Miami-Dade County
Medical Examiner Department
Number One on Bob Hope Road
Miami, FL 33136
Phone (305) 545-2400 Fax (305) 545-2418

LINK, Clayton Ayers **ME CASE #:2009-01603**

6/7/1983 12:00:00AM 26 Years White Male **DATE:6/23/2009 2:28:38PM**

140 Pacific AVE , Tavenier, FL, **TYPE:**ME

PLACE OF DEATH: Baptist Hospital of Miami

Time of Death: 6/27/2009 2:15:00PM

Investigating Agency:

Incident Location: 5501 College RD , Key West, FL 33040

Incident Date / Time: **Scene Dr.:**

Autopsy Tech:	Autopsy Other:	Primary Police Inv.:	Primary Photographer:
Blanco, Obed			Dawson, Hanif

TERMINAL EVENT: The decedent was arrested in Monroe County, Florida, on June 17, 2009, for possession of marijuana with intent to sell and possession of narcotics equipment. He had a history Epilepsy and early the next day (June 18, 2009), he felt as if he were going to have a seizure. The deceased was transferred to the jail infirmary and was given medication. He apparently vomited and at that time he asked to take a bath. The decedent was taken to a bathroom, the water was started in the tub and he was apparently left unattended. He was later found unresponsive, submerged under water in the tub by deputies. The deceased was successfully resuscitated and was initially transported to the Lower Keys Hospital where tox tests came back positive for Cocaine, Benzodiazepines, and THC/Cannabinoids. He was then transferred to Baptist Hospital where he later expired. He was released from custody on bond while an inpatient.

MEDICAL HISTORY: Per family, the decedent's only known medical condition was Seizure Disorder (onset at age 16, non-traumatic per family).

MEDICATIONS: None

SOCIAL HISTORY: The deceased was born in Miami, Florida, and was a lifetime resident of the Lower Keys, Florida. He was single, did not have children, and lived with his family. Due to his Seizure Disorder condition, the decedent did not work. Per family, he was a one pack per day cigarette smoker, a rare drinker of alcohol, and was known to abuse the following drugs: Cocaine, Marijuana, Pain Medications, and various prescription drugs.

Cause of Death: Anoxic Encephalopathy

Due To: Submersion in Water Following Probable Seizure

Due To: Idiopathic Epilepsy

Due To:

Contributory Cause:

Manner: Accident Autopsy 6/30/09 9:00 am **Doctor:** Shuman, Mark MD

Mortuary: H W BEYER FUNERAL HOME **Investigator:** Eichel, Mark

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Blanco, Obed			Dawson, Hanif

IDENTIFICATION: Method: Visual

By: Brown Link Relationship: Father

Cause of Death: Anoxic Encephalopathy

Due To: Submersion in Water Following Probable Seizure

Due To: Idiopathic Epilepsy

Due To:

Contributory Cause:

Manner: Accident Autopsy 6/30/09 9:00 am **Doctor:** Shuman, Mark MD

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AUTOPSY PROTOCOL

LINK, Crayton
June 30, 2009...09:00 A.M.

Case No. 2009-01603

CAUSE OF DEATH:

Anoxic Encephalopathy

DUE TO:

Submersion in Water Following Probable Seizure

DUE TO:

Idiopathic Epilepsy

Mark J. Shuman, M.D
Associate Medical Examiner

Date: 7/13/09

SCR/AAA15

LINK, Crayton...June 30, 2009...09:00 A.M. ...Case No. 2009-01603

ATTENDEES:

FORENSIC TECHNICAN: Obed Blanco
PHOTOGRAPHER: Hanif Dawson

EXTERNAL EXAMINATION:

The body is that of a well-developed, well-nourished, 5 foot 8 inch, and 126 pound, white male who appears the reported age of 26 years. The body is refrigerated, well preserved and not embalmed. Rigor mortis is fully developed. Livor mortis is posterior, faint and fixed. A green plastic bracelet around the left ankle has the number "22380."

