

SOUTHWESTERN
 INSTITUTE OF FORENSIC SCIENCES
 5230 Medical Center Drive
 Dallas, Texas 75235

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 DALLAS COUNTY
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Case No. 2181-10-1629RQ

Name: Peters, Mary Corinne

Age: 19 Race: White Sex: Female

Date of Death: 13 JUL 2010 (Found) Date of Examination: 14 JUL 2010
 Time of Death: Found 7:30 pm Time of Examination: 7:10 am

Pronounced at: 759 Greenway Drive
 Coppell, Dallas County, Texas

AUTOPSY REPORT:

ORGAN WEIGHTS:

Brain	1370 g	R. Lung	420 g	R. Kidney	90 g
Heart	300 g	L. Lung	400 g	L. Kidney	100 g
Liver	1090 g	Spleen	190 g		

EXTERNAL EXAMINATION:

The body is identified by toe tag. Photographs, fingerprints, palmprints, and a radiograph of the head are taken.

When first viewed, the body is clad in a gray tank top shirt, yellow panties, denim shorts, and a tan brassiere. The hands are bagged. Two yellow metal flower studs and two white metal studs with clear central stones are in the right and left earlobes. A black fabric wristband encircles the left wrist and a white metal ring is on the right ring finger. A single penny and a spent medium caliber cartridge is located in the body bag. The clothing, hand bags, and cartridge are submitted to the Criminal Investigation Laboratory. The jewelry and penny are released with the body.

The body is that of a thin white female whose appearance is compatible with the stated age of 19 years. Her body, when nude, weighs 132 pounds (59.9 kg) and is 64 inches (162.6 cm) long. There is good preservation in the absence of embalming. The body is cold, rigidity is absent, and there is well developed, fixed, posterior lividity.

The scalp hair is long, black, and straight. An average amount of body hair is in a normal distribution. The irides are brown, the corneae are clear, and there are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The ears, nose, and lips are unremarkable. The teeth are natural and in good condition. The neck is unremarkable. The chest and breasts are symmetrical and

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the abdomen is flat and unremarkable. The external genitalia, anus, and perineum are unremarkable. The extremities are symmetrical and the back is unremarkable.

IDENTIFYING MARKS AND SCARS:

None.

EVIDENCE OF THERAPY:

None.

EVIDENCE OF INJURY:**I. GUNSHOT WOUND OF THE NECK INTO THE HEAD:**

A gunshot wound of entrance is on the upper posterior left side of the neck centered 7 inches from the top of the head and 1-1/2 inches to the left of the posterior midline. The defect is circular, measuring 3/8 inch in diameter with a 1/16 inch circumferential marginal abrasion. There is no soot or stippling.

After perforating the skin and subcutaneous tissues of the posterior neck, the projectile sequentially perforates the underlying musculature, first cervical vertebral body, right middle cranial fossa and inferior aspect of the right temporal lobe, and right zygomatic region. A projectile is not recovered.

An irregular exit defect is on the right zygomatic region approximately 4-1/2 inches from the top of the head and 2 inches directly anterior to the superior attachment of the right external ear. The defect is stellate, measuring 1/2 inch in length.

Despite perforation of the first cervical vertebral body, the vertebral arteries and spinal cord are intact. Patchy subdural hemorrhage is over the right cerebral hemisphere and patchy subarachnoid hemorrhage is over the lateral and inferior surfaces of the right temporal lobe. There is extensive laceration of the inferior right temporal lobe and multiple scattered contusions over the inferior temporal lobe and right parahippocampal gyrus.

The direction is back to front, left to right, and upward.

II. OTHER INJURIES:

A thin, 1/2 inch dry red abrasion is on the anterior right thigh above the knee, and a 1/2 inch faint focus of red ecchymosis is on the medial right knee.

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EVIDENCE SUBMITTED:

The following items are collected, sealed within appropriately labeled containers, and submitted to the Criminal Investigation Laboratory:

- Blood standard
- Hair standard
- Gunshot residue kit
- Clothing and hand bags
- Spent cartridge.

INTERNAL EXAMINATION:

BODY CAVITIES: The thoracic and abdominal organs are in their normal anatomic positions. The right and left pleural cavities each contain approximately 100 mL of decompositional fluid. There are no adhesions.

HEAD: See Evidence of Injury. The cerebral hemispheres are symmetrical, with an unremarkable gyral pattern. The cranial nerves and blood vessels are unremarkable. Sections through the cerebral hemispheres, brainstem, and cerebellum show no hemorrhage within the deep white matter or basal ganglia. The cerebral ventricles contain no blood.

NECK: See Evidence of Injury. The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed.

CARDIOVASCULAR SYSTEM: The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. The endocardium is free of mural thrombi. The foramen ovale is closed. The coronary arterial system is free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, without focal abnormalities.

RESPIRATORY SYSTEM: The upper airway is not obstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi are unremarkable. Sectioning of the lungs discloses a red, moderately congested parenchyma with extensive blood aspiration.

HEPATOBIILIARY SYSTEM: The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 5 mL of dark green bile, with no calculi.

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GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains a trace amount of tan fluid. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are unremarkable externally. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

GENITOURINARY SYSTEM: The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 20 mL of clear yellow urine. The mucosa is gray, smooth, and unremarkable. The uterus, fallopian tubes, and ovaries are unremarkable externally and on sectioning.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are unremarkable externally and upon sectioning.

LYMPHORETICULAR SYSTEM: The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are not enlarged.

MUSCULOSKELETAL SYSTEM: The clavicles, ribs, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact.

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FINDINGS:

1. Gunshot wound of the neck into the head:
 - a. Entrance: posterior left side of the neck.
 - b. Apparent range of fire: no soot or stippling.
 - c. Direction: back to front, upward, and left to right.
 - d. Injuries: perforations of the left side of the neck, first cervical vertebral body, right middle cranial fossa, right temporal lobe, and right zygomatic region (no projectile recovered).
 - e. Exit: right zygomatic region.
2. See related case 2180-10.

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CONCLUSION:

Based on the case history and autopsy findings, it is my opinion that Mary Corinne Peters, a 19-year-old white female, died as the result of a gunshot wound of the neck into the head.

MANNER OF DEATH: Homicide.**TOXICOLOGY:****Postmortem Blood:**

Alcohols and Acetone - negative.
Cannabinoid Screen - negative.
Drug Screen - negative.

Vitreous: Alcohols and Acetone - negative.

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Medical Examiner

Meredith A. Lann 7/25/10
Meredith A. Lann, M.D.
Medical Examiner

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Protocol typed by Erma Robinson