



1998

Plaintiff's Exhibit 0297: Eberling autopsy protocol

Larry R. Tate

Franklin County Coroner's Office

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**PLAINTIFF'S
EXHIBIT**

297



OFFICE OF
WILLIAM R. ADRION, M. D.
520 KING AVENUE
614-462-5290
CORONER

Columbus, Ohio 43201

CORONER'S REPORT: Finding of Facts and Verdict.

In compliance with the Ohio Revised Code, Chapter 313, the Coroner's Report and Findings of Fact and Verdict are supplied. This is not a certified copy of a death certificate. This is for the Coroner's use only. To obtain a certified copy of a death certificate, contact the Franklin County Board of Health, Bureau of Vital Statistics, 181 South Washington Boulevard, Columbus, Ohio 43215; phone (614) 645-7333.

Case Number: 98-2417

Inquest over:

Decedent's Name EBERLING, RICHARD				Date of Death 07/25/98		Time of Death (MT) 06:10:0	
Hospital or Facility OHIO STATE UNIVERSITY HOSPITAL				DOA/In - Out Patient OUT PATIENT		Place of Death HOSPITAL	
Address or Location of Death			Zip Code	Phone at Scene 614-293-8333		County of Death FRANKLIN	
Address of Decedent 11781 STATE ROUTE #762			City ORIENT		State OH	County PICKAWAY	
Sex Male	Race White	Age 68	YMWD Years	Date of Birth 12/08/29	Social Security Number 297-30-4745	Occupation LABORER	

Cause and Manner of Death

Immediate Cause: MYOCARDIAL INFARCTION, POSTERIOR LEFT				Time Interval	
Due To (Or Consequence Of) VENTRICLE.				Time Interval	
Due To (Or Consequence Of)				DAYS	
Other Significant Conditions CORONARY THROMBOSIS, RIGHT CORONARY ARTERY.				Time Interval	
Manner of Death NATURAL				Autopsy? Yes	
Name, Title and License Number of Person Who Completed Cause of Death Larry R. Tate, M.D., Deputy Coroner, License # 035815					
Address of Certifier 520 KING AVENUE COLUMBUS, OH 43201 PHONE (614) 462-5290					
Injury At Work? NO	Date of Injury / /	Time of Injury (MT) : :	How Injury Occurred		
Injury Location					

Informant

Name LAZAROFF, ALAN		Relation OTHER	Family Physician Name		Phone
Address P.O. BOX 511			Address		
City State Zip COLUMBUS, OHIO 43215		Phone	City State Zip		

Next of Kin

Name LAZAROFF, ALAN		Relation OTHER	Funeral Home Name SHAW DAVIS		Phone	Transportation to
Address P.O. BOX 511 : :			Phone 614-299-4155	OTHER		
City State Zip COLUMBUS, OHIO 43215		Phone	Funeral Home Representative SHAW DAVIS			

Deceased Medical History

- | | | |
|---|---|--|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Systemic Disease, (cancer) | <input type="checkbox"/> Psychiatric Disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Significant Trauma/Surgery | <input checked="" type="checkbox"/> Diabetes |
| <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> Brain Disease | <input type="checkbox"/> Other |

Medications Glucotrol, Elavil, Benadryl	Hospitalizations JCI Infirmery
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Admitting/Releasing Data

Date Body Received 07/25/98	Time Body Received (MT) 08:47:00	Admitting Officer SCHULTZ	Psychiatry Notes #14028; Property released to Shaw Davis Funeral Home.
Date Body Released 08/07/98	Time Body Released (MT) 14:37:00	Releasing Officer GREER	

Circumstances Surrounding Death
Patient had been in overall poor health for some time. Was found cold and unresponsive in jail hospital.

Pathology

Coroner/Deputy TATE	At Scene NO	Date Body Viewed 07/27/98	Time Body Viewed (MT) 09:22:00	Where Body Viewed MORGUE	Height 73	Weight 175
Body Heat COLD	Hair GRAY		Eyes GRAY			
POSTERIOR/FIXED/RED-PINK		Mucous Membranes PINK				
COMPLETE		Tongue NATURAL		Circumcision NO		

Pathologist's Notes
See Autopsy Report.

Toxicology

See attached Toxicology Report.

James Ferguson, Chief Toxicologist

SCHULTZ	07/25/98	07:43	WATTE, MICHAEL	DOCTOR
Person Reporting Death MACIOCI, DEBBIE	NURSE		Agency Investigating OCI	

IN WITNESS WHEREOF, I HAVE HEREUNTO SET BY
HAND AND AFFIXED MY SEAL AT COLUMBUS, OHIO:
this 28 day of August, 1998

William R. Adrion M.D.

