

**Office of the Chief Medical Examiner**

CB # 7580 Chapel Hill, NC 27599-7580

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**REPORT OF AUTOPSY EXAMINATION****DECEDENT****Document Identifier** B201000991**Autopsy Type** ME Autopsy**Name** Kathy Ann Arnold Taft**Age** 62 yrs**Race** White**Sex** F**AUTHORIZATION****Authorized By** John D. Butts MD**Received From** Wake**ENVIRONMENT****Date of Exam** 03/10/2010**Time of Exam** 11:45**Autopsy Facility** Office of the Chief Medical Examiner **Persons Present** Kevin Gerity, Tracy Gurnsey, Dr. Sam Simmons, Zeke Morris (Raleigh Police Department), Shayne Smithey (CCBI), Bill Holloman**CERTIFICATION****Cause of Death**

Blunt force head trauma

**The facts stated herein are correct to the best of my knowledge and belief.****Digitally signed by**

John D. Butts MD 28 April 2010 12:37

**DIAGNOSES**

Blunt force head trauma with skull fractures, cerebral contusions, subarachnoid and subdural hemorrhage, s/p left craniotomy

Blunt force vaginal trauma

s/p face lift, bilateral mammary prostheses implantation

**IDENTIFICATION****Body Identified By**

Papers/ID Tag

**EXTERNAL DESCRIPTION****Length** 65 inches**Weight** 131 pounds**Body Condition** Intact**Rigor** Present**Livor** Posterior**Hair** Shaved**Eyes** Brown, 6 mm pupils**Teeth** Natural

These are the remains of a normally-developed and nourished-appearing woman. When received, the body is unclothed. There is evidence of therapeutic procedures. These include gauze wrapped around the head, an intravenous line in the left subclavicular region, an ID tag bearing an alias on the left wrist, an IV in the right forearm, and a urethral catheter in place. A nasogastric and endotracheal tube are present separately in a plastic bag lying on the abdomen.

The hands are edematous. The nails on the fingers are ragged. Light-colored, reddish polish is noted on the toenails. The body shows relatively-prominent bathing suit tan lines.

## INJURIES

Evidence of recent surgical procedures:

These include sutured horizontal bilateral submammary incisions, approximately 2" in length with some surrounding greenish-yellow discoloration. There are underlying implants.

Bilateral facelift incisions are also present. On the right is a slightly curved, 3.3" sutured incision, beginning in the forehead, extending downwards anterior to the ear, and then an approximately 2" extension from behind the right earlobe, extends along the hairline on the right backwards. A similar 3" incision is situated in front of the left ear. It also curves around behind and under the earlobe to extend posteriorly, as well. The posterior segment of this has been opened, to be further described. There is bluish-green discoloration of the neck tissues on both sides, presumably secondary to this procedure.

Evidence of non-medical injuries:

Immediately above the ear, in a coronal plane, is a 1" slightly curved unsutured scalp laceration. It extends to the skull, but there is no damage to the underlying bone. In the left frontal area is a triangular, 2" x 1" bruise with a small, approximately 0.2" area of laceration near its posterior margin. There is disruption of the scalp internally, but no evidence of injury to the underlying bone.

There is a large, gaping, open wound of the left parietal area. This lies behind the ear and measures 4" vertically x 2.5" horizontally. The inferior margin of this defect is formed by the facelift incision on that side. At the superior margin of this defect is a 1.5" in length sutured incision. The edges of the defect are somewhat irregular. The wound is packed with gauze. Upon removal of the gauze, dura and dural graft bulges from the defect.

The 3/6 operative report from WakeMed describes this injury as a "very large scalp defect measuring about 4x5 centimeters in diameter .....There was hair driven into the wound." The note later records that "the scalp edges were trimmed and debrided." "This left an approximately 6x9 centimeter scalp defect which was impossible to approximate..."

