

**BOARD OF MEDICOLEGAL INVESTIGATIONS  
OFFICE OF THE CHIEF MEDICAL EXAMINER**

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By \_\_\_\_\_

Date \_\_\_\_\_

**REPORT OF INVESTIGATION BY MEDICAL EXAMINER**

DECEDENT First-Middle-Last Names (Please avoid use of initials) CHARLES WARNER	Age 47	Birth Date 7/20/1967	Race BLACK	Sex M
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HOME ADDRESS - No. - Street, City, State  
CORNER OF WEST AND STONEWALL, MCALESTER, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) AGENT KATHY MORDECAI @ DEPARTMENT OF CORRECTIONS	DATE 1/15/2015	TIME 20:45
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INJURED OR BECAME ILL AT (ADDRESS) OKLAHOMA STATE PENITENTIARY	CITY MCALESTER	COUNTY PITTSBURG	TYPE OF PREMISES PENITENTIARY	DATE 1/15/2015	TIME Unknown
LOCATION OF DEATH OKLAHOMA STATE PENITENTIARY	CITY MCALESTER	COUNTY PITTSBURG	TYPE OF PREMISES PENITENTIARY	DATE 1/15/2015	TIME 19:28
BODY VIEWED BY MEDICAL EXAMINER 1115 WEST 17TH STREET	CITY TULSA	COUNTY TULSA	TYPE OF PREMISES MORGUE	DATE 1/16/2015	TIME 11:02

IF MOTOR VEHICLE ACCIDENT:  DRIVER  PASSENGER  PEDESTRIAN

TYPE OF VEHICLE:  AUTOMOBILE  LIGHT TRUCK  HEAVY TRUCK  BICYCLE  MOTORCYCLE  OTHER: \_\_\_\_\_

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATION	BLOOD	NOSE	MOUTH	EARS
				OTHER			
EXTERNAL PHYSICAL EXAMINATION	Jaw <input checked="" type="checkbox"/> Complete <input checked="" type="checkbox"/> Neck <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Arms <input checked="" type="checkbox"/> Passing <input type="checkbox"/> Legs <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Decomposed <input type="checkbox"/>	Color <u>PURPLE</u> Lateral <input type="checkbox"/> Posterior <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Regional _____	Beard <u>GREY</u> Hair <u>GREY</u> Eyes: Color <u>BROWN</u> Mustache <u>GREY</u> Opacities _____ Pupils: R <u>4MM</u> L <u>4MM</u> Body Length <u>67 INCHES</u> Body Weight <u>186 LBS</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Significant observations and injury documentations - (Please use space below)

\*\*\* SEE AUTOPSY PROTOCOL \*\*\*

Probable Cause of Death:

**JUDICIAL EXECUTION BY LETHAL INJECTION**

Other Significant Medical Conditions:

Manner of Death:

Natural  Accident   
Suicide  Homicide   
Unknown  Pending

Case disposition:

Autopsy YES  
Authorized by JOSHUA LANTER M.D.  
Pathologist JOSHUA LANTER M.D.  
Not a medical examiner case

**MEDICAL EXAMINER:**

Name, Address and Telephone No.

JOSHUA LANTER M.D.

1115 W. 17TH

TULSA, OK 74107

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.

  
Signature of Medical Examiner

JOSHUA LANTER M.D.

Computer generated report

**1500255**

Date Signed

1/16/2015

Date Generated



Board of Medicolegal Investigations  
**Office of the Chief Medical Examiner**  
1115 West 17<sup>th</sup> Street  
Tulsa, Oklahoma 74107-1800  
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918-585-1549 Fax

<b>CERTIFICATION</b> I hereby certify that this document is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal. By _____ Date _____
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## REPORT OF AUTOPSY

<b>Decedent</b> CHARLES WARNER	<b>Age</b> 47	<b>Birth Date</b> 7/20/1967	<b>Race</b> BL	<b>Sex</b> M	<b>Case No</b> 1500255
<b>Type of Death</b> WHILE IN PENAL INCARCERATION	<b>ID By</b> VISUAL RECOGNITION		<b>Authority for Autopsy</b> JOSHUA LANTER, M.D.		
<b>Present at Autopsy</b> GARRETT ROSSER, KYLA JORGENSON, APRIL SHELTON, JOSHUA LANTER, M.D.					

