



**MEDICAL EXAMINER AND
FORENSIC SERVICES**

Decedent: **Amber J. Lazenby**

Case: **W19-0357**

Sex: **Female**

Age: **24 years**

Date Pronounced Dead: 04/25/2019

Date of Exam: 04/26/2019

Time of Exam: 0830 hours

County: Muskegon

Pathologist: Elizabeth A. Douglas, MD

Procedure: Complete Autopsy

Persons in Attendance: Megan Deats, Nicole Bartusch, Brandon Givhan, Autopsy Assistants
K. Deleeuw- Law Enforcement

Postmortem Examination Report

Investigative and Autopsy Findings:

I. Investigative findings

- A. Remains found in a disabled vehicle on private property
- B. Property owner reportedly found drug paraphernalia near the vehicle
- C. Position of remains as initially viewed at death scene:
 - i) Legs and bottom on rear passenger side bench seat with back facing the rear passenger side door
 - ii) Torso bent at waist
 - iii) Head resting in rear passenger foot well
 - iv) Front passenger seat partially reclined with seat back pressing on decedent's upper shoulders/back

II. Autopsy findings



- A. Left periorbital soft tissue hemorrhage with associated extravasated blood
 - B. Facial and conjunctival petechiae
 - C. Scleral hemorrhage
 - D. Contusions of the neck
 - E. Abrasion of the upper back/lower neck
 - F. Petechiae of the neck
 - G. Hemorrhage within the anterior strap muscles of the neck
 - H. Hemorrhage in the pretracheal fascia at the level of the left thyroid cartilage
 - I. Fracture of the sixth cervical vertebra
 - i) Diffuse soft tissue hemorrhage, paravertebral
 - ii) Softening of the cervical spinal cord without vital reaction
 - J. Deep scalp hemorrhage/subgaleal hemorrhage
 - K. Contusions of the extremities
 - L. Scattered abrasions of the trunk and extremities
 - M. Stigmata of chronic tobacco exposure
 - i) Mottling of pulmonary visceral pleura
 - ii) Anthracosis, pulmonary hilar lymph nodes
 - N. Early postmortem decomposition
- III. Toxicology performed on heart blood
- A. Caffeine screen positive
 - B. Cotinine screen positive
 - C. Nicotine screen positive
 - D. Cocaine- 430 ng/mL
 - E. Benzoylcegonine- 4400 ng/mL
 - F. Delta-9 Carboxy tetrahydrocannabinol- 20 ng/mL
 - G. Dehta-9 tetrahydrocannabinol- 1.6 ng/mL

Cause of Death:

Following a complete autopsy, histology, and toxicology, a cause of death could not be determined

Comment: For the purpose of vital statistics and public health record keeping, the manner of death is best certified as indeterminate.

Investigative Summary

The decedent, a 24 year-old female, was found dead in the back of a disabled vehicle on private property. She was found fully clothed in the backseat of the vehicle with her legs and bottom on the rear passenger bench seat with her head in the rear passenger foot well. The front passenger seatback was reclined, and was pressed against Amber's upper back. At the time of this report, it is unclear how Amber came to be in that location. Additional details of this investigation are on file with the Muskegon County Medical Examiner's Office.

Receipt of Remains

The remains were transported to the morgue by Ranotus Brown on Thursday, April 25, 2019 at 16:50 hours and assisted into the facility by personnel of the Security Department.

The remains are received in the supine position contained within a blue plastic transport pouch. A tag attached to the transport pouch bears the name, "Lazenby, Amber". A seal securing the zippers on the transport pouch bears the number, "1787102". A second identification tag is attached to the left lower extremity. As initially viewed, paper bags are over the hands and feet. They are collected as evidence and released to law enforcement upon completion of the autopsy.

External Examination

Clothing and personal effects

The remains are received wearing the following:

- Multicolored tank top
- Black and gray leggings
- Pink brassiere
- One black sock
- One multicolored sock
- One yellow metal earring with clear stone, right ear

Features of identification

The remains are positively identified by fingerprint comparison. The body is that of a Caucasian female, whose appearance is older than the reported age of 24 years. The body weighs 146 pounds, including the weight of the personal effects and transport pouch, and is 68 inches in length. The scalp hair is long and blonde with brown roots and has a normal distribution. The irides appear brown. The upper teeth are natural and in good repair. The lower teeth are natural and in good repair. In addition to these features of identification, a 1 inch x 2 ½ inch blue-black tattoo of "Bless" is over the midline upper chest, and a 1 ½ inch x 2 ¾ inch multicolored tattoo of

“6-13-11 Christian James” is over the right distal lower extremity. A 1 inch linear scar of the right knee is also present.