Beneath this large open wound is a corresponding defect involving the left parietal and portions of temporal bones. The edges appear waxed. A fracture line extends from the inferior margin of this defect anteriorly through the petrous portion of the left temporal bone. There are mild periorbital ecchymoses, presumably secondary to this fracture. The operative report states "The fracture was primarily in the center of the scalp defect, and there was marked depression of multiple comminuted fragments of skull." A burr hole was placed in the superior parietal region and saw cuts made anteriorly and posteriorly to allow removal of the fractured bone. The bone fragments were submitted to pathology.

Those fragments were obtained from WakeMed pathology and consisted of some 22 pieces of bone in a "bone curettings" labelled container in alcohol. They were removed and pieced together. Following same it is noted that they represent a 4" x 2" crescent shaped portion of the left parietal and temporal bones with a complex fracture pattern.

The left cerebral hemisphere shows an extensive area of maceration and hemorrhage underlying the bony defect. Within the right hemisphere, there is an area of subarachnoid hemorrhage over the anterior superior frontal lobe, some hemorrhagic contusion on the tip of the temporal lobe, and another approximately 0.7" area of contusion along the Sylvian fissure, near the terminus of the temporal lobe superiorly. There is a small area of contusion on the undersurface of that temporal lobe, as well. Multiple coronal sections reveal an extensive area of discoloration and softening of the left cerebrum, beginning in the mid temporal region and extending back into the occipital area. An area of hemorrhage is noted in the posterior commissure. An area of focal softening with hemorrhage is noted beneath the area of subarachnoid hemorrhage on the superior right frontal lobe area, as well, and contusion is also noted corresponding to the exterior hemorrhage noted in the temporal lobe on the right. There is clot present within the disrupted occipital tissues on the left posteriorly, and there are diffuse gray matter hemorrhages affecting the outer cortical ribbon of the occipital lobes, more so on the left than the right. There are no secondary brain stem hemorrhages. The operative report noted a dural laceration and that the "most contused area of the brain surface.. was in the inferior parietal superotemporal region." When this was opened "a large volume of blood" was "evacuated."

There is a faint bruising of the middle finger of the left hand with shallow abrasion on the posterior surface of the

middle phalange.

Both hands are edematous and there is some hemorrhagic discoloration of the anterior forearms, more marked on the left. This may be iatrogenic.

There is an extensive area of ecchymotic discoloration affecting the perineum. This involves the right pelvic area, the right side of the mons pubis, extends down along the right perineum to beyond the level of the anus. The discoloration affects the right labia majora and the anterior surface of the labia minora, as well. There is hemorrhagic discoloration of the clitoral hood. Within the introitus, there is an approximately 1" area of bruising/abrasion from approximately 7 o'clock to 10 o'clock. There is also a faint area of bruising on the opposite side. The vaginal vault and cervix are unremarkable. Within the pelvis there is considerable perivesicular bruising, with hemorrhage extending into the base of the uterine ligaments.

## **DISPOSITION OF CLOTHING AND PERSONAL EFFECTS**

### **The following items are released with the body**

None.

### **The following items are preserved as evidence**

None.

## **PROCEDURES**

### **Radiographs**

A radiograph of the right hand is obtained - no fractures are noted.

### **Special Evidence Collection**

Blood stain sample is obtained and turned over to Shayne Smithey, CCBI. CCBI agents also independently finger and footprinted the decedent following the completion of the autopsy.

## **INTERNAL EXAMINATION**

### **Body Cavities**

The pleural, peritoneal, and pericardial cavities are unremarkable, without evidence of inflammation, exudation, or hemorrhage.

### **Cardiovascular System**

**Heart Weight** 300 grams

The coronary arteries show normal origin and distribution. There is no appreciable atherosclerosis present. The myocardium is reddish-brown, without any areas of discoloration or thinning. The right-sided valves are unremarkable. There is minimal thickening on the left. The aorta and its major branches are intact. There are a few atherosclerotic streaks in the aortic root. The aorta generally shows only minimal atherosclerosis.

