BOARD OF MEDICOLEGAL INVESTIGATIONS

OFFICE OF THE CHIEF MEDICAL EXAMINER

Central Office
901 N. Stonewall
Oklahoma City, Oklahoma 73117
(405) 239-7141 Fax (405) 239-2430

Eastern Division
1115 West 17th
Tulsa, Oklahoma 74107
(918) 295-3400 Fax (918) 585-1549

OFFICE USE ONLY

Re _____ Co _____

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 _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials)	Age	Birth Date	Race	Sex
ANTHONY HUFF	58	04/26/1958	BLACK	M

HOME ADDRESS - No. - Street, City, State
2101 EAST BIRCH, ENID, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS)	DATE	TIME
GARFIELD COUNTY SO	06/08/2016	20:25

INJURED OR BECAME ILL AT (ADDRESS)	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
1020 S 10TH	ENID	GARFIELD	COUNTY JAIL	Unknown	Unknown
LOCATION OF DEATH	**CITY**	**COUNTY**	**TYPE OF PREMISES**	**DATE**	**TIME**
1020 S 10TH	ENID	GARFIELD	COUNTY JAIL	06/08/2016	18:29
BODY VIEWED BY MEDICAL EXAMINER	**CITY**	**COUNTY**	**TYPE OF PREMISES**	**DATE**	**TIME**
901 STONEWALL	OKLAHOMA CITY	OKLAHOMA	AUTOPSY LAB	06/09/2016	09:30

IF MOTOR VEHICLE ACCIDENT: ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

TYPE OF VEHICLE: ☐ AUTOMOBILE ☐ LIGHT TRUCK ☐ HEAVY TRUCK ☐ BICYCLE ☐ MOTORCYCLE ☐ OTHER: _____

DESCRIPTION OF BODY

EXTERNAL PHYSICAL EXAMINATION	RIGOR		LIVOR	EXTERNAL OBSERVATION			NOSE	MOUTH	EARS
	Jaw	☐ Complete ☐	Color _____	Beard _____	Hair _____	BLOOD	☐	☐	☐
	Neck	☐ Absent ☐	Lateral ☐	Eyes: Color _____	Mustache _____	OTHER	☐	☐	☐
	Arms	☐ Passing ☐	Posterior ☐	Opacities _____					
	Legs	☐ Passed ☐	Anterior ☐	Pupils: R _____ L _____					
		Decomposed ☐	Regional _____	Body Length _____	Body Weight _____				

Significant observations and injury documentations - (Please use space below)
SEE AUTOPSY PROTOCOL

Probable Cause of Death:

CHRONIC ALCOHOLISM, SEQUELAE

Manner of Death:

Natural ☑ Accident ☐
Suicide ☐ Homicide ☐
Unknown ☐ Pending ☐

Case disposition:

Autopsy YES
Authorized by MARC HARRISON M.D.
Pathologist MARC HARRISON M.D.
Not a medical examiner case ☐

Other Significant Medical Conditions:

CONGESTIVE HEART FAILURE, ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, HYPERTENSION, HEPATITIS C, SMOKER

MEDICAL EXAMINER:
Name, Address and Telephone No.

MARC HARRISON M.D.
901 N. STONEWALL
OKLAHOMA CITY, OK 73117

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.

Signature of Medical Examiner — MARC HARRISON M.D.

Date Signed _____

Computer generated report **1602812**

Date Generated 06/09/2016