

DISTRICT SIXTEEN MEDICAL EXAMINER

P.O. BOX 522380, MARATHON SHORES, FL 33052
PHONE: (305) 289-5410 FAX: (305) 289-5519

CASE SUMMARY

CASE # 2004-00155

DECEDENT	Rice <small>(LAST)</small>	Connie <small>FIRST</small>	Jean <small>MIDDLE)</small>	SEX	Female
				RACE	White
ADDRESS	180 Doubloon Lane Cudjoe Key Florida 33042			AGE	51
DATE	10-28-04 Found	TIME	2025 hours	DOB	12-06-52
PLACE	180 Doubloon Lane Summerland Key Florida 33042			DOD	10-28-04 F
MEDICAL EXAMINER	Dr. Michael Hunter			SSN	N/A
INVESTIGATOR	Michael L. Bates ABMDI-D			MARITAL STATUS	Married
				COUNTY	Monroe

SUMMARY:

On October 28th 2004 at 2140 hours Inspector Jon Ellsworth with the Monroe County Sheriff's Office Homicide Unit in Marathon contacted writer in regards to a possible suicide in Cudjoe Key.

Initial report was that of a female found unresponsive and on the floor by her husband in a bedroom with a single gunshot wound.

Writer was in route to the scene at 2151 hours. Writer was also contacted by Crime Scene Investigator Gary McCullough and advised he also was in route to the scene.

Writer arrived on scene at 2210 hours and was briefed by Inspector Jon Ellsworth. According to the Inspector the decedent was found in a rear bedroom / office area on the floor in a pool of blood with what appeared to be a single gunshot wound to the head.

With permission of detectives, writer entered the residence at 2228 hours and viewed the decedent in the bedroom. Writer began to document the scene with digital photography along with Crime Scene Investigator Gary McCullough.

Writer noted the decedent to be lying supine and clad in a white bra and gray cotton underwear. There was a large pool of blood under the decedent's head and blood spatter adjacent to the body. Investigator McCullough found a computer generated suicide note on the working surface of the computer table where the decedent had been typing. Writer photographed the note, which had been electronically signed.

Dr. Hunter was contacted at 2300 hours and arrived on scene at 2319 hours.

Dr. Hunter viewed the body at 2323 hours with the assistance of this writer. The body was cool to the touch and flaccid. There was a slight amount of rigor mortis present in the jaw

area. There was no lividity present on the body. There was a large wound to the forehead and no other wounds found to the body at the scene.

While manipulating the body for viewing purposes, a weapon was found under the decedent's back and a spent shell casing found near the decedent.

Both this writer and Crime Scene Investigator Gary McCullough took numerous digital and 35mm photographs of both the scene and the body.

At 2345 hours, with the assistance of Investigator McCullough and Dr. Hunter, the decedent's hands were placed in bags to maintain any possible evidence.


At 110 hours on October 29th, with the assistance of Investigator McCullough and Detective Quervo, the body was placed into a body bag, which was sealed and tagged and prepared for transport.

At 140 hours on October 29th, this writer transported the body to Fishermen's Hospital in Marathon Florida to obtain x-rays of the body. X-rays were obtained at 230 hours and this writer then transported the body to the Medical Examiner's temporary holding facility in Big Pine Key Florida.

The examination was scheduled for October 29th at 1300 hours at the Dean-Lopez Funeral Home in Key West Florida.

On October 29th 2004 at 7:00AM, writer transported the body to the Medical Examiner's temporary holding facility in Key West.

The body was released to Dean-Lopez Funeral Home as per the family's request.



