

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

OFFICE USE ONLY

Central Office
901 N. Stonewall
Oklahoma City, Oklahoma 73117
(405) 239-7141 Fax (405) 239-2430

Eastern Division
1115 West 17th
Tulsa, Oklahoma 74107
(918) 582-0985 Fax (918) 585-1549

Re _____ Co _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) RAVEN BYRD	Age 18 Month(s)	Birth Date 11/28/2004	Race WHITE	Sex F
---	--------------------	--------------------------	---------------	----------

HOME ADDRESS - No. - Street, City, State
24883 206TH AVENUE, CAMERON, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) LCOSO RICH	DATE 06/23/2006	TIME 04:30
---	--------------------	---------------

INJURED OR BECAME ILL AT (ADDRESS) 24883 206TH AVENUE	CITY CAMERON	COUNTY LEFLORE	TYPE OF PREMISES RESIDENCE	DATE 06/23/2006	TIME Unknown
--	-----------------	-------------------	-------------------------------	--------------------	-----------------

LOCATION OF DEATH 24883 206TH AVENUE	CITY CAMERON	COUNTY LEFLORE	TYPE OF PREMISES RESIDENCE	DATE 06/23/2006 FOUND	TIME 01:33 FOUND
---	-----------------	-------------------	-------------------------------	-----------------------------	------------------------

BODY VIEWED BY MEDICAL EXAMINER 82150 N. 425	CITY POTEAU	COUNTY LEFLORE	TYPE OF PREMISES FUNERAL HOME	DATE 06/23/2006	TIME 07:00
---	----------------	-------------------	----------------------------------	--------------------	---------------

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		NOSE	MOUTH	EARS
					BLOOD	OTHER	
EXTERNAL PHYSICAL EXAMINATION	Jaw <input type="checkbox"/> Complete <input type="checkbox"/> Neck <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Arms <input type="checkbox"/> Passing <input type="checkbox"/> Legs <input type="checkbox"/> Passed <input type="checkbox"/> Decomposed <input type="checkbox"/>	Color CHARRED Lateral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior <input type="checkbox"/> Regional _____	Beard _____ Hair _____ Eyes: Color _____ Mustache _____ Opacities _____ Pupils: R _____ L _____ Body Length _____ Body Weight _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Significant observations and injury documentations - (Please use space below)
SEVERELY BURNT BODY WITH MULTIPLE MISSING LIMBS- 1/2 OF FACE OF DEC'D IDENTIFIABLE

Probable Cause of Death:
SMOKE INHALATION AND THERMAL BURNS

Manner of Death:

Natural Accident
Suicide Homicide
Unknown Pending

Case disposition:

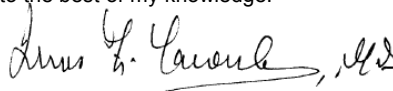
Autopsy Yes No
Authorized by _____
Pathologist INAS YACOUB M.D.
Not a medical examiner case

Other Significant Medical Conditions:

MEDICAL EXAMINER:
Name, Address and Telephone No.

INAS YACOUB M.D.
901 N. STONEWALL
OKLAHOMA CITY, OK 73117

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

INAS YACOUB M.D.

06/23/2006

Date

Computer generated report

0601359

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

901 N.Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

OFFICE USE ONLY

Re. _____ Co. _____

I hereby certify that this is a true
and correct copy of the original
document. Valid only when copy
bear im-print by the office seal.

By _____

Date _____

ME CASE NUMBER: 0601359

LABORATORY NUMBER: 062050

DECEDENT'S NAME: RAVEN BYRD

DATE RECEIVED: 06/27/2006

MATERIAL SUBMITTED: BLOOD

HOLD STATUS: 30 DAYS

SUBMITTED BY: SHERRY BEDFORD INVESTIGATOR

MEDICAL EXAMINER: SHERRY BEDFORD INVESTIGATOR

NOTES:

ETHYL ALCOHOL:

Blood:

Vitreous:

Other:

CARBON MONOXIDE

Blood: 67% COHb

TESTS PERFORMED:

NO OTHER TESTS PERFORMED

RESULTS:

10/11/2006

DATE

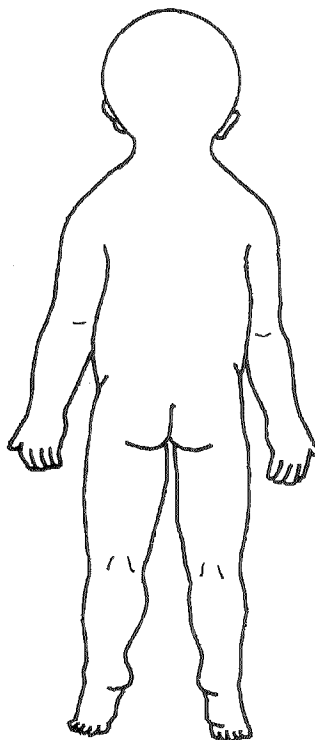
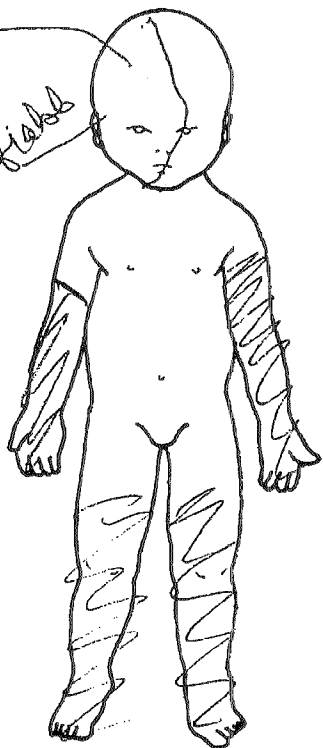


BYRON CURTIS, Ph.D., Deputy Chief Forensic Toxicologist

INFANT - VENTRAL, DORSAL, AND LEFT AND RIGHT LATERAL VIEWS

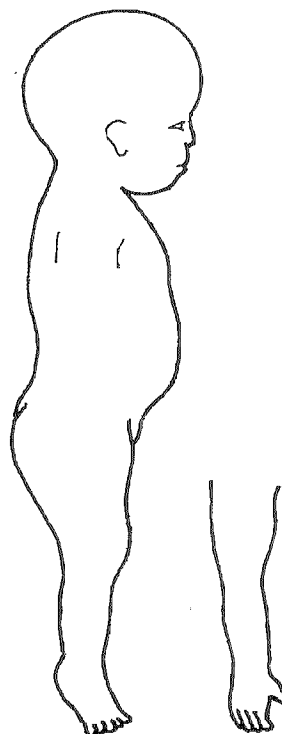
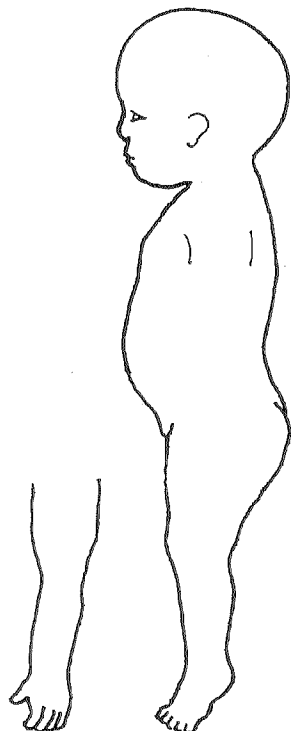
Blonde hair

still identifiable



Severely burnt part of limbs absent

absent limb portions



Name Raven Byrd

Case No. _____

CME-1B11 (Series 1978)

Date 6-23-06