

North Carolina Department of Health and Human Services
Office of the Chief Medical Examiner

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REPORT OF AUTOPSY EXAMINATION

DECEDENT

Document Identifier B201400792
Autopsy Type ME Autopsy
Name Michael Anthony Kerr
Age 53 yrs
Sex M

AUTHORIZATION

Authorized By Susan E. Venuti MD **Received From** Wake

ENVIRONMENT

Date of Exam 03/13/2014 **Time of Exam** 09:07
Autopsy Facility Office of the Chief Medical Examiner **Persons Present** Dr. Lauren Scott

CERTIFICATION

Cause of Death
Dehydration

The facts stated herein are correct to the best of my knowledge and belief.

Digitally signed by

Susan E. Venuti MD 25 September 2014 10:49

DIAGNOSES

In-custody death
Dehydration and electrolyte imbalance
Postmortem vitreous fluid electrolytes with elevated sodium, chloride and urea nitrogen
Focal coronary artery disease with up to 50% luminal narrowing of proximal left anterior descending coronary artery
Pulmonary anthracosis
Obesity (BMI 32 kg/m²)
Contusion to right frontal head with no intracranial injury
Abrasions to distal forearms and left knee
Rib fractures, status post cardiopulmonary resuscitation
Review of provided records indicates clinical history of hypertension, hyperlipidemia, obesity and schizoaffective disorder, bipolar-type and depressive-type

IDENTIFICATION

Body Identified By
Papers/ID Tag

EXTERNAL DESCRIPTION

Length 73 inches
Weight 243 pounds
Body Condition Intact
Rigor Rigor mortis is firmly developed in the extremities, neck and jaw.
Livor Livor mortis is indiscernable.
Hair The scalp hair is black and measures up to 1 1/2". The decedent wears a black mustache and beard.
Eyes The irides are brown.
Teeth The teeth are natural and in good repair.

The body is received supine in a body bag with a red identification tag and a red seal #2410268. Identification tags are present on the left great toe and attached to a rubber band encircling the right wrist.

CLOTHING AND PERSONAL EFFECTS: The body is received clad in gray pants, cut up as in resuscitative practice, white boxer shorts and a white tee shirt worn inside-out. The body is not accompanied by any personal effects.

EVIDENCE OF MEDICAL/SURGICAL INTERVENTION: Extending from the mouth is an oral airway. Electrocardiogram monitoring pads are present over the chest and abdomen. At the midline chest is a superficial red-brown abrasion, measuring in aggregate 1 1/2 x 1 1/4". Extending from the bilateral proximal legs are intra-osseous catheters.

IDENTIFYING MARKS, SCARS AND TATTOOS: On the right anterolateral chest is a 3/4" scar. On the left anterior lower chest is a 1/4" scar. On the midline abdomen is a 1" scar. A 2 x 1/2" area of hyperpigmentation is present on the right anterior lower abdomen. On the left lateral upper arm is a round vaccination scar. On the left posterior forearm is a 1 1/2" scar. At the left anterior wrist is a 1/4 x 1/4" scar. Multiple healed scars are present on the left medial and lateral wrist. Irregular faint scars are noted on the right lateral forearm. On the right medial forearm is a 1 1/2" scar. On the left lateral thigh is a 1 3/4" scar. Inferior lateral to the right knee is a 2" scar. On the right medial buttock is a 1 x 1" scar.

The body is that of a black male appearing consistent with the reported age of 53 years. The head is normocephalic. The body is received with the eyes open with focal tache noire over the right lateral sclera. The conjunctivae and sclerae are mildly injected. Conjunctival petechiae are not present. The ears are normally formed. The nares are patent. The mouth is open. The teeth are natural and in good repair. No oral mucosal lesions are present. The neck is unremarkable. The chest is symmetrical. The abdomen is mildly obese. The upper and lower extremities are symmetrical. The fingernails are soiled. The toenails are trimmed and clean. The external genitalia are those of an adult male. The testicles are not palpated. The back and buttocks are unremarkable. There is no blood or stool present at the anus.

INJURIES

The body is received with an adhesive bandage over the right wrist with underlying abrasions to the distal forearm, medially measuring 1 x 1/2", posterior medially measuring 1/4 x 1/4", and posterior laterally measuring 1 x 1/4". Over the distal anterior forearm is a thin diagonal 1" abrasion. A small pink abrasion is noted above the right lateral ankle measuring 1/4 x 1/4". A 1 x 1 1/2" abrasion is present on the left knee. Some healing brown scabbing is present on the left medial lower leg, measuring 2 x 1 3/4" in aggregate.

A round area of firm edema is present on the right frontal forehead measuring 1 x 1" with an associated underlying deep scalp red-purple contusion. No intracranial head injury is present.

DISPOSITION OF CLOTHING AND PERSONAL EFFECTS

The following items are released with the body

Clothing.