### **Respiratory System**

**Right Lung Weight** 650 grams

**Left Lung Weight** 500 grams

The lungs show congestion and edema. No obvious consolidation is noted. There are no space-occupying lesions. The pulmonary arteries are free of clot. The bronchi are clear. The trachea is unremarkable. There are a few areas of minor hemorrhage in the area of the aryepiglottic folds, consistent with intubation trauma. The hyoid bone and thyroid cartilages are intact. The tongue is unremarkable. There is no inflammation or edema of the epiglottis or larynx.

### **Gastrointestinal System**

The GI tract is intact throughout its length. The appendix is present. The stomach contains a small amount of greenish fluid. No food or particulate matter is noted. A considerable amount of greenish, soft stool is present in the large bowel.

### **Liver**

**Liver Weight** 1410 grams

The liver is dark reddish-brown without accentuation of the lobular architecture. The gallbladder is distended with bile and contains 2 pale, 1 cm in maximal dimension, mulberry-shaped stones. The extrahepatic system is intact, unobstructed, and undilated.

**Spleen****Spleen Weight** 100 grams

Unremarkable.

**Pancreas**

The pancreas is autolyzed, but appears within normal limits.

**Urinary****Right Kidney Weight** 140 grams**Left Kidney Weight** 140 grams

The kidneys show a normal configuration. The cortical surfaces are smooth. The capsules are not adherent. The ureters are intact. The bladder is empty.

**Reproductive**

The uterus, tubes, and ovaries are present. The uterus is unremarkable. The endometrial cavity is tan. The cervix is intact. The tubes show evidence of prior interruption.

**Endocrine**

The thyroid gland is normal in size and configuration.

The adrenal glands are unremarkable.

**Neurologic****Brain Weight** 1500 grams

The meninges are thin and delicate. Evidence of cerebral trauma and hemorrhage are present, as described. No evidence of any prior pathological abnormality is noted. The brain stem and cerebellum are unremarkable. The brain overall is softened.

**Skin**

Abnormality, as noted.

**Immunologic System**

No lymphadenopathy is noted.

**Musculoskeletal System**

Injuries, as described.

**MICROSCOPIC EXAMINATION****Cardiovascular**

Heart sections show rare eosinophilic myocytes. There is an increased number of perivascular inflammatory cells in some areas.

**Respiratory**

Lung sections show intra-alveolar hemorrhage and foci of early pneumonia.

**Liver**

Unremarkable

**Genitourinary**

Kidney is unremarkable.

**Neurologic**

Brain sections show areas of interstitial and perivascular hemorrhage. There are polys migrating into these areas. Pericellular vacuolation is widespread and there is focal neuronal eosinophilia. Section of dura shows intradural hemorrhage and adherent clot. There is some reaction at the dural-clot interface.