Postmortem changes

Rigor mortis is absent. The distribution of fixed red lividity is consistent with the position of the remains as initially viewed at the death scene. Tardieu spots are over the upper chest. The skin temperature is cool; the body has been refrigerated. The corneas are glazed. The hands are partially desiccated.

Evidence of therapeutic intervention

No evidence of therapeutic intervention is noted.

General

The body habitus is normal (body mass index: 22 kg/m²). The distribution of body hair is normal for the gender and reported age. There is no evidence of malnutrition or dehydration. There is no visible or palpable adenopathy.

Head

The scalp and soft tissues of the face are free of injury, except as noted elsewhere. The periorbital, nasal, and facial bones are intact to palpation. The conjunctivae and periorbital regions are congested. The sclerae are anicteric. The pupils are unremarkable. The nasal vestibules are unremarkable. The lips, gums, tongue, and buccal mucosa, where seen, appear free from significant natural disease. The external ears are normally formed and positioned. The mastoid and mandibular regions are unremarkable.

Neck

The neck is of normal configuration. There are no palpable masses of the neck. There is no tracheal deviation.

Torso

The thorax is symmetrical and normal in configuration. The breasts are of normal adult female configuration, and there are no palpable masses. The abdomen is soft. The cervical, supraclavicular, axillary, and inguinal regions are free of palpable adenopathy. The external genitalia are of normal female conformation, and there are no external lesions. The perineum and perianal areas are unremarkable. A pelvic examination is negative for traumatic injuries. The lower back and buttocks are free of significant abnormalities.

Upper Extremities

The upper extremities are symmetrical and appropriately developed for the reported age. All digits are present. Chipped pink-glitter flecked polish is on the fingernails.

Lower Extremities

The lower extremities are symmetrical and appropriately developed for the reported age. All digits are present.

Evidence of Injury

- Bilateral scleral hemorrhage
- Facial petechiae
- Diffuse periorbital soft tissue swelling associated with extravasated blood
- 1 inch zone of extravasated blood, left frontal/temporal deep scalp
- 2 inch x 3 inch zone of extravasated blood, right parietal deep scalp and subgaleal space
- Diffuse zone of extravasated blood, frontal deep scalp
- 1 inch zone of subgaleal hemorrhage, left frontal/parietal calvarium
- Scattered foci of deep scalp/subgaleal hemorrhage, left parietal/occipital
- ¼ inch red-brown abrasion of the upper back/lower neck at the approximate level of the seventh cervical vertebral prominence
- 1 inch purple contusion, right lateral neck
- ½ inch purple contusion, right lateral neck
- Petechiae of the neck
- Dried ¼ inch area of drying of the right retroauricular skin
- Hemorrhage within the anterior strap muscles of the neck
- ½ inch zone of hemorrhage, left thyroid cartilage
- Fracture of the sixth cervical vertebra with associated softening the spinal cord and diffuse soft tissue hemorrhage
- ½ inch zone of extravasated blood in the left lateral aspect of the tongue
- Petechiae, right forearm
- Drying artifact, left axilla
- ¾ inch dried abrasion of the left ventral forearm
- 2 inch purple contusion, left proximal upper extremity
- 4 inch x 7 inch area of red-purple contusions of the left thigh ranging from ¾ inch to 1 inch in greatest dimension
- 2 inch purple contusion of the right thigh
- 1 inch red contusion of the right knee
- ½ inch red contusion of the right knee
- Scattered brown abrasions of the trunk and extremities measuring no more than ¼ inch in greatest dimension

The above injuries are described by convention from the top downward. The order in which the injuries are described is not intended to imply the order in which the injuries may have been sustained. The above injuries, having been described, will not be described below.

Internal Examination

Chest, Abdomen, and Pelvis

Evisceration/Dissection Method

The organs of the thoracic, abdominal and pelvic cavities are removed using the Virchow technique (individually).

