

**BOARD OF MEDICOLEGAL INVESTIGATIONS  
OFFICE OF THE CHIEF MEDICAL EXAMINER**

Central Office  
921 N.E. 23rd St  
Oklahoma City, OK 73105  
(405) 239-7141 Phone - (405) 239-2430 Fax

Eastern Division  
1627 Southwest Blvd.  
Tulsa, Oklahoma 74107  
(918) 295-3400 Phone - (918) 585-1549 Fax

**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) VERONICA CLAIRE BUTLER	Age 27	Birth Date 2/28/1997	Race WHITE	Sex F
---	-----------	-------------------------	---------------	----------

HOME ADDRESS - No. - Street, City, State  
1109 SOUTH JEFFERSON STREET, HUGOTON, KS

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) OKLAHOMA STATE BUREAU OF INVESTIGATION, AGENT JOSH DEAN	DATE 4/10/2024	TIME 21:48
--	-------------------	---------------

INJURED OR BECAME ILL AT (ADDRESS)	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	Unknown	Unknown
LOCATION OF DEATH 36.740016, -102.003840	TEXHOMA	TEXAS	FIELD	4/14/2024 FOUND	13:57 FOUND
BODY VIEWED BY MEDICAL EXAMINER 921 NORTHEAST 23RD STREET	OKLAHOMA CITY	OKLAHOMA	AUTOPSY SUITE	4/16/2024	8:30

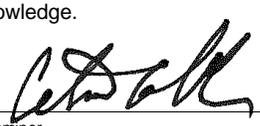
TRANSPORTATION INJURY  DRIVER  PASSENGER  PEDESTRIAN

TYPE OF VEHICLE:  AUTOMOBILE  LIGHT TRUCK  HEAVY TRUCK  BICYCLE  MOTORCYCLE  OTHER: \_\_\_\_\_

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATION	NOSE	MOUTH	EARS
EXTERNAL PHYSICAL EXAMINATION Jaw <input type="checkbox"/> Complete <input type="checkbox"/> Neck <input type="checkbox"/> Absent <input type="checkbox"/> Arms <input type="checkbox"/> Passing <input type="checkbox"/> Legs <input type="checkbox"/> Passed <input type="checkbox"/> Decomposed <input checked="" type="checkbox"/>		Color GREEN Lateral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior <input checked="" type="checkbox"/> Regional _____	Beard _____ Hair RED Eyes: Color UNKNOWN Mustache _____ Opacities _____ Pupils: R _____ L _____ Body Length 65" Body Weight 253 LBS.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Probable Cause of Death: <b>MULTIPLE SHARP FORCE TRAUMA</b>	Manner of Death: Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/> Not Assigned <input type="checkbox"/>	Case disposition: Autopsy YES Authorized by CELIA COBB M.D. Pathologist CELIA COBB M.D. Not a medical examiner case <input type="checkbox"/>
	Other significant conditions contributing to death (but not resulting in the underlying cause given)	

<b>MEDICAL EXAMINER:</b> Name, and Address:  CELIA COBB M.D. 921 NE 23rd St. Oklahoma City, OK 73105	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 Computer generated report	_____ CELIA COBB M.D.	4/14/2024 Date Case Initiated  10/28/2024 Date Case Finalize
---	--	--------------------------	--



Board of Medicolegal Investigations  
**Office of the Chief Medical Examiner**  
 921 N.E. 23rd St  
 Oklahoma City, OK 73105  
 (405) 239-7141 Phone  
 (405) 239-2430 Fax

**CERTIFICATION**  
 I hereby certify that this document is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.  
 By: \_\_\_\_\_  
 Date: \_\_\_\_\_

## REPORT OF AUTOPSY

<b>Decedent</b> VERONICA CLAIRE BUTLER	<b>Age</b> 27	<b>Birth Date</b> 2/28/1997	<b>Race</b> WH	<b>Sex</b> F	<b>Case No</b> 2402311
<b>Means</b> ASSAULT WITH KNIFE	<b>ID By</b> CIRCUMSTANTIAL & OSBI FINGERPRINTS			<b>Authority for Autopsy</b> CELIA COBB, M.D.	

### FINDINGS

**I. Multiple sharp force trauma with a total of (30) sharp force injuries as follows:**

**A. Sharp force injuries to the head and neck:**

- i. (4) **incised wounds (including 1 deep) to the top and back of the head** with full thickness scalp defects
- ii. (1) **deep incised wound to the lower central forehead** with underlying frontal skull fracture
- iii. (1) **superficial incised wound to the right lateral cheek** with defect to the skin
- iv. (1) **stab wound to the left posterolateral upper neck** with defects to the left internal jugular vein, and left pharyngeal, oral floor, and upper neck muscles with copious associated hemorrhage including intra-esophageal and intra-gastric hemorrhage
- v. (1) **deep incised wound to the left lateral upper neck** with defects to left neck muscles and thyroid
- vi. (2) **stab wounds to the lower right anterolateral and lateral neck** with defects to the right lower neck muscles; right internal & external jugular veins; right aspect of C5 vertebra and spinal nerve; C5-C6 spinal cord and intervertebral disc; C6 vertebral body; and upper esophagus; with copious associated hemorrhage including intra-esophageal and intra-gastric hemorrhage

**B. Sharp force injuries to the torso:**

- i. (2) **tangential stab wounds** and (2) **incised wounds to the supraclavicular region of the right superior torso** with defects to the subcutaneous adipose tissue
- ii. (2) **tangential stab wounds to top of the right shoulder** with defects to the subcutaneous adipose tissue
- iii. (1) **stab wound to the right upper back** with defects to the deep subcutaneous adipose tissue

