

Section 404.3

Case Files

Regardless of whether you develop investigative protocols it is incumbent upon you to maintain as thorough and organized set of investigative files as possible. The investigative files should include but not be restricted to the following: all reports, investigator's notes, sketches and death scene photographs, reports of autopsy and laboratory analyses of evidence, copies of all forms completed by the coroner to include chain-of-custody forms and laboratory request forms. The major objective is to maintain as complete and proper file as possible.

Section 501

Autopsy Protocol

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Section 501.1

Overview

Coroners may find the following definition of forensic pathology useful to their work. Forensic pathology is the branch of medical practice that produces evidence useful in the criminal justice administration, public health and public safety. Under this definition are three key elements: Cause of Death, Manner of Death and Mechanism of Death.

The cause of death related to the disease, injury or abnormality that alone or together in some combination initiates the physical and biological malfunctions that eventually leads to death. The cause of death can be thought of in terms of underlying or immediate cause of death. For example, a driver of an automobile dies in a single vehicle accident. The autopsy discloses that the driver had a blood alcohol level of 0.25 and the driver's heart had been pierced by a metal rod. The underlying cause of death would be penetrating trauma to the chest, the mechanism of death would be heart failure due to the penetrating metal rod, and acute alcohol intoxication would be listed as a contributing factor.

The manner of death pertains to the way the death occurred. Social relationships and personal causation are two elements involved in determining manner of death. Examples are the self-inflicted injuries of a suicide victim and the fatal injuries incurred as a result of an accidental fire in a home. The usual classifications of death are: natural, accident, suicide, homicide or undetermined.

The mechanism of death refers to the process of death, in which failure of one or more vital organs due to injury, disease or natural events. For example, the mechanism of death for many diabetics is kidney failure. Other body organs, such as the liver, are adversely affected by kidney failure and death may follow. The actual cause of death may be due to heart or liver failure, but the diabetes was responsible for initiating the death process.

Caution: The pathologist will, or may, offer both a cause and manner of death in his/her report of the post-mortem. However, the coroner is not bound by this report in determining manner of death. Often you will have additional information that was gathered at the death scene. This additional information and the results of the autopsy will often allow you to reach a more accurate determination of the manner of death.

Note: If there is a disagreement with the findings of the pathologist, the coroner and pathologist should strive to arrive at a consensual view. This is necessary, as such a disagreement could prove embarrassing to one or both parties, if it is brought out in court at a later date.

Note: The mechanism of death should not be noted on the death certificate. (It is unnecessary and could create confusion or doubt in non-medical personnel.)

Section 501.2 Ordering an Autopsy

An autopsy is not required in every coroner's case; However, if in doubt, request an autopsy be performed.

Normally, a decedent's body is the property of the next of kin (spouse, child, parent, brother or sister, nearest relative, guardian or executor of the estate). However, in deaths that are unusual, unnatural or suspicious in nature the state has an overriding interest which supersedes the interests of the family. The coroner has a responsibility to order an autopsy on cases that are of interest to the state. Coroner's are protected from liability when ordering an autopsy in good faith.

In Indiana the person performing the autopsy must be a pathologist certified by the American Board of Pathology in anatomic pathology, or a physician responsible to such a person. A coroner can not cut into or remove any part of a decedent's body under your jurisdiction, unless you meet the above stated qualifications.

Exceptions to this is the aspiration (drawing or taking) of blood, urine, or other body fluid for chemical analysis if an autopsy is considered unnecessary.

Caution: Do not take any fluids if an autopsy is planned, as this will introduce artifacts; *e.g.*, puncture wounds on the body area from which you draw the fluids.

An autopsy is not required in every coroner's case. Whether or not to obtain an autopsy is probably the hardest decision a coroner will have to make. Financial and family pressures often go against the coroner's desire for an autopsy. The coroner should obtain an autopsy, if required, despite these pressures.

The coroner has the authority to order an autopsy by Indiana Statute. (See Section 104.3, Coroner's Investigation of Death.) The county must provide the funds for post mortem examinations. Unnecessary autopsies also waste time and resources for everyone. Therefore, the coroner should carefully pick those cases requiring an autopsy. Veteran coroners (and pathologists) have been known to make mistakes. However, the mistake is nearly always in **not obtaining** an autopsy when needed. If you are unsure in a particular case, you should call a colleague or a member of the Indiana State Coroners Training Board.

Note: Family members, initially opposed to an autopsy being performed, will normally be grateful later. (If they are not, be suspicious of them.)