Walls and Cavities

The body is opened by means of the usual “Y” incision. The subcutaneous fat and musculature are normal and free of injury. The sternum and chest plate are intact. Prior to their removal, the viscera of the thoracic, abdominal and pelvic cavities are examined in situ and occupy their normal sites. The serous surfaces are smooth and glistening. There are 200 mL of serosanguinous fluid in the right pleural cavity and 200 mL of serosanguinous fluid in the left pleural cavity. There are no abnormal masses present. The diaphragmatic leaves are normally situated. The margins of the liver and spleen are in proper relationship to their costal margins. The weights of the organs are as follows and, unless specified below, show no additional evidence of congenital or acquired disease.

Organ Weights

Heart - 360 grams

Right lung - 580 grams

Left lung - 460 grams

Spleen - 290 grams

Liver - 1530 grams

Right kidney - 160 grams

Left kidney - 150 grams

Cardiovascular System

Heart:

The heart is flat. The coronary arteries have a normal anatomic distribution, and multiple cross sections through the coronary arteries show no significant narrowing of lumina and no evidence of thrombosis. The epicardium is smooth and glistening. There is a normal amount of epicardial fat and its distribution is normal. The great vessels enter and leave the heart in a normal manner. The cardiac chambers have a normal configuration. The septa are intact, and there are no congenital abnormalities. The myocardium is of normal consistency and appearance. The left and right ventricles are 1.0 centimeters and 0.2 centimeters thick, respectively. The interventricular septum is 1.0 centimeters thick. The heart valves are thin, pliable, and delicate, and are free of deformity. Valve circumferences are as follows: tricuspid valve = 13 centimeters, pulmonic valve = 7 centimeters, mitral valve = 11 centimeters, and aortic valve = 6 centimeters.

Aorta and its major branches:

The thoracoabdominal aorta and its principal branches are patent throughout. There are no thrombi, areas of erosion, or zones of significant narrowing present. The carotid arteries are pliable and patent.

Venae cavae and their major tributaries:

The superior and inferior venae cavae and their major tributaries are patent throughout. No areas of extrinsic or intrinsic stenosis are present.

Respiratory System

The major bronchi have a normal caliber and are free of obstruction. The right and left lungs have a normal lobar configuration. The visceral pleura is smooth and glistening and mottled moderately with black streaks. There are no subpleural emphysematous bullae. The pulmonary arteries are free of emboli and thrombi. The lungs are sub-crepitant throughout. The parenchyma is congested and the cut surfaces exude frothy fluid with gentle pressure.

Digestive System

The esophagus is free of lesions. The stomach has a normal configuration. The serosa is smooth and glistening. The wall is of normal thickness and the mucosa is thrown into rugal folds. There are no areas of ulceration. The stomach contains 450 cc of semisolid and partially chewed material suspended in a beige liquid. The duodenum is free of ulceration and other intrinsic lesions. The remainder of the small bowel, the colon, and the rectum are normal in appearance. The appendix is present and is unremarkable.

Hepatobiliary System and Pancreas

Liver:

The capsule is smooth and glistening. The liver configuration is normal. Multiple cross sections through the liver reveal a normal parenchyma.

Gallbladder:

The gallbladder is of normal size and configuration. The wall is thin and the mucosa is bile-stained. It contains approximately 15 mL of bile. No calculi are present.

Pancreas:

The pancreas is mildly autolysed. The main pancreatic duct is probe patent.

Reticuloendothelial System

The spleen has a normal configuration. The capsule is blue-gray and smooth, without areas of thickening. On section, the splenic pulp is autolysed. There is mild anthracosis of the pulmonary hilar lymph nodes. The mediastinal

lymph nodes otherwise appear normal. The mesenteric lymph nodes are grossly unremarkable. Bone marrow, where seen, is unremarkable. The thymus is involute.

Urogenital System

Kidneys and Ureters:

The right and left kidneys are similar. The capsules strip with ease to reveal smooth subcapsular surfaces. On section, the renal cortices are of normal thickness and the cortico-medullary demarcations are distinct. The pelvo-calyceal systems are normal in appearance. The ureters are unremarkable.

Bladder:

The bladder is of normal configuration. The mucosa is intact and free of ulcerations or other lesions. It contains no urine.

Gynecological system:

The vaginal mucosa is smooth, tan, and free of lesions. The cervical os and cervical mucosa are unremarkable. The endometrial cavity is of normal configuration and the endometrium is hemorrhagic. The myometrium is normal. There are no parametrial lesions. The fallopian tubes are thin-walled, pliable, and free of lesions. The ovaries are symmetrical and unremarkable. Delicate adhesions between the ovaries and paratubal soft tissues are present.

