

COUNTY OF LOS ANGELES

DEPARTMENT OF CORONER

12

AUTOPSY REPORT

No.

2014-01724

JONES, DANA KATHLEEN

at

I performed an autopsy on the body of
the DEPARTMENT OF CORONER

A black arrow pointing to the right, indicating a continuation or next step.

Los Angeles, California

on MARCH 13, 2014 @ 1100 HOURS

(Date)

(Time)

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

BLUNT FORCE HEAD TRAUMA

DUE TO DRUG AS A CONSEQUENCE OF

四

10

DUE TO, OR AS A CONSEQUENCE OF
(D)

Anatomical Summary:

- I. Laceration, scalp, occipital.
 - II. Fracture, skull, occipital.
 - III. Status post left craniectomy and ventriculostomy placement.
 - IV. See Neuropathology report.

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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:

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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.

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Page 4**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.

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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.

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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.

Ogbuna Chinwah

OGBUNA CHINWAH, M.D.
DEPUTY MEDICAL EXAMINER

5/13/14

DATE

OC:bbtt/mp
D:03/13/14
T:03/19/14

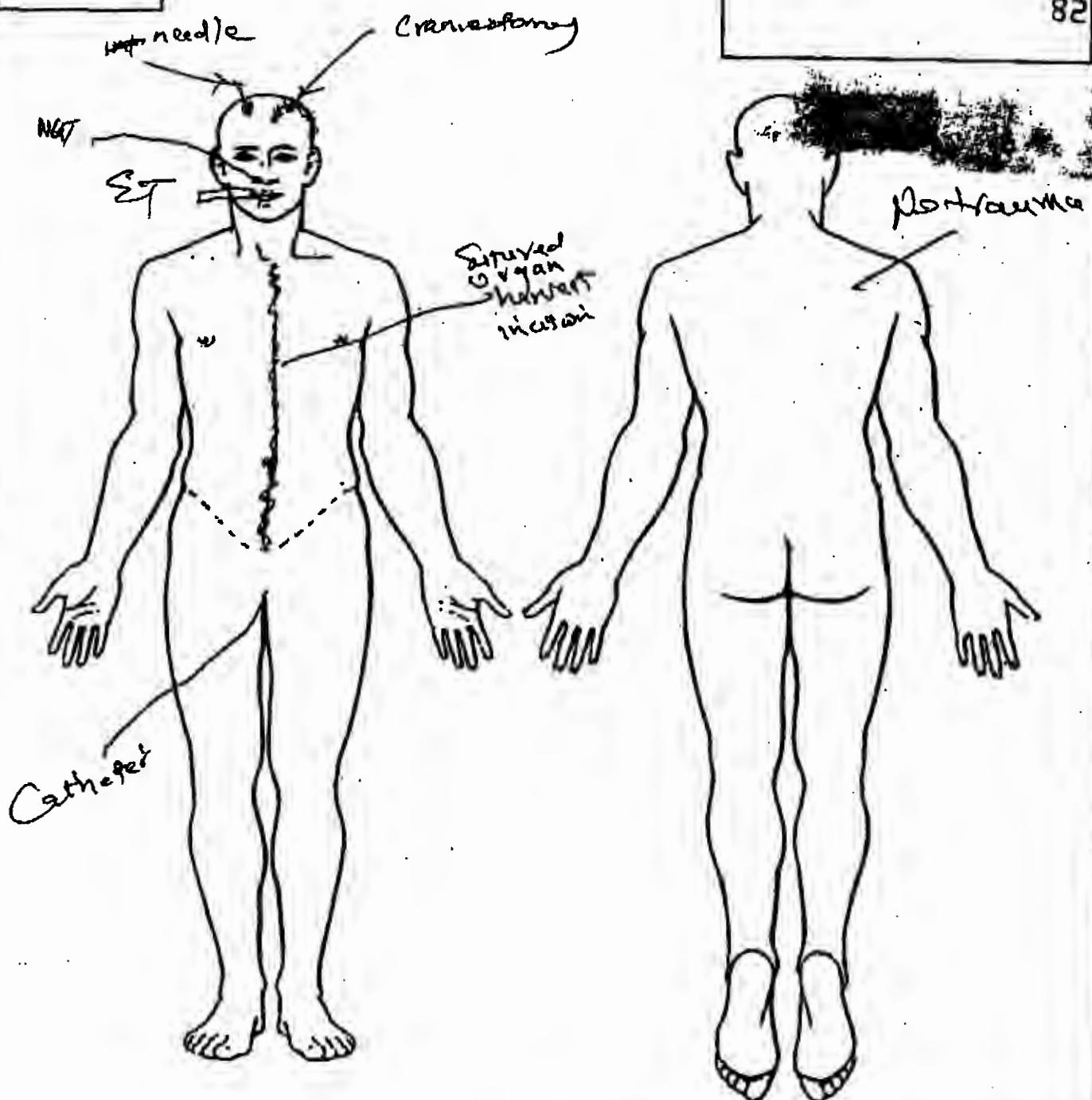
COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER-CORONER

