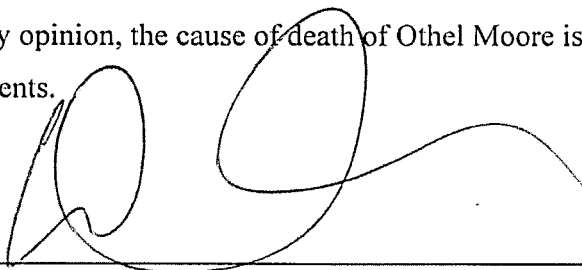


FINAL DIAGNOSES
OF THE REMAINS OF:
OTHEL MOORE

- I. Investigation by the Missouri Department of Corrections reports that the decedent, Othel Moore, was found unresponsive in the “dry” cell he had been placed in, while in a WRAP restraint device after a Use of Force that included deployment of pepper spray. There was no cellmate. Initial investigative report relayed that he only complained that he was allergic to eggs and that the pepper spray had gotten into his mouth. The investigator’s report is on file.
- II. Minor injuries consistent with restraint.
- III. Vomitus on face and in airway.
- IV. Rare facial petechiae.
- V. Toxicology positive for venlafaxine, its metabolite, and ethanol (see attached Toxicology Report).

OPINION:

In my opinion, the cause of death of Othel Moore is positional asphyxia with aspiration of gastric contents.



Deirdre Amaro, M.D.

May 20, 2024

POSTMORTEM EXAMINATION
OF THE REMAINS OF:
OTHEL MOORE

A postmortem examination is performed at the Boone/Callaway County Medical Examiner's Office on December 11, 2023 on the remains of an adult male identified as Othel Moore. The autopsy is performed under the authority of state law and is requested by the Cole County Medical Examiner and the Missouri Department of Corrections. The examination is conducted by Deirdre Amaro, M.D., Forensic Pathologist, and assisted by John DeBrodie and Amy Black, Forensic Technicians of the Medical Examiner's Office. The examination is begun at 09:10 A.M. When first viewed, the body is clothed in underwear.

EVIDENCE OF MEDICAL INTERVENTION:

1. Endotracheal tube
2. Bilateral thoracostomies, without tubes
3. EKG and defibrillator pads
4. Intravascular catheter, right antecubital fossa
5. Intraosseous catheter, right shoulder

EVIDENCE OF INJURY:

1. Faint mauve contusions, consistent with restraint, are present at the bilateral wrists.
2. A faint 5 x 2 cm mauve contusion is on the anterior left ankle.
3. Indistinct mauve contusion with punctate red-brown abrasion is on the anteromedial left knee.
4. A pair of small red-brown abrasions is on the center chest (attributable to resuscitative attempts).

EXTERNAL EXAMINATION:

GENERAL: The remains are those of a well-developed, well-nourished adult male with abdominal obesity whose appearance is consistent with the given age of 38 years. The length of the body from the bottoms of the feet to the top of the head is 6 feet, 2 inches. The weight is 242 pounds, with a calculated body mass index of 31.1 kg/m². Rigor mortis is present. Livor mortis extends across the posterior surfaces of the body, except in areas exposed to pressure. There is no decomposition.

HEAD: The head hair black-gray. Dark brown-gray facial hair is present. The ears are normally configured and free of drainage. The eyes are normally set, and the corneas are clear. The irises appear brown. The pupils are round. The sclerae are anicteric. Rare petechiae are noted within the right lower palpebral conjunctivae. Otherwise, the conjunctivae are translucent, and no petechiae are identified in the bulbar conjunctivae, facial skin, or oral mucosa. The nose is intact, and the nares are unobstructed. The dentition is natural and in adequate condition. The frena are intact and not contused.

NECK: The neck is normally formed and symmetric.

CHEST AND ABDOMEN: The chest is normally formed and symmetric, without palpable masses. The abdomen is soft and obese, without palpable masses.

EXTERNAL GENITALIA: The external genitalia are those of a normal adult male with both testes palpable in the scrotum.

BACK: The spine is normal to palpation. The surface of the back is free of lesions. The anus is atraumatic.

EXTREMITIES: The arms are normally formed and symmetric, without the absence of digits. Striae are on the proximal anterior upper arms. Acute puncture sites not attributable to medical intervention, ventral wrist scars, and track marks are not identified. The legs are normally formed and free of amputations, edema, and deformity. The toenails are thickened and trimmed irregularly.

BODY MARKINGS (SCARS AND TATTOOS):

1. Scar—Anterolateral right knee, linear and obliquely oriented, coarse, 1 cm.
2. Scar—Mid anterior right lower leg, circular, 1.5 x 1.5 cm.
3. Tattoos—Upper right chest/shoulder, monochromatic, including name motif.
4. Tattoos—Lateral right neck, monochromatic, including symbol motif.
5. Tattoo—Posterior neck, monochromatic, script motif.
6. Tattoos—Lateral left neck, monochromatic, including names motif.
7. Tattoo—Left chest, monochromatic, face motif.
8. Tattoo—Upper left chest/shoulder, monochromatic, including “my gangsta”.
9. Tattoos—Left upper arm, monochromatic, including flower motif.
10. Tattoos—Left forearm/dorsal hand, monochromatic, including “x-rated”.
11. Tattoos—Right upper arm, monochromatic, including angel motif.
12. Tattoos—Right forearm/dorsal hand, monochromatic, including cross motif.
13. Tattoo—Lower right chest, monochromatic, flower motif.
14. Tattoo—Left flank, monochromatic, paper with names motif.
15. Tattoo—Right lateral chest, monochromatic, “Fatty”.
16. Tattoo—Upper back, monochromatic, banner/shield motif.
17. Tattoos—Right mid back, monochromatic, including flower motif.