**C. Sharp force injuries to the extremities:**

- i. (6) **defensive-type incisional wounds to the right 2<sup>nd</sup>-5<sup>th</sup> fingers** with defects to the underlying muscles and soft tissues with partial disarticulation of the right middle proximal interphalangeal joint
- ii. (1) **superficial, defensive-type incised wound to the left proximal forearm skin**
- iii. (1) **defensive-type incised wound to the left wrist** with defects to the underlying muscle and soft tissues
- iv. (1) **defensive-type incised wound to the left palm** with defects to the underlying muscles and soft tissues
- v. (2) **defensive-type incised wounds to the tips of the left 3<sup>rd</sup> and 5<sup>th</sup> fingers** with defects to the underlying muscles, soft tissues, and bone
- vi. (1) **stab wound to the to the left anterior thigh** with defects to the subcutaneous adipose tissue
- vii. (1) **superficial incised wound to the left medial thigh skin**

*Continued on next page*

**CAUSE OF DEATH: MULTIPLE SHARP FORCE TRAUMA**

**MANNER OF DEATH: HOMICIDE**

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

OCME Central Division 4/16/2024 8:30 AM

CELIA COBB, M.D.  
 CME-2 Page 1

Pathologist

Location of Autopsy

Date and Time of Autopsy

## **FINDINGS (Cont.'d)**

### **II. Single blunt force injury to the top of the back of the head:**

A. Single full thickness scalp laceration with surrounding hemorrhage and no underlying skull fracture

III. Possible stun gun marks to the posterior lower neck/upper back

IV. Early to moderate putrefactive decomposition changes

V. Obesity

## **CASE SUMMARY AND OPINION**

In my opinion, based on the circumstances surrounding death and the findings at autopsy, Veronica Butler died as a result of multiple sharp force trauma consisting of nine (9) stab wounds and twenty-one (21) incised wounds (30 total sharp force injuries). Ten (10) of the incised wounds were consistent with Ms. Butler having attempted to defend herself, including her having grabbed the knife blade with her right hand, resulting in her fingers being sliced multiple times. She additionally sustained a blunt force laceration to the back of the head. Although possible stun gun marks were observed at the junction of her lower neck with her upper back, the decomposed state of her body limited definitive gross and microscopic confirmation.

After having been fatally attacked, Veronica Butler was then deliberately concealed inside a sealed freezer along with the body of Jilian Kelley (OCME case 2402312). The freezer was then buried ~ 4 ½ to ~8 feet below ground and covered with a large concrete slab. Underneath the freezer were additionally buried clothing, a stun gun, a role of tape, and a knife, all of which were collected on scene as evidence by the Oklahoma State Bureau of Investigation (OSBI).

Given the extent of Ms. Butler's injuries, including defects to both of her internal jugular veins with resultant exsanguination, it is my opinion that her death was very quick and likely occurred before she was placed inside the freezer and buried. This opinion is additionally supported by the fact that her body appeared to have remained exactly how it was placed inside the freezer.

The manner of death is homicide.

**MEDICOLEGAL INVESTIGATION**

**Circumstances of Death:** According to investigator and forensic anthropology reports, the decedent, Veronica Butler, was a 27-year-old female who had been reported missing along with Jilian Kelley since March 30<sup>th</sup>, 2024. Both women were found on April 14<sup>th</sup>, 2024, within a large, sealed freezer (54” long x 27” wide x 35” high) buried ~ 4 ½ to ~8 feet below ground in an area of recently disturbed soil consistent with a pit and associated ramp located in a rural pasture in Texas County, Oklahoma. The freezer was tilted backward somewhat on its posterior inferior edge and kept sealed with yellow ratchet straps. No longer adherent grey tape was additionally noted near the freezer door handle. A large slab of heavy concrete (92” x 60” x 8”) was lying on top of the anterior aspect of the freezer, laying at an angle and partially supported by the ground. Underneath the freezer were found clothing and other evidentiary items, including a stun gun, a roll of tape, and a sheathed knife (all collected by OSBI). The freezer was briefly opened on scene to confirm the presence of two decedents (OCME 2402311 and 2402312) and packaged with proper chain of custody evidence for transport to the Oklahoma City Office of the Chief Medical Examiner on 4/15/2024.

**Identification:** Fingerprints, skin gloves, and blood samples on filter paper are recorded and retained. The body is identified through OSBI fingerprint analysis and visual tattoo photographic comparison by Dr. Celia Cobb.

## POSTMORTEM EXAMINATION

**Circumstances of Examination:** The postmortem examination of Veronica Butler is performed by Dr. Celia Cobb at the Office of the Chief Medical Examiner, Central Division, Oklahoma City, Oklahoma, on 4/15-4/17/2024 with the autopsy exam itself commencing at 0830 hours on 4/16/2024. Assisting in the examination are OCME medicolegal investigators, Jodi Dillon and Ashley Welch, as well as autopsy technician Jason Parks.

