AUTOPSY REPORT

I performed an autopsy on the body of

Los Angeles, California on MARCH 13, 2014 @ 1100 HOURS

From the anatomic findings and pertinent history I ascribe the death to:

BLUNT FORCE HEAD TRAUMA

Anatomical Summary:

I. Laceration, scalp, occipital.

II. Fracture, skull, occipital.

III. Status post left craniectomy and ventriculostomy placement.

IV. See Neuropathology report.
INJURY DATE:
03/03/2014.

CIRCUMSTANCES:
See Investigator's report.

EVIDENCE OF INJURY:
On the back of the head 5 inches below the buttocks and located in the midline is an irregular laceration measuring 1-3/4 inches. The underlying occipital skull has a linear fracture extending from the midline to the left near the foramen magnum. The fracture measures about 4-1/2 inches.

EXTERNAL EXAMINATION:
The body is identified by toe tags and is that of an unembalmed, refrigerated female Caucasian who appears about the reported age of 50 years. The body weighs 146 pounds, measures 68 inches and is slightly thin. Rigor has presumably been altered as well as livor.

Examination of the eyes reveals irides that appear to be hazel in color and sclerae that are white. There are no petechial hemorrhages of the conjunctivae of the lids or sclerae. The oronasal passages are unobstructed. Upper and lower teeth are present. The neck is unremarkable. There is no chest deformity. The abdomen is flat. The genitalia are those of an adult female. The extremities show no deformity.

EVIDENCE OF THERAPEUTIC INTERVENTION:
The following are present and properly positioned: Endotracheal tube, nasogastric tube and urinary catheter. There is evidence that the following surgical procedures have been performed:
Left craniectomy and ventriculostomy placement. There has been postmortem intervention for organ procurement, which includes heart, lungs, liver, kidneys, pancreas.

CLOTHING:
The body was not clothed and I did not see any clothing.

INITIAL INCISION:
The body cavities are entered through the standard Y-shaped incision.

NECK:
The neck organs are removed en bloc with the tongue. There is no trauma of the gingiva, lips or oral mucosa. Both hyoid bone and larynx are intact and without fracture. There is no hemorrhage in the strap muscles of the neck or around any throat organ. The tongue when sectioned shows no trauma.

CHEST/ABDOMINAL CAVITY:
See “Evidence of Therapeutic Intervention”. There is bloody fluid in the chest and abdominal cavities status post organ procurement. The heart, lungs, liver, spleen, kidneys, pancreas and adrenal glands are absent status post organ procurement.

SYSTEMIC AND ORGAN REVIEW

The following observations are limited to findings other than injuries, if described above.
MUSCULOSKELETAL SYSTEM:

There is no abnormality of the bony framework or muscles present.

CARDIOVASCULAR SYSTEM:

The heart is absent. The aorta is elastic and of even caliber throughout with vessels distributed normally from it.

RESPIRATORY SYSTEM:

The upper respiratory passage present is unremarkable. The lungs are absent.

GASTROINTESTINAL SYSTEM:

The esophagus is intact throughout. The stomach contains brown-green cloudy fluid. The mucosa is unremarkable. The small intestine and colon are unremarkable. The appendix is present and is unremarkable. The pancreas is absent.

URINARY SYSTEM:

The kidneys are absent. The urinary bladder is empty. It is unremarkable.

GENITAL SYSTEM:

The testes are absent and there is a scar over the area.

HEMOLYMPHATIC SYSTEM:

The spleen is absent status post organ procurement. The bone is not remarkable. The bone marrow of the rib is unremarkable.
ENDOCRINE SYSTEM:
The thyroid and pituitary glands are unremarkable.

HEAD AND CENTRAL NERVOUS SYSTEM:
See "Evidence of Therapeutic Intervention". There is extensive subcutaneous hemorrhage associated with the laceration and therapeutic intervention. There is residual subdural hemorrhage. The brain weighs 1450 grams. It is soft. It is placed in 10% formalin solution for fixation and later examination.

SPINAL CORD:
The entire spinal cord is not dissected.

HISTOLOGIC SECTIONS:
Representative sections from various organs are preserved in one storage jar in 10% formalin.