01-27-05

Michael L. Bates D-ABMDI
Chief Forensic Investigator
District Number 16 / Monroe

CC:
State Attorney's Office
Inspector Jon Ellsworth MCSO SO MAR
Detective James Norman MCSO SO MAR

DISTRICT SIXTEEN MEDICAL EXAMINER

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AUTOPSY REPORT

CASE # 2004-0155

DECEDENT	<u>Rice</u>	<u>Connie</u>	SEX	<u>F</u>	
	(LAST)	FIRST	RACE	<u>W</u>	
EXAM DATE	<u>10-29-2004</u>	EXAM TIME	<u>1:00 AM</u>	AGE	<u>51</u>
EXAM SITE	<u>Dean Lopez FH</u>		DOB	<u>12-06-1952</u>	
MEDICAL EXAMINER	<u>Michael D. Hunter, M.D.</u>		DOD	<u>10-28-2004</u>	
INVESTIGATOR	<u>Michael Bates</u>		COUNTY	<u>MONROE</u>	

SUMMARY OF AUTOPSY FINDINGS:

- I. Intermediate Range Gunshot Wound of the Head
- II. Multiple Scalp Contusions
- III. Multiple Variably Aged Contusions of the Lower Extremities
- IV. Status-Post Cholecystectomy
- V. Orthopedic Hardware in the Upper Cervical Neck Region

Toxicology:


University of Florida Diagnostic Referral Laboratory:

Volatiles (blood): Ethanol positive - 219 mg/dL (0.21 g/dL)

Comprehensive Drug Screen (blood):
Acetaminophen: 10 mg/L
Bupropion metabolite positive
Citalopram positive (trace)
Diazepam: 154 ng/mL
Nordiazepam: 134 ng/mL
Oxazepam positive (trace)

Cause of Death: **Gunshot Wound to the Head**

Manner of Death: **Suicide**


Michael D. Hunter, M.D.
District Sixteen Medical Examiner

General Description:

The body is received in the morgue within a secured body bag, and accompanying the body are two x-rays representing the head region. The body is that of a 62 inch, approximately 170 pound white female who appears the reported age of 51 years. The victim is received with paper bags properly positioned about both hands for evidentiary recovery purposes. The victim is clothed in a white to pink bra and gray brief underwear. A yellow metallic anklet with numerous pendants is present about the left ankle. Rigor mortis is firmly established in the larger muscle groups of the upper and lower extremities and the smaller muscle groups of the neck and jaw. Blanching lividity is posterior. Small blood droplets are distributed on many of the body surfaces including the anterior right thigh, anterior left thigh, lateral left arm, lateral left forearm, right antecubital fossa, right side of the face, and the upper right aspect of the chest. Much of this blood is smeared. Sparse dark particulate material consistent with gunpowder residue is deposited on the medial aspect of the proximal right little finger contiguous with similar deposits on the medial/palmer aspect of the right hand. Prior to cleaning the body, a GSR collection and an examination of the genitals is performed. Hair standards are recovered from the scalp and pubic region; pubic combings are obtained, and swabs from the vagina, rectum, and oral mucosa are performed and placed into properly labeled evidence containers. An identification tag is on the left great toe.

External Examination:

The scalp is covered by short wavy blonde hair. The irides are brown, the conjunctiva and sclera are free of petechial type hemorrhages, and the pupils are equal and intermediate in size. The external nose is normally formed and the midline septum is intact. The facial bones and nasal bones are intact on palpation. The external ears are normally formed and two earring puncture wounds are in the left earlobe and similar wounds are in the right earlobe. The oral mucosa is tan, smooth, moist, and the upper and lower frenulums are intact. There are no oral mucosal injuries and the teeth are natural, intact, and are in good repair. There is no obstructive material within the oral pharynx. The neck contents are midline. The chest is symmetric with linear scars beneath both breasts. The abdomen is soft, slightly protuberant, and contains a 5.0 cm linear scar in the left lower quadrant, and a 1.0 cm scar adjacent to the

umbilicus. The upper and lower extremities are normally formed with a normal distribution of associated soft tissues. A 3.5 x 2.0 cm blue contusion overlies the anterior surface of the right knee centered 5.0 cm above the center of the knee. A 2.3 x 0.2 cm linear abrasion is on the anterior lateral mid right leg. Scattered scars are on the anterior surfaces of both knees and legs and the posterior aspect of the forearms and hands. The fingernails are artificial, completely intact, and extend on average 6-7 mm past the fingertips. The vertebra is midline the anus and external genitalia are free of any injuries.