**Clothing and Personal Effects:** The body is received inside a sealed freezer, transported inside a sealed covered trailer belonging to the Guymon Fire Department (sealed by orange tag numbers 3443171 on the back door of the trailer and 3443172 on the side door of the trailer). Upon opening of the trailer, the freezer is noted to be wrapped in a clean red tarp and secured within the trailer by new yellow ratchet straps and lumber. The outer straps and red tarp are removed to reveal the freezer wrapped up for transportation by an inner clean blue tarp secured by two additional new yellow ratchet straps and duct tape (dated 4/14/24 and initialed by forensic anthropologist Sara Getz). Two OCME toe tags labeled with case numbers 2402311 and 2402312 along with an undisturbed OCME orange bag seal numbered 343984 are present on the ratchet strap hooks. After transportation from the trailer into the OCME autopsy lab, the tarp, straps, and duct tape are removed to reveal a partially dented, partially dirt covered, older model white freezer (54" long x 27" wide x 35" high), secured with a new yellow ratchet strap (placed for transportation). Four well worn, dirt covered, partially adherent strips of apparent old grey duct tape are present on the front aspect of the lid where the freezer door seal is partially detached. Patches and streaks of dried red-brown fluid are noted on the front and back of the freezer. Upon opening of the freezer lid, the decedent, Veronica Butler, is noted to be lying face down with her hips flexed forward at an ~ 90-degree angle with her knees bent forward, and her feet and crossed ankles tucked just underneath her buttocks. Her feet are partially clad in black ankle socks that are pulled off both of her heels. Her right arm is wrapped around the top of her head while her left arm is tucked underneath her torso. She is noted to be wearing soiled blue jean denim shorts and a soiled, blood-stained blue-grey T shirt with multiple defects that is partially pulled up to just underneath her armpits, exposing her torso. A partially soiled, stiff, straw-colored, lasso-style rope is loosely wrapped around her waist.

Upon removal of the decedent from the freezer, the body of another female decedent, that of Jilian Kelley, is observed to be lying on her side on the bottom of the freezer (see related OCME case 2402312 for details). Both bodies are noted to be in early to moderate stages of putrefactive decomposition. The interior walls and floors of the freezer are noted to be partially covered in copious dirt and hay admixed with blood and decomposition fluid. A pair of soiled shoes is additionally present on the freezer floor along with a soiled apple watch and two soiled gloves (one leather, one cloth). These separate items at the bottom of the freezer are not removed from the freezer and are submitted along with the freezer to the OSBI.

After removal of the decedent from the freezer, she is further noted to be clad in soiled pink underwear with a soiled pad and a soiled black sports bra (pulled up with her T shirt, exposing her chest). A black vape pen and tube of Blistex lip balm are found in the left front pocket of her blue jean shorts which are additionally noted to be unbuttoned and unzipped. Additional personal effects present on her body include a black elastic hair band on her right wrist, an iridescent nose ring within the right nostril, iridescent barbell nipple rings within the bilateral nipples, a patterned yellow metal ring on the right ring finger, a black metal ring with multiple clear colored gemstones on the left ring finger, two clear colored gemstone earrings within the left ear, and a broken, tan-colored partial watch strap loosely present on the right flank of the body.

**Collections:** Blood samples on filter paper; clothing; personal effects; rope; scalp and pubic hair samples; oral, vaginal, and rectal swabs; and skin gloves of the bilateral hands are collected and introduced as evidence. The skin gloves are analyzed by the OSBI and are returned prior to release of the body. The freezer containing a pair of shoes, apple watch, and two gloves inside are submitted separately to the OSBI as soon as the bodies are removed from the freezer.

**EXTERNAL EXAMINATION**  
**(Exclusive of External Injuries)**

**Length:** 65 inches

**Body weight:** 253 pounds

**Body mass index (BMI):** 42.1 kg/m<sup>2</sup>

**Note:** See the evidence of injury section below for a description of the external injuries.

The nude body is that of a well-developed, obese female appearing consistent with the reported age of 27 years. The body is refrigerated and in early to moderate stages of putrefactive decomposition, characterized by extensive skin slipping, hair sluffing, bloating, red-brown to green-black skin discoloration, diffuse subcutaneous crepitations, partial liquefaction of subcutaneous adipose tissue, and a foul odor. Copious dirt and hay admixed with decomposition fluid covers the majority of the exposed bodily surfaces including the long red scalp hair which is largely detached in one matted clump. Blood is additionally admixed with the dirt and debris that covers the head, neck, and upper torso. No maggot or other insect activity is present. Rigor mortis is passed while livor mortis is anterior and fixed.

The intact eyes have indeterminately colored irides and pupil size given the state of decomposition. No definitive conjunctival or facial petechiae are observed. Dirt admixed with decomposition fluid is present within the external nares, mouth, and ear canals. Within the mouth, there is natural dentition in good condition. The lips and frenula are intact. The torso and extremities are all normally formed and symmetric. The pelvis and anogenital region are intact. The external genitalia are those of an adult female. The epidermal layer of skin on the bilateral hands and feet are nearly completely degloved along with most of the fingernails.

Tattoos present on the body include a stegosaurus dinosaur on the right anterior wrist, unknown lettering/symbols on the medial right wrist, a horned bull head on the right upper arm, a cluster of flowers including a sunflower on the right posterior shoulder, an elephant on the left anterior wrist, an abstract design on the left anterior forearm, and a mountain range on the right lateral ankle. No conspicuous scars are identified.

## EVIDENCE OF INJURY

The body bears a total of **1 blunt force injury** to the crown of the head and **30 sharp force injuries**, including **9 stab wounds** to the bilateral neck (3), right torso (3), right shoulder (2), and left thigh (1); **3 deep incised wounds** to the head (2) and neck (1); **5 incised wounds** to the head (3) and right superior torso (2); **6 defensive-type incised wounds** to the right fingers; **4 defensive-type incised wounds** to the left wrist (1), left hand (1), and left fingers (2); **2 superficial incised wounds** to the right cheek (1) and left thigh (1); and **1 superficial, defensive-type incised wound** to the left forearm.