20

7714-01724
JONES DANA KATHLEEN.
ACC

82



Date 3/13/14

Dennis J. Choi, M.D.

Deputy Medical Examiner

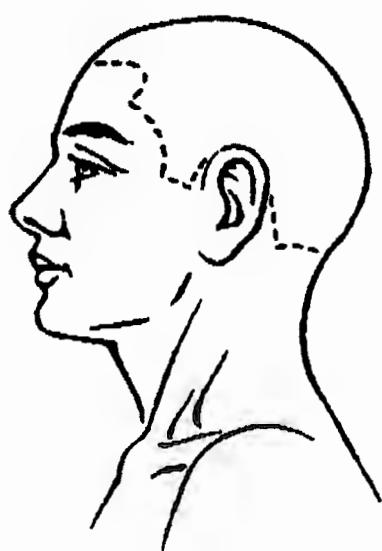
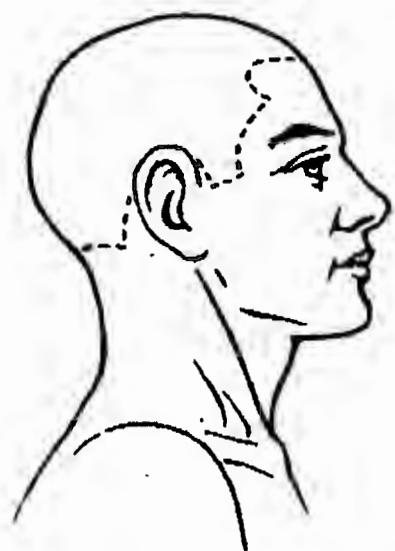
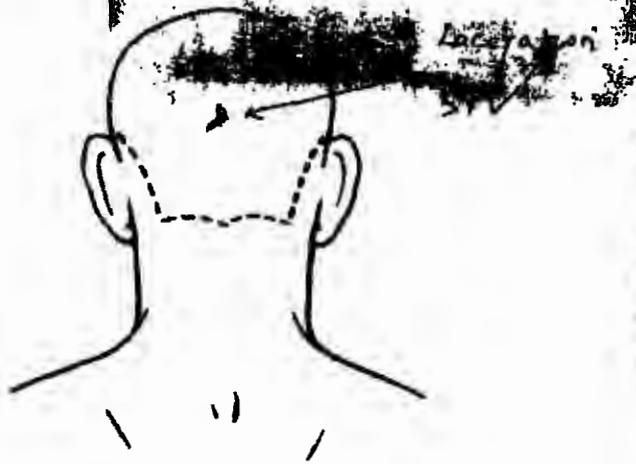
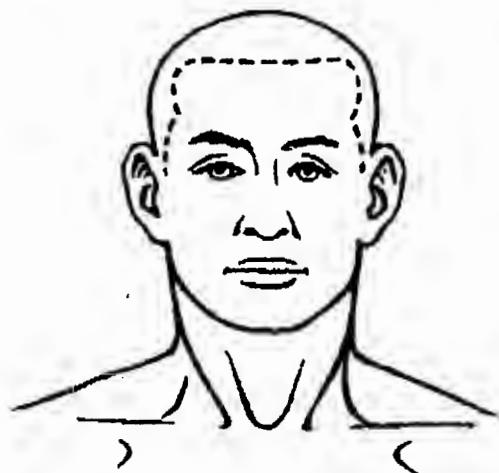
COUNTY OF LOS ANGELES

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22

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Ogouye Chuisak M.D.
Deputy Medical Examiner