William R. Adrion, M.D.
Franklin County Coroner



FRANKLIN COUNTY CORONER'S OFFICE
WILLIAM R. ADRION, M.D.
Columbus, Ohio

Autopsy: 98-2417
Name: Richard Eberling, male, age 68 years
Date of Death: July 25, 1998 - 6:10 a.m.
Date of Autopsy: July 27, 1998 - 9:22 a.m.
Autopsy performed by: Larry R. Tate, M.D., Forensic Pathologist
Franklin County, Columbus, Ohio
Autopsy performed for: William R. Adrion, M.D., Coroner
Franklin County, Columbus, Ohio

FINAL DIAGNOSES:

Myocardial infarction, posterior left ventricle.
Coronary thrombosis, right coronary artery.
Coronary atherosclerosis.
Acute fibrinous pericarditis.
Cardiomegaly (525 grams).
Generalized atherosclerosis.
Bilateral pleural effusions (>700 ml right, >200 ml left).
Chronic prostatitis.
Prostatic hyperplasia.
Chronic interstitial nephritis.
Mild hydronephrosis.
Arterionephrosclerosis.
Splenomegaly (575 grams).
Acute pulmonary congestion.
Chronic triaditis of liver.

TOXICOLOGY:

A comprehensive analysis in blood has been performed.

The following agents were detected:

ethanol	non-detected	(blood)
* diphenhydramine	160.0 ug%	(blood)

**	amitriptyline	12.0 ug%	(blood)
**	nortriptyline	13.0 ug%	(blood)
**	sertraline	4.0 ug%	(blood)
	hydroxyzine	non-detected	(blood)
	hydroxyzine metabolites	positive	(blood)

No other agents were detected.

* Amount present is consistent with toxic levels.

** Amounts present are consistent with therapeutic levels.

James L. Ferguson
Chief Toxicologist

EXTERNAL EXAMINATION: The decedent is a 68 year old caucasian male, who appears consistent with the age stated or older. The height is 73 inches. The weight is 175 pounds. Decedent is bald with a fringe of hair which is gray. He has a full beard and moustache which are gray. The irides of the eyes are gray-brown. Sclera are clear. Conjunctiva are clear and without petechiae. Decedent has natural dentition. The decedent is circumcised. He is hirsute. At the time of examination, the body is cold to touch. Rigor mortis is complete. Lividity is red-pink and fixed over the posterior aspects of the decedent's body.

The skin of the hands and feet is dry with flakes. There is a 3/8 inch by 1/4 inch ulceration on the dorsal surface of the large toe of the right foot. There is a linear, crusted, abrasion 3/8 inch in length located inferior or below and medial to the medial margin of the right eyebrow on the face. No other significant trauma is noted on the body.

An endotracheal tube is in place. Internal examination shows that the endotracheal tube is appropriately oriented into the upper airway. There is an intravenous line inserted in the left lateral neck.

INTERNAL EXAMINATION: The organs lie in their usual anatomic relationships. Strap muscles show no abnormality. Sternum, ribs, vertebral column, and pelvis are intact. The peritoneal cavity is free of adhesions, fluid accumulations or hemorrhages. Both pleural cavities contain quantities of amber colored fluid. There is in excess of 700 ml. of fluid in the right pleural cavity. There is in excess of 200 ml. of fluid in the left pleural cavity. The diaphragm is intact. The pericardial sac is intact.

CARDIOVASCULAR: The pericardial sac is intact. When it is opened, there is the usual quantity of amber colored fluid. The epicardium of the heart is dry and covered with yellow-pink fibrin like material consistent with pericarditis over the entire surface of the heart. The coronary arteries run their usual courses. The left anterior descending coronary artery has atherosclerotic plaquing at its midportion up to 75 to 80 percent. The circumflex is diminutive and dominated by the right coronary artery. The circumflex has minimal atherosclerotic plaquing of less than 10 to 20 percent. The right coronary artery has marked severe atherosclerotic plaquing up to 60 to 70 percent. In the midportion of the coronary artery, there is occlusive coronary thrombosis which is gray-brown. The anterior myocardium is red-brown and firm. The posterior wall of the left ventricle is soft, pale yellow consistent for an area of infarction. Both ventricles are dilated. Endocardium is smooth. The cardiac valves are normally configured. There is slight thickening of the cusp of both the tricuspid and mitral valves. The ostia of the right coronary artery is low and is behind the cusp of the aortic valve. The coronary ostiae are otherwise unremarkable. The aorta follows the usual course through the body giving off the great vessels in the correct anatomic sequence. There are some atherosclerotic plaques in the abdominal aorta. The rest of the intima of the aorta is smooth.