**Note:** The injuries are assigned numbers in the order they are examined and are not meant to indicate the sequence of injury. The sharp force wounds are classified a stab wound if they are deeper than they are long on the skin surface and an incised wound if they are longer on the skin surface than they are deep. The term “angles” is used to describe the ends of the sharp force wounds on the skin surface and the term “margins” is used to describe the edges of the sharp force wounds on the skin surface. Skin decomposition changes limit some interpretation of the sharp force injury angle and margin classifications (blunt vs. sharp angle, smooth vs. serrated margins, respectively). If not specifically provided, the angles and margins are otherwise indeterminant. All wound track directions provided are based on the body being referenced to the standard anatomical position, that is, the body standing upright and facing forward, with the arms hanging down on either side and the palms facing forward.

### SINGLE BLUNT FORCE INJURY TO HEAD (wound #1):

A single chevron-shaped laceration, (labeled “#1” in exam photos), is located on the top posterior aspect of the head (crown of head), approximately 0.5 cm to the right of the posterior midline. The laceration measures 2.0 x 1.2 cm and is notable for focal tissue bridging and irregular margins. It penetrates through the full thickness of the scalp and periosteal connective tissue (~1 cm deep); however, the directly underlying cranial skull is intact and absent of defects within this region. The reflected scalp shows copious intra-scalpular hemorrhage surrounding the laceration which merges with the intra-scalpular hemorrhage associated with sharp force incisions #2, #3, and #5. The course of the wound appears to be back to front.

### MULTIPLE SHARP FORCE INJURIES:

#### SHARP FORCE INJURIES TO THE HEAD AND NECK:

##### Incised wound to the top of the head (wound #2):

A single, vertically oriented incision, (labeled “#2” in exam photos), is located on the top head (vertex of the head) on the superior midline. The incised wound is 1 cm long and has smooth margins with apparent sharp angles. It probes to a depth of ~0.5 cm, penetrating nearly the entire scalp, save for the deepest aponeurotic layer. No underlying skull or periosteal defects are noted. The surrounding scalp, both external and reflected, shows copious surrounding hemorrhage that merges with the intra-scalpular hemorrhage associated with wounds #1, #3, and #5. The course of the wound is slightly back to front and downward.

**Incised wound to the left top of the head (wound #3):**

A single, tangentially oriented incision, (labeled “#3” in exam photos), is located on the top left side of the head, 6.5 cm to the left of the superior midline and 7 cm directly above the top of the left ear. The incised wound is 2.5 cm long and is favored to have smooth margins. It probes to a depth 0.8 cm, penetrating the full thickness of the scalp, but not the periosteum or underlying skull. The surrounding scalp, both external and reflected, shows copious surrounding hemorrhage that merges with the intra-scalpular hemorrhage associated with wounds #1, #2, and #5. The course of the wound is somewhat left to right and downward.

**Incised wound to the left lateral head (wound #4):**

A single, vertically oriented incision, (labeled “#4” in exam photos), is located on the left lateral head, 1.5 cm superior and 1.0 cm posterior to the top of the left ear. The incised wound is 1.5 cm long and has smooth margins with at least one sharp angle (superior angle). It probes to a depth of ~1 cm, penetrating the full thickness of the scalp, the periosteum, and the outer table of the lateral left parietal skull. No surrounding hemorrhage is associated with the wound. The course of the wound is left to right.

**Deep incised wound to the lower central forehead (wound #5):**

A single, tangentially oriented, deep incision, (labeled “#5” in exam photos), is located on the central lower forehead, with its inferior aspect at the level of the eyebrows on the anterior midline and its more superior aspect ~1 cm to the left of the anterior midline. The incised wound measures 2.8 cm in length and has apparent smooth margins. It probes to a depth of 1.8 cm, penetrating the full thickness of the frontal scalp, periosteum, and underlying outer table of the frontal skull into the left frontal sinus and a portion of the inner cortical table. The innermost aspect of the frontal skull and underlying dura mater are intact. No hemorrhage is observed within the left frontal sinus and additionally appears largely absent within the remaining cranial sinuses on CT imaging review. The surrounding scalp, both external and reflected, shows copious surrounding hemorrhage that merges with the intra-scalpular hemorrhage associated with wounds #1, #2, and #3. The course of the wound is somewhat front to back, somewhat right to left, and slightly downward.

**Deep incised wound to the right posterolateral head (wound #6):**

A single, large, chevron-shaped, deep incision, (labeled “#6” in exam photos), is located on the right posterolateral head, 2 cm posterior to the top of the left ear. The chevron points in the anterosuperior direction with its more anterior margin measuring 3 cm in length and its posterior margin measuring 4 cm in length. The two angles are separated at the base of the chevron by ~3 cm. The margins are smooth and the angles appear sharp. The wound probes to an approximate deep of 3 cm, through the full thickness of the scalp into the subcutaneous adipose tissue of the right posterolateral upper neck. Minimal hemorrhage is present. The course of the wound is somewhat front to back, downward, and very slightly right to left.

**Superficial incised wound to the right lateral cheek (wound #7):**

A single, vertically oriented, superficial incision, (labeled “#7” in exam photos), is located on the right lateral cheek, ~1 cm anterior to the right lower earlobe. The incised wound measures 1.3 cm in length, has smooth margins, and at least one sharp angle (more superior angle). It probes to a depth of ~0.1 cm through the full thickness of the dermis, but not into the subcutaneous adipose tissue. No hemorrhage is associated with the wound.