Evidence of Injury:

Blunt Force Head Trauma:

There are no Cutaneous abrasions or lacerations to the scalp however on reflection of the scalp multiple contusions are identified including a fresh appearing 6.5 x 4.5 cm subgaleal contusion in the left occipital area centered 7.0 cm left of posterior midline and 3.5 cm posterior to the frontal plane, a fresh appearing 3.0 x 1.7 cm rounded contusion in the right frontal/temporal region 9.5 cm right of anterior midline and 10 cm below the top of the head, and a 2.0 cm subcutaneous contusion is in the right parietal scalp.

Intermediate Range Gunshot Wound of the Head:

An intermediate range gunshot wound is in the frontal scalp centered in the midline 3 ½ inches anterior to the frontal plane and 2 ¼ inches above the level of the eyebrows. The 0.9 cm rounded wound has an asymmetric rim of extending lacerations off the posterior and lateral edges with an overall wound measurement of 4.0 x 3.5 cm. Abundant stippling coats the skin adjacent to the anterior and lateral wound edges extending 3.1 cm anterior to the nearest wound edge, 2.5 cm to the nearest left lateral wound edge, and 2.5 cm to the nearest right lateral wound edge. There is no stippling posterior to the area of wound entrance, and there are no soot deposits or muzzle imprints. The projectile penetrates the skin and soft tissues of the frontal scalp in the midline, the frontal calvarium, the left frontal lobe, the left parietal lobe, and the left occipital lobe where a partially deformed medium caliber projectile is recovered just posterior to the left occipital pole. A fragmented copper portion of jacket is recovered 9.0 cm along the wound tract from the area of entrance. The recovered projectile and jacket are photographed and placed into properly labeled evidence containers.

Associated with the intermediate range gunshot wound of the head is penetrating injury with associated lacerations of the skin of the scalp, a punched out round defect of the frontal calvarium with prominent inward beveling, mild periosteal blood extravasation in the area of cranial penetration, patchy bilateral subarachnoid hemorrhage with the left measuring approximately 9 cm and the right measuring approximately 5 cm overlying the convexities, faint fluid subdural hemorrhage overlying both cerebral hemispheres; fragmentary injury of the left frontal cortex, the central structures of the left cerebral hemisphere including the basal ganglia, and the entire left lateral ventricle, penetrating injury of the left parietal occipital

lobes, and hemorrhage as well as contusion along the entire wound tract. There are radiating fractures extending from the area of wound entrance in the calvarium and there is bilateral basilar skull fractures involving the anterior, and middle cranial fossae bilaterally with associated periorbital blood extravasation involving the upper eyelids.

The wound path with the body in the anatomic position is from front to back, above to below, and slightly right to left.

Internal Examination:

The anterior chest wall and abdominal wall are free of extravasated blood. The pectoralis muscles are pink and moist. The ribs, sternum, and clavicles are intact. The pleural, pericardial, and peritoneal spaces are lined by smooth mesothelium, and the body cavities contain neither blood nor excessive fluids. The body cavities have no peculiar or aromatic odors.

Neck Organs: A layer-by-layer anterior neck dissection is performed and the strap muscles of the anterior neck are free of injury or infiltrates. The hyoid bone, thyroid cartilage and cricoid cartilage are intact. The thyroid gland is maroon and symmetric and the cervical lymph nodes and parathyroid glands are inconspicuous.