**SUMMARY AND INTERPRETATION**

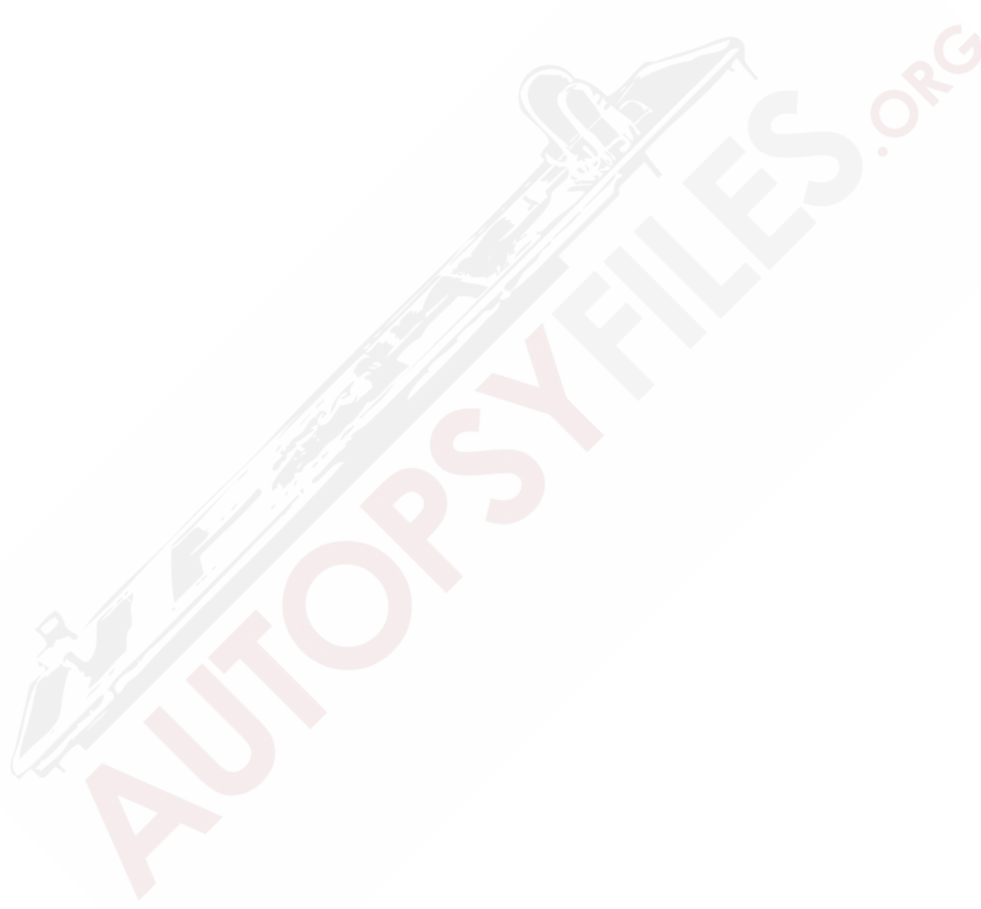
This was a 62-year-old woman who underwent cosmetic surgical procedures on March 5. Following same she and her sister then went to a residence where they were to stay. Her sister apparently last spoke to her when she put her to bed that evening. She checked her in the early a.m. and could hear her breathing, but did not turn on the light. At approximately 7:30-8:00 a.m., she checked her again and found her unresponsive, with obvious bleeding from the head

area, and her bed clothes and garments in disarray. She was taken to Wake Medical Center, where it was realized that she had suffered blunt force impact to the left side of her head, with resulting skull fractures and cerebral trauma. A craniotomy with decompression and removal of broken skull fragments was performed. She was also noted to have vaginal bruising and a sexual assault examination was conducted. She failed to improve and was ultimately declared brain dead on March 9.

Autopsy examination revealed evidence of blunt force impact to the head. Two areas of identifiable injury, including a bruise of the left forehead and a laceration posterior to that, are noted. Evidence of another injury more posteriorly in the left parietal region was altered by surgical procedure. The medical records describe an extensive scalp laceration with obvious underlying skull fractures. There was extensive damage to the underlying brain. This was confirmed at autopsy with additional contusions noted in the right cerebrum and secondary ischemic injuries of the occipital lobes. Bruising was noted in the perineal region and trauma in the vaginal introitus was confirmed. No significant pre-existing medical conditions that might have played a role in this woman's death were identified. Given the history and autopsy findings, it is my opinion that this woman's death was the result of blunt force trauma to the head, most consistent with her having been struck multiple times by a heavy blunt object.

## DIAGRAMS

1. Adult (front/back)
2. Skull & Scalp (top)
3. Head (left/right)
4. Head (front/back)
5. Female Perineum
6. Brain Cross Section