TOXICOLOGY:
Subdural blood and vitreous have been submitted to the laboratory. No screen was requested.

PHOTOGRAPHY:
Photographs have been taken prior to and during the course of the autopsy.

RADIOGRAPHY:
The body is fluoroscoped and x-rays are taken.
WITNESSES:

Detectives Zottneck and Johnson (Long Beach Police Department) witnessed the autopsy.

DIAGRAMS USED:

Diagram Forms 20, 22, and 28 were used during the performance of the autopsy. The diagrams are not intended to be facsimiles.

OPINION:

Death is due to blunt force head trauma. Manner of death is accident.

OGBOMNA CHINWAH, M.D.
DEPUTY MEDICAL EXAMINER

DATE: 5/13/14

OC: hbt/mp
D: 03/13/14
T: 03/19/14
GROSS NEUROPATHOLOGY

BRAIN CUTTING: 4/2/2014

AGE: 50 years

DATE OF DEATH: 3/6/2014

REFERRING PATHOLOGIST: Dr. Ogbonna Chinwah

CIRCUMSTANCES: The following information is taken from the investigator's summary of case and Dr. Chinwah's autopsy report. The 50 years old Caucasian female fell to the floor and sustained blunt force head trauma while doing yoga exercises at her residence. CT scan of head revealed skull fracture and subdural hemorrhage. She died 3 days later.

GROSS DESCRIPTION: Specimen consists of poorly fixed brain and complete cranial dura mater. Examination of the subdural surface revealed attachment of small fresh blood clots on the right dura and a small amount on the left. There are more acute subdural blood clots in the posterior fossa. Unknown amount of subdural blood is removed at hospital by left craniotomy. Dural sinus is patent without thrombosis.

The fresh brain at removal weighed 1450 grams. The brain shows marked swelling and herniations. Gyri are flat and sulci are narrowed. Uncal and parahippocampal herniations are present. Dark red blood is covering on gysral crowns and sulci are full of blood. It is thick on frontal poles, orbital cortices and right cerebral hemisphere. The right fronto-temporo-parieto-occipital subarachnoid hemorrhage is severe and thick. Left and right frontal pole contusion/subarachnoid hemorrhage measures 11 x 5 cm. Frontal pole tissue disruption is more on the left than right. There is another defect in the left middle frontal gyrus measuring 3 x 1.5 cm. Gelfoam is covering on the inferior frontal cortex. Marked congestion of vessels is seen. There is autolysis of brain stem, cerebellum and center of brain. Optic nerves, chiasm, infundibulum and mammillary bodies are completely autolysed. Gyri and sulci are well formed and there is no congenital anomaly.

The entire brain is discolored due to traumatic brain injury and cerebral edema. At the base, rectus gyri and orbital cortex are covered with fresh blood clots and gelfoam soaked with blood. The cortex is contused. Gyri are swollen and sulci are obliterated. Brain parenchyma is soft due to edema, swelling and poor fixation. Inferior temporal lobes are covered with thin subarachnoid hemorrhage. Belly of the pons and medulla are swollen. Basal cisterns are small. Visible portion of circle of Willis vessels (basilar and vertebral) shows no atherosclerosis.
Coronal sections of the cerebral hemispheres show acute contusion subarachnoid hemorrhage blood clots covering over frontal pole and inferior frontal cortices. The white matter hemorrhage in the right frontal lobe measures 1 cm. White matter is markedly expanded. There is brain edema and swelling with significant right to left midline shift. The center of the brain is not fixed and showing softening, tissue breakdown involving white and deep grey matter, basal ganglia and thalamus. The center of the corpus callosum shows hemorrhages. Ventricle are small and contain blood. Gray discoloration is present due to hypoxic ischemic brain after blunt force trauma, edema, swelling and increased intracranial pressure. Grey white junctions are blurred. Durar hemorrhages are present in midbrain and pons. There is transtentorial herniation. The right hippocampus is completely autolyzed.