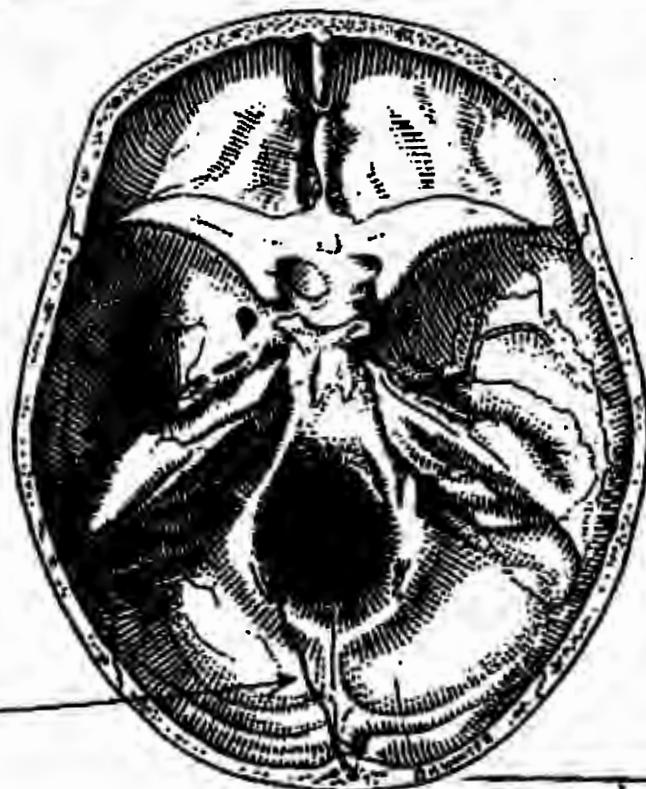
28

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JONES DANA KATHLEEN
ACC

82



Fracture



Fracture
4hr

3/13/14

Ogden Richard

Deputy Medical Examiner

M.D.

COUNTY OF LOS ANGELES

FORENSIC CONSULTANT'S REPORT

DEPARTMENT OF CORONER

13

2014-01724
Jones, Dana KathleenGROSS NEUROPATHOLOGYBRAIN 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 gyral 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.

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FORENSIC CONSULTANT'S REPORT

DEPARTMENT OF CORONER

13

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Jones, Dana Kathleen

PAGE: 2

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. Duret 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.
3. Parietal lobe.
4. Left hippocampus.
5. Occipital lobe.
6. Midbrain/pons?
7. Medulla?
8. Cerebellum.
9. Dura mater, SDH, posterior fossa.

COUNTY OF LOS ANGELES

FORENSIC CONSULTANT'S REPORT

DEPARTMENT OF CORONER

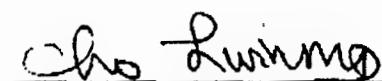
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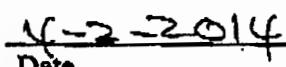
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 - 1. Occipital scalp laceration, autopsy.
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 - 4. Subarachnoid hemorrhage, thick and severe.
 - 5. Brain contusions, bilateral frontal poles, orbital cortices.
 - 6. Intracerebral hemorrhage, right 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

COUNTY OF LOS ANGELES

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OC 4/27/14

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 5. Brain contusions, bilateral frontal poles, orbital cortices.
 6. Traumatic axonal injury.
 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.

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FORENSIC CONSULTANT'S REPORT

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Jones, Dana Kathleen

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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 cornu ammonis 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.
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 - 4. Subarachnoid hemorrhage, thick and severe.
 - 5. Brain contusions, bilateral frontal poles and orbital cortices (contrecoup).
 - 6. Intracerebral hemorrhage, right frontal.
 - 7. Intraventricular hemorrhage.
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 - 1. Right to left midline shift.
 - 2. Uncal and parahippocampal herniations.
 - 3. Transtentorial herniation.

Cho Lwin MD

Cho Lwin, M.D.
Forensic Neuropathology Consultant

4-21-2014

Date

COUNTY OF LOS ANGELES

MEDICAL REPORT

DEPARTMENT OF MEDICAL EXAMINER-CORONER

15

AUTOPSY CLASS: A B C Examination Only D FAMILY OBJECTION TO AUTOPSY

Date: 3/13/14 Time: 400 Dr. SARUNJAH

(Print)

FINAL ON: 4/29/14 By: CTH (4-501)

(Print)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

IMMEDIATE CAUSE:

(A) Blunt force head trauma

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

DUE TO, OR AS A CONSEQUENCE OF:

(D)

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

Left Craniectomy / Ventricostomy

TYPE OF SURGERY: Craniectomy / Ventricostomy

DATE: 3/3/14

ORGAN PROCUREMENT: TECHNICIAN: DOMINIC G-CHEPREGNANCY IN LAST YEAR: YES NO UNK NOT APPLICABLEWITNESS TO AUTOPSY: EVIDENCE RECOVERED AT AUTOPSY