State of North Carolina

Name of Decedent: Kathy Taft

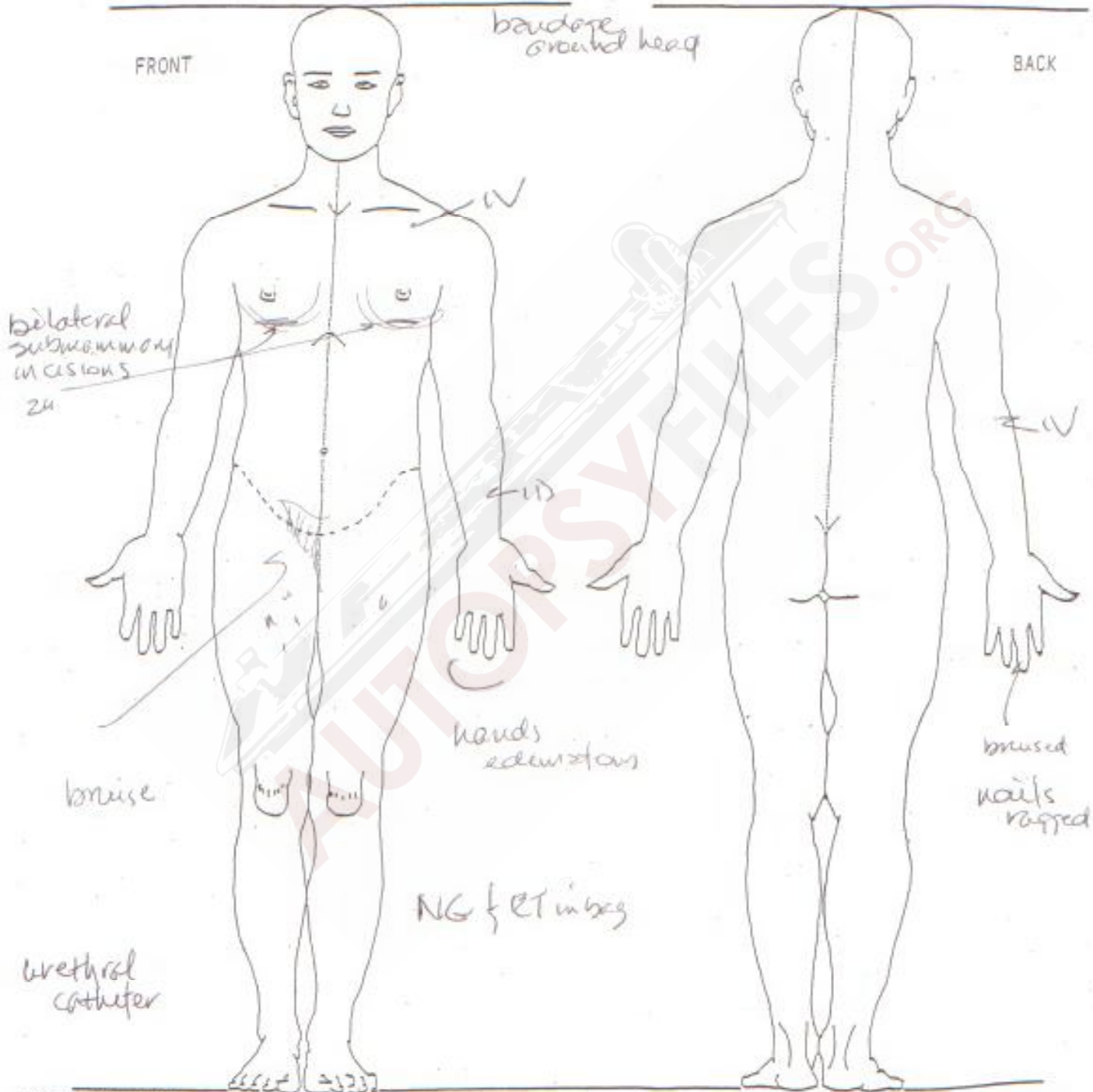
Office of the Chief Medical Examiner

Autopsy # B10001

Chapel Hill, North Carolina 27599-7580

Examined By: R Date: 3/1/10

**BODY DIAGRAM: ADULT (Front/Back)**



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Medical Examiner