### PATHOLOGIC DIAGNOSES

- I. Judicial execution by lethal injection
  - A. Execution protocol medications included midazolam, rocuronium bromide, and potassium chloride
  - B. Intravenous access with attached intravenous apparatuses/catheters of right antecubital fossa and left posterior hand
  - C. Two recent needle puncture marks of right posterior hand
  
- II. Cardiovascular system
  - A. Cardiomegaly (480 grams) with concentric left ventricular hypertrophy; consistent with hypertensive cardiomyopathy
  - B. Myocardial bridging involving left anterior descending coronary artery

**CAUSE OF DEATH:** JUDICIAL EXECUTION BY LETHAL INJECTION

**MANNER OF DEATH:** HOMICIDE

The facts stated herein are true and correct to the best of my knowledge and belief.

OCME, Eastern Division

1/16/2015 11:02 AM

JOSHUA LANTER, M.D.

Forensic Pathologist

Location of Autopsy

Date and Time of Autopsy

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## MEDICOLEGAL INVESTIGATION

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**I. CIRCUMSTANCES OF DEATH:**

This 47 year old male (DOB: 7/20/1967) reportedly died secondary to a judicial execution.

**II. AUTHORIZATION:**

The postmortem examination is performed under the authorization of the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma.

**III. IDENTIFICATION:**

The body is identified by Agent Kathy Mordecai. Digital photographs and radiographs of the deceased are taken.

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## POSTMORTEM EXAMINATION

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**I. CIRCUMSTANCES OF THE EXAMINATION:**

The postmortem examination of Charles Warner is performed at the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma, on 1/16/2015 commencing at 1102 hours. Assisting in the examination are Garrett Rosser, Kyla Jorgenson and April Shelton.

**II. CLOTHING AND PERSONAL EFFECTS:**

Worn on body includes a gray shirt, gray pants, gray boxer shorts and black shoes. Written on the back of the pants over the left buttock is "LB". Submitted with the body includes:

1. 3 empty 60 mL syringes labelled "60 mL Heparin\saline" and "3B", "250 mg Midazolam" and "2B", "250 mg Midazolam" and "1B".
2. 3 empty 60 mL syringes with attached white tape labelled "120 mEq Potassium Chloride" and "7B", "120 mEq Potassium Chloride" and "8B", "60 mL Heparin\saline" and "9B".
3. 3 empty 60 mL syringes labelled "50mg Rocuronium Bromide" and "4B", "50 mg Rocuronium Bromide" and "5B", "60 mL Heparin\saline" and "6B".
4. Fluid bag with attached intravenous apparatus labelled "0.9% Sodium Chloride Injection USP 1000 mL" with approximately 500 mL of liquid within bag.
5. Fluid bag with attached intravenous apparatus labelled "0.9% Sodium Chloride Injection USP 1000mL" with approximately 500 mL of liquid within bag.
6. White box containing 12 empty vials labelled "20 mL single dose Potassium Acetate Injection, USP 40 mEq\2 mEq\mL", insert labelled "Heparin Lock Flush Solution, USP", pill bottle containing 2 empty vials labelled " Rocuronium Bromide Injection 100 mg\10 mL", 9 red vial caps, 1 yellow vial cap and 1 green vial cap.
7. Cardboard box containing 2 empty containers labelled "Midazolam Injection, USP 50 mg\10mL", 1 vial approximately ¾ full labelled "2% Lidocaine HCl Injection, USP 20 mg\mL" and "50 mL", "Midazolam Injection, USP" insert, infusion apparatus, empty 10

mL syringe, empty needle package labelled "B-D 18G Precision Glide needle", 20 empty vials labelled "Midazolam Injection, USP 50 mg\10 mL", 10 mL vial, 17 vial caps.

8. White sheets x2

\*Note: All medication vials and fluid bags are sent to the toxicology laboratory at the Office of the Chief Medical Examiner in Oklahoma City.

### **III. EXTERNAL EVIDENCE OF RECENT MEDICAL THERAPY:**

1. Intravenous apparatus with percutaneous catheter of left posterior hand
2. Intravenous apparatus with percutaneous catheter of right antecubital fossa
3. Bandage of right posterior hand
4. Cardiac monitor pads of chest

### **IV. COLLECTIONS:**

A scalp hair sample, facial hair sample, pubic hair sample, oral swab, rectal swab, fingernail swabs of left and right hands and a blood DNA card were procured and introduced as evidence. All items submitted with the body, with the exceptions of the medication vials and the fluid bags, were procured and introduced as evidence. The intravenous apparatuses and percutaneous catheters attached to the left posterior hand and right antecubital fossa were collected and introduced as evidence.

