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BOARD OF MEDICOLEGAL INVESTIGATION
OFFICE OF THE CHIEF MEDICAL EXAMINER

REPORT OF AUTOPSY

DECEDENT <u>KATHERINE</u> <u>KNIGHT</u> Authority for Autopsy: <u>FRED B. JORDAN, M.D.</u>		Name Official title	
First name MI Last name			
MODE OF DEATH attended 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"/> diet, unnatural or unusual <input type="checkbox"/> During a therapeutic procedure <input type="checkbox"/> AWS: <input checked="" type="checkbox"/> Body to be cremated, buried at sea transported out of state <input type="checkbox"/> Possible threat to public health <input type="checkbox"/> After unexplained coma <input type="checkbox"/>	Rigor <input type="checkbox"/> Jaw <input type="checkbox"/> Arm <input type="checkbox"/> <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> <input type="checkbox"/> Back <input type="checkbox"/> Abd. <input type="checkbox"/> <input type="checkbox"/> Legs <input type="checkbox"/> <input type="checkbox"/> COMPLETE	Livor <input type="checkbox"/> Color <u>PURPLE</u> <input type="checkbox"/> Ant. <input type="checkbox"/> <input checked="" type="checkbox"/> Post. <input type="checkbox"/> <input type="checkbox"/> Lat. <input type="checkbox"/> Regional <u>FACE</u>	Identified By: TOR TAG Present at Autopsy JIM MCCOY
	Race <u>W</u> Sex <u>F</u> Length <u>64</u> in. Weight <u>71</u> kg. Eyes <u>BLUE</u> Pupils: <u>R 4 mm</u> Opaclities, Etc. Hair <u>BROWN/BLONDE</u> Beard <u>N/A</u> Mustache <u>N/A</u> Circumcised <u>N/A</u> Body Heat <u>COOL L 4 mm</u>		

PATHOLOGICAL DIAGNOSIS

- I. Grazing shotgun wound of left forearm; path is toward the shoulder.
- I. Shotgun wound of left anterior chest (possible re-entry of #1 above) with local exit and re-entry; traumatic injuries to both ventricles, aorta, lungs, greater curvature of stomach, mesentery, liver, pancreas, spleen, and anterior ribs (with recovery of plastic shot cup and pellets); path is backward, downward, and to the right.
- I. Left hemothorax; small hemoperitoneum and hemopericardium.

Cause of Death: <p style="text-align: center;">SHOTGUN WOUND OF CHEST AND ABDOMEN</p>	ML 436-95 9503072 FBJ/AL
I hereby certify that this document is a true correct copy of the original document. Valid when copy bears imprint of the office seal.	The facts stated herein are true and correct to the best of my knowledge and belief.
<u>A. Lidgren</u> Date <u>8-17-95</u>	Signature of Pathologist: <u>Fred B. Jordan</u> 7-15-95 (1115) Date and time of autopsy OCME Morgue Place of autopsy

EXTERNAL EXAMINATION

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As received, Mrs. Knight is clothed in a multiply perforated house coat which is also blood stained, perforated pink and white lacy lingerie which is perforated, and white panties.

Some dried blood is present along the right knee and along the left anterior thigh which has run toward the left and semi-dried in a rather horizontal course. There are multiple small linear scars of the legs which are often parallel and they suggest previous vein surgery. There is also an oblique scar of the right lower quadrant of the abdomen.

