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**COUNTY OF SANTA CLARA
OFFICE OF THE MEDICAL EXAMINER-CORONER
850 Thornton Way
San Jose, CA 95128-4702
(408) 793-1900**

REPORT OF AUTOPSY

NAME: TABLER, Donald Bruce

CASE # 16-01123

DATE AND TIME OF AUTOPSY: Tuesday, March 22, 2016 @ 1000 hours
AGE: 65 years **RACE:** Caucasian **SEX:** Male **LENGTH:** 70 inches **WEIGHT:** 116 pounds

IDENTIFICATION

An autopsy is performed on a body labeled with two Medical Examiner tags attached to the right ankle, each labeled "16-01123, Tabler, Donald, 3-21-16, K-1." In addition, photographs are taken for identification purposes. The body is positively identified by antemortem and postmortem fingerprint comparison on 03-31-2016.

The autopsy is performed under the legal authority of the Office of the Medical Examiner-Coroner of the County of Santa Clara, California.

CLOTHING AND ACCOMPANYING EFFECTS

The body is received clad in the following decomposition fluid-soaked items:

1. A blue woven cotton long-sleeve dress shirt labeled "Milan 15-1/2 34/35."
2. A green knit cotton/polyester hooded sweatshirt labeled "Russe, L/G."
3. A pair of stool-soiled blue denim jeans labeled "H&M."
4. A pair of wet black polyester gloves with faded labels.
5. A white knit cotton quarter-length sock worn on the right foot.
6. A white knit cotton athletic sock worn on the left foot.

The body is accompanied by a red and white horizontally striped long-sleeve T-shirt labeled "Lions Crest L." There are no other accompanying effects or valuables.

42 EXTERNAL EXAMINATION

43
44 The body is that of a well-developed, underweight, adult Caucasian male with a body mass index
45 of 16.6 who appears compatible with the stated age of 65 years.

46
47 There is early postmortem change indicated by the following:

- 48
49 1. The skin of the face is red with moderate desiccation.
50
51 2. The eyes are prominently desiccated.
52
53 3. The skin of the trunk, upper extremities and thighs is discolored green-red with
54 multifocal areas of dark orange desiccation and prominent diffuse skin slippage.
55
56 4. Abundant fly eggs, maggots and ants diffusely cover the body surfaces.
57

58 The body is cold (refrigerated). Rigor mortis has receded. Fixed red livor mortis extends over
59 the posterior surfaces of the body, except in areas exposed to pressure. The scalp hair is light
60 brown, wavy, measures 1/2 to 3 inches in length over the crown and demonstrates moderate
61 male-pattern balding.

62
63 The irides are brown with prominent arcus senilis. The pupils are bilaterally equal at 0.5 cm.
64 The sclerae and conjunctivae are clouded and prominently dissected. No petechial hemorrhages
65 are identified on the palpebral conjunctivae, bulbar conjunctivae, facial skin or oral mucosa.
66

67 The nose and ears are not unusual. The decedent wears a dark blond beard and moustache. The
68 teeth are natural and in poor condition with multiple restorations; most are remotely absent. The
69 neck is unremarkable. The thorax is well-developed and symmetrical. The abdomen is slightly
70 protuberant. The anus and back are unremarkable except for the presence of abundant dried
71 brown stool on the perineum and buttocks. The penis appears circumcised, and the testes are
72 bilaterally descended in the scrotum.

73
74 The upper and lower extremities are well-developed and symmetrical, without absence of digits.
75 The skin of the lower legs and feet is profoundly discolored red with abundant dried flaky skin.
76 The condition of the body is consistent with the date and time of death as noted in the report of
77 investigation.

78
79 IDENTIFYING MARKS AND SCARS

80
81 Abundant 1/8 to 1/2 inch irregular and linear hypopigmented scars and brown macules cover the
82 extremities.
83

EVIDENCE OF MEDICAL INTERVENTION

On the right side of the top of the skull are two 3/4 inch in diameter round, well-healed defects consistent with remote craniotomy "burr-holes."