## **EXTERNAL EXAMINATION**

The body is received in a blue body bag. The body is that of an unembalmed, well developed, well-nourished male appearing consistent with the recorded age of 47 years. The body weight is measured at 186 pounds. The body length is measured at 67 inches. The state of preservation is good in this unembalmed body. Rigor mortis is moderately advanced in the arms, legs, and jaw. Lividity is noted in the posterior arms, legs, and back, is purple in color and blanches. The chest and back are symmetrical with normal conformation. The neck is symmetrical and without masses or unusual mobility. Both upper and lower extremities are symmetrical throughout. The head, neck, and shoulders are not congested. There is no peripheral edema present. Personal hygiene is good. No unusual odor is detected as the body is examined. The hair is gray and worn to a short length. It represents the apparent natural color. There is facial hair composed of gray stubble. The body hair is of normal male distribution. The pupils are round, regular, equal, and somewhat dilated. The sclerae are normal in color. The orbital and periorbital tissues are unremarkable. The conjunctival surfaces are not remarkable. The irides are brown in color. Tache noire is noted of the right eye. No petechiae are identified within the eyes. The teeth are in a fair state of repair. The gums are normal in appearance. The oral cavity is normal. There are no injuries to the lip or tongue. The nose is symmetrical and the air passages are open. The external ears are normal in appearance and without injury. Examination of the skin reveals a small amount of clotted blood of the left groin (this is secondary to removal of a postmortem femoral blood specimen on 1/15/2015 at the OCME). Dried blood is noted of the right posterior hand adjacent to the previously described bandage. The male breasts are normal. Examination shows no significant external lymphadenopathy.

**INJURIES**

There are no acute injuries or fractures identified.

**EVIDENCE OF RECENT NEEDLE PUNCTURE MARKS**

There are two recent needle puncture marks of the right posterior hand with underlying subcutaneous hemorrhage.

Attached to the left posterior hand is an intravenous apparatus with a percutaneous catheter. Tape attached to the intravenous apparatus is labelled "A" in two separate locations. The catheter enters the skin of the left posterior hand and dissection shows the catheter penetrating the superficial subcutaneous tissues to terminate within a blood vessel. Focal hemorrhage is noted within the subcutaneous tissues surrounding this vessel.

Attached to the right antecubital fossa is an intravenous apparatus with a percutaneous catheter. Tape attached to the intravenous apparatus is labelled "B". The catheter enters the skin of the right antecubital fossa and dissection shows the catheter penetrating the superficial subcutaneous tissues to terminate within a blood vessel. Focal hemorrhage is noted within the subcutaneous tissues surrounding this vessel.

**BODY CAVITIES**

The body is opened through the customary "Y" shaped incision.

Subcutaneous fat is normally distributed, moist, and bright yellow. The musculature through the chest and abdomen is rubbery, maroon, and shows no gross abnormality.

The sternum is removed in the customary fashion. The organs of the chest and abdomen are in normal position and relationship. The diaphragms are intact bilaterally.

**PARIETAL PLEURA:**

Is smooth, glistening intact membrane without associated adhesions or abnormal effusions.

**PERICARDIUM:**

Is a smooth, glistening, intact membrane, and the pericardial cavity, itself, contains the normal amount of clear, straw-colored fluid.

**PERITONEUM:**

Is smooth, glistening membrane in both the abdominal and pelvic cavities. The peritoneal cavity contains no abnormal fluid or adhesions.

**HEART:**

The heart weighs 480 gm. It has a normal configuration and location and is enlarged. There are no adhesions between the parietal and visceral pericardium, and the latter is a smooth, glistening, fat laden characteristic membrane. There is myocardial bridging involving the left anterior descending coronary artery; this artery lies approximately 0.3 cm within the myocardium. The coronary arteries arise and distribute normally with no significant atherosclerosis. The coronary ostia are normally located and widely patent. The chambers and atrial appendages are unremarkable. The endocardium is a smooth, gray, glistening, translucent membrane uniformly. The myocardium is intact, rubbery, and red-tan, with the left ventricular free wall myocardium measuring 1.8 cm, the septal myocardium measuring 1.8 cm and the right ventricular myocardium measuring 0.3 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The aorta (arch, thoracic and abdominal) and its major branches are unremarkable. The vena cava and major tributaries are widely patent.