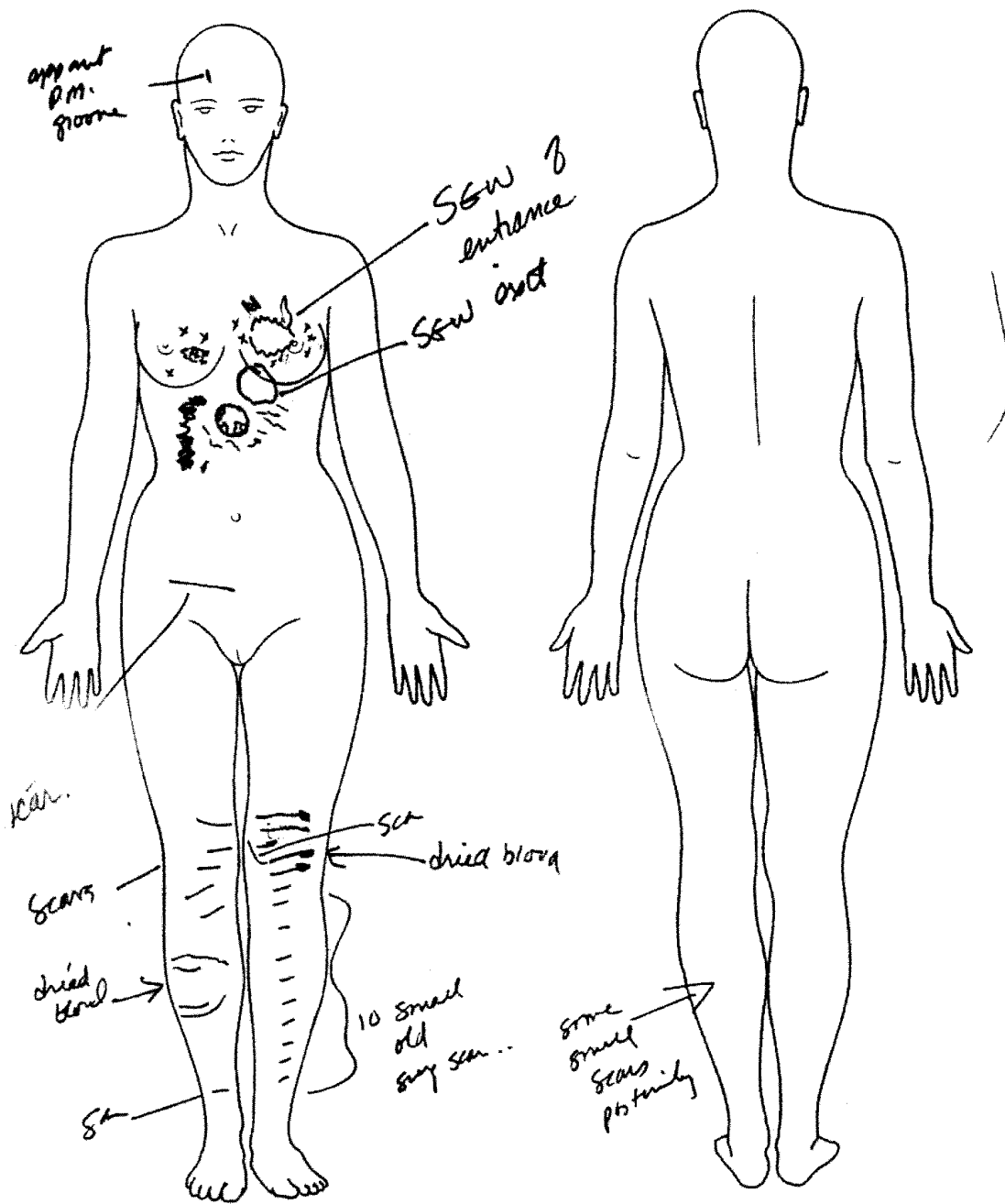
Natural dentition is in place.

Hands show some osteoarthritis, but no particular wounding.

The left forearm shows a grazing shotgun wound as depicted in the accompanying diagram. It is located 24 in. from the top of the head. The wound, itself, measures ca. 14 x 3 cm. and its abraded area is distal. It is relatively superficial exposing tendon and muscle. Repositioning shows that it can be aligned with the top of the anterior chest. That shotgun wound of entrance (on the diagram designated #2 wound) is 15 1/2 in. from the top of the head and 4 1/2 in. left of the mid-line. It measures 6.5 x 3 cm., is relatively regular and surrounded by pellet perforations and ecchymosis. That wound exits at a point 17 1/2 in. from the top of the head and 3 1/2 in. left of the mid-line through a defect measuring 6 x 3+ cm. There is some adjacent focal pellet exit and skin exit.

The wound appears then re-enter (designated #3 wound) at a point 19 cm. from the top of the head and 3 cm. to the left of the mid-line. This area measures 6 x 3.5 cm. in diameter, is somewhat irregular and shows three distinct abraded skin flaps. There is also some local linear areas of superficial skin tearing, and to the right of the wound, a considerable area of ecchymosis. Similar areas of ecchymosis are present on the right breast and there is some pellet scatter in that area as depicted in the accompanying diagram. The right breast area of ecchymosis measures ca. 4 x 2 cm. while the major area of ecchymosis along the area to the right of the secondary entrance wound to the chest measures as much as 12 cm. vertically and somewhat greater than 2 cm. horizontally.