PULMONARY: The right lung weighs 425 gms. The left lung weighs 400 gms. The lungs are normally shaped. Each has the usual number of lobes. The pleural surfaces are intact. The bronchi are free of obstruction or foreign material. There are no thromboemboli. The pulmonary parenchyma is soft and pink-purple.

LIVER, GALLBLADDER AND PANCREAS: The pancreas is the usual elongated yellow-tan structure. It is firm throughout; infiltrated in part by adult fat. The gallbladder is large and lies beneath the liver. It is the usual thin-walled saccular structure containing dark green bile. There are no stones within the gallbladder. The liver weighs 2,700 gms. The capsule of the liver is intact. The parenchyma of the liver is firm and dark brown throughout. There are no tumors or other abnormalities over the parenchyma.

GASTROINTESTINAL TRACT: The stomach is devoid of significant content. The esophagus is the usual musoca. The duodenum shows no mucosal abnormality, tumor or ulceration. The stomach mucosa lacks the usual rugal folds, and is smooth and atrophic. No ulcerations are found within the stomach. The serosal surfaces are intact throughout the gastrointestinal tract. The appendix is identified.

GENITOURINARY: The right kidney weighs 160 gms. The left kidney weighs 175 gms. The capsules strip easily from the kidneys. The surfaces are smooth and dark brown. The cortex and medulla are well defined. The pelves of both kidneys are mildly dilated. There are no stones. Mildly dilated ureters run the usual course to an intact bladder. The bladder is filled with dilute urine. Prostate shows nodularity consistent with prostatic hyperplasia. The genitalia are consistent for an adult, circumcised male.

HEMATOPOIETIC: The spleen weighs 575 gms. The capsule of the spleen is intact. The parenchyma is soft and dark purple.

NERVOUS SYSTEMS: The scalp is intact. There is no subgaleal hemorrhage. The calvarium shows no abnormality or fracture. There is no subdural or epidural hematoma formation. The brain is symmetrical. The gyral pattern is normal. There is no flattening of the gyri. No pressure conings or cerebellar tonsil herniations are identified. The meninges are clear. There is no subarachnoid hemorrhage. The brain weight is 1,575 gms. When the brain is sectioned, the relationships of white and gray matter are anatomically correct. The ventricular system is symmetrical and of usual size. There are no areas of softening, tumor formation or hemorrhage within the brain proper. The base of the skull shows no abnormalities or fractures.

MISCELLANEOUS: The strap muscles show no abnormality. The thyroid is the usual bilobed brown structure in the anterior neck. The hyoid bone is intact without fractures. The epiglottis is of usual size without edema. The aryepiglottic folds show no edema. The laryngeal skeleton is intact. Vocal cords are free. The upper airway is devoid of foreign material. The lining of the upper airway is smooth. The adrenals are the usual tent-shaped organs with a yellow cortex and gray-brown medulla.

In addition to blood, urine and bile, portions of the brain, lung, spleen, kidney, and liver have been retained for toxicological examination should this prove necessary.

HISTOPATHOLOGY:

BRAIN: Gliosis in hippocampal area.

AORTA: Atherosclerosis.

CORONARY: Acute occlusive coronary thrombosis. Moderate to severe atherosclerosis (70% - 80%) occlusion of lumen.

PERICARDIUM: Fibrinous pericarditis.

HEART: Subacute myocardial infarction. Acute inflammatory infiltration. Fibrinous pericarditis.

TRACHEA: Unremarkable.

THYROID: Unremarkable.

LUNGS: Acute congestion. Emphysematous changes.

ADRENALS: Unremarkable.

KIDNEYS: Arterionephrosclerosis. Chronic interstitial nephritis.

PROSTATE: Benign hyperplasia. Chronic prostatitis.

SPLEEN: No intrinsic abnormality.

PANCREAS: Unremarkable.

ESOPHAGEAL-GASTRIC JUNCTION: Unremarkable.

GASTRODUODENAL JUNCTION: Unremarkable.

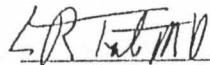
APPENDIX VERMIFORMIS: Fibrosis. Infiltration by mature fat.

COLON: Unremarkable.

GALLBLADDER: Autolysis.

LIVER: Chronic triaditis.

The remainder of the microscopic examination is unremarkable.



Larry R. Tate, M.D.
Forensic Pathologist
Deputy Coroner