**Stab wound to the left posterolateral upper neck (wound #8):**

A single, vertically oriented, slightly gaping, large stab wound, (labeled “#8” in exam photos), is on the left posterolateral upper neck, with the superior angle of the wound located 1 cm posterior to the left earlobe. The stab wound measures 4 cm in length, has smooth margins, a sharp angle on its superior aspect, and a blunt angle on its inferior aspect. It probes to a depth of ~10 cm through the left upper lateral neck muscles, superior internal jugular vein and possible branches, left pharyngeal muscles, left oral floor muscles, and associated soft tissues including unspecified smaller nerve branches within this region. Copious hemorrhage is associated with the wound including hemorrhage throughout the injured muscles and soft tissues, as well as within the oropharynx, esophagus, stomach, and proximal duodenum (~50 mL total within the viscera lumens in combination with hemorrhage from wound #10). No definitive hemoaspiration is appreciated, but interpretation is limited by decomposition changes. The following structures are intact and uninjured from this stab wound: left carotid artery and its major branches, larynx, trachea, tongue, mandible, hyoid bone, and cervical spine. The course of the wound is left to right and very slightly back to front.

**Deep incised wound to the left lateral upper neck (wound #9):**

A somewhat complex, horizontally oriented, slightly gaping, large, deep incised wound, (labeled “#9” in exam photos), is on the left lateral upper neck, centered 5 cm directly below the left earlobe. The wound measures 4 cm in length, has predominantly smooth margins, but is somewhat complex given apparent twisting and thrusting in of the knife at least twice. The more anterior angle is sharp, while the more posterior angle appears blunt. The wound probes to a depth of ~2.5 cm and ~3.0 cm, respectively, as there are two apparent wound tracks adjacent to one another through the same tissues; that is, the lateral and anterolateral left upper neck muscles and soft tissues, unspecified smaller nerve branches, and left thyroid lobe (all with surrounding hemorrhage). The major neck vessels, larynx, trachea, hyoid bone, mandible, esophagus, and cervical spine all appear intact within this region. The course of the two adjacent wound tracks are both left to right, slightly back to front, and slightly downward.

**Stab wound to right lower anterolateral neck (wound #10):**

A single, horizontal to slightly tangentially oriented, gaping, large stab wound, (labeled “#10” in exam photos), is on the right lower anterolateral neck, with its more posterior angle located 9.5 cm directly below the right earlobe. The wound measures 4.5 cm in length, has smooth margins, a sharp angle on its posterior aspect, and an apparent blunt angle on its more anterior aspect. It probes to a depth of ~6-7 cm, through the right lower anterolateral and lateral neck muscles and soft tissues including unspecified nerve branches and the right cervical paraspinal muscles; right aspect of the 5<sup>th</sup> cervical vertebra transverse process and interarticular part; right 5<sup>th</sup> cervical spinal nerve; 5<sup>th</sup>-6<sup>th</sup> intervertebral disc and spinal cord; 6<sup>th</sup> cervical vertebral body; and posterior wall of the upper esophagus. Hemorrhage is present along the wound track as well as within the esophagus, stomach, and proximal duodenum (~50 mL total within the viscera lumens in combination with hemorrhage from wound #8). It additionally tracks along the cervical spinal canal and fascial planes of the lower neck and mediastinal soft tissues. Liquefaction of the central nervous system due to decomposition prevents further assessment of the spinal cord injury (whether a small defect versus complete transection cannot be determined). The left carotid artery and its branches, larynx, trachea, hyoid bone, and right thyroid lobe are all intact within this region. The course of the wound appears to be right to left, slightly downward, and very slightly front to back.

**Stab wound to the right lower lateral neck (wound #11):**

A single, tangentially oriented, gaping, large stab wound, (labeled “#11” in exam photos), is on the right lower lateral neck, just above the junction with the torso. The anteromedial angle of the wound is located 10 cm directly below the right earlobe. The wound measures 6 cm in length, has smooth margins, a sharp angle on its posterolateral aspect, and an apparent blunt angle on its more anteromedial aspect. It probes to a depth of ~10 cm, through the proximal right external jugular vein; right lower anterolateral neck muscles, soft tissues, and unspecified nerve branches; proximal right internal jugular vein near its junction with the right subclavian vein; and right apical parietal pleura. There is copious associated hemorrhage along the wound pathway as well as tracking along the right apical parietal pleura and fascial planes of the right neck, right clavicular region, and mediastinal soft tissues. The right carotid artery, larynx, trachea, right lung, vertebrae, and mediastinal soft tissues are all intact within this region. The course of the wound is right to left and downward.

**SHARP FORCE INJURIES TO THE TORSO:****Tangential stab wound to the right superior torso (wound #12):**

A single, tangentially oriented, tangentially penetrating, slightly gaping, small stab wound, (labeled “#12” in exam photos), is on the superior aspect of the right torso (supraclavicular region), approximately halfway between the base of the right lateral neck and top of the right shoulder. The wound measures 1 cm in length and has smooth margins. Both angles are favored to be sharp. It probes tangentially and superficially to a depth of ~ 1 cm, through the skin into the superficial subcutaneous adipose tissue only, in a slightly left to right, very slightly back to front, and slightly downward trajectory. Minimal hemorrhage is associated with the wound.

