



**CORONER'S OFFICE  
COUNTY OF IMPERIAL**



RAYMOND LOERA  
Sheriff- Coroner- Marshal

DARRYL J. GARBER, M.D.  
Chief Forensic Pathologist

ORIGINAL

**AUTOPSY PROTOCOL**

NAME OF DECEDENT: DAU, MARSHA CORONER'S CASE: # 11-109

ANATOMIC SUMMARY:

- I. Atherosclerosis, generalized, severe
  - A. Atherosclerosis, coronary arteries with 85% occlusion of the left anterior descending, 90% occlusion of the circumflex, and 90% occlusion of the right coronary artery
- II. Acute multiple drug intoxication
  - A. Circumstances - See Investigator's Report
- III. Fibromyalgia (clinical)
- IV. Small subdural hematoma, left ( approximately 20 cc)
- V. Status post Lobectomy, right lung (remote)
  - A. Adhesive pleuritis, right
- VI. History of drug abuse
- VII. Toxicology (See Separate Report)

CONCLUSION: (Cause of Death)

A) Atherosclerotic cardiovascular disease

OTHER SIGNIFICANT CONDITIONS: **Acute multiple drug intoxication**

DATE AND TIME OF AUTOPSY: July 26, 2011 @ 12:35 p.m. to 1:25 p.m.

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EXTERNAL EXAMINATION: The body is that of a well-developed and well-nourished middle-aged white woman which appears to be about the stated age of 58 years old, weighing approximately 125 pounds and measuring approximately 64" in height. The body is in rigor mortis. There are multiple scars over the body. There are two separate 7 cm well-healed, vertically oriented scars of the bilateral breasts, extending downward from the bilateral areola. These meet 19 cm and 18 cm each, slightly curved, transversely oriented scars of the inferior aspects of the breasts at the inframammary folds. There is an 8 cm well-healed diagonally oriented scar of the right lower quadrant of the abdomen. There is a 15 cm well-healed transversely oriented scar of the suprapubic abdomen. There is a 22 cm well-healed vertically oriented scar over the right lateral thigh. There is a 3 cm well-healed transversely oriented scar of the right posterior hip and buttock, within a tattoo. No other tattoos are noted. An intravenous line is present in the right antecubital fossa and a fresh needle puncture is present of the left antecubital fossa. **There is a 3 cm, stage II sacral decubitus ulcer.** There are multiple 0.4 to 6.0 cm pink and red abrasions and contusions over the bilateral knees and left lower leg, as well as the bilateral feet. There are four separate 0.1 x 3 -5 cm pink abrasions over the left anterior thigh. There are multiple hyperemic areas over the bony prominences of the thoracic spine of the posterior torso. The hair is blond. The head is not remarkable and shows no evidence of trauma. The eyes are green. The eyes and ears show no abnormality. The nose and mouth are normal and the mouth contains an endotracheal tube. The chest and abdomen show no abnormality. Genitalia are those of a normal adult female. The extremities show no other significant injury. There are no other significant bruises or abrasions over the body.

INTERNAL EXAMINATION: The body is opened with the usual Y-shaped incision. The organs of the thorax and abdomen are in their normal positions, and there are extensive adhesions of the right pleural cavity between the parietal and visceral pleura. A few adhesions are noted between the parietal and visceral pleura of the left pleural cavity. The pericardial and peritoneal surfaces are smooth and glistening. The mediastinum is in the midline. The liver is at the right costal margin.

CARDIOVASCULAR SYSTEM: The heart weighs 310 gm. The epicardium is smooth and glistening. The myocardium is firm and red-brown. The endocardium and valves are thin and glistening. The coronary arteries are normally developed and show a right predominance. All three main coronary arteries are 60% involved with calcific occlusions which occlude the lumina of the left anterior descending up to 85%, the circumflex and right coronary arteries up to 90% each. The aorta is normal in caliber and severely involved with calcific atherosclerosis. The great vessels of the neck and visceral arteries are normal in size. The great veins contain dark fluid blood admixed with postmortem clots.

RESPIRATORY SYSTEM: The right lung weighs 270 gm, the left 220 gm. The visceral pleurae of the right lung show extensive gray-white, broad-based, fibrous, filmy type adhesions and there are a few adhesions of the left visceral pleurae. On the right side, there are peribronchial hemoclips noted in association with a previously performed right

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lobectomy. The cut surfaces are pale. The hyoid bone, thyroid cartilage and tracheal rings are intact and show no evidence of injury. The larynx, trachea and major bronchi are lined by smooth glistening mucosa.

GASTROINTESTINAL SYSTEM: The esophagus is normal. The stomach is empty. The small bowel contains red-brown chyme. The large bowel contains green-brown soft stool.

HEPATOBIILIARY SYSTEM: The liver weighs 1,150 gm. The surface is smooth and glistening. The parenchyma is soft and pale. The gallbladder is normally developed and contains 20 cc of bile. The bile ducts are normally developed. The pancreas is firm and pale.

HEMATOPOIETIC SYSTEM: The spleen weighs 90 gm. The surface is smooth. The parenchyma is soft and pale. The bone marrow is firm and red-brown.

UROGENITAL SYSTEM: The right kidney weighs 180 gm, the left 20 gm. The surfaces show multiple cortical U-shaped scars measuring up to 1.5 cm in diameter each. The left kidney is markedly atrophic showing a finely and coarsely granular surface and essentially an end-stage kidney. The right cortex is well demarcated from the medulla. The left cortex is markedly thinned and poorly demarcated from the medulla. The renal pelves, ureters and urinary bladder are normally developed. The bladder is empty. The uterus, tubes and ovaries are surgically absent.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenal glands are normal in size and configuration.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton is normally developed and intact.

SKULL AND CENTRAL NERVOUS SYSTEM: The scalp shows no evidence of injury or contusion. The cranium is intact and shows no evidence of injury. There are 20 cc of liquid and clotted blood seen in the subdural space over the left cerebral hemisphere. This blood shows no evidence of compression of the brain and there is no midline shift. The brain weighs 1,270 gm. The cerebral hemispheres are symmetrical with normal convolutions. There is no evidence of tonsillar or uncal cerebral herniation. The leptomeninges are clear and glistening. The cortex is well demarcated from the white matter. The ventricles are normal in size and lined by smooth glistening ependyma. The cerebrospinal fluid is clear. The basal ganglia are well delineated. The cerebellum, brain stem and Circle of Willis are normally developed.

FORENSIC PHOTOGRAPHY: Photographs are taken prior to beginning and during the autopsy.

FORENSIC RADIOLOGY: No x-rays of the body are taken.

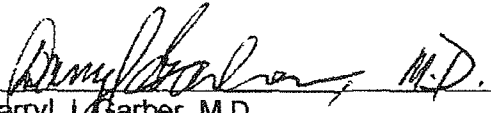
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TOXICOLOGY: Heart blood, bile, liver tissue, brain tissue, vitreous and subdural blood are submitted for a comprehensive drug screen.

HISTOLOGY: Tissue is retained in the hold jar.

OPINION: On the basis of the autopsy findings, in conjunction with the results of toxicology, it is evident that this 58-year-old white woman suffered from atherosclerotic cardiovascular disease which resulted in her ultimate demise. **The results of toxicology also revealed an acute multiple drug intoxication which contributed to her death.**

  
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Darryl J. Garber, M.D.  
Forensic Pathologist

10/20/11  
Date