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State of North Carolina

Name of Decedent: Kathy Taft

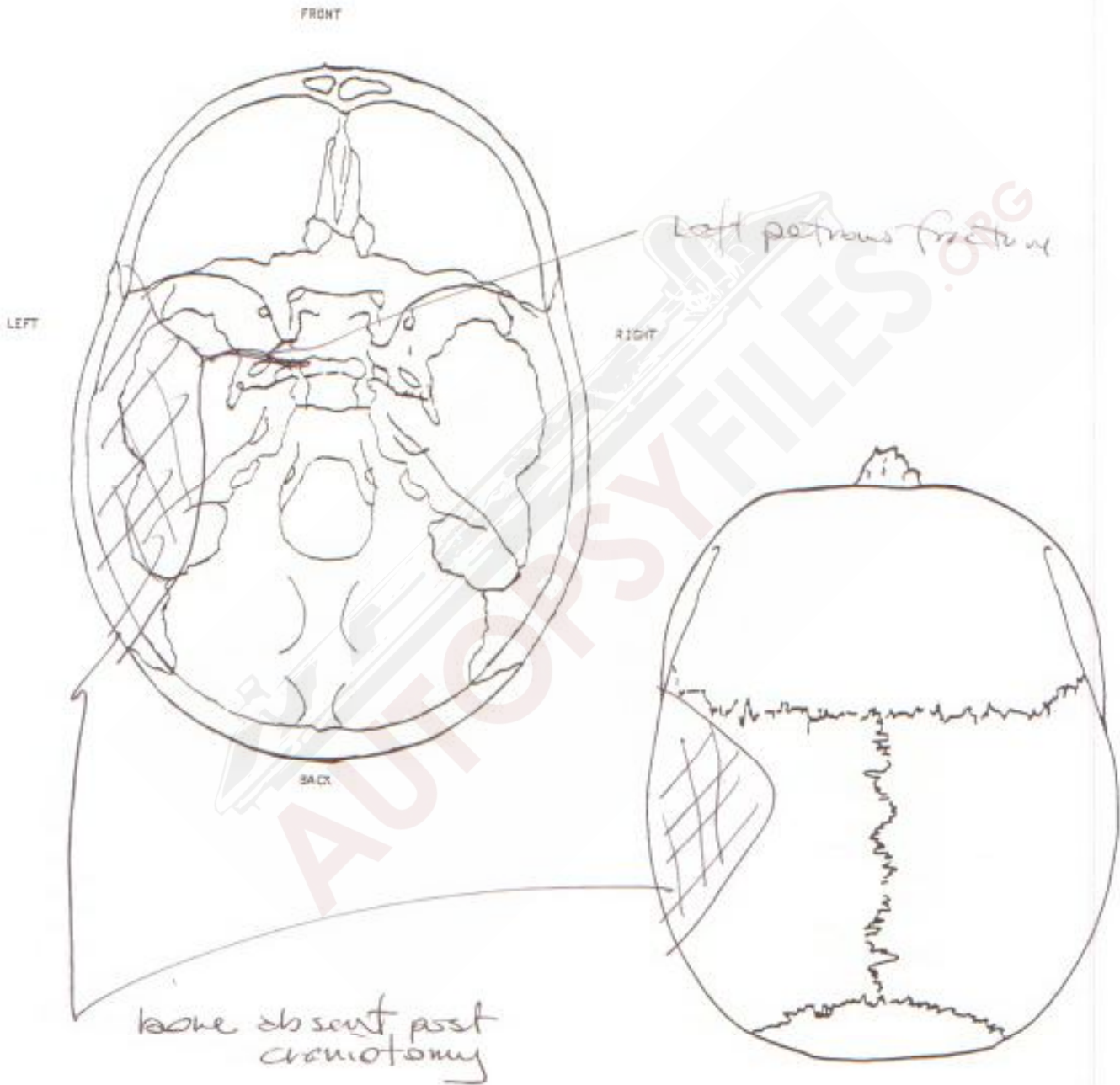
Office of the Chief Medical Examiner

Autopsy # B10.991

Chapel Hill, North Carolina 27599-7580

Examined By: CB Date: 3/10/10

**BODY DIAGRAM: SKULL & SCALP (top)**



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Name of Decedent: Kathy Taft

