ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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Rockville, MD 20850
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AUTOPSY EXAMINATION REPORT

Name: (b)(6)-4
SSAN:
Date of Birth: 6 DEC 1948
Date of Incident: 8 MAR 2004
Date of Autopsy: 10 MAR 2004
Date of Report: 10 MAY 2004

Autopsy No.: ME04-110
AFIP No.: 2917882
Rank: EPOW
Place of Death: Baghdad, Iraq
Place of Autopsy: Baghdad International Airport

Circumstances of Death: This 55-year-old male Enemy Prisoner of War had a history of ischemic heart disease. His past medical history includes hypertension, hypercholesterolemia, and possibly two previous myocardial infarctions. His medications included atenolol, Zocar, and aspirin, as well as sublingual nitroglycerin as needed. On the evening of 7 MAR 2004 he complained of chest pain and shortness of breath. He was brought to the medical clinic for evaluation where he became unresponsive. Resuscitation efforts, including Advanced Cardiac Life Support at a medical treatment facility, were unsuccessful.

Authorization for Autopsy: Armed Forces Medical Examiner, per 10 U.S. Code 1471

Identification: Identification is obtained by paperwork accompanying the body, including a photograph with a matching prisoner number.

CAUSE OF DEATH: Atherosclerotic Cardiovascular Disease

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES:

I. Atherosclerotic Cardiovascular Disease

- **A. History of ischemic heart disease**
- **B. Cardiomegaly, marked (heart weight 620 grams)**
- **C. Coronary atherosclerosis, focally severe**
- **D. Diffuse myocardial scarring**
- **E. Arterionephrosclerosis, mild**

II. Marked Pulmonary Edema

III. Remote penetrating ballistic injury of the left buttock

- **A. Entrance: Inferior-medial aspect of left buttock (scar)**
- **B. Wound Path: Skin, subcutaneous tissue, and muscle of left buttock, muscle of proximal left thigh**
- **C. Recovered: Metallic foreign body encapsulated in fibrous tissue within muscle of proximal left thigh**
- **D. Wound Direction: Left to right, back to front, and downward**

IV. Fractures of the 5th and 6th ribs on the right, associated with hemorrhage into chest wall musculature and abrasions/thermal injury of the chest (resuscitation efforts)

V. Laceration of the nose and abrasion of the right index finger

VI. Toxicology is negative for drugs of abuse and ethanol. Lidocaine is present in heart blood.

EXTERNAL EXAMINATION

The remains are received clad in blue sweatpants and white boxer-type undershorts. Accompanying the remains but not on the body are a light brown shirt, a white undershirt, and a wristwatch with a brown band. Black fingerprint powder covers the palmar aspect of all of the fingers as well as a large area on the mid anterior chest.

The body is that of a well-developed, overweight, 75-inches, 225-pounds (estimated), White male, whose appearance is consistent with the reported age of 55-years. Lividity is posterior and fixed, except in areas exposed to pressure. Rigor is full and equal throughout. The body temperature is that of the refrigeration unit.

The scalp is covered with curly, brown hair in a normal distribution. The irides are brown and the pupils are round and equal in diameter. The nose and maxillae are palpably stable. The teeth are natural and in good condition. Facial hair consists of a brown mustache and beard stubble.

The neck is mobile and the trachea is midline. The chest is symmetric. The abdomen is protuberant. The external genitalia are those of a normal adult, circumcised, male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact and short. There is a 1 ½ x ¾-inch irregular scar on the forehead, slightly left of the anterior midline. A ¼-inch pigmented nevus is on the anterior left flank. Numerous small acrochordons are on the posterior neck. A 1 ¼ x 1-inch slightly pigmented area is on the anterior right hip. There is a 1 x ½-inch area of hyperpigmentation on the medial aspect of the proximal left thigh. A ½ x 3/8-inch ovoid scar is on the medial aspect of the lower left buttock. There are a few small irregular scars on the anterior aspect of both knees and a 1 ¼-inch fine linear scar on the dorsal aspect of the right foot. No tattoos or other significant identifying marks are present.