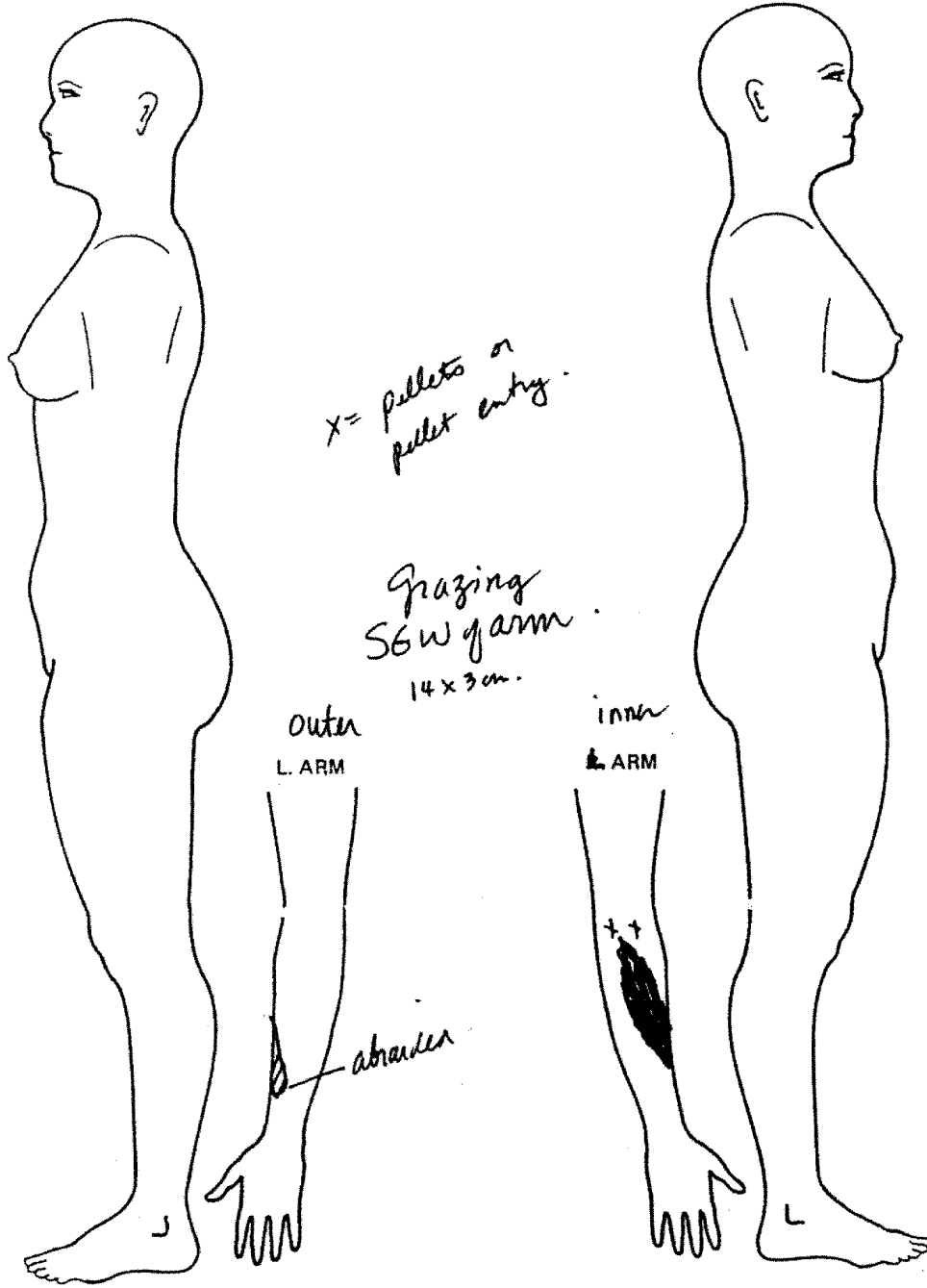
FULL BODY, FEMALE - ANTERIOR AND POSTERIOR VIEWS



Name Katherine Knight

Case No. 9503072

FULL BODY, FEMALE - LATERAL VIEW



Name Katherine Knight

Case No. 9503072

GUNSHOT WOUND CHART

9503072

NAME Katherine Knight City or County Lincoln

		WOUND NO.											
		1		2		3		4		5		6	
		Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.
1. Location of wound:	Head												
	Neck												
	Chest			✓	✓	✓							
	Abdomen												
	Back												
	Right Arm <												
	Left Arm <	✓											
	Right Leg <												
	Left Leg <												
	2. Size of wound:	Diam.											
Width (Millimeters)		3		3	3±	3.5							
Length		14		6.5	6.0	6.0							
3. <u>1 inch</u> Centimeters from wound to:	Top of head	24		15½	17½	19							
	Right of midline												
	Left of midline			4½	3½	3±							
4. Powder burns:	On skin												
	Clothing												
	Absent												
5. Direction of bullet through body:	Backward	✓											
	Forward												
	Downward	✓											
	Upward												
	To right	✓											
To left													
6. Bullet found:	Calibre												
	Shotgun	✓											

Photographs made: Yes No X-rays made: Yes No

REMARKS:

A. A. [Signature] 15 July 95

GROSS EXAMINATION

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The body is opened through the customary "Y" shaped incision.

Subcutaneous fat is normally distributed, moist, and bright yellow except where distorted by the hemorrhage of the shotgun wound. The musculature is the same.

The sternum is removed in the customary fashion. Its left lower portion is damaged by the shotgun wound of entry. The organs of the chest and abdomen are in essentially normal position and relationship. The liver edge is ca. at the costal margin at the mid clavicular line. The diaphragms are intact bilaterally.

PARIETAL PLEURA:

There is entry into the lower portion of the left pleural space and there is ca. 1400 cc. of clotted blood in the left pleural cavity.

PERICARDIUM:

Is perforated and contains only a small amount of free blood.

PERITONEUM:

Is perforated and contains a moderate amount of free blood.

HEART:

