



1954

# Verdict from Coroner on death of Marilyn Reese Sheppard

Samuel R. Gerber MD  
*Cuyahoga County Coroner's Office*

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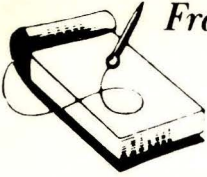
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*From the desk of*

S. R. GERBER M.D.

October 24, 1984

This is an exact copy of the original Coroner's Verdict of Marilyn Reese Sheppard, Case No. 76629, Date of Death-July 4, 1954. It was necessary to make this copy due to the age and condition of the original verdict and the inability to read some of the words when a Xerox copy was made.

*Mary E. Giblin*

Mary E. Giblin, Secretary  
Cuyahoga County Coroner's Office

This has been verified by

*Winifred L. Huml*

Winifred L. Huml, Secretary

*Georgine Krajnik*

Georgine Krajnik, Clerical Specialist

## CORONER'S VERDICT

The State of Ohio, } ss.  
 CUYAHOGA COUNTY }

Cuyahoga County Coroner's  
 Office  
 copy March 1996  
 Case # 76629 A-18

Be it Remembered, That on the 4th day of July A. D., 19 54 information was given to me, S. R. GERBER, M.D., Coroner of said County, that the dead body of a woman, ~~boy, girl~~, supposed to have come to ~~her~~ her death as the result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner (Sec. 313-11, 313-12 R. C. Ohio) had been found at 28924 Westlake Road in the City of Bay Village Cuyahoga County, on the 4th day of July, 19 54.

I viewed or caused to be viewed the said body at the Coroner's Office. After the viewing and making inquiry into the circumstances that caused the death of the said person, I obtained further information, to-wit: Police report

I also carefully examined or caused to be examined the said dead body on the 4th day of July, 19 54; and I find as follows: to-wit:

I, S. R. GERBER, M.D., Coroner of said county having diligently inquired, do true presentment make in what manner Marilyn Reese Sheppard, whose body was at the Coroner's Office on the 4th day of July, 19 54 came to her death; the said Marilyn Reese Sheppard was married, ~~singly, widowed, divorced~~, about 31 years of age, a resident of Bay Village, Ohio and a native of America, had hazel eyes, brown hair and -- beard, and -- mustache, medium complexion, and was about 5 feet 7 inches in height, 125# weight and was a housewife by occupation, with the following marks and wounds upon her body:

SEE OTHER SIDE FOR MARKS

Upon full inquiry based on all the known facts, I find that the said Marilyn Reese Sheppard came to her death officially on the 4th day of July, 19 54 at or near 28924 Westlake Road, Bay Village, Ohio, and was officially pronounced dead at 8:00 A. M., July 4th, 1954 by me, S. R. Gerber, M. D. Coroner, following my arrival at the scene. The said Marilyn Sheppard was found lying on the bed in the 2nd floor bedroom, located in the northwest side of the house. Her head was about one third down from the head of the bed. The legs of the deceased extended over the end of the bed and hung downward to the floor. The chest was partially covered with a pajama jacket and the right leg of the pajama pants was on the right leg and the left leg of the pajama pants was not on the left leg, but was lying alongside the right leg. The top of the pajamas were below the rim of the pelvis. The bed clothes were partially over the lower part of the body and on the floor. The anterior chest and abdomen were uncovered. The head and face was covered with blood and there were multiple wounds in the area of the forehead, the head and the face. There were multiple wounds on the hands and the finger-nail on the left fourth finger was torn loose. The bed sheet was covered with blood beginning at the head and extending downward to the foot of the bed. The blood had soaked through on the mattress. The walls and doors of the room were splashed with blood. The pillow was at the head of the bed and had blood spots on both sides of the pillow slip.