Cardiovascular System: The 310 gram heart has a smooth epicardial surface with a normal distribution of epicardial adipose tissues. The coronary blood vessels are subepicardial and arise in their normal locations from the aorta. Each of the coronary arteries are widely patent without atherosclerosis, luminal thrombosis, or aneurysms. The myocardium is maroon without fibrosis or necrosis. The valve leaflets and cusps are intact and are thin and delicate without vegetations or calcifications. The aorta, inferior vena cava, superior vena cava, pulmonary arteries, and pulmonary veins are intact and lined by smooth intima.

Respiratory System: The right and left lungs weigh 320 grams and 270 grams respectively. The pleural surfaces are smooth and pink. The lungs are diffusely crepitant throughout all lung fields. There is no parenchymal purulence, granulomas, blood aspiration, or neoplasms. The larynx, trachea, and primary bronchi are lined by smooth, tan mucosa and their lumens are unobstructed.

Gastrointestinal System: The esophagus is lined by smooth tan mucosa and the stomach contains 60 cc of turbid brown fluid and intermixed white flocculent material. There are no gastric or duodenal ulcers. The external aspect of the small intestine, large intestine, appendix, and rectum are normal.

Hepatobiliary System: The 1320-gram liver is intact and has a smooth capsule and a sharp anterior margin. The hepatic parenchyma is brown, soft, and free of fibrosis. The gallbladder is surgically absent.

Hematopoietic System: The 90 gram spleen is intact and has a smooth gray capsule and the parenchyma is red-blue with inconspicuous corpuscles. There is no generalized lymphadenopathy.

Genitourinary System: The right and left kidneys both weigh 120 grams and have smooth cortical surfaces and well-demarcated cortico-medullary junctions. The collecting systems are lined by smooth, tan mucosa, and the ureters are normal in course and caliber to the urinary bladder. The bladder contains an approximate 120 cc. of urine and is lined by smooth, tan mucosa. The uterus, and ovaries are normal for age other than for scattered uterine leiomyomata.

Endocrine System: The adrenal glands and pancreas are normal.

Musculoskeletal System: There are no musculoskeletal injuries or abnormalities identified other than those associated with the gunshot wound.

Scalp, Skull, and Central Nervous System: There is no accumulated blood within the epidural space. The 1230-gram brain has symmetric cerebral and cerebellar hemispheres; and is covered by thin, transparent leptomeninges. The right cerebral cortex is tan and free of contusions, and the right cerebral white matter is white, soft, and uniform. The right caudate nuclei, basal ganglia, and thalami are tan, and uniform. The cerebellum, midbrain, pons, and medulla oblongata are free of any internal or external abnormalities. The blood vessels about the brainstem and those emanating from the Circle of Willis are thin and delicate without atherosclerosis, luminal thrombosis, or aneurysms. The proximal cervical spinal cord is tan, firm, and symmetric.

Specimens:

Heart blood, vitreous fluid, gastric contents, and urine are retained and a comprehensive analysis is requested through the University of Florida Toxicology Laboratory.

Photographs:

Multiple digital and 35mm photographs are obtained.

Disposition of evidence:

The decedent's personal effects are submitted with the body to the funeral home. See "Property Receipt Office of the Sheriff, Monroe County" for further inventory of evidence.


Michael D. Hunter, M.D.
District Sixteen Medical Examiner


Microscopic Description:

Kidney, Liver: The sections from these organs show no histopathologic abnormalities.

Scalp, Left Occipital (slide 2): The section submitted from the left occipital scalp shows soft tissue with fresh blood extravasation. There is no inflammation or other evidence of organization.

Scalp, Right Frontal/Temporal (slide 3): The section submitted from the right frontal/temporal scalp shows soft tissue with fresh blood extravasation. There is no inflammation or other evidence of organization.

Scalp, Right Parietal (slide 4): The section submitted from the right parietal scalp shows soft tissue with fresh blood extravasation. There is no inflammation or other evidence of organization.


Michael D. Hunter, M.D.
District Sixteen Medical Examiner