The following items are preserved as evidence

None.

INTERNAL EXAMINATION

Body Cavities

The body cavities are examined by the customary Y-shaped incision. No blood or excess fluid is present in the bilateral pleural or peritoneal cavities. No pleural or peritoneal adhesions are present. The abdominal panniculus measures up to 2" at the level of the umbilicus.

Cardiovascular System

Heart Weight 430 grams

The epicardial surface is smooth and glistening. The coronary arteries have their usual origin and distribution with focal atherosclerosis with up to 50% luminal narrowing of the proximal left anterior descending coronary artery. The left circumflex and right coronary arteries are patent. The myocardium is red-brown without pallor, hemorrhage or scarring. The left ventricular wall measures 1.3 to 1.4 cm in thickness. The posterior right ventricular wall measures 0.6 cm in thickness. At the base of the heart the ventricles are mildly dilated, each measuring 5.0 x 5.0 cm. The cardiac valves are normally formed, thin and flexible. The aorta is of normal caliber with a smooth intimal surface.

Respiratory System

Right Lung Weight 380 grams

Left Lung Weight 310 grams

The lungs appear normally inflated and pink to dark red-purple in the lower lobes. Anthracotic spotting is present on the pleural surfaces. Cut sections reveal no gross lesions. The airway is patent. The pulmonary arteries are free of thromboemboli.

Gastrointestinal System

The distal esophagus has linear dark red striations. No esophageal varices are noted. The gastric mucosa is smooth and without rugae. The stomach contains approximately 50 ml of dark red liquid. Dark red liquid is also present in the duodenum. The small bowel has multifocal skip areas of serosal congestion and these areas contain dark red-purple liquid. The remaining small bowel contains tan liquid. The large bowel contains brown stool. The appendix is present and unremarkable.

Liver

Liver Weight 1660 grams

The capsular surface of the liver is red-brown and smooth. Cut hepatic sections reveal no gross lesions. The gallbladder contains a large amount of very firm sludge with a scant amount of yellow-green bile.

Spleen

Spleen Weight 140 grams

The splenic capsule is intact. The parenchyma is red-purple and firm.

Pancreas

The pancreas is pink-tan and lobulated.

Urinary

Right Kidney Weight 200 grams

Left Kidney Weight 190 grams

The cortical surfaces of the kidneys are red-brown and smooth. Cut sections of the kidneys reveal well-demarcated corticomedullary junctions. The urinary bladder contains a scant amount of cloudy yellow fluid.

Reproductive

The prostate gland is small.

Endocrine

The thyroid gland is symmetrical and purple without gross lesions.

The adrenal glands have yellow-orange cortices and gray-tan medullae.

Neurologic

Brain Weight 1400 grams

A focal subgaleal contusion is noted as previously described. The calvarium and basilar skull are intact and free of fractures. The dura mater is intact. There is no subdural or subarachnoid hemorrhage. The

cerebrospinal fluid is clear. The leptomeninges are thin and transparent. The brain is symmetrical. Cut sections of the cerebrum, cerebellum and brainstem reveal no focal lesions.

Musculoskeletal System

The musculature is red-brown. Rib fractures secondary to cardiopulmonary resuscitation are present. Rib fractures involve the left anterior medial ribs #4, 5 and 6 and left anterior rib #4. Red-purple hemorrhage is noted on the parietal pleural surface of the right anterior medial ribs #3, 4 and 5 with a fracture of right medial rib #5. No fractures involve the pelvis or spine. The strap and paraspinal muscles of the anterior neck are free of hemorrhage. The hyoid bone, thyroid cartilage and cricoid cartilage are intact and free of fractures.

MICROSCOPIC EXAMINATION

Microscopic Comment

Representative sections of the heart, lungs, liver, kidney and brain are submitted for microscopic examination. Except as described below, the remaining histological sections are unremarkable.

Cardiovascular

The left ventricle has prominent intramural vasculature and small vessels with myocyte hypertrophy. The right ventricular myocardium is congested.

Respiratory

Multiple lung sections reveal small vessels with thickened walls. Bronchioles have convoluted lumina with prominent smooth muscle hypertrophy and no significant associated submucosal inflammation. Focal emphysematous changes, focal congestion and small foci of anthracosis are noted.

Liver

The liver has marked sinusoidal congestion.

Genitourinary

The kidney has extensive renal cortical autolysis and vascular congestion.