Weights 300 gms. It has a normal configuration and location. There are no adhesions between the parietal and visceral pericardium, and the latter is a smooth, glistening, fat laden characteristic membrane. The coronary arteries arise and distribute normally with no significant atherosclerosis. The coronary ostia are normally located and widely patent. The chambers and atrial appendages are unremarkable except for the fact that there is pellet perforation of the distal left ventricle and an extensive pellet cluster perforation of the right lateral ventricle inferiorly causing a violation ca. 5 mm. in diameters. The valves are normally formed and of proper size and configuration. The endocardium is apart from the areas of wounding, a smooth, gray, glistening, translucent membrane uniformly. The myocardium is, apart from described above, intact and red-tan, with the left ventricle measuring 1.5 cm, the septum measuring 1.5 cm, and the right ventricle measuring 0.3 cm. The papillary muscles and chordae tendineae are intact and unremarkable except where involved by wounding. The arch of the aorta is classically formed with occasional linear intimal tears, but no through and through perforation visualized. Other great vessels also arise and distribute normally and are widely patent.

NECK ORGANS:

Musculature is normal, rubbery, and maroon, and the organs are freely movable in a midline position. The tongue is intact and normally papillated, without evidence of tumor or hemorrhage. The hyoid bone is intact. The thyroid cartilage is intact and without abnormality. The thyroid gland is symmetric, rubbery, light tan to maroon, and in its normal position without evidence of neoplasm. The epiglottis is a characteristic plate-like structure which shows no evidence of edema, trauma, or other gross pathology. The larynx is comprised of unremarkable vocal cords and folds, is widely patent without foreign material, and is lined by a smooth, glistening membrane. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

THYMUS:

No significant tissue is identified grossly.

LUNGS:

The right lung weighs 360 gms, and the left weighs 240 gms. Both medially show pellet perforations. Visceral pleurae are smooth, glistening, and intact with no significant anthracosis or bleb formation. The overall configuration is normal. The trachea is widely patent and lined by characteristic pink membrane. Likewise, the major bronchi and bronchioles are basically patent. The pulmonary arterial tree is free of emboli or thrombi and does show some lipodotic streaking at areas of bifurcation. The parenchyma is spongy, varies from pink-tan to dark purple, and exudes minimal blood and minimal edema fluid from its cut surfaces. There is no evidence of consolidation, granulomatous, or neoplastic disease. Hilar lymph nodes are within normal limits with relation to size, color, and consistency.