**NECK ORGANS:**

Musculature is normal, rubbery, maroon, and the organs are freely movable in a midline position. The tongue is intact and normally papillated, without evidence of tumor or hemorrhage. The hyoid bone is intact. The cartilaginous structures forming the larynx are intact and without abnormality. The thyroid gland is symmetric, rubbery, light tan to maroon, and in its normal position without evidence of neoplasm. The epiglottis is a characteristic plate-like structure which shows no evidence of edema, trauma, or other gross pathology. The larynx is comprised of unremarkable vocal cords and folds, is widely patent without foreign material, and is lined by a smooth, glistening membrane. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

**THYMUS:**

No significant tissue is identified grossly.

**LUNGS:**

The right lung weighs 550 gm, and the left weighs 550 gm. Visceral pleurae are smooth, glistening, and intact with minimal anthracosis and no bleb formation. The overall configuration is normal. The trachea is widely patent and lined by characteristic pink membrane. Likewise, the major bronchi and bronchioles bilaterally are patent, normally formed, and contain no significant occlusive material. The pulmonary arterial tree is free of emboli or thrombi. The parenchyma is congested and edematous, varies from pink-tan to dark purple, and exudes moderate amounts of blood and clear, frothy fluid from its cut surfaces. There is no evidence of consolidation, granulomatous, or neoplastic disease. Hilar lymph nodes are within normal limits with relation to size, color, and consistency.

**G.I. TRACT:**

The esophagus shows an unremarkable mucosa, a patent lumen, and no evidence of gross pathology. The esophagogastric junction is unremarkable. The stomach is of normal configuration, is lined by a smooth, glistening, intact mucosa, has an unremarkable wall and serosa, and contains approximately 60 mL of brown homogenate which has passed to the duodenum. The duodenum, itself, is patent, shows an unremarkable mucosa and no evidence of acute or chronic ulceration. Jejunum and ileum are unremarkable and contain soft brown fecal material. There is no Meckel's diverticulum. The ileocecal valve is intact and unremarkable. The appendix is identified. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula. Anus and rectum are unremarkable.

**LIVER:**

The liver weighs 1660 gm. It is of normal configuration, rubbery, tan, and intact. Cut surface shows no pathology.

**GALLBLADDER:**

The gallbladder lies in its usual position, contains liquid bile, no calculi, and shows a normal mucosa. The biliary tree is intact and patent without evidence of neoplasm or calculi.

**PANCREAS:**

The pancreas lies in its normal position, shows a normal configuration, is pink-tan and characteristically lobulated with no apparent gross pathology.

**SPLEEN:**

The spleen weighs 170 gm. The capsule is intact. The organ is rubbery, maroon, and shows characteristic follicular pattern.

**ADRENALS:**

The adrenals lie in their usual location, show yellow cortices and tan to gray medullae.

**KIDNEYS:**

The right kidney weighs 190 gm and the left weighs 190 gm. Both are configured normally with no abnormality. The capsules strip with ease bilaterally and the subcapsular surfaces are smooth. Sections show the organs to be moderately congested with unremarkable cortices, medullae, calyces and pelves. Ureters and blood vessels are patent and unremarkable.

**URINARY BLADDER:**

The urinary bladder contains approximately 50 mL urine. Its serosa and mucosa are unremarkable.

**MALE GENITALIA:**

The prostate is symmetric, rubbery, gray-tan, and of normal size. The seminal vesicles are unremarkable. The prostatic urethra is unremarkable. The testes are bilaterally present and show no evidence of tumor, trauma, or inflammation. The investing membranes are unremarkable as is the epididymis.

**BRAIN AND MENINGES:**

The scalp is opened through the customary intermastoid incision and shows no trauma. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The brain weighs 1380 gm. Dura and leptomeninges are unremarkable without evidence of trauma. Cranial nerves and circle of Willis arise and distribute normally and show no significant pathology. Externally the brain is normally configured and symmetric, and multiple serial sections of cerebral hemispheres, midbrain, pons, medulla, and cerebellum show no gross pathological change apart from moderate congestion. The ventricular system appears slightly dilated; otherwise is also symmetric and unremarkable. The base of the skull is intact without osseous abnormality.

**RIBS:**

Intact.

**PELVIS:**

Intact.

**VERTEBRAE:**

Intact.

