

BOARD OF MEDICOLEGAL INVESTIGATION
OFFICE OF THE CHIEF MEDICAL EXAMINER

REPORT OF AUTOPSY

DECEDENT <u>MARVIN</u> First name		<u>HOGNER</u> Last name		Authority for Autopsy: <u>F. KEITH UNDERHILL, M.D.</u> Name		Official title			
TYPE OF DEATH Unattended by Physician <input type="checkbox"/> While in penal incarceration <input type="checkbox"/> Suspicious circumstances <input type="checkbox"/> Found dead without obvious cause <input type="checkbox"/> Violet, unnatural or unusual <input type="checkbox"/> During a therapeutic procedure <input type="checkbox"/> MEANS: <input type="checkbox"/> Body to be cremated, buried at sea <input type="checkbox"/> transported out of state <input type="checkbox"/> Possible threat to public health <input type="checkbox"/> After unexplained coma <input type="checkbox"/> LIGATURE				Rigor Jaw <input type="checkbox"/> Arm <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Abd. <input type="checkbox"/> Legs <input type="checkbox"/> <u>COMPLETE</u>		Livor Color <u>PURPLE</u> Ant. <input type="checkbox"/> Post. <input type="checkbox"/> Lat. <input type="checkbox"/> <u>Regional</u>		Identified By: TOE TAG Present at Autopsy R.L. HEMPHILL, M.D. D. DOOLEY C. BARNARD	
				Age <u>30</u> Race <u>AI</u> Sex <u>M</u> Length <u>71 in.</u> Weight <u>201lb.</u> Eyes <u>BROWN</u> Pupils: R <u>0.5 cm</u> Opacities, Etc. Hair <u>BLACK</u> Beard <u>NO</u> Mustache <u>NO</u> Circumcised <u>YES</u> Body Heat <u>COOL</u> L <u>0.5 cm</u>					

PATHOLOGICAL DIAGNOSIS

1. ABRADED LIGATURE MARK OF SKIN OF NECK
2. SOFT TISSUE HEMORRHAGES OF NECK
3. SUPERFICIAL INCISED WOUNDS OF FOREHEAD
4. ABRASIONS AND CONTUSIONS OF TRUNK AND EXTREMITIES
5. SUPERFICIAL LACERATIONS OF LIP
6. MILD CORONARY ATHEROSCLEROSIS
7. CARDIOMEGALY (560 GM)
8. PULMONARY CONGESTION AND EDEMA

Cause of Death:

ASPHYXIATION BY HANGING

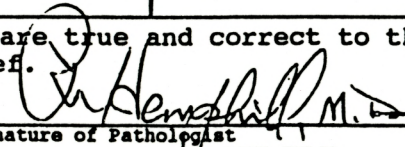
T-280-93
9310194
RLH/CM

I hereby certify that this document is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

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

By MLM Date SEP 17 1993

CME-2 (Rev. 11-92)



Signature of Pathologist
7-31-93 (1150)
Date and time of autopsy
OCME-TULSA
Place of autopsy