Representative sections are retained in formalin. The following sections are submitted for microscopic examination:
1. Frontal lobe.
2. Corpus callosum.
4. Left hippocampus.
5. Occipital lobe.
6. Midbrain/pons?
7. Medulla?
8. Cerebellum.
GROSS IMPRESSION:

A. Blunt force head trauma (fall), acute, severe.
   1. Occipital scalp laceration, autopsy.
   2. Linear occipital skull fracture, clinical and autopsy.
   3. Acute subdural hematoma, left, s/p craniotomy and ventriculostomy.
   4. Subarachnoid hemorrhage, thick and severe.
   5. Brain contusions, bilateral frontal poles, orbital cortices.
   6. Intracerebral hemorrhage, right frontal.
   7. Intraventricular hemorrhage.

B. Brain swelling and herniations,
   1. Right to left midline shift.
   2. Uncal and parahippocampal herniations.
   3. Transtentorial herniation.

Cho Lwin, M.D.
Forensic Neuropathology Consultant

Date: 4-2-2014
NEUROPATHOLOGY

BRAIN CUTTING: 4/2/2014
AGE: 50 years
DATE OF DEATH: 3/6/2014
REFERRING PATHOLOGIST: Dr. Ogbonna Chinwah

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A. Blunt force head trauma (fall), acute, severe.
   1. Occipital scalp laceration, autopsy.
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   7. Intracerebral hemorrhage, right frontal.
   8. Intraventricular hemorrhage.

B. Brain swelling and herniations.
   1. Right to left midline shift.
   2. Uncal and parahippocampal herniations.
   3. Transtentorial herniation.
MICROSCOPIC DESCRIPTION: 9 routine H&E stained slides are examined. Frontal lobe shows acute cerebral contusions with fresh intact red blood cells and mild acute inflammatory infiltrate, consistent with the dating of days old. The surrounding cerebral cortex has red neurons. Slide 2 of the corpus callosum revealed dilated vessels and no axonal swelling. Adjacent cerebral cortex has red neurons. There are severely congested penetrating arterioles and perivascular acute hemorrhages in the parietal cortex. Meningeal vessels are markedly dilated. The entire corpus amnion neurons are showing severe diffuse hypoxic ischemic changes. Slide 5 of the occipital pole section shows subarachnoid hemorrhage, cerebral cortical multifocal acute hemorrhages and red neurons. Duret hemorrhage in midbrain is present. Posterior fossa dura mater section has acute subdural hemorrhage with mixed intact and pooling of red blood cells fibrin infiltration and mixed inflammatory infiltrate, consistent with days old.

FINAL NEUROPATHOLOGIC DIAGNOSIS:

A. Blunt force head trauma (fall), acute, severe.
   1. Occipital scalp laceration, autopsy.
   2. Linear occipital skull fracture, clinical and autopsy.
   3. Acute subdural hematoma, left, s/p craniotomy and ventriculostomy.
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   5. Brain contusions, bilateral frontal poles and orbital cortices (contreccoup).
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B. Brain swelling and herniations.
   1. Right to left midline shift.
   2. Uncal and parahippocampal herniations.
   3. Transtentorial herniation.

Cho Lwin, M.D.
Forensic Neuropathology Consultant

Date: 4-21-2014
### COUNTY OF LOS ANGELES

#### MEDICAL REPORT

**COUNTY OF LOS ANGELES MEDICAL REPORT**

**Examination Only**

**DEAT**

**DATE:** 8/13/14  **TIME:** 1000  **DUI:** CARLSON

**Final**

**DATE:** 8/29/14  **DUI:** CARLSON

**COUNTY OF LOS ANGELES MEDICAL REPORT**

**DEATH WAS CAUSED BY:** (Enter only one cause per line for A, B, C, and D)

**IMMEDIATE CAUSE:**

- (A) Blunt force: head trauma

- (B) DUE TO, OR AS A CONSEQUENCE OF:

- (C) DUE TO, OR AS A CONSEQUENCE OF:

- (D) DUE TO, OR AS A CONSEQUENCE OF:

**OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:**

- □ NATURAL
- □ SUICIDE
- □ HOMICIDE
- □ ACCIDENT
- □ COULD NOT BE DETERMINED

**IF OTHER THAN NATURAL CAUSES, HOW DID INJURY OCCUR?**

Fall in residence

**WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE?**

□ YES  □ NO  □ TYPE OF SURGERY:

□ GASTRECTOMY/VERTICAL LIMB ADOPTED 3/3/16

**MORBIDITY, MORTALITY**

□ YES  □ NO  □ PREGNANCY IN LAST YEAR:  □ YES  □ NO  □ UNK  □ NOT APPLICABLE

**WITNESS TO AUTOPSY**

□ EVIDENCE RECOVERED AT AUTOPSY

**WITNESS TO AUTOPSY**

ZOTTLECKER  JOHNSON

**NATURAL**

□ SUICIDE

□ HOMICIDE

□ ACCIDENT

□ COULD NOT BE DETERMINED

**OTHER CAUSE:**

Fall in residence

**WITNESS TO AUTOPSY**

ZOTTLECKER  JOHNSON

**TYPING SPECIMEN**

**TYPING SPECIMEN TAKEN BY:**

**SOURCE:** ADX

**TOXICOLOGY SPECIMEN**

**COLLECTED BY:**

□ HEART BLOOD  □ STOMACH CONTENTS

□ FEMORAL BLOOD  □ PITUITARY

□ SALIVA  □ BLOOD  □ SPLEEN

□ BLOOD  □ KIDNEY

□ BILE

□ URINE

**UNIV. GLUCOSE INJECTION, RESULT:** 4+ 3+ 2+ 1+ 0

**TOX SPECIMEN RECONCILIATION BY:**

**HISTOLOGY**

□ NORM. (No. 12)  □ OPERATES (No. D)

**TOXICOLOGY REQUESTS**

**TOX FOR COD**

□ YES  □ NO

□ NO TOXICOLOGY REQUESTED

**SCREEN**

□ C  □ H  □ T  □ S  □ D

□ ALCOHOL ONLY

□ CARBON MONOXIDE

□ OTHER (Specify drug and seized)

**REQUESTED MATERIAL ON PENDING CASES**

□ POLICE REPORT  □ MED HISTORY

□ TOX FOR COD  □ HISTOLOGY

□ TOX FOR I/V  □ INVESTIGATIONS

□ MICROBIOLOGY

□ CONSULT ON

□ BRAIN SUBMITTED

□ NEURO CONSULT  □ DUE TO G**D**

□ CRIMINALISTICS

□ GSR  □ SEXUAL ASSAULT  □ OTHER
Sex: F
Race: 50
Age: 68
\[ \text{See diagram} \]
\[ \text{Harvested} \]

Heart:
- Pericardium
- Hypertrophy
- Dilatation
- Muscle
- Coronaries

Aorta
- Vessels

Lungs:
- R
- L

Liver:
- Wt
- Capsule
- Lobules
- Fibrosis
- GB

Spleen:
- Wt
- Color
- Consistency
- Capsule
- Malpigment

Pancreas
- Harvested

Adrenals
- Harvested

Kidneys:
- Wt
- R
- L

Bladder:
- Empty

Genitalia:
- Prostate
- Testes
- Uterus
- Tubes
- Ovaries

D Sao
- Stomach
- Contents

Duodenum, Ampulla
- Present

Appendix

Large intestine

Abdominal nodes

Skeleton:
- Spine
- Marrow
- Rib Cage
- Long bones
- Pelvis

Other procedures

Gross impressions

Toxicology specimens

Sections for histopathology

Microbiology

X-rays

Other procedures

See Anatomical Summary
THE DECEDENT IS A 50-YEAR-OLD FEMALE, WHO ON 3/14 WAS DOING YOGA EXERCISES AT HER RESIDENCE WHEN SHE APPARENTLY FELL, STRIKING HER HEAD TO THE FLOOR. THE HUSBAND HEARD THE NOISE AND OBSERVED THE DECEDENT LYING ON HER BACK IN AN ALTERED LEVEL OF CONSCIOUSNESS. HR WAS DIALED WITH PARAMEDICS ARRIVING TO THE PREMISES. THE DECEDENT WAS TRANSPORTED TO ST. MARY MEDICAL CENTER WHERE A CAT SCAN REVEALED A SKULL FRACTURE AND SUBDURAL HEMATOMA. THE DECEDENT RECEIVED SURGERY AND REMAINED A PATIENT UNTIL HER EXPIRATION ON 3/14 AT 1034 HOURS. THE DECEDENT WAS REPORTED TO HAVE EXPERIENCED A FALLING EPISODE ONE YEAR AGO WHILE IN HAWAII. SHE WAS EVALUATED AND REPORTED TO BE FINE. PLEASE NOTIFY DETECTIVES ZOTTINICEK & JOHNSON TWO HOURS PRIOR TO THE POST-MORTEM EXAMINATION BECAUSE OF POSSIBLE FOUL PLAY.
Case Number: 2014-01724

