

North Carolina Department of Health and Human Services
Office of the Chief Medical Examiner

3025 Mail Service Center Raleigh, NC 27699-3025
Telephone 919-743-9000
Fax 919-743-9099

REPORT OF AUTOPSY EXAMINATION

DECEDENT

Document Identifier B201701936
Autopsy Type ME Autopsy
Name Megan Ann Oxendine
Age 28 yrs
Race Unknown
Sex F

AUTHORIZATION

Authorized By Jennifer Altman **Received From** Robeson

ENVIRONMENT

Date of Exam 06/06/2017 **Time of Exam** 09:30
Autopsy Facility Office of the Chief Medical Examiner **Persons Present** Ms. Katelyn Barnes

CERTIFICATION

Cause of Death
UNDETERMINED

The facts stated herein are correct to the best of my knowledge and belief.

Digitally signed by
Nabila Haikal MD 31 August 2018 14:15

DIAGNOSES

No apparent anatomic cause of death.

No significant natural disease evident.

No significant physical injury identified.

Toxicologic findings:

Detection of ethanol in pelvic cavity fluid at 70 mg/L; partially to largely attributable to postmortem decompositional formation.

Nicotine and caffeine present in cavity fluid.

Detection of cocaine and metabolites in cavity fluid.

Postmortem decomposition, advanced, with depredative soft tissue defects in areas -

Identification established through comparative radiography of chest and abdomen.

Condition of remains consistent with decedent reportedly missing over a week with outdoor placement of body.

Investigation: discovery of decayed unclad remains of decedent outside an abandoned residence, partially obscured by tree branches and roof shingles with prominent blowfly and associated larval activity.

IDENTIFICATION

Body Identified By
Radiographs

EXTERNAL DESCRIPTION

Length 63 inches
Weight 84 pounds
Body Condition Decomposed
Rigor Receded.

Livor Obscured/superseded by advanced decompositional changes including green and dark brown/black skin discoloration with patchy skin slippage as well as depredative soft tissue defects in areas.
Hair Notable decompositional slippage of matted scalp hair with apparent associated weave (at least 10" in length).
Eyes There is advanced decompositional/depredative resorption of the eyeballs with no persistent conjunctival tissue.
Teeth Natural dentition - in moderate condition.

Received within a labeled body bag are the notably decomposed remains of a well-developed, apparently well nourished adult female appearing compatible with the stated age.

Wrapped within a sheet, the body is received unclad - with no accompanying articles of clothing or other personal effects apart from an umbilical white metal piercing with star pendant bearing clear stones.

The remains are remarkable for prominent decompositional skin and soft tissue changes with associated colonization by numerous variable sized blowfly larvae. Depredative soft tissue defects are observed in areas, most notably along the upper/right face (down to bone), right ear, right scalp, posterior upper neck, right shoulder/proximal arm/lateral upper back, perineum, and lateral right gluteal region.

The head, neck and torso are well-developed and symmetric with no identifiable external injury - in the setting of advanced decompositional changes and depredative soft tissue defects, as detailed above. The abdomen is not distended. The extremities are well-developed and symmetric without absence of digits; the fingernails are largely sloughed in the setting of advanced decompositional skin slippage with partial degloving of the hands. The feet are partially degloved. The toenails display pink nail polish. External genitalia are those of an adult female; remarkable for extensive perineal soft tissue defects in association with depredative blowfly larval activity.

No distinctive scars are apparent apart from a healed left earlobe laceration, double remote earlobe piercings, and umbilical piercing. Pubic hair appears to be shaven. Tattoos are observed along the left and right upper back (large wings) and the right arm (largely obscured, focally blue design).

There is no external evidence of medical intervention.

INJURIES

In the setting of advanced decompositional changes and associated depredative skin and soft tissue defects in areas, no distinct external physical injury is identified apart from two ill-defined apparent superficial soft tissue contusions (up to 2") noted along the antero-medial right knee and distal right thigh. A 3/4" ovoid superficial soft tissue defect observed along the left temple/zygomatic region shows no underlying bone defect or disruption of the outer table of the bone.

Internal examination, including layered anterior neck dissection, discloses no apparent injury involving the hyoid bone, thyroid cartilage, or any structures within the cranial and thoraco-abdominal cavities.

DISPOSITION OF PERSONAL EFFECTS AND EVIDENCE

The following items are released with the body

None.

The following items are preserved as evidence

See Special Evidence Collection below.

PROCEDURES

Radiographs

Total body digital radiography obtained - archived at OCME.

Identification

Verification of decedent identification is established through comparative radiography of the chest and abdomen.

Special Evidence Collection

Blood card; scalp hair/weave; umbilical piercing; right and left fingernail scrapings; swabs/smears (oral, anal, and vaginal); swabs from left and right wrists; swabs from left and right ankles; control swab; sheet; and debris from body bag.

INTERNAL EXAMINATION

Body Cavities

All body organs are present in normal anatomic position and display notable decompositional discoloration and softening. Apart from small amounts of decompositional fluid seepage, the body cavities are free of unusual or significant fluid accumulation; and no notable adhesions are observed.