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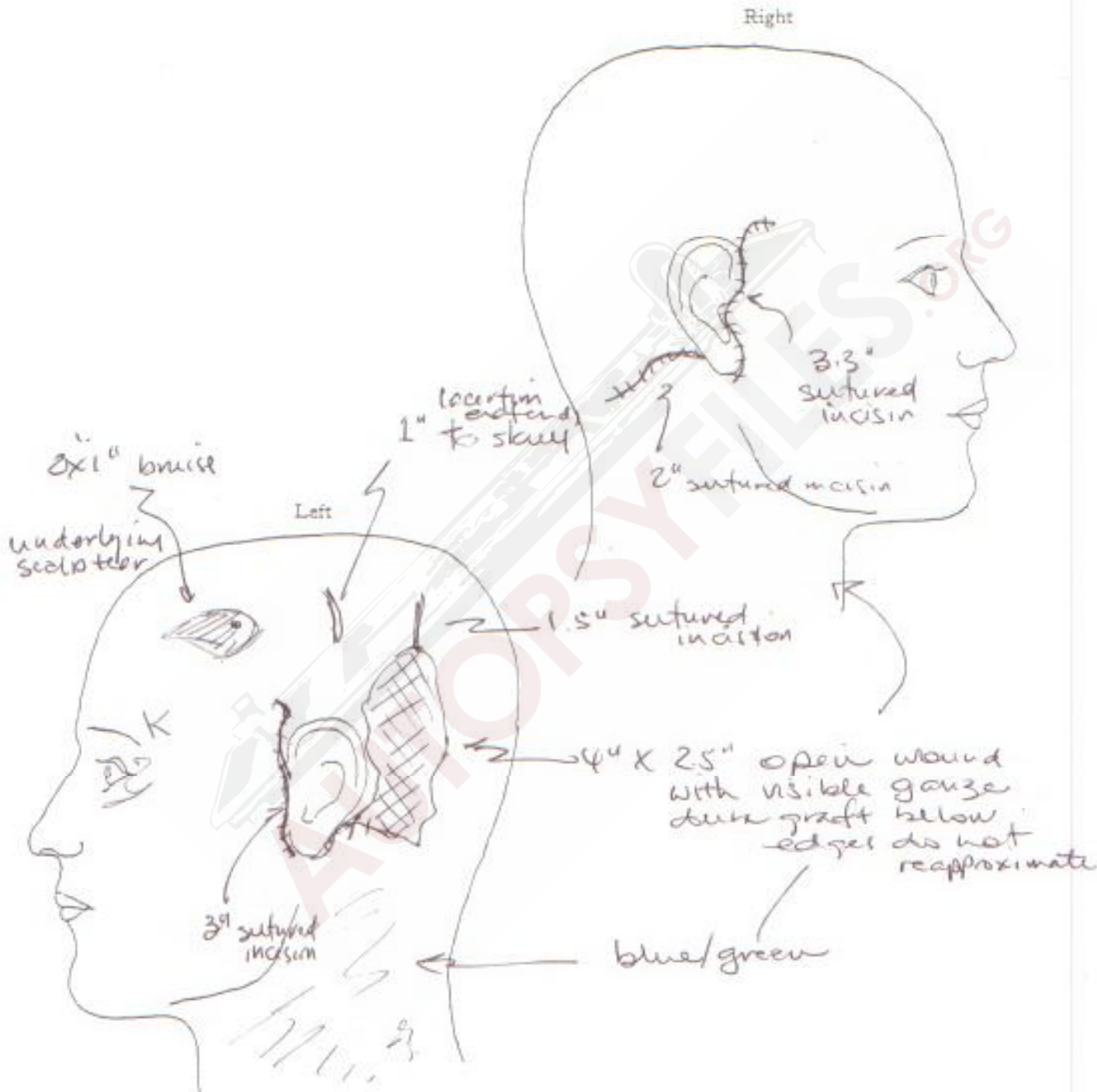
Autopsy # B10.991