When the cause and manner of death cannot be established at the death scene an autopsy is required. A death case with an obvious cause and manner of death may require an autopsy for legal documentation. In such cases, knowledge of specific mechanics of death are desired; *e.g.*; determination of fatal wounds, contribution of any natural disease to the cause of death and the elapsed time between the moment of fatal injury and

physiological death. Generally, you will want to ask specific questions when ordering an autopsy; however, in some cases you may order an autopsy based on heuristic (gut level) feelings. In these latter cases, you may "feel" that something is not right after completing your investigation of the death scene. Every good investigator will follow his/her instincts on occasion. Thus, it is to your advantage to occasionally follow your own instincts or gut feelings about a particular case. **If in doubt, request an autopsy be performed.**

§ 501.2.1

Determining If an Autopsy Is Required

The Indiana State Coroners Training Board (ISCTB) has provided guidance to coroners in ordering autopsies. The ISCTB provided a list of questions to help coroners determine whether or not an autopsy is necessary. If you can answer "Yes" to all the questions you do not need to order an autopsy. You have sufficient evidence to sign off the case. If you answer "No" to more than two of the questions, then you definitely need an autopsy. The questions are:

1. Has the possibility of homicide been eliminated?
2. Does external examination of the body give adequate evidence of the cause of death?
3. Have necessary toxicological specimens been obtained?
4. Is there no chance of civil litigation being filed?
5. Will the evidence of suicidal intent stand up in court?
6. Is the decedent well known in the area?
7. Was the event witnessed by more than one person?
8. Was there documented evidence of disease if an apparent natural death?
9. Have the next of kin accepted the death? Are they likely to harbor guilt feelings?
10. Did symptoms precede the death if an apparent natural death?
11. Was the deceased not in a motor vehicle?
12. Was the deceased not in the workplace?
13. Has the body been positively identified?

§ 501.2.2

Cases That Always Require an Autopsy

There are some cases that *always* require an autopsy. The ISCTB has provided the following list of circumstances that *require* an autopsy:

1. Fire deaths, when the body is altered by fire or the carbon monoxide saturation is below 20%.
2. Homicides or any cases in which another person is in anyway a possible factor in the death.
3. Apparent suicides that are without clear evidence of intent, such as those without a note.
4. Drivers in single car accidents.
5. Pilots involved in aircraft crashes.

6. Occupation related deaths.
7. Unwitnessed "accidents."
8. Accidents in which natural disease cannot be ruled out as a factor.
9. Cases where civil litigation may evolve.
10. Deaths of persons in official custody.
11. Sudden, unexpected deaths of children, especially if they are under two years of age.

§ 501.2.3

Autopsy Determinations

The importance of autopsies can be illustrated by knowing what information may be obtained through this procedure. The ISCTB has listed a number of things that may be determined from an autopsy. They are:

1. Establish decedent's identity.
2. Establish the cause of death.
3. Determine the mechanism of death.
4. Confirm the manner of death.
5. Confirm medical history.
6. Separate complicating medical factors.
7. Rule out disease or factors harmful to public health.
8. Facilitate adequate photography of wounds.
9. Establish direction of force.
 10. Correlate wounding and object producing the wound(s).
 11. Determine time interval between wound(s) received and death.
 12. Establish sequence of events.
 13. Retrieve an article involved in mode of death, such as a bullet.
 14. Obtain and examine trace evidence such as hairs, stains, and seminal fluid.
 15. Obtain specimens for toxicology.
 16. Establish order of death in situations where more than one family member has been killed.
 17. To document all injuries in order to answer any future questions that are unknown at the time of the autopsy.

§ 501.2.4

Ordering of Autopsy by Person Other than the Coroner

There are **four** situations in which persons other than the coroner may order an autopsy. First the **county prosecuting attorney** may mandate the coroner to order an autopsy, if the coroner fails to order one on his/her own volition. When this occurs, **funds from the coroner's budget must be used to pay for the autopsy.**

Second, the **county health officer** may order an autopsy if the death could be a threat to public health. Third, the **judge of the Circuit Court** may order an autopsy, over the objection of the decedent's family or next of kin. Fourth, the **family or next of kin *always*** have the right to order an autopsy.

Note: In the latter case the cost of the autopsy may be borne by the family if the coroner does not justify the legal need.

Section 501.3 Autopsy Protocol

The autopsy is an important tool in establishing the manner of death and cause of death.