Cardiovascular System

Heart Weight 120 grams

The heart exhibits a normal shape with smooth epicardial surface and notable decompositional parenchymal softening/dyscoloration. The coronary arteries arise normally, follow a right dominant distribution and are patent without significant atherosclerosis. The chambers, valves and myocardium exhibit no diffuse or focal abnormality; with left and right ventricular wall thickness of 0.6 cm and 0.2 cm, respectively. The aorta and its major branches are intact and without significant atherosclerosis. The venae cavae and pulmonary artery are free of thrombi/emboli.

Respiratory System

Right Lung Weight 150 grams

Left Lung Weight 190 grams

Layered dissection of the soft tissues of the neck including the strap muscles and large vessels reveals no focal lesions. The hyoid bone and laryngeal cartilages are intact. The lingual mucosa is intact with unremarkable underlying musculature. The upper and lower airways are free of debris and foreign material. The lungs are normally formed; remarkable for parenchymal collapse and putrefactive decompositional dark discoloration with no notable exudation of edema fluid. No consolidation or other focal lesions are apparent. The pulmonary vasculature is free of thrombi/emboli.

Gastrointestinal System

The esophagus, GI tract and content are essentially unremarkable. The stomach contains ~20 cc of gray partially digested food including apparent vegetable matter and possible green gum residue. The appendix is identified.

Liver

Liver Weight 340 grams

The hepatic capsule and parenchyma display decompositional softening, dark brown discoloration, and gaseous putrefaction in areas - with no hepatic/biliary abnormality identified.

Spleen

Spleen Weight 50 grams

The splenic capsule is unremarkable and the parenchyma is notable for diffuse decompositional softening.

Pancreas

The pancreas displays no specific abnormality in the setting of marked decomposition.

Urinary

Right Kidney Weight 50 grams

Left Kidney Weight 70 grams

The kidneys display normal size and shape with smooth cortical surfaces, softened dusky brown parenchyma, and essentially unremarkable architecture without focal abnormality. The ureters and pelvi-calyceal system are not dilated. The urinary bladder contains no significant urine.

Reproductive

Internal genitalia are notable for putrefactive and depredative changes with no apparent abnormality.

Endocrine

Decompositional parenchymal softening diffusely involves the thyroid and adrenal glands with no focal or diffuse abnormality.

Neurologic

Reflection of the scalp reveals no detectable injury. No cranial vault or basal skull fractures are apparent. The dura mater is free of any distinct associated hemorrhage. The brain matter is diffluent and notably desiccated with marked overall attenuation in size in the setting of advanced putrefactive decomposition and a dense admixture of maggots. Including the blowfly larval aggregate mass, intracranial content weighed ~400 grams.

Immunologic System

No remarkable lymphadenopathy or persistent thymic tissue is identified.

Musculoskeletal System

Apart from advanced decompositional disarticulation of the right mandible, no musculoskeletal injury or pre-existing abnormality is identified.

MICROSCOPIC EXAMINATION

Microscopic Comment

Histologic examination performed on representative brain and visceral tissue sections reveals no diagnostic abnormality - though evaluation is severely limited by advanced decompositional changes manifested by effacement of architectural and cellular detail, diffuse eosinophilic tissue staining, and bacterial overgrowth with gas artifact.

SUMMARY AND INTERPRETATION

The cause of death of Megan Ann Oxendine, a 28-year-old woman whose markedly decayed remains were found outside an abandoned residence, unclad and partially obscured beneath tree branches and roof shingles, remains uncertain following complete postmortem examination of the body together with radiographic imaging of the remains, toxicologic analysis of a cavity fluid sample, and review of available death investigation findings to date.

While postmortem examination revealed no demonstrable contributory natural disease or physical injury, subtle findings - particularly in the context of a putative asphyxial insult potentially contributing to the demise - may be difficult to clearly discern or reliably exclude with reasonable certainty given the condition of the remains.

In the absence of any usable blood sample for toxicologic analysis, pelvic cavity fluid was screened for alcohol and drugs - with detection of caffeine, nicotine, cocaine and metabolites, as well as morphine (potentially reflecting heroin use). The fluid concentration of 70 mg/dl of ethanol may partially to largely represent decompositional formation of alcohol.

While the toxicologic findings indicate the use of illicit drug(s) at some point, no definitive association between such drug use and the decedent's demise can be made with any reasonable degree of certainty - particularly in view of the remaining uncertainty by investigation, as well as the limitations imposed by poor preservation of the remains, regarding other potentially contributory external factors that may have played a role in the death.

Accordingly, taking into consideration the available death investigation findings to date together with the postmortem examination findings, the cause and manner of death are best classified as Undetermined.

DIAGRAMS

1. Adult FEMALE autopsy diagram

F 17-5955
B 17-1936 17-1936
Examined by <u>NH</u> Date: <u>4/3</u>

ADULT FEMALE AUTOPSY DIAGRAM

IDENTIFICATION: ID checked