Information was received from Dr. Samuel H. Sheppard, husband of the said Marilyn Sheppard that he thought he had heard a noise in his wife's bedroom as if his wife was calling while he was sleeping on the day-bed on the first floor, and that he rushed upstairs and was rendered unconscious by being struck at the back of the head and was not able to "visualize" who had struck him and that when he regained consciousness he heard a noise downstairs, and that he went downstairs and saw "something going out the dorr leading to the porch on the lake side of the house". That he went after this "form or something" down the stairs to the beach where he was again struck and rendered unconscious. When he came to, he went back to the house and went up to his wife's bedroom and saw his wife on the bed. Later he called Mayor Spencer Houk of Bay Village, Ohio, by telephone and told him that "they have killed Marilyn and to come over". Mayor Spencer Houk arrived with Mrs. Houk and after seeing conditions in the house and in the bedroom, he notified the Bay Village Police.

The Bay Village Police, after arrival at the scene and after preliminary investigation, notified the Coroner's Office, and also sought aid from the Cleveland Police Department. Shortly after the arrival of the Mayor, and the Bay Village Police, Dr. Samuel H. Sheppard's brothers, namely; Dr. Richard N. Sheppard and Dr. Stephen A. Sheppard arrived and removed Dr. Samuel H. Sheppard to Bay View Hospital, a hospital operated and controlled by the Sheppard family of physicians, consisting of Dr. Richard A. Sheppard; Dr. Richard N. Sheppard; Dr. Stephen A. Sheppard and Dr. Samuel H. Sheppard.

Upon my arrival at the scene, at about 7:50 A. M., July 4th, 1954, and after officially pronouncing the said Marilyn Sheppard dead, the body of Marilyn Sheppard was conveyed by the Pease Ambulance Service to the Coroner's Office, Laboratories and Morgue.

Upon investigation by Detectives Robert Schottke and Patrick A. Gareau of the Cleveland Police Department, and Detective Grabowski of the Criminal Investigation Unit of the Cleveland Police Department and by the members of the Bay Village Police Department, then further investigation by Deputy Sheriffs Rossbach and Yettra, and further investigation by other members of the Cleveland Detective Bureau, it was found that the apparent appearances and signs of burglary and robbery were not probable or possible, and that these conditions were arranged by the person who had beaten the said Marilyn Sheppard to death.

Doctor Samuel H. Sheppard was given opportunities to state "what he knew about the death of Marilyn Sheppard". At no time did he cooperate fully but gave his information unwillingly. He also called in two attorneys sometime on July 4th and 5th, 1954. These attorneys were continuously present for advice to Dr. Samuel H. Sheppard.

I found it necessary to hold a Coroner's Inquest in order to obtain information in regard to the death of Marilyn Sheppard. The following persons were called as witnesses: J. Spencer Houk; Esther Houk; Lawrence Houk; Fred F. Drenkhan; John P. Eaton; Jay H. Hubach; Nancy Ahern; Don J. Ahern; Dr. Samuel H. Sheppard; Ronald L. Callihan; Dr. Stephen A. Sheppard; Dr. Richard N. Sheppard; Dorothy Sheppard; Betty Sheppard; Richard Sommer; Richard A. Lease; Thomas S. Reese; Dr. Richard Hexter; Ethel Sheppard; Dr. Richard A. Sheppard; Samuel Reese (Chip) Sheppard and Jervase Charles Flick. The Inquest was held in Normandy School, Bay Village, Ohio commencing July 22nd, 1954 and the testimony which was given can be found in the proceedings of the Inquest.

From the information obtained from my own inquiry; from the members of the Cleveland Detective Bureau; members of Bay Village Police Department and from sundry witnesses, I find that it is impossible to believe the explanation in regard to the death of Marilyn Sheppard as told by her husband Dr. Samuel H. Sheppard.