Item Description:

ZOTTNECK/
JOHNSON

(Long Beach PD)

50 y/o CF

2014-01724

JONES DANA KATHLEEN

82

ACC

Age: 50 Sex: Male / Female

Race: White Ethnicity: DME

Marital Status: Single

Employment: Full-time

Occupation: Housewife

Address: 123 Main Street, Anytown, USA

City: Anytown State: USA Zip: 12345

Phone: (555) 123-4567

Email: dana.jones@anytown.gov

Social Security: 123-45-6789

Driver's License: 1234567890

State ID: 1234567890

Passport: 1234567890

Social Security Card: 1234567890

Health Insurance Card: 1234567890

Employer: Anytown Corp.

Job Title: Manager

Employment Status: Full-time

Employment Industry: Manufacturing

Employment Address: 123 Main Street, Anytown, USA

Employment City: Anytown State: USA Zip: 12345

Employment Phone: (555) 123-4567

Employment Email: manager@anytown.gov

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Employment Employment Job Title: Manager

Employment Employment Status: Full-time

Employment Employment Industry: Manufacturing

Employment Employment Address: 123 Main Street, Anytown, USA

Employment Employment City: Anytown State: USA Zip: 12345

Employment Employment Phone: (555) 123-4567

Employment Employment Email: manager@anytown.gov

Employment Employment Social Security: 123-45-6789

Employment Employment Driver's License: 1234567890

Employment Employment State ID: 1234567890

Employment Employment Passport: 1234567890

Employment Employment Social Security Card: 1234567890

Employment Employment Health Insurance Card: 1234567890

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Employment Employment Social Security Card: 1234567890

Employment Employment Health Insurance Card: 1234567890

Employment Employment Employer: Anytown Corp.

COUNTY OF LOS ANGELES

AUTOPSY CHECK SHEET

DEPARTMENT OF CORONER

16

2014-01724
JONES DANA KATHLEEN
ACC

32

EXTERNAL EXAM

Sex F
 Race C
 Age 50
 Height 68
 Weight 146
 Hair Brn
 Eyes Hazel
 Sclera
 Teeth all
 Mouth
 Tongue
 Nose
 Chest
 Breasts
 Abdomen
 Scar
 Genitals
 Edema
 Skin
 Decubitus

HEART Wt. Harvested

Pericardium RV
 Hypertrophy Septum
 Dilatation LV
 Muscle Septum
 Valves
 Coronaries

AORTA

VESSELS

LUNGS Wt. R Harvested L

See diagram

PERITONEUM

Fluid
 Adhesions

LIVER Wt.

Capsule
 Lobules
 Fibrosis
 G B
 Calculus
 Bile ducts

SPLEEN Wt.

Color
 Consistency
 Capsule
 Melanin

PANCREAS

ADRENALS

KIDNEYS Wt.

R
 L
 Capsule
 Cortex
 Vessels
 Pelvis
 Ureters

BLADDER

Empty

GENITALIA

Prostate
 Testes
 Uterus
 Tubes
 Ovaries

OESOPHAGUS

STOMACH

Contents
 DUOD. & SM. INT.

APPENDIX

present

LARGE INT.

ABDOM. NODES

SKELETON

Spine
 Marrow
 Rib Cage
 Long bones
 Pelvis

SCALP

HAIR
 Scalp
 Dura

Fluid
 Ventricle

Vessels
 Middle ears

Other

PITUITARY

SPINAL CORD

TOXICOLOGY SPECIMENS

Bld, Vtg

SECTIONS FOR

HISTOPATHOLOGY

Stomach

Brain

MICROBIOLOGY

DIAGRAMS

X-RAYS

C9

OTHER PROCEDURES

GROSS IMPRESSIONS

See Anatomic
 Summary

PHARYNX
 TRACHEA
 THYROID
 THYMUS
 LARYNX
 HYOID
 ABDOMINAL WALL FAT

to
3/13/14

Time 1100

Deputy Medical Examiner

Dana Oberle

CASE REPORT

DEPARTMENT OF CORONER

APPARENT MODE ACCIDENT		CASE NO 2014-01724
1	SPECIAL CIRCUMSTANCES	CRYPT 82

LAST-FIRST MIDDLE

JONES, DANA KATHLEEN

ATA

七

ADDRESS: 7053 E. STEARNS STREET CITY: LONG BEACH STATE: CA ZIP: 90815
 SEX: FEMALE RAC: CAUCASIAN DOB: 8/6/1963 AGE: 50 HT: 68 in WT: 146 lbs EYES: HAZEL HAIR: BROWN
 APPEARS: ALL NATURAL TEETH: NONE ID VIEW: Yes CONDITION: ORGAN TISSUE RE