Note: Negative findings are, or may be, more important than positive findings. You should ***call the pathologist*** for explanations regarding the autopsy findings.

Coroners should wait on a pathologist's report before rendering a cause of death. The following Autopsy Protocol is included as an information resource for the lay person. It is not as comprehensive in detail as an Autopsy Protocol for pathologists or medical personnel. However, it should be of assistance to the lay person in interpreting and understanding data contained in an autopsy report.

Note: The pathologist will generally note a cause of death and manner of death. The coroner may record a manner of death that is independent, and different, from that of the pathologist. However, any disagreement between a pathologist's and coroner's determination of the manner of death should be based on material fact and data not available to the pathologist. This information must be able to withstand the scrutiny of judicial review.

Note: Any board certified pathologist may conduct coroner's autopsies in Indiana. However, in death cases with obvious or suspected legal ramifications it may be desirable to obtain the services of a Forensic Pathologist (See Part 2, Section 201.4 and Section 202.4.) The forensic pathologist is familiar with the medicolegal issues incurred in the criminal justice process. Also, they are normally qualified and willing to provide expert testimony at a judicial trial or hearing. It is suggested that coroners check with local pathologists as to their willingness to participate in the criminal justice process. If they are not willing, death cases of potential or actual interest to criminal justice agencies should be handled by forensic pathologists.

Autopsy Protocol

- 1) Preliminary Procedures
- 2) Summary of Known Circumstances
- 3) Documents Reviewed And/or Evidence Examined
- 4) External Examination of Body
- 5) Victim Identification Procedures
- 6) Internal Examination of Body
- 7) General Description of Body Organs
- 8) Specific Description of Wounds or Injuries
- 9) Establish Evidential Chain-of-custody
- 10) Record of Specimens Retained and Examinations Performed

Step 1: Preliminary Procedures. This includes the taking of detailed notes of the post-mortem. The date, time, location and circumstances of the autopsy are recorded. The prosecutor(s), witnesses and other personnel are identified. Also, any special item, such as embalming information is noted.

Step 2: Summary of Known Circumstances. This is a short, concise version of the known facts about the decedent. It will generally contain the victim's age, race and sex. It will have a brief description of the death scene and the circumstances in which the victim's body was found. Also, it may contain information pertaining to the victim's last known activities or plans if known.

Step 3: Documents Reviewed And/or Evidence Examined. At a minimum the pathologist may review reports of investigation or conversations with official personnel that pertain to the victim's death. Evidence obtained at the death scene involving a known, or potential interest, to criminal justice agencies is generally beneficial to the pathologist. For example, a knife recovered from the body of a stabbing victim would be of interest to the pathologist. It would be instrumental in determining if wounds and injuries found on the body could have been made by the suspect knife.

Step 4: External Examination of Body. Space precludes a comprehensive list of everything involved in the external examination. However, the following is generally examined, or noted, during this phase of the autopsy: The victim's clothing; and inventory of jewelry, valuables and evidence recovered; body weight and length; presence of rigor, rigor or livor mortis; general condition of the body; description of the color and condition of head and body hair, examination of the nose and mouth to include dental examination; external condition of body areas to include the breasts, genitalia, ears and skin; any scars or incisions; any puncture marks to include those of needles; and, specific injuries noted, such as stab wounds, gunshot wounds or blunt instrument injuries.

Algor mortis is the post-mortem loss of heat from the body.

Livor mortis is the post-mortem discoloration caused by the settling of blood to the lowest parts of the body.

Rigor mortis is the post-mortem stiffening of the body musculature as a result of chemical changes in the dying muscles.

Step 5: Victim Identification Procedures. The following procedures will normally be applied in all cases where the identity of the victim is unknown. They may also be appropriate in cases where the victim's identity is probable but cannot be determined through visual means; *e.g.*, victim's facial features have been altered or destroyed by injury. The general procedures include the following:

- Fingerprints
- Dental examination
- X-rays (**Note:** Circumstances may result in X-rays being taken prior to the external examination.)
- Photographing victim (**Note:** External scars or tattoos may be instrumental in identifying an unknown victim.)
- Clothing

Step 6: Internal Examination of Body. A visual evaluation by the pathologist provides a general gross description of body organs, to include weight, appearance and any abnormality or injury observed. Every organ of the body is examined and the results recorded during this phase. The heart, liver, lungs, and pancreas are a few of the organs examined during this phase. Refer to the sample autopsy for a specific list of organs examined and the recorded descriptions.