An autopsy was performed on the body of the said Marilyn Sheppard at the Coroner's Laboratories on July 4th, 1954 at 12:30 P. M. I find that the said Marilyn Sheppard came to her death as the result of "multiple impacts to head and face with comminuted fractures of skull and separation of frontal suture, bilateral subdural hemorrhages, diffuse bilateral subarachnoid hemorrhages, and contusions of the brain". I further find that the injuries that caused this death were inflicted by her husband Dr. Samuel H. Sheppard and that death in this case was homicidal in nature.

**CAUSE OF DEATH:--Multiple impacts to head and face with comminuted fractures of skull and separation of frontal suture, bilateral subdural hemorrhages, diffuse bilateral subarachnoid hemorrhages, and contusions of brain. HOMICIDE BY ASSAULT.**

Marilyn Reese Sheppard  
(Name of Deceased)

J. P. Gustin M. D.  
Coroner

CASE NO. 76629

MARKS

There is a contused abraded laceration measuring  $1 \times \frac{1}{2}$ " in the left frontal region, centered  $2\frac{1}{2}$ " from the midline. It extends from the supra-orbital margin cephalad. The injury extends down to the underlying bone.

There is a contused crescentic laceration measuring  $1 \times \frac{1}{2}$ " in the left frontal region, centered 2" from the midline. The lowermost point of the laceration is located  $1\frac{1}{4}$ " above the supra-orbital margin. The laceration extends down to the underlying bone.

There is a contused gaping laceration measuring  $1\frac{1}{2} \times \frac{3}{8}$ " in the left frontal region, centered 1" from the midline. It extends from the supra-orbital ridge cephalad. The underlying bone is visible in the depths of the wound.

There is a linear laceration measuring  $2 \times \frac{1}{4}$ " in the midfrontal region. The injury originates at the glabella and extends cephalad. The laceration extends through the soft tissues to the underlying bone.

There is a ragged crescentic laceration measuring  $\frac{1}{2} \times \frac{1}{4}$ " in the right frontal region centered 1" from the midline and  $2\frac{1}{2}$ " above the supra-orbital ridge. The laceration is located immediately below the hair line. The edges of the laceration are abraded over a zone measuring up to  $\frac{1}{8}$ " in width. The laceration extends down to the underlying bone.

There is a contused laceration measuring  $1 \times \frac{1}{2}$ " in the right frontal region centered 2" from the midline and  $1\frac{1}{2}$ " above the supra-orbital ridge. The laceration runs from lateral and posterior medially and anteriorly. The laceration extends down to the underlying bone.

Minuted fractures of the frontal bone are visible and palpable in the depths of the lacerations described above.

There is a gaping contused elliptical laceration measuring  $1 \times \frac{1}{2}$ " in the right frontal region centered 2" above the right supra-orbital ridge and 3" from the midline. The underlying bone is exposed.

There is a ragged contused laceration measuring  $1 \times \frac{1}{4}$ " in the right parietal region, centered 4" from the midline and 4" from the right external auditory meatus. The laceration extends down to the underlying bone.

There is a ragged contused laceration measuring  $\frac{1}{2} \times \frac{1}{2}$ " in the right occiput, centered  $3\frac{1}{4}$ " from the midline and 5" from the right external auditory meatus. The laceration extends only partially through the scalp.

There is a ragged contused laceration measuring  $1\frac{1}{2} \times \frac{1}{4}$ " in the mid-fronto-parietal region centered 3" above the glabella. The posterior aspect of the wound forks to produce a Y each of whose arms measures  $\frac{1}{2}$ ".

There is a ragged contused laceration in the left parietal region measuring 2" in length. The wound extends from the midline to the left, originating at a point  $6\frac{1}{2}$ " from the left auditory meatus.

MARKS con't.

There is a ragged cruciate contused laceration measuring  $1\frac{1}{2} \times 1$ " in the left temporal region centered  $3$ " from the left lateral canthus and  $4\frac{1}{2}$ " from the left external auditory meatus. The laceration extends down to the underlying bone. Fractures are visible and palpable in the depths of the laceration.