Decedent: JONES, DANA KATHLEEN

Information Sources:
1) Edwin Garcia, RN, 562/491-9866; 2) hospital report/chart information

Investigation:
I was assigned this hospital investigation on 3/12/14 at 0730 hours.

Location:
The initial location was the residence at 7053 E. Slauson St, in Long Beach. The decedent was transported to St. Mary Medical Center, where she was treated and later pronounced. The decedent was then transported to FSC for the post-mortem examination.

Informant/Witness Statements:
According to hospital chart information the following was obtained: On 3/3/14 the decedent was at her residence doing yoga exercises, when she fell to the floor, striking her head. The husband was in the adjacent room and heard the noise. He observed the decedent lying supine on the floor while poorly responsive. 911 was dialed with paramedics arriving to the premises. The decedent was transported to St. Mary Medical Center, where she received emergency treatment. A cat scan revealed a subdural hematoma along with a left skull fracture. A craniotomy was done on the same date. The decedent remained a patient until her expiration on 3/6/14 at 1035 hours. The decedent experienced a falling episode one year ago while in Hawaii. She reportedly fell and struck the back of her head. She was evaluated and was reported to be fine. During the past three months, the decedent was reported to be moving in slow manner while having difficulty getting up in the morning.

Scene Description:
Not available.

Evidence:
No evidence was collected at the hospital or at FSC.

Body Examination:
A gross examination at FSC revealed the decedent to have her head bandaged with a tube protruding through the bandage. She was also observed to have intubation tubing from the mouth. Sutures from organ procurement were observed to the abdomen.

Identification:
The decedent was identified at the hospital by the husband, Cain Jones.

Next of Kin Notification:
"Noted of the expiration by hospital personnel.

Tissue Donation:
The husband gave consent for tissue and organ donation.

Autopsy Notification:
PLEASE NOTIFY DETECTIVES ZOTTNECK (562/244-9748) & JOHNSON TWO HOURS PRIOR TO THE POST-MORTEM EXAMINATION.
County of Los Angeles, Department of Coroner
Investigator’s Narrative

Case Number: 2014-01724  Decedent: JONES, DANA KATHLEEN

SHERWOOD ODSON
3/12/14

Date of Report

FRED CORRAL
WAS THE DECEDED LEGALLY MARRIED
AT THE TIME OF DEATH? YES NO
DOES THE DECEDED HAVE ANY LIVING ADULT CHILDREN? YES NO

HEALTH AND SAFETY CODE • CHAPTER 3 • CUSTODY AND DUTY OF INTERMENT

7100. The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in, and the duty of interment and the liability for the reasonable cost of interment of such remains devolves upon the following in the order named: (a) The surviving spouse. (b) The surviving adult child or children of the decedent. (c) The surviving parent or parents of the decedent. (d) The person or persons respectively in the next degrees of kinship in the order named by the laws of California as entitled to succeed to the estate of the decedent. (e) The Public Administrator when the deceased has sufficient assets.

"WARNING: The person signing this Order for Burial in Habeas for all damages caused by any unauthorized statement contained in this document. (Health and Safety Code Section 7120). It is also a criminal offense to knowingly file a false statement with a government agency. (Penal Code Section 133 and 476)" Therefore, please release the body upon completion of your investigation of the death of said deceased to:

MORTUARY: all souls mortuary
NAME(PRINTED): Cain F. Jones
ADDRESS: 7053 E. Searns St. City: Long Beach State: CA Zip Code: 90815
TELEPHONE No. (310) 209-2259 Date Signed: 3-13-14

SIGNATURE: [Signature]

If the legal next of kin is not handling, please give next of kin information below and explain why they are not handling. Attach supporting authorization documents, e.g., wills, power of attorney, leases, etc.