Step 7: General Description of Body Organs. This phase is often incorporated into Step 6 - Internal Examination of Body. A key element of this phase of the autopsy protocol is to compare the condition of organs as found with "normal" conditions. For example, the pathologist may find the organ(s) is diseased or is of abnormal weight, size or shape. This phase of the autopsy should include a microscopic examination of tissue taken from the victim's organs.

Step 8: Specific Description of Wounds or Injuries. The pathologist should record descriptions of wounds or injuries that are related to specific types of trauma. Among these are injuries due to:

- Handgun or rifle
- Shotgun
- Blunt force instrument
- Fracture
- Stabbing, cutting and penetrating instruments
- Asphyxia, hanging, strangling or drowning
- Fire or burn, electrocution or lightning
- Infant death, child abuse or Sudden Infant Death Syndrome

Step 9: Establish Evidential Chain-of-Custody. If the autopsy is related to a known criminal case, the pathologist will normally turn the evidence over to law enforcement personnel. In non-criminal cases; *e.g.*, accidental deaths or suicides the evidence may be turned over to the coroner. Regardless of who receives the evidence it is essential to establish a chain-of-custody when evidentiary items/material or collected during an autopsy.

Step 10: Record of Specimens Retained and Examinations Performed. This phase of the autopsy will vary

depending on the nature of the death and whether the case is of interest to criminal justice agencies. However, specimens retained could include clothing, bullets or bullet fragments, and suspected gun powder residue from the victim's skin or clothing. Toxicological specimens could include blood, urine or body tissues. Generally, some specimens are collected for storage. This is so additional examinations or tests can be conducted at a future date. Finally, items to include hair exemplars, fingernail scrapings, fingerprints, blood, vaginal or anal swabs and other evidence may be collected as necessary.

Caution: If any doubt exists as to the need to collect specimens of whatever type, do it during this phase of the autopsy. It is better to collect specimens and not use them, than to need them and not have them.

Note Pertinent Negatives: In an autopsy report, there will be numerous items that state a certain finding *is not present*. These statements are as important as the positive findings which are present, and are present in the autopsy report to confirm that a particular part of the anatomy was examined and found to be normal.

Section 502 Sample Autopsy Report

NEW CITY REGIONAL HOSPITAL DEPARTMENT OF PATHOLOGY

AUTOPSY REPORT

NAME: xxxxxxxxxxxxxxxxxxxx

AUTOPSY NO: NCxxxxxx

AGE: 74

DATE: xxxxxxxxxxxx

SEX: M

TIME: 9:00 am

PROSECUTOR: xxxx

PHYSICIAN: XXX County Coroner

ASSISTANT: xxxx

ANATOMIC FINDINGS

- 1. Decomposed white male with early insect activity
 - 2. Left ventricular hypertrophy (580 gm)
 - 3. Atherosclerosis, moderate, coronary arteries and aorta
- [Note: If applicable, toxicological findings will be placed here.]

CAUSE OF DEATH

Ventricular arrhythmia

MANNER OF DEATH

Natural

Pathologist
XXXXXXXXXXXX, M.D.

Completed: _____

CIRCUMSTANTIAL SUMMARY

XXXX XXXX was a 74 year old white male who had left his home at approximately 5:30 pm on XX XX to

scout possible hunting sites in XXX County. He did not return home, and was found by searchers on XX, at approximately 4:00 pm. The body was found with his pants down near a log, with evidence that he had been having a bowel movement at the time of his death. No signs of foul play were noted at the scene. An autopsy was authorized by the XXX County Coroner's office.

DOCUMENTS AND EVIDENCE EXAMINED

Telephone conversation with John Jones and Jane Smith, XXX County Deputy Coroners.

IDENTIFICATION

On XXXX at 9:00 am, a complete post mortem examination was performed on the body of XXXX who was identified by the XXX County Coroner's office. Persons present for the autopsy included XXXX as autopsy assistant.

CLOTHING AND VALUABLES

The deceased is received wearing outdoor clothing including rubberized boots, socks, canvas leggings, trousers, boxer shorts, a shirt, and suspenders. Accompanying the body is a "hard hat" with light, a battery pack belt, and related items. The pockets contain a compass but no other valuables. A wristwatch is present on the left forearm.