**Incised wound to the anteromedial right superior torso (wound #13):**

A single, tangentially oriented, small, incised wound, (labeled “#13” in exam photos), is on the anteromedial aspect of the right supraclavicular region of the superior right torso, near the junction with the anterolateral right neck, ~ 3 cm lateral to and 1.5 cm anterior to wound #11. The wound measures 1 cm in length and has smooth margins. Its angles are indeterminant. It probes to a depth of ~0.6 cm, through the skin into the subcutaneous adipose tissue in a slightly back to front, very slightly right to left, and downward trajectory. Minimal hemorrhage is associated with the wound.

**Tangential stab wound to the anterior mid right superior torso (wound #14):**

A single, tangentially oriented, tangentially penetrating, gaping stab wound, (labeled “#14” in exam photos), is on the anterior aspect of the right mid supraclavicular region of the superior right torso, approximately 4 cm anterior to wound #12, and 1 cm lateral to wound #13. The wound measures 4 cm in length, has smooth margins, a sharp angle on its more posteromedial aspect, and a blunt angle on its more anterolateral aspect. It probes tangentially and superficially to a depth of ~ 4.5 cm, through the skin and into the superficial subcutaneous adipose tissue only, in a front to back, slightly left to right, and very slightly downward (shallow) trajectory. Minimal hemorrhage is associated with the wound.

**Incised wound to the anterolateral right superior torso (wound #15):**

A single, tangentially oriented, tangentially penetrating, slightly gaping, small, incised wound, (labeled “#15” in exam photos), is on the anterolateral aspect of the right supraclavicular region of the superior right torso, ~ 2.5 cm lateral to wound #14. The wound measures 1 cm in length, has smooth margins, a sharp angle on its more posteromedial aspect, and a blunt angle on its more anterolateral aspect. It probes tangentially and superficially to a depth of ~0.6 cm, through the skin and into the superficially subcutaneous adipose tissue only, in a right to left, slightly back to front, and very slightly downward trajectory. No obvious hemorrhage is associated with the wound.

**Tangential stab wound to the medial aspect of the superior right shoulder (wound #16):**

A single, predominantly vertically oriented, large, gaping, tangentially penetrating stab wound, (labeled “#16” in exam photos), is on the anteromedial aspect of the top right shoulder, ~ 4 cm lateral to wound #15. The wound measures 7 cm in length, has smooth to focally irregular margins, a sharp angle on its posterior aspect, and a blunt angle on its anterior aspect. It probes tangentially and superficially to a depth of ~7 cm, through the skin and into the superficial subcutaneous adipose tissue only, in a predominantly right to left and very slightly downward trajectory. Minimal hemorrhage is associated with the wound.

**Tangential stab wound to the superior right shoulder (wound #17):**

A single, predominantly vertically to slightly tangentially oriented, large, slightly gaping, tangentially penetrating stab wound, (labeled “#17” in exam photos) is on the central superior aspect of the top right shoulder, ranging from 0.5 – 1.5 cm lateral to wound #16. The wound measures 4 cm in length, has smooth margins, an apparent sharp angle on its posteromedial aspect, and blunt angle on its more anterolateral aspect. It probes tangentially and superficially to a depth of ~ 7 cm, through the skin and into the superficial subcutaneous adipose tissue only, in a predominantly right to left and a very slightly back to front and downward trajectory. Minimal hemorrhage is associated with the wound.

**Stab wound to the right upper back (wound #30):**

A single, horizontally oriented, gaping, stab wound, (labeled “#30” in exam photos), is on the right upper back overlying the right scapula (shoulder blade), located 8 cm below the top of the right shoulder and 15 cm to the right of the posterior midline. The wound measures 3.5 cm in length, has smooth margins, a sharp angle on its medial aspect and a blunt angle on its lateral aspect. It probes somewhat tangentially to a depth of ~5 cm, through the skin and into the deep subcutaneous adipose tissue in a slightly back to front and predominantly downward direction. The underlying right back muscles and scapula are intact and uninjured. Minimal hemorrhage is associated with the wound.

**SHARP FORCE INJURIES TO THE EXTREMITIES:****6 defensive-type incised wounds to the right 2<sup>nd</sup> -5<sup>th</sup> fingers (wounds #18-23):**

There are 6 defensive type, horizontally oriented, incisional wounds to the palmar aspect of the right index through pinky fingers, with 4 of them, (labeled “#18-21” in exam photos), near the proximal metacarpophalangeal joints of each digit, and an additional 2 of them, (labeled “#22-23” in exam photos), overlying the middle finger proximal interphalangeal joint and pinky finger distal interphalangeal joint, respectively. The injuries are consistent with the decedent having grabbed the knife twice, with wounds #18-21 likely caused by a single contiguous knife slice, and wounds #22-23 being caused by a second knife slice. All 6 wounds have apparent smooth margins with sharp angles, surrounding soft tissue hemorrhage, and associated defects to the underlying muscles and soft tissues with wound #22 on the right middle finger also having a partial dislocation of the proximal interphalangeal joint with exposed bone. The measurements for each wound are as follows:

**Wound #18:** Located on the proximal right index finger, 1.4 cm long x 0.5 cm deep

**Wound #19:** Located on the proximal right middle finger, 1.4 cm long x 0.4 cm deep

**Wound #20:** Located on the proximal right ring finger, 1.4 cm long x 0.4 cm deep

**Wound #21:** Located on the proximal right pinky finger, 1.2 cm long x 0.3 cm deep

**Wound #22:** Located on right index finger overlying the proximal interphalangeal joint, 1.8 cm long x 1.0 cm deep

**Wound #23:** Located on the right pinky finger overlying the distal interphalangeal joint, 0.8 cm long x 0.2 cm deep

**Superficial, defensive-type, incised wound to the left proximal forearm (wound #24):**

A single, superficial, tangentially oriented, slightly gaping, defensive-type incised wound, (labeled “#24” in exam photos), is on the dorsolateral left proximal forearm, approximately 3 cm inferolateral to the left elbow. The wound measures 3 cm in length, has smooth margins, and apparent sharp angles. It probes to a depth of ~ 0.3 cm, through the skin and into the subcutaneous adipose tissue. The underlying muscles are intact. Minimal hemorrhage is associated with the wound.