The scalp has no injuries and is covered by up to 1 centimeter in length, light brown hair. The irides are blue and the sclerae are white. The right bulbar conjunctiva has petechiae inferior and medial to the iris. The left bulbar conjunctiva has petechiae medial and inferior to the iris. The nasal septum is intact. A 0.5 x 0.3 centimeter scab is on the nasal columna. The oral mucosa is not injured and the frenula are intact. The teeth are natural and in fair condition. Facial hair consists of an up to 1 centimeter in length, light brown mustache, and an up to 1.5 centimeters in length, light brown goatee.

The neck, chest, abdomen, back and extremities have no injuries or deformities. The abdomen is scaphoid and soft. A vertical, midline, sutured incision extends from the sternal notch to the pubis. A horizontal, sutured incision extends through the umbilicus. The arms have no track marks. The wrists have no scars. The right arm and forearm are edematous. A tattoo with inscription "305" is on the right lateral shoulder. A tattoo of a cross is on the left lateral shoulder. Several, up to 1.2 centimeter scars are on the right shin. A 0.7 x 0.5 centimeter area of pink discoloration of the skin is on the instep of the right foot. A 4.3 x 0.5 centimeter, vertical scar is on the left shin. A 2.1 x 0.6 centimeter area of maroon discoloration of the skin is on the instep of the left foot. A tattoo of the inscription "CAL" is on the posterior neck. A 3 x 1.8 centimeter, grade I decubitus ulcer is over the sacrum and a 7.5 x 2 centimeter grade I decubitus ulcer is on the left buttock. The external genitalia are those of a normal, circumcised male. Both testes are in the scrotum. The anus is normal.

EVIDENCE OF MEDICAL INTERVENTION:

Endotracheal and orogastric tubes are properly positioned. A temperature probe in the mouth terminates in the oropharynx. A triple lumen catheter is in the right subclavian vein. Electrocardiogram pads are on the right shoulder, left upper back, and left mid back. A Foley catheter is in the bladder and the attached tube contains a minimal amount of clear, pale yellow urine. An arterial catheter is in the left inguinal region. A hospital identification bracelet is around the right wrist. A yellow, "allergy alert" bracelet on the right wrist is blank. Puncture wounds surrounded by ecchymoses are in the right antecubital fossa, right anterior radial wrist, and posterior aspect of the right hand. Puncture wounds surrounded by ecchymoses are in the left antecubital fossa, left anterior forearm, and posterior aspect of the left hand. A puncture wound is in the posterior aspect of the left forearm.

EVIDENCE OF ORGAN DONATION:

A midline, vertical, sutured incision extends from the sternal notch to the pubis. A horizontal sutured incision extends across the abdomen through the umbilicus. An 8.7 centimeter, oblique, sutured incision is in the right inguinal region. The heart, lungs, liver, kidneys and part of the spleen have been removed.

INTERNAL EXAMINATION:

The subcutaneous fat of the anterior abdominal wall is up to 1.5 centimeters thick. The body cavities contain moderate amounts of bloody liquid and have no evidence of adhesions. The heart, lungs, liver, kidneys, and part of spleen have been resected.

The tongue has no bite marks or hemorrhage. The esophagus is lined by tan and intact mucosa with several small submucosal hemorrhages proximally. The stomach contains approximately 100 milliliters of green liquid. Its mucosa is tan, has normal rugal folds and a cobblestone texture, and is intact. There is a small submucosal hemorrhage in the cardia. The duodenum has no ulcers. The remainder of the intestines has normal external surfaces and no palpable masses. The appendix is normal. The rectum contains brown, soft stool and has a normal mucosa. The pancreas is pale tan and lobulated.

The spleen is in multiple pieces and is 150 grams in total. The capsule is thin and smooth. The parenchyma is dark red, soft and has normal Malpighian corpuscles. The lymph nodes of the neck are slightly enlarged and have tan, soft and homogenous parenchyma. The mediastinal lymph nodes are mildly enlarged and have congested and soft parenchyma. The axillary lymph nodes are mildly enlarged and have tan, congested and soft parenchyma. The lymph nodes of the small bowel mesentery are mildly enlarged and have tan, soft, and homogenous parenchyma.

The bladder is empty. It has tan, mildly trabeculated and intact mucosa. The prostate gland is normal.