**BONE MARROW:**

Moist and dark red. Unremarkable.

## TOXICOLOGY

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See attached report.

## MICROSCOPIC EXAMINATION

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### Heart:

Sections of the left and right ventricular walls are taken. Myocardial fibers appear viable without necrosis or inflammation. Hypertrophic changes to the myofibers are noted. Myocardial bridging is noted in a section.

### Lungs:

Sections of each lung are taken. Alveolar septae are mostly thin and delicate. There is congestion and edema. There is no significant alveolar, bronchiolar, or vascular acute inflammation. There are no antemortem thrombi.

### Liver:

A section shows changes suggestive of perivenular fibrosis. Congestion is also noted.

### Spleen:

A section shows no specific pathologic changes.

### Kidney:

A section shows no specific pathologic changes.

### Pancreas:

A section is autolyzed and otherwise shows no specific pathologic changes.

### Adrenal gland:

A section shows no specific pathologic changes.

### Brain:

A section shows no specific pathologic changes.

### Percutaneous puncture sites of right posterior hand (slide #1):

A section shows hemorrhage within the subcutaneous tissues.

### Percutaneous puncture site of left posterior hand (slide #2):

A section shows a focal area of hemorrhage within the subcutaneous tissue.

### Percutaneous puncture site of right antecubital fossa (slide #3):

A section shows a focal area of hemorrhage within the subcutaneous tissues.

## OPINION

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The cause of death is judicial execution by lethal injection. The manner of death is ruled a homicide.

**BOARD OF MEDICOLEGAL INVESTIGATIONS  
OFFICE OF THE CHIEF MEDICAL EXAMINER**

901 N.Stonewall  
Oklahoma City, Oklahoma 73117

**REPORT OF LABORATORY ANALYSIS**

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By \_\_\_\_\_

Date \_\_\_\_\_

ME CASE NUMBER: 1500255

LABORATORY NUMBER: 150267

DECEDENT'S NAME: CHARLES WARNER

DATE RECEIVED: 1/20/2015

MATERIAL SUBMITTED: BLOOD, VITREOUS, URINE, LIVER, BRAIN,  
GASTRIC, PHYSICAL EVIDENCE, BILE

HOLD STATUS: 5 YEARS

SUBMITTED BY: KYLA JORGENSON

MEDICAL EXAMINER: JOSHUA LANTER M.D.

**NOTES:** Duplicate of case 15-0241

**ETHYL ALCOHOL:**

Blood: NEGATIVE (Heart)

Vitreous:

Other:

**CARBON MONOXIDE**

Blood:

**TESTS PERFORMED:**

NO OTHER TESTS PERFORMED

**RESULTS:**

01/23/2015

DATE



Byron Curtis, Ph.D., F-ABFT, Chief Forensic Toxicologist

**BOARD OF MEDICOLEGAL INVESTIGATIONS  
OFFICE OF THE CHIEF MEDICAL EXAMINER**

901 N.Stonewall  
Oklahoma City, Oklahoma 73117

**REPORT OF LABORATORY ANALYSIS**

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By \_\_\_\_\_

Date \_\_\_\_\_

ME CASE NUMBER: 1500255

LABORATORY NUMBER: 150241

DECEDENT'S NAME: CHARLES WARNER

DATE RECEIVED: 1/16/2005

MATERIAL SUBMITTED: BLOOD

HOLD STATUS: 5 YEARS

SUBMITTED BY: KYLA JORGENSON

MEDICAL EXAMINER: JOSHUA LANTER M.D.

**NOTES:** Duplicate of case 15-0267

**ETHYL ALCOHOL:**

Blood: NEGATIVE (Femoral)

Vitreous:

Other:

**CARBON MONOXIDE**

Blood:

**TESTS PERFORMED:**

ALKALINE DRUG SCREEN - (Femoral Blood)

BENZODIAZEPINES BY LCMS - (Femoral Blood)

EIA - (Femoral Blood) - Amphetamine, Methamphetamine, Fentanyl, Cocaine, Opiates, PCP, Barbiturates, Benzodiazepines  
(The EIA panel does not detect Oxycodone, Methadone, Lorazepam or Clonazepam)

**RESULTS:**

MIDAZOLAM

3.2 mcg/mL - (Femoral Blood)

02/25/2015

DATE



Byron Curtis, Ph.D., F-ABFT, Chief Forensic Toxicologist