**Defensive-type incised wound to the left anterior wrist (wound #25):**

A single, horizontal, gaping, defensive-type incised wound, (labeled “#25” in exam photos), is on the anterior left wrist, 4 cm proximal to the base of the left hand. The wound measures 5 cm in length, has smooth margins and apparent sharp angles. It probes to a depth of 1 cm, through the skin, soft tissue, and into the underlying muscle. Minimal hemorrhage is associated with the wound.

**Defensive-type incised wound to the left palm (wound #26):**

A single, horizontally oriented, defensive-type incised wound, (labeled “#26” in exam photos), is on the left palm, 2 cm proximal to the base of the left middle (3<sup>rd</sup>) finger. The wound measures 1.5 cm in length and has apparent smooth to slightly irregular margins and sharp angles. It probes to a depth of 0.8 cm, through the skin, soft tissue, and into the underlying muscle. Minimal hemorrhage is associated with the wound.

**Two defensive-type incised wounds to the left 3<sup>rd</sup> and 5<sup>th</sup> fingertips (wounds #27 & 28):**

Two, irregular, somewhat gaping, defensive-type incised wounds, (labeled “#27” and “#28” in exam photos), are on the tips of the left 3<sup>rd</sup> (middle) and left 5<sup>th</sup> (pinky) fingers, respectively. The left 3<sup>rd</sup> fingertip wound is on the palmer (finger pad) aspect, measures 1.3 cm long, and has smooth to slightly irregular margins. The left 5<sup>th</sup> fingertip wound is on the dorsal (nail bed) aspect, measures 1.0 cm long and has indeterminant margins and angles (interpretation limited by mummification decomposition changes). Both wounds probe to a depth of ~ 0.6 cm, through the skin, soft tissue, muscle, and into the bone. The 5<sup>th</sup> fingertip wound additionally has defects to the corresponding nail and nailbed. Minimal hemorrhage is associated with both wounds.

**Stab wound to the left anterior thigh (wound #29):**

A single, predominantly horizontally oriented stab wound (labeled “#29” in exam photos), is on the left anteromedial lower thigh, 5 cm above and 5 cm medial to the anterior midline of the left knee. The wound measures 1.5 cm long, has smooth to slightly irregular margins, and at least one sharp angle. It probes to a depth of ~ 1.5 cm, through the skin and into the subcutaneous adipose tissue. No hemorrhage is associated with the wound.

**Superficial incised wound to the left medial thigh:**

A single, superficial, vertically oriented incised wound/cut (not labeled/numbered in exam photos), is on the left medial lower thigh, just superior to the left knee on the medial midline of the left thigh. The wound measures ~ 6 cm in length, has smooth to slightly irregular margins, and sharp angles. It shallowly penetrates into the superficial dermis only (~0.1 cm deep). No hemorrhage is associated with the wound.

**ADDITIONAL FINDINGS:**

There is a cluster of three circular dark red-brown marks (each 0.2 cm in diameter) located on the central upper back at the junction with the neck (each located ~1.5 to 2 cm from the other). That said, there are similar discolored markings associated with decomposition changes located all over the body; however, the markings are irregular and do not form discretely patterned circles as they do in this location. See the microscopic review section for additional details.

**INTERNAL EXAMINATION**  
**(Exclusive of Internal Injuries)**

**Note:** Unless specifically mentioned, the following internal exam is exclusive of the aforementioned internal injuries. Please see the evidence of injury section above for a description of the internal injuries.

The body is opened through the customary “Y” shaped thoracoabdominal incision and the sternum is removed in the usual fashion. The organs of the chest, abdomen, and pelvis are in their relatively normal anatomic positions. Manifestations of internal decomposition are present and are characterized by organ and soft tissue discoloration, softening, autolysis, gaseous distention, and partial liquefaction; discoloration of mucosal surfaces; yellow oily decomposition fluid accumulation within the bodily cavities; and a foul odor. The diaphragm is normally formed and intact.

**NECK**

All neck structures are normally formed and present. No gross natural disease processes are observed. See the evidence of injury section above for a description of the numerous neck injuries. Of note, the larynx, trachea, and hyoid bone are all intact and uninjured.

**CARDIOVASCULAR SYSTEM**

**Heart weight:** 156 grams

The pericardium is smooth and intact. The coronary ostia are normally located. The coronary arteries distribute normally and show no significant atherosclerosis. The atrial and ventricular chambers are normally configured. The softened, discolored myocardium appears absent of gross lesions and fibrosis. The left ventricle, interventricular septum, and right ventricle measure 1.1 cm, 1.1 cm, and 0.2 cm in thickness, respectively. The valves are normally formed and absent of vegetations or calcifications. The endocardium is smooth and transparent. The aorta and vena cava are intact and widely patent.