The thyroid gland has normal size and shape and unremarkable, pale tan parenchyma. The adrenal glands have been removed with the kidneys. The pituitary gland is normal.

The anterior muscles and surrounding soft tissues of the neck have no hemorrhage. The hyoid bone and the thyroid cartilage are intact.

The musculoskeletal system is well developed. The muscles have a normal color and consistency. The ribs are not brittle. There are no rib fractures. The vertebrae have no arthritic changes or injuries.

There is no scalp or subgaleal hemorrhage. The skull is intact. There is no epidural or subdural hemorrhage. The dural venous sinuses contain dark red thrombi.

The brain is 1390 grams. The leptomeninges are thin, transparent and congested. There is no

subarachnoid hemorrhage or exudate. The vessels of the circle of Willis are normally formed and have no atherosclerosis. The cerebral hemispheres are symmetric. The gyri are widened and flattened, and the sulci are narrowed. The cortical surfaces are dusky. The cerebellar tonsils and cervicomedullarly junction are markedly soft. Please see the Neuropathology Report for a more detailed description of the brain.

AUTOPSY FINDINGS:

1. Cerebral edema with cerebellar herniation
2. Dusky cerebral cortical surface
3. Thrombosis of dural venous sinuses
4. Status post harvesting of heart, lungs, liver, kidneys and part of spleen

SPECIMENS TAKEN FOR HISTOLOGY:

Lymph nodes and dura

Mark J. Shuman, M.D
Associate Medical Examiner

SCR/AAA15/mjs

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MICROSCOPIC REPORT

LINK, Clayton Ayers **Case No. 2009-01603**

LYMPH NODES (3 sections): Reactive hyperplasia.

DURA (2 sections): Organizing thrombus in dural venous sinus.

Mark J. Shuman, M.D.
Associate Medical Examiner

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NEUROPATHOLOGY CONSULTATION

LINK, Clayton **Case No. 2009-01603**

GROSS DESCRIPTION:

The weight of the brain after fixation is 1390 grams. The brain is swollen and dusky gray. The leptomeninges are thin. There is no subarachnoid blood or leptomeningeal opacity. The cerebral hemispheres are symmetrical. The distribution of gyri and sulci is grossly not unusual. There is flattening of the gyri and effacement of the sulci. The arteries at the base of the brain are thin-walled with patent lumina. There is no atherosclerosis and no aneurysms. There is bilateral uncal herniation. The basilar vessels are congested. The cranial nerves are all present and are grossly unremarkable. The cerebellar hemispheres are symmetrical. The midbrain and pons are unremarkable.

Coronal sections of the cerebral hemispheres show poor cortical-white matter definition throughout. The ventricular system is compressed. The ventricular ependyma is smooth and shiny. The caudate, putamen, globus pallidus and thalamus are normal in size and configuration. There is cracking artifact around the basal ganglia. The internal capsules appear grossly unremarkable. The corpus callosum is developed and is artifactually torn. The amygdala and hippocampal formations are distorted. The mammillary bodies are normal. The brain is less fixed internally.

Transverse sections of the brainstem with the attached cerebellum reveal a patent aqueduct of Sylvius. The substantia nigra and the locus ceruleus appear normally pigmented for age. The cerebral peduncles are normal in size and coloration. The pontine white matter and fourth ventricle are without abnormality. The cerebellar folia, deep white matter and dentate nucleus show no abnormality. There are no abnormalities of the medulla.

GROSS ANATOMIC DIAGNOSES:

1. Cerebral edema
2. Respirator type brain

MICROSCOPIC EXAMINATION:

Multiple sections of brain and spinal cord are examined in 6 slides. There is poor cortical white matter definition. There many anoxic-ischemic cortical neurons. The basal ganglia are poorly stained and have many eosinophilic neurons. The pontine section is poorly stained and has many eosinophilic neurons. The midbrain substantia nigra neurons are pigmented. The cerebellar section is poorly stained and the Purkinje cells and dentate neurons are eosinophilic.

FINAL ANATOMIC DIAGNOSIS:

1. Cerebral edema
2. Anoxic ischemic eosinophilic neurons
3. Respirator type brain

Kenneth D. Hutchins, M.D.
Associate Medical Examiner