Name ____________________________ Relationship ______________ Telephone No. ____________
Address __________________________ City __________________ State ______ Zip Code __________

CODIGO DE SANIDAD Y SEGURIDAD • CAPITULO 3 • Custody and Obligación de Entierro

7100. El derecho de controlar la disposición de los restos del fallecido a menos de que otras instrucciones hayan sido dadas por el fallecido, demas autoridades, y el deber del entierro y la responsabilidad por el gasto justo de entierro de tales restos pasa sobre lo siguiente en el orden mencionado: (a) el esposo o esposa (b) hijo o hijos mayores de 18 años (c) padre o padre del fallecido (d) persona o personas respectivamente en los grados de parentesco en el orden mencionado por las leyes de California como que tiene derechas para suceder al los bienes del fallecido (e) El Administrador Público cuando el fallecido tiene deudas.

"AVISO: La persona firmando esta orden para entierro es subjeto por todas las penas criminales; por alguna falsa declaración contenidas en este documento. (Sección 7120 Del Código de Sanidad y Seguridad). Una falsa declaración presenta al propietario falsea o falsea con una agencia del gobierno. (Código De Penas Secciones 133 y 476). Por eso, favor de entregar los restos del fallecido después de completar la investigación a:

FUNERARIA:
NOMBRE ____________________________ Partesasco ____________________________
Domicilio ____________________________ Ciudad ____________ Estado ____________ Zona Postal ____________
Teléfono ____________________________ Fecha Firmado ____________________________
FIRMA ____________________________

Si no es el parente próximo, firmé y explique porque el parente próximo no esta arreglando los trámites en este asunto. Si es el abogado del testamento, incluir una copia del testamento.

ADDITIONAL DECEDED INFORMATION ON REVERSE
COUNTY OF LOS ANGELES
DEPARTMENT OF CORONER

HOSPITAL AND NURSING
CARE FACILITY REPORT

1104 NORTH MISSION ROAD
LOS ANGELES, CALIF. 90038

TO REPORT A DEATH -- PHONE (323) 343-0711     FAX (323) 222-7041
COMPLETE ALL LINES, USE INK. IF UNKNOWN OR NOT APPLICABLE, SO STATE.

18

NAME OF FACILITY
St. Mary's Medical Center

ADDRESS
650 Linden Ave

HOSPITAL PHONE
(323) 562-491-9000

NAME OF DECEASED
Jones, Deana

HOW IDENTIFIED
by Family

DATE OF DEATH
3-6-74

PRONOUNCED BY
Toshorn, N. (Spouse-Next-of-Kin)

ORGAN/TISSUE DONATION INFORMATION
WAS THE NEXT-OF-KIN APPROACHED REGARDING ORGAN/TISSUE DONATION?

DATE ADMITTED
3/3/74

SELF

AMBULANCE
(Name and R.A.

FROM
Home: 705 S 8th St. Long Beach

ADMITTED BY
Heilbron, J. R. M.D.

OFFICE PHONE
(323) 776-5050

INJURIES
Fracture left occipital area of the skull, contusion to (brain)

CLINICAL HISTORY:

SURGICAL PROCEDURES: STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED?

LAbORATORY: REPORT ON PATHOLOGY SPECIMENS TAKEN

LABORATORY PHONE NUMBER

MICROBIOLOGY CULTURE RESULTS: NO YES (ATTACH REPORT)

TOXICOLOGY SCREEN: NO YES (ATTACH RESULTS)

RADIOLOGICAL STUDIES: NO YES (ATTACH RESULTS)

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE

MY OPINION, THE CAUSE OF DEATH IS:

BY

M.D.

OR

NURSE/HOSPITAL ADMINISTRATOR

OFFICE PHONE #

FAX (REV. 8/20)

1. THE BODY WILL NOT BE REMOVED BY THE CORONER WITHOUT THIS COMPLETED REPORT AND COPIES OF ALL CHARTS.
2. ALL ADMISSION BLOOD SAMPLES/SPECIMENS NEED TO ACCOMPANY THE REPORT.