**16 METHODS
BODY VIEWED AT HOSPITAL**

LA #	MAIN #	CB #	FBI #	MILITARY #	POB	
IDENTIFIED BY NAME (PRINT)			RELATIONSHIP	PHONE	DATE	TIME
CAIN JONES			HUSBAND	(562) 209-2239	3/6/2014	

PLACE OF DEATH / PLACE BORN	ADDRESS OR LOCATION	CITY	ZIP
HOSPITAL	1050 LINDEN AVE	LONG BEACH	90813

SAINT MARY MEDICAL CENTER

RESIDENCE	No	3/3/2014	7053 EAST STEARNS STREET, LONG BEACH, CA	90815
DOD	TIME	FOUND OR PRODUCED BY		

3/6/2014 10:35 DR. MOSHEN ROSOGGARAN
OTHER AGENCY INV. OFFICER PAGE REPORT NO. NOTIFIED BY NO

LONG BEACH P.D. - DETS ZOTTNECK & JOHNSON (562) 570-7244 14-13657
TRANSPORTED BY _____ TO _____ DATE _____ TIME _____

JOHN GREEN LOS ANGELES FSC 3/10/2014 21:05

FINGERPRINTS? Yes CLOTHING No PAINT No MORTUARY ALL SOULS

MED. INV.	No	INVEST. PHOTO'S	1	SEAL TYPE	HORN RPT	Yes
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PHYS. EV.	No	EVIDENCE LOG	No	PROPERTY?	No	HOSP CHART	Yes
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SUICIDE NOTE	ND	GEN NO	RCPT. NO.	PF NO.	27-20-51
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SYNOPSIS

THE DECEASED IS A 50 YEAR-OLD FEMALE, WHO ON 3/3/14 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 DECEASED LYING ON HER BACK IN AN ALTERED LEVEL OF CONSCIOUSNESS. 911 WAS DIALED WITH PARAMEDICS ARRIVING TO THE PREMISES. THE DECEASED WAS TRANSPORTED TO ST. MARY MEDICAL CENTER WHERE A CAT SCAN REVEALED A SKULL FRACTURE AND SUBDURAL HEMATOMA. THE DECEASED RECEIVED SURGERY AND REMAINED A PATIENT UNTIL HER EXPIRATION ON 3/6/14 AT 1035 HOURS. THE DECEASED 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 ZOTTNECK & JOHNSON TWO HOURS PRIOR TO THE POST-MORTEM EXAMINATION BECAUSE OF POSSIBLE FOUL PLAY.

SHERWOOD DIXSON 415916		DATE 3/12/2014 TIME 15:05	REVIEWED BY ELISSA J. FLEAK	DATE 3/12/2014 TIME 15:43
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FORM #3 NARRATIVE TO FOLLOW?



County of Los Angeles, Department of Coroner Investigator's Narrative



Case Number: 2014-01724

Decedent: JONES, DANA KATHLEEN

Information Sources:

- 1) Edwin Garcia, RN, 562/491-9856; 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. Stearns 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:

"led of the expiration by hospital personnel.

Tissue Donation:

The husband gave consent for tissue and organ donation.

Autopsy Notification:

PLEASE NOTIFY DETECTIVES ZOTTNECK (562/244-9746) & 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 DIXON

3/12/14

Date of Report

FRED CORRAL

COUNTY OF LOS ANGELES

ORDER FOR RELEASE - ORDEN DE ENTEGRA

DEPARTMENT OF CORONER

5

Please read and answer all questions before signing

WAS THE DECEDENT LEGALLY MARRIED
AT THE TIME OF DEATH? **Yes**DOES THE DECEDENT HAVE ANY LIVING ADULT CHILDREN? **No**

Favor de leer y contestar todas las preguntas antes de firmar

¿El Finado tiene hijos o hijas mayores de 18 años?

¿El Finado ha sido casado legalmente?

