Murder or Suicide?

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[Death Scene Photograph]
[Death Scene Photograph; Enlargement of the Head Area]
Investigators' sketch
Interview with autopsy doctor 1

The following information was furnished by the doctor:

On the morning of [date], he in association with [name], conducted a complete autopsy on the body of [name].

No autopsy report has been prepared and one will not be prepared for at least a week, as it will be that long before the brain will harden enough for a complete examination.

It is his conclusion from the autopsy performed by him that at the time [name] was shot in the head, the muzzle of the gun was not touching the head and he found no powder burns around the wound nor did he find any imbedded powder particles around the wound. There was no evidence that the muzzle was touching the skull at the time the shot was fired.

He stated the gun could have been very close to the head, but not touching it but so close there would have been no powder for the powder to have spread out after leaving the muzzle of the gun before it hit the head and thereby leaving no outside indicating of splatter burn or imbedded powder particles around the wound. He stated that if this was not the case, he could not estimate the distance from the body that the gun was at the time the shot was fired as this would depend upon how far the particular charge in bullet would carry a flash burn or throw powder particles with sufficient force to imbed in the skin.

He stated that the death was caused by a gun shot wound in the head from the right temple, exiting near the left temple with the angle slightly to the rear of the head but being fairly level up and down with the top of the head, which was not inconsistent with a self-inflicted death from pistol shot.

He stated there were no bruises on the body which would indicate that he had been subjected to any force or been engaged in any fight or any struggle prior to death and that there were no marks or abrasions on the head or body which could not be attributed to the gun shot wound.

He stated the autopsy report would be issued under the name of [name].
Interview with autopsy doctor 2

in the [redacted] He is also a pathologist and [redacted] of the Emmuno Hematology Section, [redacted]. He furnished the following information to SA [redacted] and SA [redacted].

... was the [redacted] on Saturday night, when he received a call from [redacted], informing him that a dead body had been found and needed the assistance of a pathologist. [redacted] immediately went to the assistance of [redacted] and examined the body of an individual whose name was given as [redacted]. He tested the skin temperature, observed blood serum, etc., to see if rigor mortis had set in. The skin was cold and the blood was dry indicating that the individual had been dead for at least three to five hours.

The spinal fluid dried about three hours after [redacted] first arrived and this indicated further to him that the individual had been dead at least three to five hours prior to his initial arrival. [redacted] did not make a careful examination of the wound at the time of his first arrival.

An autopsy was subsequently performed by [redacted] who was assisted by [redacted]. The death of [redacted] was caused by a bullet wound which entered the right side of his head in front of the ear and exited on the left side of the head just to the rear of the left ear. The bullet went on a straight line from one side of the head to the other. There was no evidence of powder burns on the right side of the head where entry was made and the wound at this point was about 3/4" in diameter. [redacted] explained that he could not say how far from the head the gun was held as he was not an expert in this field. He did comment that colored photographs had been made of the area. There was a hole in the skull bone approximately 1 1/2-2" in diameter.

When the body was first observed by [redacted] the head of the individual was underneath a stepladder and blood was splatter in all directions. [redacted] expressed belief that the individual had first come to rest on the stepladder where he bled profusely and later fell into the pool of blood.

A thorough examination was made of the body. No indication of cancer was found and the body was in excellent health prior to death. It was explained by [redacted] that a comprehensive formal autopsy report was being prepared.

The aforementioned phone call from [redacted] was received about 8:15 pm first observed the body within a matter of minutes. The autopsy was done on the following morning at about 8:15 am.
Interview with the Medical Examiner

furnished the following information:

He filed a death certificate in which he listed the cause of death as suicide. It was his opinion that death was caused by self-inflicted gun shot wound because when he examined the body on the night of ___________ in the ________ at the ________ he observed powder burns on the head. From his observations of the situation in the room at the time he first observed it, and after having been advised that things were in the same condition as when the body was found, he concluded that ________ was probably sitting in a chair and shot himself in the head with the pistol which was lying near the body and pistol sort of spun him around and he kind of slid his head under the step-ladder. From his examination of the body at that time, he placed the time of death at about 4:00 p.m. This was based on only his examination of the body, but the fact that he was advised that the victim's wife had attempted to call him at 9:30 p.m. at that location and had received no answer.