[**Note:** This section describes the body as it is received by the pathologist in the morgue. If clothing was removed at the scene or by hospital personnel, all items may not be present. The type of clothing may be important in determining if the location where the body was found matches the setting, *e.g.*; hunting clothes are appropriate for an outdoor setting, but pajamas would not be.]

EXTERNAL EXAMINATION

The body is that of a well developed, well nourished, white male adult appearing the stated age of 74 years. The body length is 68 inches and the estimated body weight is 210 pounds. Scalp hair is gray with advanced balding. Jaundice cannot be assessed in the skin or sclerae.

The head is normocephalic. The irides are discolored by decompositional changes. The pupils are equal in diameter. There are no contact lenses present and there are no conjunctival petechiae. The nose is normal. There is purging hemolyzed fluid in the nares and mouth. Teeth are present. There is no denture. Oral hygiene is good. The ears are not pierced.

There is no significant increase in the anteroposterior diameter of the chest. The breasts are symmetrical without palpable masses. The abdomen is distended by gas. The external genitalia are those of a long foreskin male adult. The anus is not dilated and has no evidence of injury. The extremities are symmetric and there are no significant deforming injuries.

The following scars, nevi and tattoos are present. None are detected.

[**Note:** Negative findings are, or may be, more important than positive findings. You should *call the pathologist*

for explanations regarding the autopsy findings.]

SIGNS OF DEATH: Rigor mortis is absent and post mortem lividity cannot be assessed.

ARTIFACTS: No artifacts of medical or post mortem care are present.

The following artifacts of putrefaction are present: Skin slippage, green discoloration of the abdominal wall, marbling of the skin by intravascular hemolysis, purging hemolyzed fluid from the mouth and nose, malodorous gas bloating, air drying of the lips and fingers, fly eggs, and insect larvae.

[**Note:** This section will document what changes are present, and is vital in correlating the time of death with other investigative findings.]

INJURIES

No external or internal injuries are identified.

[**Note:** This section should document the presence or absence of injuries in a thorough and complete manner.]

INTERNAL EXAMINATION

SEROUS CAVITIES: The body cavities are opened with a standard Y-shaped incision. The cranial cavity is opened with a coronal incision of the scalp and removal of the calvarium. An odor like alcohol is not apparent in the body cavities. The lungs are well aerated and fill the pleural cavities. There is no evidence of pneumothorax. There is no blood or effusion in either pleural cavity. There are no pleural adhesions. There is no blood or excess fluid in the pericardial sac. There is no evidence of pericarditis. There is no evidence of peritonitis. There is no blood in the peritoneal cavity. There is no ascitic fluid. After removal of the organs from the body, inspection of the serous cavities reveals no evidence of fracture of the ribs, sternum, clavicles, vertebral column or pelvic walls. Contusion hemorrhage is not present in the body walls.

NECK ORGANS: The larynx and trachea are in the midline. No significant hemorrhage is present in the skin, fat or sternocleidomastoid muscles of the anterior neck. The thyroid gland is symmetrical and composed of reddish-brown parenchyma.

There is no hemorrhage in the intrinsic muscles of the larynx. There is no obstruction of the respiratory tract in the nasopharynx, larynx or trachea. There is scant mucus in the larynx. The mucosa of the hypopharynx, larynx and trachea is smooth and glistening without ulceration or tumor. Cervical lymph nodes are appropriate for age. No fractures or discolorations of the cervical vertebrae are detected.

HEART: The 580 gram heart is in usual position with respect to the great vessels and chest cavity. The left ventricle is significantly hypertrophied and the cardiac chambers are not dilated. On opening the aorta and pulmonary trunk, there is no evidence of air embolism and there is no evidence of pulmonary thromboembolism. There is no evidence of pericarditis. The circumflex coronary artery arises from the left main coronary. The coronary arteries are examined by multiple cross sections. There is no significant atherosclerotic plaque in the major coronary arteries. The left main coronary artery is 20% narrowed by plaque. The left anterior descending coronary artery is 30% narrowed by plaque. The circumflex coronary artery is 10% narrowed by plaque. The right coronary artery is 20% narrowed by plaque.

Thrombosis of the coronary arteries is not present. The cardiac valve leaflets are delicate. The circumferences of the cardiac valves are within normal limits for age and heart size. There is autolytic softening of the myocardium, without evidence of recent myocardial infarction or necrosis. There is no myocardial fibrosis. There is no myocardial contusion. There are no defects in the atrial or ventricular septae. The ductus arteriosus is not patent. Autolysis is advanced.