Endocrine Organs

No abnormalities are present in the pituitary or thyroid glands. The adrenal glands are mildly autolysed, but otherwise unremarkable.

Head and Brain:

The scalp is reflected using the standard intermastoidal incision. The cranial contents are examined *in situ* as the calvarium is removed and as the dura is reflected.

Weight: 1310 grams

The scalp shows no evidence of contusions or galeal hemorrhages, except as noted above. The skull is intact. The dura is smooth and glistening. There are no subdural blood accumulations. The convexities of the cerebral hemispheres are symmetrical. The leptomeninges are thin and transparent. The subarachnoid space does not contain any hemorrhage. The cerebrum presents marked flattening of the gyri without evidence of subfalcial, uncus, or cerebellar tonsillar herniation. The major cerebral arteries show no significant atherosclerosis. There are no congenital anomalies of the cerebral arteries. The roots of the cranial nerves are unremarkable. Serial coronal sections through the cerebral hemispheres show widespread softening, but an otherwise grossly normal cortical ribbon and underlying white matter. The

basal ganglia and diencephalon show no gross abnormalities. Serial cross sections through the brainstem and sagittal sections through the cerebellum fail to show any gross lesions or abnormalities. The ventricular system is symmetrical and of normal size and configuration. After removal of the brain, the base of the skull does not demonstrate any fractures.

Neck and Pharynx:

The skin of the neck is dissected up to the angle of the mandible. A layered dissection of the anterior strap muscles of the neck shows traumatic injuries as described above. The neck organs are excised *en bloc* and examined separately. The larynx and trachea have a normal caliber and are free of obstruction. The laryngeal mucosa is soft and free of lesions. The tracheal mucosa is soft and free of lesions. The paravertebral musculature is unremarkable. The cervical spine, hyoid bone, and tracheal cartilage are intact.

Musculoskeletal:

The axial skeleton and appendicular skeleton show no abnormalities, except as noted elsewhere. The exposed musculature is unremarkable.

Spinal Cord:

Serial cross sections through the cervical spinal cord and proximal thoracic spinal cord show traumatic injuries as described above.

Other Procedures

1. Full body radiographs are obtained.
2. Photographs for identification and documentation purposes are obtained.
3. Tissue samples are retained in formalin.
4. Tissue samples are placed in cassettes for processing to slides for microscopic examination.
5. Blood is submitted for a postmortem drug screen.
6. Urine is submitted for a postmortem drug screen.
7. Vitreous fluid is obtained for analysis, if indicated.
8. Fingerprints are obtained and are retained in this office.
9. Palmprints are obtained and are retained in this office.
10. Blood is placed on a DNA card and is retained for analysis, if indicated.
11. A second DNA card is prepared, collected as evidence and released to law enforcement upon completion of the autopsy.
12. Representative sampling of scalp hair is pulled from the root, collected as evidence and released to law enforcement upon completion of the autopsy.
13. Oral, vaginal, and rectal swabs are collected as evidence and released to law enforcement upon completion of the autopsy.

14. Glass slides are prepared from the oral, vaginal, and rectal swabs, collected as evidence and released to law enforcement upon completion of the autopsy.
15. The speculum used to complete the pelvic examination is collected as evidence and released to law enforcement upon completion of the autopsy.

Slide Block Index

- A- Representative section, right lung
- B- Representative section, left lung
- C- Representative sections, left and right ventricular myocardium
- D- Representative section, interventricular septum
- E- Representative sections, right kidney and liver
- F- Representative section, left kidney
- G- Representative sections, right hippocampus and cerebellum
- H- Representative sections, left hippocampus and cerebellum
- I- Representative sections, cervical spinal cord in area of softening

Microscopic Descriptions

Heart- No significant pathologic diagnosis.

Lungs- Vascular congestion. Extravasation of blood in alveoli. Scattered pigment laden macrophages. Occasional foci of acellular, lightly eosinophilic material within alveoli. Negative for significant pathologic polarizable debris.

Liver- Autolytic and putrefactive changes.

Kidneys- Autolytic and putrefactive changes. Negative for significant pathologic polarizable debris.

Central Nervous System- No significant pathologic diagnosis.

Spinal cord- Extravasation of blood without associated vital reaction

Elizabeth A. Douglas MD

Elizabeth A. Douglas, M.D.
Thursday, July 25, 2019