

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

Central Office  
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**OFFICE USE ONLY**

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) BABY BOY TRAISTER	Age 0 Day(s)	Birth Date 8/3/2019	Race WHITE	Sex M
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HOME ADDRESS - No. - Street, City, State

[REDACTED]

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) [REDACTED] COMANCHE CO MEMORIAL HOSPITAL	DATE 8/3/2019	TIME 9:16
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INJURED OR BECAME ILL AT (ADDRESS)	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
COMANCHE COUNTY MEMORIAL HOSPITAL	LAWTON	COMANCHE	HOSPITAL	8/2/2019	Unknown
LOCATION OF DEATH	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
COMANCHE COUNTY MEMORIAL HOSPITAL	LAWTON	COMANCHE	HOSPITAL	8/3/2019	8:40
BODY VIEWED BY MEDICAL EXAMINER	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
921 NE 23RD STREET	OKLAHOMA CITY	OKLAHOMA	AUTOPSY SUITE	8/5/2019	14:30

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 type="checkbox"/> Arms <input checked="" type="checkbox"/> Passing <input type="checkbox"/> Legs <input checked="" type="checkbox"/> Passed <input checked="" type="checkbox"/> Decomposed <input type="checkbox"/>	Color <u>RED</u> Lateral <input type="checkbox"/> Posterior <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Regional _____	Beard _____ Hair <u>NONE</u> Eyes: Color <u>N/A</u> Mustache _____ Opacities <u>N/A; EYELIDS FUSED</u> Pupils: R _____ L _____ Body Length <u>29 CM</u> Body Weight <u>447 G</u>		<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)

BABY BOY DELIVERED AT 21 WEEKS AND 6 DAYS GESTATIONAL AGE; POSSIBLE PLACENTAL ABRUPTION. SEE AUTOPSY REPORT.

<p><i>Probable Cause of Death:</i></p> <p><b>INTRAUTERINE FETAL DEMISE</b></p> <p><i>Other significant conditions contributing to death (but not resulting in the underlying cause given)</i></p> <p><b>PRENATAL METHAMPHETAMINE EXPOSURE</b></p>	<p><i>Manner of Death:</i></p> <p>Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/> Not Assigned <input type="checkbox"/></p>	<p><i>Case disposition:</i></p> <p>Autopsy <u>YES</u> Authorized by <u>ASMA SHARIF M.D.</u> Pathologist <u>ASMA SHARIF M.D.</u> Not a medical examiner case <input type="checkbox"/></p>
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<p><b>MEDICAL EXAMINER:</b> Name, and Address:</p> <p>ASMA SHARIF M.D. 921 NE 23rd Street. Oklahoma City, ok 73105</p>	<p>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.</p> <p align="center">               Signature of Medical Examiner              Computer generated report         </p>	<p align="right">8/3/2019 Date Case Initiated</p> <p align="right">12/19/2019 Date Case Finalize</p>
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**CERTIFICATION**  
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 \_\_\_\_\_

## REPORT OF AUTOPSY

<b>Decedent</b> <b>BABY BOY TRAISTER</b>	<b>Age</b> <b>0 Day(s)</b>	<b>Birth Date</b> <b>8/3/2019</b>	<b>Race</b> <b>WH</b>	<b>Sex</b> <b>M</b>	<b>Case No</b> <b>1903781</b>
<b>Means</b> <b>TOXICITY</b>	<b>ID By</b> <b>NEXT OF KIN</b>		<b>Authority for Autopsy</b> <b>ASMA SHARIF, M.D.</b>		

**Present at Autopsy**  
**JASON SNIDER (PATHOLOGY TECHNICIAN)**

### FINDINGS

- I. Intrauterine fetal demise
  - A. Male fetus (447 g), 21 weeks and 6 days gestational age
  - B. Outside hospital surgical pathology report of the placenta, fetal membrane, and umbilical cord by Robbie Graham, M.D.
    - 1. Very large placenta for gestational age; three-vessel umbilical cord with mild acute inflammation; no significant acute chorioamnionitis; placental disc with prominent intraparenchymal hemorrhage
  - C. Outside hospital abdominal ultrasonographic finding of large echogenic mass along posterior gestational sac suggestive of blood clot
  - D. No gross anatomical abnormalities
  - E. No significant trauma
  - F. Early, mild changes of decomposition (maceration)
- II. Prenatal methamphetamine exposure
  - A. Methamphetamine = 0.31 mcg/g (liver)
  - B. Reported maternal history of methamphetamine use during pregnancy

### CONCLUSION

After review of the autopsy findings and available investigative information, it is my opinion that the decedent, Baby Boy Traister, a 21-week and 6-day-old male fetus, died as a result of intrauterine fetal demise. Prenatal methamphetamine exposure likely contributed to death. There is no evidence of significant trauma or congenital abnormalities that caused or contributed to death.

**CAUSE OF DEATH:            INTRAUTERINE FETAL DEMISE**

**OSC:                                PRENATAL METHAMPHETAMINE EXPOSURE**

**MANNER OF DEATH:        ACCIDENT**

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

ASMA SHARIF, M.D.

Pathologist

OCME Central Division    8/5/2019 2:30 PM

Location of Autopsy

Date and Time of Autopsy