Chapel Hill, North Carolina 27599-7580

Examined By: JTB

Date: 3/10/10

**BODY DIAGRAM: HEAD (left/right)**



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State of North Carolina

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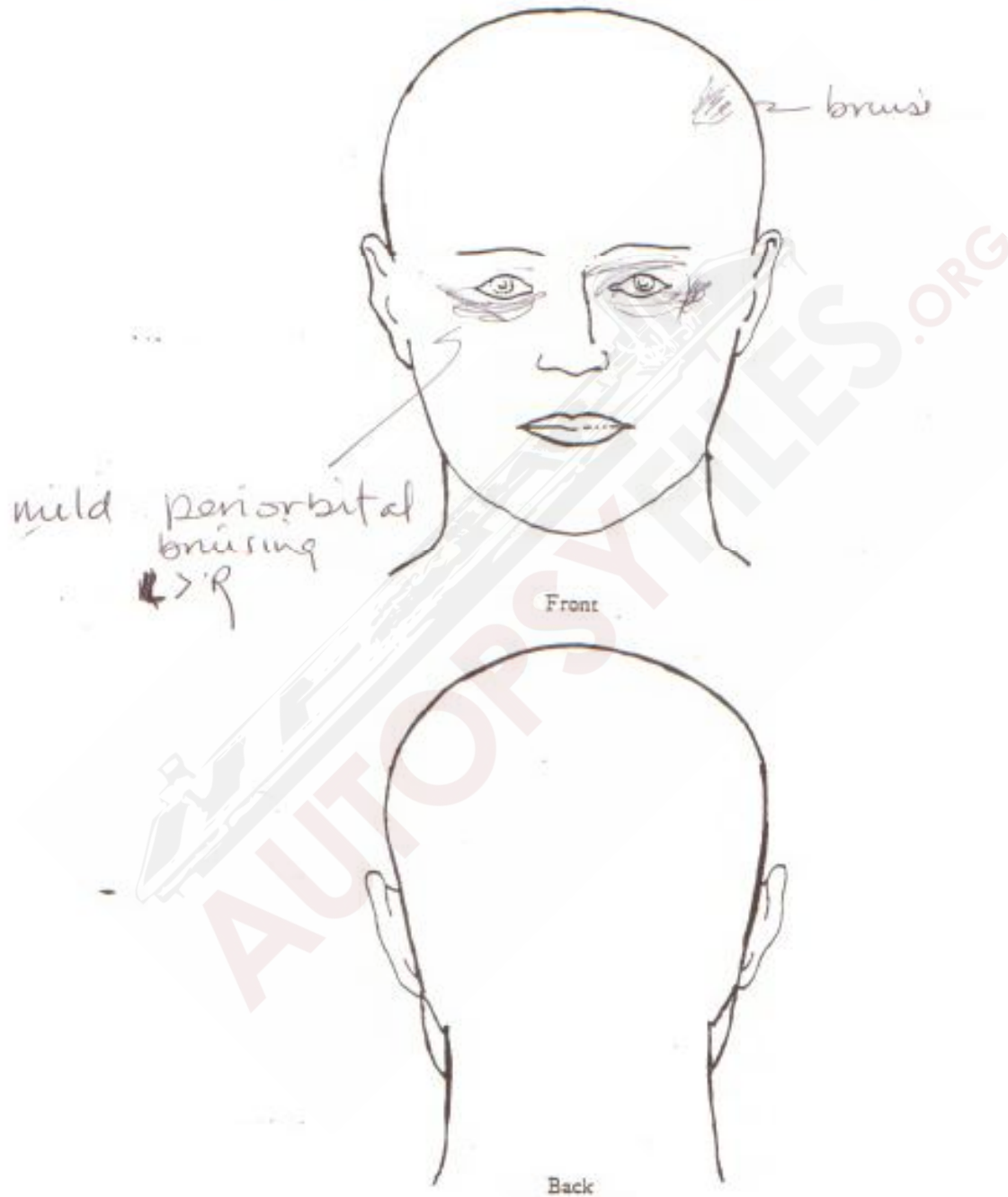
Office of the Chief Medical Examiner

Autopsy # B10-991

Chapel Hill, North Carolina 27599-7580

Examined By: [Signature] Date: 3/10/10

**BODY DIAGRAM: HEAD (front/back)**



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