When he observed the wound in the head on the night of ___________, he observed muzzle marks around the wound and powder burns.

On the night of ___________, he received a call at approximately 8:50 p.m. concerning the death of ___________ and he arrived at the ________ at 9:15 p.m. and it was approximately 11:30 p.m. when he conducted his examination of the wound in the head.
Fingerprint analysis

No latent fingerprints were found on the revolver.

Paraffin-cast analysis

The autopsy doctors prepared paraffin casts of the palm and back of the deceased right hand. The FBI laboratory technician collected samples from the surfaces of the paraffin casts, concentrating on dark particles 1–4 from the back of the hand and dark particles 5–8 from the palm, none of which tested positively for barium or antimony.

The technician summarized her/his findings as, “Examination of (the) paraffin cast(s) reflected no substance characteristic of, or which could be associated with, gunpowder or gunshot residue.” However, the back of the right hand had “large amounts of blood, skin and hair.”
PATHOLOGICAL DIAGNOSES

CAUSE OF DEATH:
Penetrating missile wound, head, consistent with small calibre (pistol) bullet wound.

CARDIOVASCULAR SYSTEM:
Arteriosclerosis, generalized, mild
Arteriosclerosis, coronary arteries, focal mild

RESPIRATORY SYSTEM:
Pulmonary congestion, bilateral, mild
Emphysema, bilateral, focal, mild

LIVER:
Centrolobular congestion, mild

GASTROINTESTINAL TRACT:
Ganglio neukoma [sic], coliac plexus

GENITOURINARY SYSTEM:
Chronic prostatitis, moderate
Arteriolar nephrosclerosis, bilateral mild

CENTRAL NERVOUS SYSTEM:
Bullet wound, brain – entrance right frontal area, exit left parietal area
Subarachnoid hemorrhage, frontal and temporal region, bilateral
Cerebral edema, diffuse, moderate

SKIN:
Puncture wound, entrance, right temporal area
Laceration, exit, left parietal area
Subcutaneous hematoma, upper eyelids, bilateral
Subgaleal hematomata, right temporal and left parietal areas

BONES AND JOINTS:
Puncture wound, skull, right temporal bone (entrance)
Fracture, comminuted, left parietal and temporal bone (exit)
Fracture, comminuted, supraorbital plate, sphenoid bone, left

On the evening of ———, this 49 year old white male was found dead at ——— with a bullet wound in the head. Investigation of the circumstances leading to this wound is being carried on by cognizant authorities.

1Retyped because the original print is of poor quality.
EXTERNAL EXAMINATION: The body when first seen was clothed in civilian attire consisting of a blue knit shirt with undershirt, grey trousers, black loafer-type shoes, and blue socks. The head and face are partially covered with clotted blood. Blood stains are present over the anterior portions of the shirt, undershirt and both hands. Small blood stains are also splattered over the trousers. After removal of the clothing the body is seen to be that of a well-developed well-nourished Caucasian male appearing to be of the stated age of 49. The head is slightly asymmetrical due to a large hematoma on the left side. The head is covered by a grey hair. Penetrating wounds are present in the right temporal and left parietal areas. The wound in the right temporal area is oval and measures 0.6 × 0.8 cm. in greatest dimension. An area of charring of the skin surrounds the wound. The wound with the charred area measures 1.5 × 1.3 cm. No additional wounds are noted on the right side of the head and no powder burns of the skin surrounding the area are noted. This wound is judged to be the entrance wound and is located 3 cm. anterior to a perpendicular from the point where the upper anterior helix of the right ear attaches to the head. This wound is also 3 cm. above this point and is located in a diagonal measuring 4 cm. anterior and upward. It is located 6 cm. posterior and is slightly elevated from the lateral canthus of the right eye. The wound in the left parietal area is roughly triangular in shape with the apex pointing posteriorly. The two broken edges of the triangle each measures 1.0 cm. in length. This wound is judged to be the exit wound and is located 4 cm. above the point where the upper anterior helix of the left ear attaches to the head and 5 cm. posteriorly in a diagonal from the attachment of the anterior helix. Additionally, it is located 9 cm. posterior and slightly upward from the lateral canthus of the left eye. Both upper eyelids are markedly swollen and exhibit a dark blue discoloration secondary to underlying hematomas. The eyes are blue in color. Blood drains continuously from the left auricular canal. A small amount of crusted blood surrounds the nares and appears to be draining from the nose. The nasal and oral cavities are otherwise patent. The neck is supple and there are no palpable masses present. X-rays and photographs are taken of the pertinent lesions of the head. A paraffin test is performed on the right hand.