G.I. TRACT:

The esophagus shows an unremarkable mucosa, a patent lumen, and no evidence of gross pathology. The esophagogastric junction is unremarkable. The stomach shows perforation of its lower greater curvature and otherwise contains ca. 50 cc. of pungent smelling vegetable-like, light green, and non-descript pink-tan material, much of which appears to have moved to the duodenum. The duodenum, itself, is patent, shows an unremarkable mucosa and no evidence of acute or chronic ulceration. Jejunum and ileum appear to be intact although there is some mesenteric and perforation and focal mesenteric hemorrhage. They contain soft brown fecal material. There is no Meckel's diverticulum. The ileocecal valve is intact and unremarkable. The appendix is absent. The colon is examined segmentally and shows no evidence of neoplasm. Trauma is limited to

Case no. 9503072 (Gross - 3)

its mesenteric areas. There are no diverticula. Anus and rectum are unremarkable.

LIVER:

Weights 1780 gms. It shows extensive shattering of its right lobe.

GALLBLADDER:

Lies in its usual location, contains liquid bile, no calculi, and shows a normal mucosa. The biliary tree is intact and patent without evidence of neoplasm or calculi.

PANCREAS:

Lies in its normal position, shows a normal configuration, is pink-tan and characteristically lobulated with considerable hemorrhage as it is involved in the wounding.

SPLEEN:

Weights ca. 160 gms. The capsule is perforated focally by pellets. The organ is rubbery, maroon, and shows characteristic follicular pattern.

ADRENALS:

Lie in their usual location, show yellow cortices and tan to gray medullae.

KIDNEYS:

The right kidney weighs 180 gms. and the left weighs 160 gms. Both are configurated normally with no abnormality. Sections show the organs to be moderately congested with unremarkable cortices, medullae, and pelves. Ureters and blood vessels are patent and unremarkable.

URINARY BLADDER:

Contains no particular free urine. Its serosa and mucosa are unremarkable.

FEMALE GENITALIA:

The vagina is intact and shows no gross pathology. The cervical os is small and there is moderate erosion. The endocervical canal shows many cysts. The uterus has a symmetrical overall unremarkable configuration and is nongravid. The myometrium is light tan and rubbery. The endometrium is thin and pinkish-gray. Bilateral adnexae are unremarkable.

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BRAIN AND MENINGES:

The scalp is opened through the customary intermastoid incision and shows no trauma. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The brain weighs 1200 gms. Dura and leptomeninges are smooth, glistening, translucent, and unremarkable without evidence of trauma. Cranial nerves and circle of Willis arise and distribute normally and show no significant pathology. Externally the brain is normally configurated and symmetric, and multiple serial sections of cerebral hemispheres, pons, medulla, and cerebellum show no gross pathological change apart from moderate congestion. The ventricular system is also symmetric and unremarkable. The base of the skull is intact without osseous abnormality.

RIBS:

Multiple ribs anteriorly at the junction with the sternum at the left are distorted by wound passage. In that immediate area is recovered a somewhat distorted plastic cup. Many pellets are also recovered.

PELVIS:

Intact.

VERTEBRAE:

Intact.

BONE MARROW:

Moist and dark red. Unremarkable.

MICROSCOPIC DESCRIPTION

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Sections of heart; lung; liver; pancreas; liver; spleen; autolyzing
pancreas; kidney; and central nervous system essentially confirm
the gross impression.

August 14, 1995
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Fred B. Jordan, M.D.

BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER
901 N. Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

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

By A. Ledgerwood

Date 8-17-95

NAME: **KNIGHT, Katherine**

LABORATORY NO. **951728**

MATERIAL SUBMITTED: **Blood, Vitreous, Liver**

DATE RECEIVED: **July 17, 1995**

CASE NO.: **9503072**

SUBMITTED BY: Fred B. Jordan, M.D.

MEDICAL EXAMINER: Fred B. Jordan, M.D.

RESULTS:

BLOOD: (Femoral)

Ethyl Alcohol - Negative

Negative for Amphetamine, Barbiturates, Benzoylcegonine, Cocaine, Codeine, Methamphetamine, Morphine, Phencyclidine.

July 26, 1995
DATE

 Philip M. Kemp, Ph.D.
Philip M. Kemp, Ph.D.
Chief Forensic Toxicologist

Please Note: Unless notified in writing to the contrary, the specimen(s) submitted in this case will be discarded at the end of 60 days.