



**MISSISSIPPI STATE MEDICAL EXAMINER'S OFFICE
1700 E. WOODROW WILSON AVENUE
JACKSON, MS 39216-1700**



**CASE: ME14-1235
County: Neshoba**

AUTOPSY REPORT

NAME OF DECEDENT: Michael McDougle **RACE:** B **SEX:** M **AGE:** 29

LOCATION OF DEATH: Neshoba County Jail, Philadelphia, MS

DATE OF DEATH: November 2, 2014

DATE OF AUTOPSY: November 3, 2014

FORENSIC PATHOLOGIST: Erin A. Barnhart, M.D.

FINAL ANATOMIC DIAGNOSES

29-year-old male with no significant natural disease:

1. Head trauma:
 - a. Abrasion
 - b. Soft tissue hemorrhage
 - c. Subdural hemorrhage
2. Pulmonary congestion

CAUSE OF DEATH: Head injury and mixed drug toxicity (cocaine, methamphetamine, amphetamine, marijuana)

MANNER OF DEATH: Undetermined

IDENTIFICATION:

An autopsy was performed on the body of Michael McDougle at the Office of the Medical Examiner on November 3, 2014 by Dr. Erin Barnhart.

EXTERNAL EXAMINATION:

The body is that of a 65 inch, 178 pound black male who appears consistent with the reported age of 29 years. The body is in full rigor mortis. Minimal livor mortis is on the posterior surfaces of the body. The scalp hair is black. A prominent bony callous is on the central forehead. The irides are brown. The pupils are 0.4 centimeter in diameter. The conjunctivae have no petechiae. The helices are normally formed and the nares are patent. The native dentition is in good condition. The frenula are intact. The tongue is atraumatic.

The neck is symmetrical. The chest and abdomen are normally formed. The back and buttocks are unremarkable. The external genitalia are those of a normal uncircumcised adult male. The extremities and joints are symmetrical and normally developed. An identification band is on the left ankle.

EVIDENCE OF MEDICAL INTERVENTION:

Electrocardiograph pads and defibrillator pads are on the torso.

EVIDENCE OF INJURY:

A 0.2 cm abrasion is on the central forehead. A 4 cm area of hemorrhage is in the right temporalis muscle. A thin layer of liquid subdural blood overlies the left cerebral hemisphere.

INTERNAL EXAMINATION:

The ribs, sternum and clavicles have no visible or palpable fractures. The thoracic and abdominal organs are in the normal anatomic positions. There are no pleural or intraabdominal adhesions or effusions. The diaphragm is intact.

The soft tissues of the neck are atraumatic. The hyoid bone and thyroid cartilage are intact. The larynx and trachea are unobstructed and lined by smooth tan-pink mucosa.

The heart is 320 grams. The epicardium is smooth. The myocardium is red-brown and homogeneous. The left ventricle is 1.2 centimeters thick, and the right ventricle is 0.3 centimeter thick. The endocardium is normal. The valve leaflets and cusps are thin and normally formed. The coronary circulation is right dominant. The coronary arteries have and the aorta have no atherosclerosis. The pulmonary arteries are free of emboli.

The bronchovascular tree is normal in configuration. The pleural surfaces are smooth and glistening. The right and left lungs are 380 grams and 320 grams, respectively. The pulmonary parenchyma is red-pink and congested. No discrete masses or areas of consolidation are identified.

The liver is 1400 grams. The capsule is smooth and transparent. The hepatic parenchyma is red-brown, has a homogeneous lobular pattern and is congested. The gallbladder contains green-brown viscid bile and no calculi. The hepatobiliary ducts are patent.

The esophagus is lined by tan-gray mucosa. The stomach contains approximately 1000 milliliters of thin gray liquid. There is patchy erythema of the gastric mucosa. The pancreas is normal in configuration and has soft, lobular parenchyma. The small and large bowel serosa is smooth and glistening. The appendix is normal.

The right and left kidneys are 160 grams and 140 grams, respectively. The capsules and cortical surfaces are smooth. The corticomedullary junctions are well-demarcated. The calyces, pelves and ureters are unremarkable. The bladder contains clear yellow urine. The prostate gland is normal in size.

The thyroid gland is normal in size and position. The adrenal glands have thin, orange-gold cortices and gray medullae.

The spleen is 60 grams and has firm, purple-red parenchyma. Lymph nodes are inconspicuous.

The skull has no fractures. A bony callous is on the central frontal skull. There is no epidural hemorrhage. The leptomeninges are thin and transparent. The brain is 1360 grams. The cerebral hemispheres are symmetric. The gray-white matter junctions are clearly demarcated; no contusions are present. The ventricles are normal in size and configuration. The basal ganglia, thalami, hippocampi and mammillary bodies are symmetric and normally formed. The midbrain, pons and cerebellum are unremarkable. The cranial nerves are normal. The cerebral arteries have no atherosclerosis or aneurysms. The spinal cord as viewed from the cranial cavity is unremarkable.

OPINION:

The above decedent was arrested and placed in jail at 10:00 p.m. on November 1, 2014. During apprehension, a conducted energy device (CED) was deployed. The CED discharge report indicated two discharges of six and two seconds, respectively. According to the involved officer, a single barb struck the decedent in the abdominal area and did not penetrate the clothing. At approximately 4:00 a.m. on November 2, 2014, the decedent requested a glass of water. At 7:30 a.m. on November 2, 2014, he was found deceased on his back on the floor of his cell. Resuscitation attempts were unsuccessful. At autopsy, no CED barb impact sites were identified. An abrasion was on the forehead, a focal area of hemorrhage was on the right side of the skull and blood was in the left subdural space. There were no skull fractures or cerebral contusions. No significant natural disease was present. Toxicology testing revealed cocaine, methamphetamine, amphetamine and marijuana in postmortem blood samples. Investigation failed to reveal an etiology of the decedent's head injury. Although CED usage may rarely contribute to death in certain individuals with significant natural disease or drug intoxication, in this case, CED deployment did not contribute to the decedent's death. Based upon the autopsy and toxicology findings and current investigational information, this 29-year-old male died as a result of head injury and mixed drug toxicity (cocaine, methamphetamine, amphetamine, marijuana). Because the etiology of the head injury is uncertain, the manner of death is best classified as undetermined. If additional information becomes available, the case will be reviewed.



Date Signed: 1/8/15

Erin A. Barnhart, M.D.
Deputy Chief Medical Examiner

EB/sp
T: 12/03/2014