Case No. **Dana K. Jones**

Case Name

2014-01724

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 adult children of the decedent. (c) The surviving parent or parents of the decedent. (d) The person or persons respectively in the next degrees of kindred 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 Release is liable for all damages caused by any untrue statement contained in this document. (Health and Safety Code Section 7100). It is also a criminal offense to knowingly file a false statement with a government agency. (Penal Code Section 115 and 476)" Therefore, please release the body upon completion of your investigation of the death of said deceased to:

MORTUARY: All Souls MortuaryNAME (PRINTED) Cain F. JonesRelationship SPOUSEAddress 7053 E. Stearns St. city Long BeachState CAZip Code 90815Telephone No. (510) 209-2259Date Signed 3-13-14SIGNATURE Cain Jones

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

Name _____ Relationship _____ Telephone No. _____

Address _____ City _____ State _____ Zip Code _____

CODIGO DE SANIDAD Y SEGURIDAD • CAPITULO 3 • Custodia y Obligacion de Entierro

7100. El derecho de controlar la disposicion de los restos del finado a mentos de que otras instrucciones hayan sido dadas por el finado, dar autoridad, y el deber del entierro y la responsabilidad por el gasto justo de entierro de tales restos pasa sobre lo siguiente en el orden nombrado, (a) esposo o esposa (b) hijo o hijas mayores de 18 años (c) padre o padres del finado (d) persona o personas respectivamente en los grados de parentesco en el orden nombrado por las leyes de California como que tiene derecho se suceder al los bienes del finado (e) El Administrador Publico cuando el finado tiene suficiente bienes.

"AVISO: La persona firmante esta orden para causar es sujeto por todos los perjuicios causado por alguna falsa declaracion contenida en este documento. (Sección 7100 Del Código De Sanidad y Seguridad) Es una ofensa criminal presentar al propósito falso testimonio con una agencia del gobierno. (Código De Pena Sección 115 y 476)". Por eso, favor de entregar los restos del finado despues de completar la investigación a:

FUNERARIA: _____

NOMBRE _____ Parentesco _____

(ESCRIBA EN LETRA DE MOLDE)

Domicilio _____ Ciudad _____ Estado _____ Zona Postal _____

Telefono _____ Fecha Firmada _____

FIRMA _____

Si no es el parente proximo, firme y explique porque el parente proximo no esta arreglando los trámites en este asunto. Si es el albacea del testamento, incluir una copia del testamento.

Viente proximo _____ Parentesco _____

Domicilio _____ Ciudad _____ Estado _____ Zona Postal _____

ADDITIONAL DECEDENT INFORMATION ON REVERSE

COUNTY OF LOS ANGELES
DEPARTMENT OF CORONERHOSPITAL AND NURSING
CARE FACILITY REPORT1104 NORTH MISSION ROAD
LOS ANGELES, CALIF. 9003:

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

St. Mary's Medical Center
 NAME OF FACILITY

CC# 2014-01724ADDRESS 1050 Linden Ave HOSPITAL PHONE # 562 491-9000NAME OF DECEASED JONES, DANAHOW IDENTIFIED by family DOB 8/6/63 AGE 50 SEX F RACE CaucasianDATE OF DEATH 3-6-14 TIME 1033PRONOUNCED BY Noshan Rabbogaran / Ignacio Carillo - nurse MEDICAL RECORD OR PATIENT FILE # 272051

ORGAN/TISSUE DONATION INFORMATION

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

NO YES IF YES WHAT WAS THEIR RESPONSE?DATE ADMITTED 3/3/14 TIME 0923 SELF AMBULANCE (Name or R.A.#)FROM Home : 7053 E Starns St Long Beach

(STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS (IF HOSPITAL ATTACH THEIR HISTORY)

ADMITTED BY: Heilbron Jr. M.D. PRIMARY ATTENDING PHYSICIAN Heilbron Jr. M.D.OFFICE PHONE # 562) 296-8050 OFFICE PHONE #

INJURIES DATE TIME PLACE CAUSE (TRAFFIC, FALL, ETC.)

DESCRIBE INJURIES:

fracture left occipital area of the skull, (extension to lower
B-frontal hematoma occipital)

CLINICAL HISTORY:

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

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? SPECIFY _____

LABORATORY: REPORT ON PATHOLOGY SPECIMENS TAKEN _____ DATE & TIME _____

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

IN MY OPINION, THE CAUSE OF DEATH IS: _____

BY _____ M.D. -OR- _____

NURSE/HOSPITAL ADMINISTRATOR

OFFICE PHONE # _____

OFFICE PHONE # _____

HB55 (REV. 6/02)

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 REMOVAL