The thorax is bilaterally symmetrical and no lesions are noted. There are no palpable organs present on examination of the abdomen. The external genitalia are uncircumcised white male. The upper and lower extremities are bilateral symmetrical and exhibit no remarkable gross lesions. Over the left knee there is a U-shaped well-healed surgical incision which partially encompasses the patella and measures 8 cm. in total length. No evidence of abrasions, contusions, or lacerations are noted in any part of the body with the exception of the head wounds.

HEAD: The scalp in incised and reflected in the normal manner. In the subgaleal region of the right there is a hematoma which extends into the temporal musculature in the frontal area which measures up to 1.0 cm. in thickness. A second subgaleal hematoma is present on the left in the area of the exit wounds and extends into the tissues underlying the scalp in all directions for a distance of approximately 7 cm. This hematoma measures up to 2.5 cm. in greatest thickness and produces the asymmetry previously noted. The entrance wound in the right temporal region of the skull is represented by a discrete round defect measuring approximately 1.0 cm. in diameter. The exit wound in the left parietal region of the skull is represented by a large irregular defect measuring 2.5 cm. in greatest dimension. Surrounding the defect are three irregular fracture lines forming a roughly Y-shape. One branch extends posteriorly toward the occipital region, a second extends superiorly and a third extends anteriorly and inferiorly into the temporal and basilar portions of the skull. Fragments of
macerated brain tissue exude from the exit defect and scattered small fragments of bone are noted within the brain substance. After removal of the calvarium the superior surfaces of both cerebral hemispheres appear roughly symmetrical and exhibit mild edema characterized by narrowing of the sulci and flattening of the gyri. After removal of the brain a third defect in the bony skull is encountered. This consists of a large defect in the left supra-orbital plate measuring 3.0 x 1.0 cm.

BRAIN:

After removal the brain weighs 1625 grams. The cerebral cortices are bilaterally symmetrical and exhibit a mild diffuse edema. The inferior and lateral portions of the frontal and temporal lobes are covered by a diffuse subarachnoid hemorrhage. Scattered subarachnoid hemorrhage is also present over the superior and posterior portions of the brain. Examination of the basilar structures reveals a normal arterial distribution without remarkable atheromatous changes, and other than scattered subarachnoid hemorrhage no remarkable gross lesions are seen. In the right frontal lobe approximately 1.0 cm. anterior and slightly superior to the right temporal lobe a 1.5 cm. defect in the brain substance is present which corresponds with the previously noted wound of entrance in the scalp and temporal bone. This lesion is located in the region of the inferior frontal gyrus and operculum. On the left exit wound has produced a 6.0 cm. irregular defect in the brain substance with a loss of continuity of the leptomeninges and maceration of the underlying cortical tissues. The exit wound is located in the region of the posterior central gyrus and operculum.

AFTER FIXATION:

After fixation the wounds in both lateral hemispheres are more prominent due to shrinkage of the surrounding tissues but no additional significant gross features are noted. On cut section the frontal lobe exhibits scattered petechial hemorrhages which are most prominent in the white matter. A section is made between the entrance and exit wounds to reveal the missile tract. This tract follows an almost horizontal path which is directed slightly posteriorly from the entrance in the region of the inferior frontal gyrus and operculum on the right to the posterior central gyrus and operculum on the left. The tract measures up to 1.5 cm. in diameter and is surrounded by variable amounts of focally hemorrhagic and macerated tissue. In its course the missile passed through the insula, the superior portions of the claustrum, putamen, and internal capsule and the inferior portions of the head of the caudate nucleus. It then entered the anterior horn of the lateral ventricles penetrating the septum pellucidum. The missile passed immediately below the corpus callosum leaving it intact. In its exit course through the left cerebral hemisphere it passed through the anterior and lateral portions of the thalamus, superior portions of the internal and external capsule, insula and exited in the posterior central gyrus. Further sectioning reveals diffuse petechial hemorrhage in all of the paraventricular structures but no gross intraventricular hemorrhage. There are also scattered petechial hemorrhages noted in the brain stem. The cerebellum is grossly normal in appearance.