MEDICAL INTERVENTION

An endotracheal tube enters the trachea via the mouth. There are intravenous access devices in the right antecubital fossa and the dorsal aspect of the left hand. A 5 x 3-inch area of abrasion and thermal effect is on the upper mid chest. There is a 6 x 4-inch area of superficial abrasion and thermal effect with the outline of a defibrillator paddle on the upper left chest.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and shows an absence of skeletal trauma. A metallic foreign body is in the proximal left thigh.

EVIDENCE OF INJURY

I. Remote Penetrating Gunshot Wound to the Left Buttock

There is a well-healed ½ x 3/8-inch ovoid scar on the medial aspect of the left buttock. Dissection of the posterior left buttock and left thigh reveals a ¼-inch in greatest dimension irregular metal fragment embedded in a dense fibrous capsule located in the muscle of the proximal left thigh. The metallic foreign body is placed in a labeled container and given to the investigating agent. There is no hemorrhage associated with the wound path. The direction of the wound path is slightly right to left, back to front, and slightly downward.

II. Other Injuries

A horizontal 3/8-inch laceration through skin and subcutaneous tissue is across the bridge of the nose. A 1 x 1/8-inch superficial abrasion is on the dorsal aspect of the right index finger.

INTERNAL EXAMINATION

HEAD:

The brain weighs 1510-grams and is remarkable for a 1 ½ x 1-centimeter soft, somewhat cystic area on the anterior pole of the left frontal lobe. This area is consistent with an old contusion and is not associated with any hemorrhage or other gross signs of acute injury. The skull directly overlying this area has a 1.5-centimeter in diameter thinned area, consistent with remodeling secondary to a remote fracture. The scalp is unremarkable. There is no epidural, subdural, or subarachnoid hemorrhage. Sectioning of the brain reveals no other abnormalities. The atlanto-occipital joint is stable.

NECK:

The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The vertebral bodies are visibly and palpably intact. The ribs have injuries as previously described. The pleural and peritoneal cavities have no abnormal accumulation of fluid. There are 20-milliliters of serous fluid in the pericardial sac. There is no abnormal accumulation of fluid in the peritoneal cavity. The organs occupy their usual anatomic positions. The thickness of the layer of subcutaneous adipose tissue over the abdomen is 1 ¾-inches.

RESPIRATORY SYSTEM:

The right and left lungs weigh 880 and 1050-grams, respectively. The external surfaces are smooth and deep red-purple, with moderate anthracotic mottling. The pulmonary parenchyma is markedly congested and edematous. No mass lesions or areas of consolidation are present. The pulmonary arteries are unremarkable.

CARDIOVASCULAR SYSTEM:
The 620-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with a moderately increased fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show focally severe calcific atherosclerosis. The left main coronary artery has 20% luminal narrowing. The left anterior descending coronary artery has up to 80% luminal narrowing, most severe within the proximal third of the vessel. A diagonal branch is completely occluded. The left circumflex coronary artery has 40% luminal narrowing, most severe in the proximal portion of the vessel. The right coronary artery is a large vessel, with 40% luminal narrowing, most severe in the middle third of the vessel. The myocardium is red-brown and firm, with diffuse fibrosis but no distinct scars. The valve leaflets are thin and mobile, except for one cusp of the aortic valve that shows mild calcification. The walls of the left and right ventricles are 1.5 and 0.5-centimeters thick, respectively. The interventricular septum is 1.4-centimeters thick. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. There is mild atherosclerosis of the arch of the aorta, as well as the thoracic and abdominal aorta. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:
The 2710-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 10-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:
The 290-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is firm, maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:
The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENAL GLANDS:
The right and left adrenal glands are symmetric, with bright yellow cortices and gray medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:
The right and left kidneys weigh 310 and 290-grams, respectively. The external surfaces are intact, with minimal granularity and no pitting. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains approximately 90-milliliters of yellow urine. The prostate gland is slightly increased in size, with lobular, yellow-tan parenchyma and a slightly nodular architecture. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:
The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 15-milliliters of dark tan, viscous material. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by a OAFME photographer PHC (b)(6)-2, USN
- Evidence is turned over to the Army C.I.D. agent who was present during the autopsy
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, heart blood, bile, spleen, liver, lung, brain, kidney, and psoas muscle
- The dissected organs are forwarded with body
- Personal effects and clothing are released to mortuary affairs personnel at Baghdad International Airport