SUMMARY AND INTERPRETATION

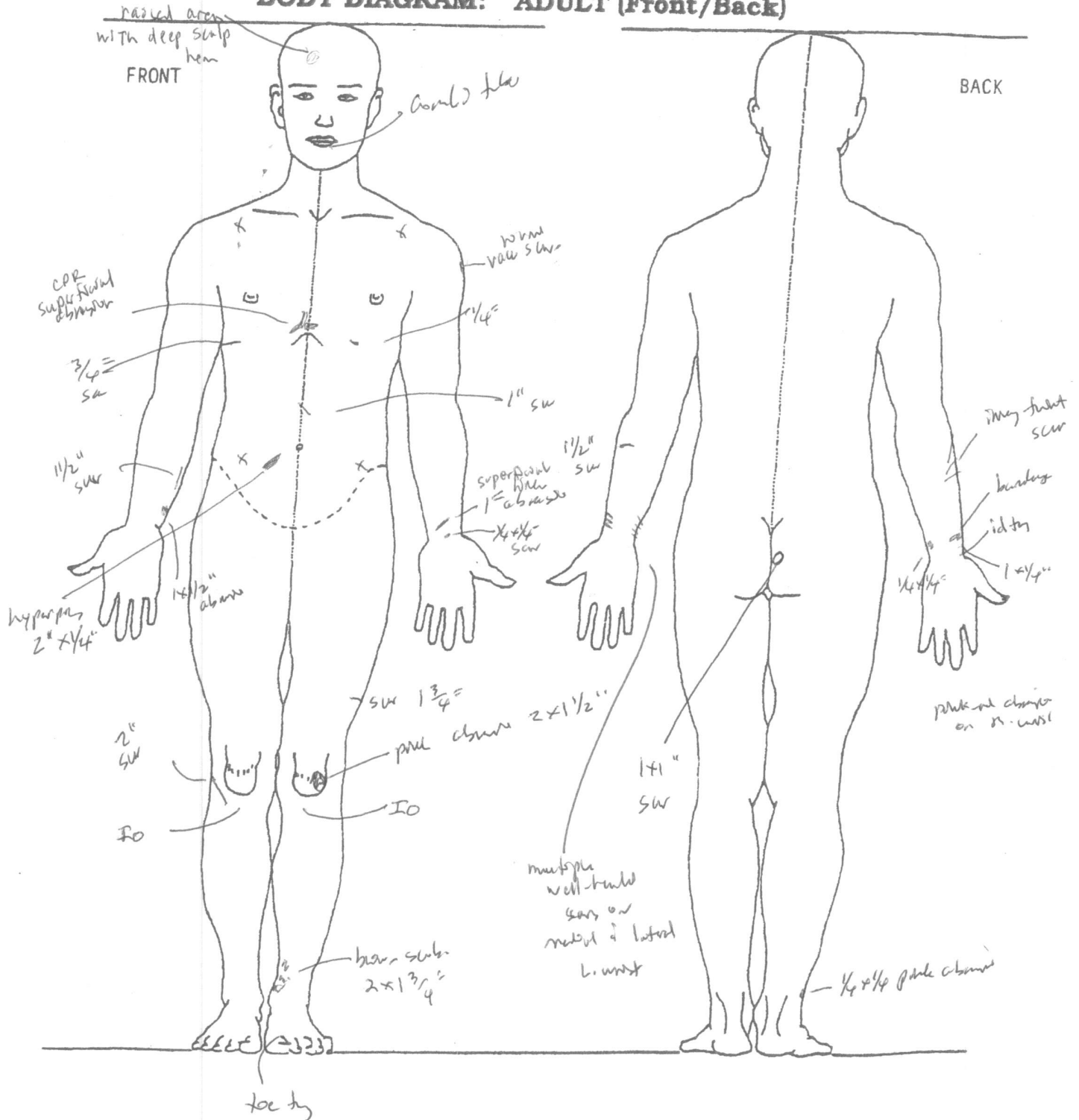
Michael Anthony Kerr, a 53 year old man, was found dead upon arrival to Central Prison following a transfer from Alexander Correctional Facility. Autopsy examination revealed no evidence of lethal traumatic injuries or drug intoxication. Abrasions were present on the distal forearms consistent with restraint devices. Chemical analysis of the postmortem vitreous fluid revealed elevated levels of sodium, chloride and urea nitrogen indicating dehydration. The Deputy Director of Prisons allowed a witnessed review of the contents of a Sentinel Event Review documented by the NC Department of Public Safety; however, no reports were permitted to be retained by the OCME, and no additional investigative reports were provided for review. Mr. Kerr's psychiatric history was significant for schizoaffective disorder for which he was not receiving any treatment at the time of his death. It was not possible to make any firm conclusions regarding this inmate's nutrition and fluid intake, and whether or not his mental health and/or external factors played a role in the dehydration.

It is opined that Mr. Kerr died from dehydration. However, the nature of his dehydration, whether as a result of fluids being withheld, or the decedent's refusal of fluids, or other possible factors, is unclear. Since the circumstances surrounding the development of dehydration leading to death in this incarcerated adult are uncertain, the manner of death is best classified as Undetermined.

DIAGRAMS

1. Adult (front/back)

BODY DIAGRAM: ADULT (Front/Back)



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