THORACIC CAVITY:

The organs of the thoracic cavity are in their usual relationships. There are no adhesions or other abnormalities seen anywhere in the thorax.

HEART:

The heart weights 230 grams. It was stopped in systole and the muscle is firm. The valvular measurements of the heart are as follows: aortic 7 cm., pulmonic 6.8 cm., tricuspid 11 cm., and nitral 11 cm. All of the heart valves are thin and translucent. The left ventricular muscle measures 1 cm. in thickness and the right ventricular muscle measures 0.2 cm. in thickness. The myocardium is a uniform dark reddish-brown color throughout the heart. The coronary arteries show a moderate arteriosclerosis which causes a slight thickening of the
vessels but in no place is there any evidence of nodular plaque formation nor occlusions. The vessels are elastic and have wide lumens. The aorta shows mild atherosclerotic changes with a few yellow plaques in the arch and lumbar positions. It is elastic throughout. The cardiac chambers and the vasculature are devoid of blood.

LUNGS: The right lung weighs 550 grams and the left lung weighs 500 grams. Both lungs are aerated and a small amount of reddish fluid can be expressed on their cut surfaces. The pulmonary vessels are widely patent. The larger bronchi contain a small amount of blood tinged mucous [sic]. The pleural surfaces are smooth and glistening. The trachea contains a small amount of blood in the larynx and a minimal amount adherent to the wall below this level. A small amount of blood is also found in the upper half of the esophagus. The thyroid weighs 21½ grams and is composed of 2 symmetrical lobules. The thyroid tissue is uniformly brown, firm, and smooth.

ABDOMEN: The diaphragmatic domes lie at the fifth rib bilaterally. The organs of the abdomen are in their usual positions. There are no adhesions and the peritoneum is smooth and glistening.

LIVER: The liver weights 1400 grams. The capsule is smooth and glistening. The liver is brown and uniform beneath it. A small amount of blood oozes from the cut surfaces. The gallbladder shows a cholesterolosis of the wall without any stones. It contains approximately 10 cc. of golden bile.

SPLEEN: The spleen weighs 150 grams, is contracted, and the surface is wrinkled. Upon cutting it is dark reddish-brown and has a dry cut surface. Malpighian bodies are easily identified but not prominent.

PANCREAS: The pancreas is of the usual size and shape, of tan color, and shows signs of early autolysis.

GASTROINTESTINAL TRACT: As previously mentioned there is blood in the upper portion of the esophagus. There is no blood present in the lower half. The stomach contains 40 cc. of white fluid. There are no abnormalities noted in the mucosa of the stomach, duodenum, jejunum, ileum or colon. The appendix is present. A small firm nodule about 1.5x1.5 cm. is found at the junction of the aorta and cardiac artery. This nodule is white and fibrous when cut. No other such nodules are found.

KIDNEYS: Each kidney weighs 140 grams. The capsules strip with ease revealing a smooth surface which shows residual lobulations. There is mild congestion of the cortex of the kidneys. No abnormalities are noticed in the pelves or ureters.

BLADDER: The bladder contains approximately 100 cc. of clear yellow urine. The mucosal surface is smooth and white. The prostate is approximately normal size and shows normal lobular configuration. It is slightly rubbery and upon compression exudes prostatic fluid. A small median bar is present in the vesico-urethral junction.
TESTES: The right testis weighs 20 grams and the left testis weighs 31 grams. The string test is positive.

ADRENALS: The right adrenal weighs 20 grams and the left adrenal weighs 9.5 grams. The cortices are yellow and the medullas are gray and intact.

BONE MARROW: The bone marrow is grossly normal in appearance.

