHIEF MEDICAL EXAMINER-CORONER SERBODY FULL LENGTH ANTERIOR Date. A BULLET Founds Policy A sheard

## COUNTY OF LOS ANGELES

OFFICE OF CHIEF MEDICAL EXAMINER-CORONER BODY FULL LENGTH ANTERIOR File # 69-8795 Date 8/10/69 tab Wound # 3 1/2" below TOH 4" left ant. ML fraze menh Stat Wound#2 -GSW entrance 1/4" dia: Bullet fragment (fluorcopy) 16314" Left AML M.D. Deputy Medical Examinar.

# COUNTY OF LOS ANGELES

OFFICE OF CHIEF MEDICAL EXAMINER-CORONER BODY FULL LENGTH POSTERIOR Date 69-8795 File # 69-8795 8/10/69 Stat Wound#5 stat wound #6