VASCULAR SYSTEM: The aorta and its main branches show mild yellow streak atherosclerosis. There is no evidence of aneurysm, coarctation, dissection or laceration of the aorta. The renal arteries are not stenotic.

LUNGS: The combined weight of the lungs is 850 grams. The trachea is complete, without malformation, from the larynx to the carina. There is no aspirated gastric material and no aspirated blood in the trachea. The distal bronchi contain scant mucus. The pleural surfaces are smooth and glistening. No petechiae are visible. The lungs and hilar nodes are not significantly anthracotic and there is no bullous emphysema. On cut section, there is no aspirated blood apparent in alveoli. Bronchopneumonia is not recognized. There is mild passive congestion of the lungs. There is no evidence of pulmonary edema. There is pulmonary contusion. Pulmonary thromboemboli are not present. There is no putrid gas cavitation.

LIVER: The 1650 gram liver has a smooth capsular surface. On cut section, the parenchyma is green-black and has a lobular architecture. The liver is mildly passively congested. Metastatic tumor is not present. The hepatic duct is patent. The gallbladder is present. There are no gallstones. Autolysis of the liver is advanced.

PANCREAS: The pancreas is appropriate in shape and size with respect to total body fat stores. On cut surface, it is lobular with interspersed fat without focal calcification, fibrosis, hemorrhage or fat necrosis. Autolysis is advanced.

GASTROINTESTINAL SYSTEM: The esophagus is lined with glistening white mucosa. The stomach is coarsely rugated. The stomach contains 50 ml of partially digested food. There is no odor like alcohol in the stomach. There are no erosions or ulcers in the stomach or duodenum. The small bowel and colon are intact without perforation, diverticula or palpable tumors. The vermiform appendix is present.

SPLEEN: The 180 gram spleen is composed of red and white trabecular pulp. There is no laceration of the splenic capsule. Autolysis is significant.

ADRENALS: Two adrenals are present with golden brown cortex and white medulla. No cortical nodules are present in either adrenal. Autolysis is advanced.

URINARY TRACT: The right kidney weighs 150 grams, the left kidney 170 grams. The two kidneys, ureters and bladder are present in their usual positions without dilatation. The kidneys are symmetrical in shape and size. The capsules strip from the cortices with ease and the cortical surfaces are smooth. On cut section, the cortex appears of ample thickness and the medulla appears ample. The kidneys are congested. There are no stones or tumors in the kidneys, pelves, ureters or bladder. Autolysis of the kidneys is advanced.

REPRODUCTIVE SYSTEM: The prostate is moderately enlarged.

CENTRAL NERVOUS SYSTEM: There is no hemorrhage in the scalp or galea. The dura, removed by stripping from the calvarium and base of the skull, shows no epidural or subdural hemorrhage. The cerebral and cerebellar hemispheres of the 1375 gram brain are symmetrical. The leptomeninges are transparent and can be stripped with ease. There is no subarachnoid hemorrhage. There is no flattening of the gyri and no

widening of the sulci. The major vessels at the base of the brain have a usual anatomic distribution and there is no significant atherosclerosis. The cranial nerves are symmetrical and intact. There is no evidence of herniation at any of the portals of the brain. On serial coronal sectioning of the brain, there is no evidence of contusion, edema, hemorrhage, tumor, atrophy, infection or infarction in the cerebrum, cerebellum and brain stem. There are no fractures of the convexity or base of the skull. The craniocervical junction demonstrates a usual range of motion. The spinal cord is not examined.

[**Note:** The presence of absence of natural disease may have significant influence on the interpretation of traumatic injuries. Underlying natural disease may cause relatively minor injuries to become fatal, or may actually precipitate what would otherwise appear to be accidental deaths.]

PHOTOGRAPHS: XXX County Sheriff

SPECIMENS FOR FIREARMS EXAMINATION OR TRACE EVIDENCE: None.

SPECIMENS FOR TOXICOLOGY: Kidney and liver tissue.

SPECIMENS FOR CHEMICAL ANALYSIS: None.

SPECIMENS FOR CULTURE: None.

MICROSCOPIC EXAMINATION

Tissue samples representative of the major organs have been processed onto glass slides for microscopic examination. These histologic specimens have been examined and there are no additional significant pathologic findings other than extensive tissue autolysis noted.

[**Note:** This is a sample autopsy report. The format of the report may be different from that used by the pathologist in your jurisdiction or other pathologists throughout Indiana. This sample report should be used as a guide and source of general information.]