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, without preparation of histologic slides.

OPINION

This 55-year-old White male, (b)(6)-4, died as a result of atherosclerotic cardiovascular disease. The autopsy disclosed marked cardiomegaly with focally severe calcific atherosclerosis of the coronary arteries. Additionally, a metallic foreign body from a remote penetrating ballistic injury to the left buttock was removed from the left thigh. The portion of metal was recovered, retained, and given to the investigating agent. Toxicological studies were negative for ethanol and drugs of abuse. The manner of death is natural.

(b)(6)-2 **MD, FS, DMO**
CDR, MC, USN
Chief Deputy Medical Examiner

CERTIFICATE OF DEATH *(OVERSEAS)*
Acte de décès *(D'Outre-Mer)*

NAME OF DECEASED *(Last, First, Middle)* Nom du décédé *(Nom et prénoms)*	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
(b)(6)-4			
ORGANIZATION Organisation Detainee in Iraq	**NATION** *(e.g., United States)* Pays Iraq	**DATE OF BIRTH** Date de naissance 06 Dec 1948	**SEX** Sexe ☑ MALE Masculin ☐ FEMALE Féminin

RACE Race	MARITAL STATUS État Civil	RELIGION Culte
☒ CAUCASOID Caucasique	☐ SINGLE Célibataire	☐ DIVORCED Divorcé
☐ NEGROID Negriode	☐ MARRIED Marié	☐ SEPARATED Séparé
☐ OTHER (Specify) Autre (Spécifier)	☐ WIDOWED Veuf	☐ PROTESTANT Protestant ☐ CATHOLIC Catholique ☐ JEWISH Juif ☐ OTHER (Specify) Autre (Spécifier)

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décède avec le susdit
STREET ADDRESS Domicilé à (Rue)	**CITY OR TOWN AND STATE** *(Include ZIP Code)* Ville (Code postal compris)

MEDICAL STATEMENT Déclaration médicale

CAUSE OF DEATH *(Enter only once cause per line)* Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort[1]	Atherosclerotic Cardiovascular Disease	
ANTECEDENT CAUSES Symptômes précurseurs de la mort. — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
ANTECEDENT CAUSES Symptômes précurseurs de la mort. — UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2]		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée ☑ YES Oui ☐ NO Non MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
☒ NATURAL Mort naturelle		
☐ ACCIDENT Mort accidentelle		
☐ SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)-2 CDR, MC, USN	
☐ HOMICIDE Homicide	(b)(6)-2 DATE Date 10 Mar 2004	AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☑ NO Non

DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)*	PLACE OF DEATH Lieu de décès
(b)(6)-2 08 Mar 2004	Baghdad, Iraq

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du dé funtet je conclus que le décès est survenu à l'heure indiquée et à. la suite des causes énumérées c:-dessus.

NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire	TITLE OR DEGREE Titre ou diplômé
(b)(6)-2	Chief Deputy Medical Examiner
GRADE Grade CDR	**INSTALLATION OR ADDRESS** Installation ou adresse Dover AFB, DE 19902
DATE Date 13 MAY 2004	SIGNA (b)(6)-2

[1] *State disease, injury or complication which caused*
[2] *State conditions contributing to the death, but not re*
[1] *Préciser la nature de la maladie, de la blessure ou* , telle qu'un arrêt du coeur, etc
[2] *Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.*

DD FORM 1 APR 77 2064 REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.