MICROSCOPIC DESCRIPTION OF MAJOR ORGANS

BRAIN: Sections from the frontal lobe reveal a diffuse moderate subarachnoid hemorrhage which extends deep into the sulci. There is moderate perineuroneal edema present with congestion of the cortical vessels. Sections of the region of the missile tract reveal a marked distortion of the normal architectural features without remarkable infiltrate. The underlying brain substance exhibits scattered focal areas of intracerebral hemorrhage as well as congestion and perivascular extravasation of the red blood cells. The deeper tissues show a mild perineuroneal edema. Sections of brain stem also show mild perineuroneal edema and congestion of the intracerebral blood vessels. No areas of hemorrhage are present. Sections of pineal gland show focal zones of calcification. Sections of the cerebellum exhibit no microscopic lesions.

SKIN: Sections from the margin of the entrance wound reveal a loss in the continuity of the epidermis with a marked basophilic degeneration and hyalinization of the underlying collagen. Scattered throughout these tissues are prominent collections of dark brown to black granular material presumably representing nitrates. The neighboring portions of the skin reveal moderate basophilic degeneration of collagen but no lesions of the epidermis or deposits of a foreign material are present.

THYROID GLAND: Other than a mild variation is size of the follicles with some accentuation of the lobular architectural pattern no remarkable lesions are present.

HEART: Sections of the myocardium reveal fragmentation of the myofibrils and some moderate increase in perivascular fibrous connective tissue. Sections of the coronary artery reveal a moderate subintimal thickening with focal areas of hyalinization and cystic degeneration. However, no remarkable secondary narrowing of the lumen is seen.

LUNG: Sections reveal a diffuse congestion of the interalveolar capillaries with focal areas of intra-alveolar hemorrhage and accumulation of siderophages. Many of the smaller arteries and arterioles exhibit mild to moderate thickening with focal hyalinisation of the walls. In the subpleural there are focal areas of emphysematous dilution of alveolar spaces with thickening and fibrosis of the interalveolar septae. In these regions there are collections of chronic inflammatory cells as deposition of anthracotic pigment. The pleura overlying these areas also exhibits a very mild thickening.

LIVER: Sections reveal a relative retention of the overall lobular structure. The central veins and surrounding sinusoids exhibit a moderate congestions. There is a scattered mild to moderate fatty infiltration of the hepatocytes. The portal areas are unremarkable.
SPLEEN: Other than focal congestion of the red pulp no remarkable microscopic lesions are present.

PANCREAS: Sections reveal diffuse autolytic changes.

ADRENALS: Sections reveal occasional zones of nodular cortical hyperplasia. There is a rather prominent congestion of the corticomedullary junction. No additional lesions.

GASTROINTESTINAL TRACT: Sections of the stomach and small bowel reveal a superficial autolysis of the mucosa but no specific pathologic changes are seen. The gallbladder also exhibits a marked autolysis. Sections taken from the mass noted grossly within the celiac plexus reveal a discrete encapsulated module composed of numerous mature ganglion cells situated within an intervening stroma composed of fibrous and neural elements.

KIDNEYS: Sections from both kidneys are similar and reveal a diffuse congestions of the interstitial blood vessels. The glomeruli are also congested with some secondary swelling. Occasionally hyalinized glomeruli are encountered but in general their architecture is well preserved. High power examination reveals focal areas of thickening with hyalinization of the basement membranes within some of the glomerular tufts. The tubules in general exhibit diffuse autolytic changes. In one section calcification of a renal papilla is present.

BLADDER: No lesion.

TESTICLES: Sections reveal focal atrophic changes with some lack of spermatogenesis and thickening and hyalinisation of the peritubular connective tissue. No additional lesions are noted.

PROSTATE: Sections of prostate gland reveal a diffuse dilatation of the acini and filling of their lumen by chronic inflammatory cells, macrophages, and calcospherules. The intervening stroma does not appear hyperplastic and no remarkable inflammatory infiltrate is seen.

BONE MARROW: Sections reveal a normal cellular bone marrow without lesions.
[Collage of Close-Ups of the Left Hand]
[Collage of Close-Ups of the Right Hand]
[Seventeen Autopsy Photographs, pages 20–25]