**RESPIRATORY SYSTEM**

**Right lung weight:** 153 grams

**Left lung weight:** 143 grams

The bilateral lungs are intact and normally configured. The upper and lower airways are intact, widely patent, and lined by a black discolored mucosal surface. Likewise, the lung parenchyma itself is partially discolored black, particularly the right lung. No obvious hemoaspiration (inhalation of blood) is observed. There is no evidence of consolidation, granulomatous, or neoplastic disease. The pulmonary arterial tree is free of emboli or thrombi.

**CENTRAL NERVOUS SYSTEM**

**Brain weight:** 898 grams

The inner aspect of the cranial and basal skull is intact and free of injury or gross natural disease. Likewise, the dura mater surrounding the brain is intact and without evidence of epidural or subdural hemorrhage present. The brain and spinal cord however are completely liquified and discolored grey-brown, severely limiting gross interpretation. No apparent intracranial hemorrhage is observed. See the evidence of injury section above for a description of the scalp, exterior skull, and cervical spinal cord injuries detected.

### GASTROINTESTINAL SYSTEM

The tongue is intact, normally papillated, and absent of injury or natural disease. The esophagus and stomach are both normally formed and absent of gross natural disease. Their lumens along with the proximal duodenum are filled with ~50 ml of hemorrhage. See the evidence of injury section above for a description of the esophageal injuries. The stomach and intestines are grossly normal and intact. The appendix is surgically absent. Minor fibrous adhesions are present surrounding the former appendix site.

### HEPATOBIILIARY AND PANCREAS

**Liver weight:** 1019 grams

The liver capsule is intact. The liver parenchyma is notably soft and discolored black from decomposition. No fibrosis, neoplasia or granulomatous disease is identified. The gallbladder contains liquid bile and no calculi. Its mucosal lining is involved by a white-yellow reticular meshwork. The extrahepatic biliary tree is patent with no evidence of neoplasm or calculi. The pancreas is normally configured and characteristically lobulated.

### URINARY SYSTEM

**Right kidney weight:** 95 grams

**Left kidney weight:** 90 grams

The kidney capsules strip with ease and the subcapsular surfaces are smooth and free of injury. The renal architecture is normally configured. The ureters and blood vessels are intact and patent. The urinary bladder is empty of urine. The urothelial surface is free of focal lesions.

### REPRODUCTIVE SYSTEM

The mucosal surfaces of the vagina and cervix free of injury or disease. The endocervical canal is within normal limits. The uterus is of normal size and symmetry. No leiomyomata are present. The endometrial cavity contains no foreign material or visible products of conception. The bilateral fallopian tubes and ovaries are unremarkable.

### ENDOCRINE SYSTEM

The thyroid gland is of normal size, shape, and consistency. The adrenal glands are grossly free of injury and disease.

### IMMUNOLOGIC AND HEMATOPOEITIC SYSTEMS

**Spleen weight:** 86 grams

The splenic capsule is smooth and intact; its parenchyma is soft and discolored black. There is no gross lymphadenopathy. No significant thymic tissue is identified. The portions of exposed bone marrow show no visible lesions.

### MUSCULOSKELETAL SYSTEM

The skeleton is notable for two congenital abnormalities: lumbarization of the first segment of the sacrum, and a nonfused manubrium. No other developmental abnormalities or gross natural disease processes involving the muscles and skeleton are identified.

**ANCILLARY STUDIES**

**Toxicology:** Postmortem specimens are submitted to toxicology for storage. No toxicological analysis ordered.

**Histology:** Representative tissue sections are stored in formalin as well as submitted for microscopic examination. See the microscopic examination below.

**Photography:** Digital photographs of the examination are retained.

**Radiology:** Full body x-ray and computed tomography scans are performed and analyzed. 3D skeletal models are rendered with CT software and reviewed along with multiplanar analysis.

**Other studies:** None.

**MICROSCOPIC EXAMINATION (H&E)**

**CASSETTE KEY**

1. -2. Skin from upper back with three red circular marks:

The submitted skin sections reveal dermal and subcutaneous adipose tissue with advanced autolysis changes, severely limiting microscopic interpretation. Bacterial overgrowth is present. No definitive thermal artifact changes are seen.

October 28, 2024  
CC/kg



---

CELIA COBB, M.D.

**BOARD OF MEDICOLEGAL INVESTIGATIONS  
OFFICE OF THE CHIEF MEDICAL EXAMINER**

921 N.E. 23rd St  
Oklahoma City, OK 73105

**REPORT OF LABORATORY ANALYSIS**

OFFICE USE ONLY

Re. \_\_\_\_\_ Co. \_\_\_\_\_

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bear im-print by the office seal.

By \_\_\_\_\_

Date \_\_\_\_\_

ME CASE NUMBER: 2402311

LABORATORY NUMBER: 241810

DECEDENT'S NAME: VERONICA CLAIRE BUTLER

DATE RECEIVED: 4/18/2024

MATERIAL SUBMITTED: LIVER, BRAIN, GASTRIC

HOLD STATUS: 5 YEARS

SUBMITTED BY: JASON ROBERT PARKS

MEDICAL EXAMINER: CELIA COBB M.D.

**NOTES:** NO TOXICOLOGICAL ANALYSIS REQUESTED

**ETHYL ALCOHOL:**

Blood:

Vitreous:

Other:

**CARBON MONOXIDE**

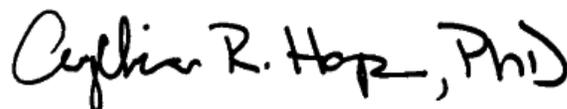
Blood:

**TESTS PERFORMED:**

**RESULTS:**

04/18/2024

DATE



ANGELICA HARPER, PhD., Forensic Toxicologist