EVIDENCE OF INJURY

1. On the anteromedial aspect of the left knee is a 1 by 3/4 inch, ovoid dried red abrasion.
2. On the dorsum of the left foot at the base of the second toe is a 1/2 by 1/4 inch, ovoid dried red abrasion.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened in the usual manner with a Y-shaped incision. There are moderate fibrous adhesions on the posterior aspect of the left pleural space. There are no collections of fluid. All body organs are in normal and anatomic position. The serous surfaces are smooth, glistening and demonstrate moderate autolysis.

HEAD (CENTRAL NERVOUS SYSTEM):

Reflection of the scalp shows the usual scattered reflection petechiae. The calvarium is intact except for the described healed remote craniotomy defects. The brain weighs 1260 grams. The dura mater and falx cerebri are unremarkable, and the leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, appear to be free of abnormality. Centered on the midline of the inferior aspect of the frontal lobes of the brain is an approximately 3 inch in diameter area of superficial yellow encephalomalacia with overlying dural red staining.

Sections through the cerebral hemispheres reveal no other lesions within the cortex, subcortical white matter or deep parenchyma of either hemisphere. The cerebral ventricles appear to be of normal caliber. Sections through the brainstem and cerebellum are unremarkable.

The spinal cord is not directly examined.

NECK:

Examination of the soft tissues of the neck, including large vessels and strap muscles, reveals no abnormalities. A complete layered neck dissection demonstrates no hemorrhage in the soft tissues or musculature of the neck. The hyoid bone and larynx are intact. Serial sectioning of the tongue demonstrates no identifiable injury.

128 CARDIOVASCULAR SYSTEM:

129

130 The heart weighs 260 grams. The pericardial sac is free of significant fluid or adhesions. The
131 pericardial surfaces are smooth, glistening and unremarkable.

132

133 The coronary arteries arise normally and follow the distribution of a right-dominant pattern with
134 no significant atherosclerotic stenosis. The chambers and valves bear the usual size/position
135 relationship, are morphologically normal and are unremarkable. The valves are free of
136 vegetations.

137

138 The myocardium is dark red-brown, soft due to autolysis and otherwise unremarkable; the atrial
139 and ventricular septa are intact, and the septum and free walls are free of muscular bulges. There
140 is no focal or regional fibrosis or pallor. The left ventricle measures 1.5 cm and the right
141 ventricle measures 0.5 cm in thickness as measured 1 cm below the respective atrioventricular
142 valve annulus. The interventricular septum measures 1.5 cm in thickness.

143

144 The aorta and its major branches arise normally and follow the usual course with moderate
145 diffuse atherosclerosis. The orifices of the major aortic vascular branches are patent. The vena
146 cava and its major tributaries return to the heart in the usual distribution and are unremarkable.

147

148 RESPIRATORY SYSTEM:

149

150 The right and left lungs weigh 920 and 770 grams, respectively. The upper and lower airways
151 contain abundant red granular purge fluid, and the mucosal surfaces are light green. The pleural
152 surfaces are smooth, glistening and unremarkable.

153

154 The pulmonary parenchyma is uniformly purple, autolytic, and demonstrates moderate
155 emphysematous bullae at the bilateral lung apices. The cut surfaces exude moderate amounts of
156 blood and frothy edema fluid. The pulmonary arteries are normally developed and patent. There
157 is no saddle embolus on *in situ* examination of the pulmonary trunk.

158

159 LIVER AND BILIARY SYSTEM:

160

161 The liver weighs 1130 grams. The hepatic capsule is smooth, glistening and intact covering
162 smooth, soft, autolytic red parenchyma. The gallbladder contains approximately 30 mL of
163 orange viscid bile. The extrahepatic biliary tree appears to be patent.

164

165 ALIMENTARY TRACT:

166

167 The esophagus is lined by gray-white smooth mucosa. The gastric mucosa and wall are
168 discolored dark tan and markedly thinned with a paucity of the usual rugal folds, consistent with
169 autolysis. There are no identifiable ulcerations. The lumen contains approximately 100 mL of
170 red turbid fluid. There are no pill fragments or foreign bodies identified.