There is a ragged contused laceration measuring  $2\frac{1}{2} \times 1\frac{1}{2}$ " in the left parietal region centered  $3$ " from the midline and  $4\frac{1}{2}$ " from the left external auditory meatus. The injury extends from anterior and lateral posteriorly and medially. The anterior aspect of the injury is separated from the preceding injury (#12) by a bridge of skin which measures from  $\frac{1}{2}$  to  $\frac{3}{4}$ ".

There is a contused crescentic laceration measuring  $2\frac{1}{2} \times 1$ " in the left parietal region centered  $3\frac{1}{2}$ " from the midline and  $5\frac{1}{2}$ " from the left external auditory meatus. It is separated from the preceding injury (#13) by a bridge of skin measuring  $\frac{1}{2}$ " in width. The bridge of skin separates

There is a ragged crescentic laceration in the left parietal region centered  $3$ " from the midline and  $6$ " from the left external auditory meatus. The laceration measures  $1\frac{1}{2} \times \frac{1}{2}$ " and is separated from the preceding injury (#14) by a bridge of skin measuring up to  $\frac{1}{2}$ " in width. The underlying bone is exposed.

There is a laceration measuring  $5/16 \times 1/8$ " in the right pre-auricular region over the temporo-mandibular joint. It is centered  $1\frac{3}{4}$ " from the right external auditory meatus.

The right upper and lower eyelids are swollen and discolored a dark purplish brown.

There is an area of crusted abrasion in the mid-right upper lid measuring  $\frac{1}{4} \times \frac{1}{2}$ ".

There is an area of crusted abrasion measuring  $\frac{1}{4} \times \frac{1}{2}$ " in the mid-right lower lid.

There is swelling and purple-brown discoloration of the left upper and lower eyelids. The discoloration and swelling are less marked than on the right.

There is a fracture of the nasal bone with crepitus on manipulation.

There is a contused abrasion measuring  $\frac{1}{4} \times 1/8$ " over the bridge of the nose with the long axis of the abrasion following the long axis of the nose.

There is a contused abrasion measuring  $1 \times \frac{1}{2}$ " on the left mid-infra-orbital margin.

There is a crusted abrasion measuring  $1 \times \frac{1}{2}$ " on the buccal surface of the mucosa of the lower lip.

There is a complete fracture of the upper right medial incisor at the junction of the proximal and middle third of the tooth. The fracture is recent and the fractured surface is sharp. The distal fragment of the tooth is not present within the mouth.

There is a chip defect on the occlusal-frontal surface of the upper left medial incisor. The defect measures  $3/16 \times 1/8$ ", and the edges are sharp.

There is an area of purple brown contusion measuring  $2$ " in diameter over the superior aspect of the right shoulder. The discoloration is faint.

There is a contused abrasion measuring  $\frac{1}{2}$ " over the right radius centered  $7\frac{1}{4}$ " proximal to the tip of the right thumb.

There is an area of contused abrasion measuring  $2 \times 3/4$ " on the lateral aspect of the dorsum of the right wrist.

There is a dried abrasion measuring  $3/4 \times \frac{1}{2}$ " over the base of the right thumb on the palmar aspect.

There is an abrasion measuring  $\frac{1}{2} \times \frac{1}{4}$ " over the dorsum of the proximal phalanx of the right index finger immediately distal to the metacarpo-phalangeal joint.

There is an area of crusted abrasion measuring  $\frac{1}{4} \times 1/8$ " over the metacarpo-phalangeal joint.

There is hyper-mobility and crepitus on the right 5th finger at the metacarpo-phalangeal joint.

There is a contused abrasion measuring  $1\frac{1}{2} \times \frac{1}{4}$ " over the left ulna centered  $10$ " proximal to the tip of the left middle finger.

There is partial avulsion of the fingernail of the left 4th finger with the root of the nail exposed.