INTERNAL EXAMINATION:

BODY CAVITIES: The thoracic and abdominal organs are in their normal relations. The pericardial sac is midline and contains 10 mL of red-tinged fluid. Approximately 20 mL of red-tinged fluid is within each chest cavity. The diaphragmatic leaflets are intact and normally situated. The serosal surfaces are smooth, intact, and glistening.

NECK: Layered anterior neck dissection is performed. There are no hemorrhages or other abnormalities of the soft tissues of the neck, larynx, trachea, or cervical vertebral column. The hyoid bone and cartilaginous structures of the larynx and trachea are normally formed and without fracture. The trachea is unobstructed but contains partially digested food material. There are no subcapsular hemorrhages of the thyroid gland.

CARDIOVASCULAR: The heart weighs 420 grams and has a globose shape with right ventricular dilatation. The coronary arteries have a right dominant distribution, and the origins and paths of the

coronary arteries are normal. The major epicardial arteries are widely patent. The left ventricular posterior wall thickness is 1 centimeter. The interventricular septal thickness is 1 centimeter. The right ventricular wall thickness is 0.3 centimeters. The valve circumferences are: tricuspid 11.1 centimeters; pulmonic 8.9 centimeters; mitral 11.8 centimeters; and aortic 8 centimeters. The valves are unremarkable. The foramen ovale is closed. There are no atrial/ventricular septal defects. There are no thrombi within the chambers. There are no abnormalities of the papillary muscles or chordae tendineae, and the myocardium is red-brown. There are no thrombi within the pulmonary artery. The aorta and its major branches display mild atherosclerosis. The great veins are unremarkable.

RESPIRATORY: The right and left lungs weigh 650 grams and 500 grams, respectively. There is no anthracosis. There are no thrombi/emboli within the pulmonary arteries. The bronchi and bronchioles are unremarkable save for the presence of scant partially digested food material. The pulmonary arteries and their major branches are unremarkable. The parenchyma is red-purple with moderate edema and congestion. There are no cystic lesions, nodules, or distinct consolidations.

LIVER, COMMON BILE DUCT, GALL BLADDER AND PANCREAS: The liver weighs 1550 grams. The capsule is smooth and glistening. The parenchyma is soft and brown-red. No hemorrhages, nodules, or focal lesions are identified. The gallbladder contains approximately 5 mL of bile; no stones are identified. The pancreas is unremarkable.

GASTROINTESTINAL: The esophagus is unremarkable; no varices are identified. The stomach contains 400 mL of partially digested food material including probable eggs and potato. No pill fragments are identified. The gastric and proximal duodenal mucosae are unremarkable. The remaining portions of the small intestine and colon are unremarkable to palpation and inspection; the colon is opened, revealing soft stool but no foreign material. The appendix is identified.

GENITOURINARY: The right and left kidneys weigh 150 grams, each. The capsules strip with ease to reveal firm smooth red-brown subcapsular surfaces. The cortices and medullae are distinct and unremarkable. There are no abnormalities of the papillae, calyceal systems, pelvises, or ureters. The urinary bladder contains 120 mL of urine; the mucosa is unremarkable. The prostate gland is unremarkable. The intrascrotal testes are free of hemorrhage.

ENDOCRINE: Each adrenal gland has an unremarkable yellow cortex and gray medulla. The thyroid gland is red-brown and firm. The pituitary gland is unremarkable.

SPLEEN: The spleen weighs 50 grams. The capsule is wrinkled and intact over soft mauve parenchyma. The white pulp is grossly indiscernible.

LYMPHATIC: No lymphadenopathy is identified.

MUSCULOSKELETAL: There are no apparent abnormalities of the axial or appendicular skeletal systems or musculature.

HEAD: There are no fractures of the skull. There is no epidural, subdural, or subarachnoid hemorrhage. The brain weighs 1500 grams. The leptomeninges are translucent. The cranial nerves are unremarkable. The vessels at the base of the brain are widely patent. The cerebral hemispheres are symmetric, and there are no cortical lesions. The ventricles are not dilated. The deep gray matter is symmetric. There is symmetric mild fullness of the unci, and the cerebellar tonsils are moderately grooved. Sections of the cerebral hemispheres, brainstem, and cerebellum are unremarkable. All structures appear normal in size and shape.

HISTOLOGIC EXAMINATIONS:

HEART: Myocyte hypertrophy; scattered myofibers with basophilic degeneration; pathologic inflammatory infiltrate not identified.

LUNGS: Emphysematous changes; vascular congestion; bronchi with prominent basement membranes and intraluminal sloughed epithelium admixed with vegetable and clumps of bacteria without associated acute inflammatory infiltrate; scattered intra-alveolar macrophages; scattered intra-alveolar squames; occasional intra-alveolar clumps of microorganisms morphologically consistent with bacteria, without associated acute inflammatory infiltrate; intra-alveolar edema; scattered intravascular vegetable matter interpreted as artifact.

KIDNEY: Autolysis; mild tubular atrophy; arteriosclerosis.

PANCREAS: Autolysis.

LIVER: Scattered glycogenated nuclei; mild mixed periportal inflammatory infiltrate; minimal steatosis.

ANCILLARY EXAMINATIONS:

MICROSCOPIC: Representative sections of all organs are retained in formalin for two years for possible further study.

RADIOGRAPHS: Not performed.

MOLECULAR/GENETIC: FFPE blocks of heart tissue and a purple top of blood obtained at the time of autopsy sent to the Mayo Clinic Medical Laboratories for SUDC panel; however, the specimen was rejected for analysis.

TOXICOLOGY: Samples of peripheral blood, urine, vitreous fluid, and liver are obtained from the body at the time of the autopsy and submitted to the NMS Forensic Toxicology Laboratory.