171

172 The small and large bowel are orange and distended due to putrefaction. The appendix is
173 unremarkable. The colon contains formed stool. The pancreas has a uniform red, soft, autolytic
174 appearance and texture.

175
176 GENITOURINARY TRACT:

177
178 The right and left kidneys weigh 110 and 120 grams, respectively. The renal capsules are
179 smooth, thin, semitransparent and strip with ease from the underlying mildly granular, red, soft
180 and autolytic cortical surfaces. The cortices are of normal thickness and are delineated from the
181 medullary pyramids.

182
183 The calyces, pelves and ureters are unremarkable. The urinary bladder contains approximately
184 45 mL of yellow urine; the mucosa is gray-tan and demonstrates moderate muscular
185 trabeculations. The prostate is unremarkable.

186
187 RETICULOENDOTHELIAL SYSTEM:

188
189 The spleen weighs 80 grams and has a smooth intact capsule covering soft, purple, semi-fluid
190 parenchyma. The splenic white pulp is indiscernible. The thymus is atrophic and replaced by
191 fat. The regional lymph nodes appear normal. The bone marrow (rib) is red-purple.

192
193 ENDOCRINE SYSTEM:

194
195 The pituitary, thyroid and adrenal glands are darkly discolored and soft due to autolysis.

196
197 MUSCULOSKELETAL SYSTEM:

198
199 The bony framework, supporting musculature and soft tissues are not unusual.

200
201 ASSISTANT: Amy Hendricks, Forensic Autopsy Technician.

202
203 WITNESSES: None.

204
205 PHOTOGRAPHS: Multiple digital photographs are obtained.

206
207 SPECIMENS RETAINED:

208
209 Heart blood, peripheral blood, gastric contents, urine and bile. Fixed sections of all major
210 organs. DNA card and pulled scalp hair.

211
212 SPECIMENS SENT FOR TOXICOLOGY: Peripheral blood.

213
214 Toxicologic analysis demonstrates no ethanol or other common drugs of abuse.

215

216 TISSUES FOR HISTOLOGY:

217

218 A-Right upper lung lobe, pancreatic head; B-Right lower lung lobe, right middle lung lobe, liver;

219 C-Left upper lung lobe, left lower lung lobe.

220

221 MICROSCOPIC DESCRIPTION:

222

223 Lungs: Multiple sections demonstrate marked autolysis with postmortem bacterial
224 overgrowth. There is no significant inflammation, fibrosis, or airway disease.

225

226 Liver: Section shows a normal lobular hepatic architecture without significant
227 inflammation, fibrosis, or steatosis.

228

229 Pancreas: Section reveals a markedly autolytic acinar architecture without identifiable
230 inflammation.

231

232 **PATHOLOGIC DIAGNOSES:**

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234 I. Chronic ethanol abuse (anamnestic).

235 A. Underweight state (BMI of 16.6).

236 B. Homeless with squalid physical state.

237 II. Systemic hypertension.

238 A. Hydralazine treatment.

239 B. Mild arterionephrosclerosis.

240 III. Moderate pulmonary emphysema.

241 A. Focal moderate left pleural fibrous adhesions.

242 IV. Moderate atherosclerosis of the aorta.

243 V. Remote subdural hemorrhage (anamnestic).

244 A. Remote right parietal craniotomy with evacuation (2009).

245 1. Bilateral inferior frontal lobe encephalomalacia.

246 a. Focal red dural staining.

247 VI. Prominent early postmortem change.

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CAUSE OF DEATH:

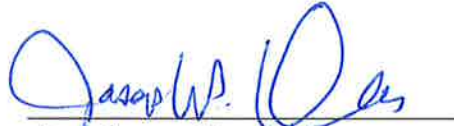
Probable complications of chronic ethanol abuse.

Other significant conditions:

Squalid physical state, pulmonary emphysema,
mild systemic hypertension.

MANNER OF DEATH:

Natural.



Joseph P. O'Hara, MD
Medical Examiner

8/30/2016

JPO:mrr