

REPORT OF POST MORTEM EXAMINATION

AME2-88-92

Steven T. Hayne, M.D., F.C.A.P.
350 Crossgates Blvd., Brandon, MS 39042

Off: 601-825-1541
Res: 601-992-4583

Decedent Georgie Kemp Authorized by Don Harris, CMEI Lowndes Co

Type of Death Violent or Unnatural Unusual
 Unattended by Physician In prison
 Sudden in apparent health Suspicious

RIGOR Jaw Arms LIVOR
 Neck Chest Color purple
 Back Abdomen Anterior Posterior
 Legs Lateral
Regional fixed

Age 84 Race Cau Sex F Length 5'5.5" Weight 130 Eyes h2l Pupils RC
Hair gray Beard no Mustache no Circumcised no Body Heat absent LO
Opacities, _____

BODY IDENTIFIED BY: Don Harris * PERSONS PRESENT AT AUTOPS
* Prosector
* Jimmy Roberts, CMEI Rankin
Clothes: Nightgown/2 stockings * Two representatives from
* Columbus Police Department
Jewelry: Ring * Don Sumrall, MHP

Valuables: _____ *
Other: 3 hair clips *
Serology: 1 red blood/1 purple blood *
Toxicology: 2 gray blood/1 gray vitreous fluid *
Trace Evidence: RSVK IIII kit/R-L finger & palm prints/Photo

CAUSE OF DEATH: Stab wounds of left chest (two).
MANNER OF DEATH: Homicide.

1. GENERAL:

The post mortem examination is requested by Don Harris, Coroner Medical Examiner/Investigator of Lowndes County. The request for the post mortem examination is made in that the decedent, Georgie Kemp, died a violent death. The request for the post mortem examination is in compliance with the Coroners Reorganization Act of 1986.

The post mortem examination is conducted at the Rankin County Morgue in Pearl, Mississippi, at 1940 hours on 3 February 1992. The remains are identified as those of Georgie Kemp by Coroner

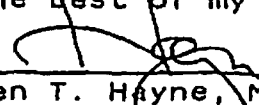
* Provisional Report
* Final Report
*

Facts stated herein are true and correct to the best of my knowledge and belief:

1940 hours, 3 February 1992

Time and Date

Rankin County Morgue
Pearl, Mississippi
Place of Autopsy


Steven T. Hayne, M.D., F.C.A.P.
Anatomic, Forensic & Clinical Pathology
Deputy Coroner, Rankin County
Designated Pathologist,
Mississippi State Medical Examiner's Office

Medical Examiner/Investigator Don Harris. Individuals present and attending the post mortem examination include the prosecutor, Jimmy Roberts, Coroner Medical Examiner/Investigator of Rankin County, two representatives of the Columbus Police Department, and Don Sumrall, Mississippi Highway Patrol.

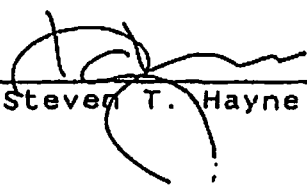
The decedent is a white female appearing the approximate recorded age of 84 years. Clothing, valuables, and jewelry include a nightgown, two stockings, and three hair clips. In addition, a ring is recovered and returned to the Columbus Police Department for transportation to the next of kin. The clothing is removed prior to the external and internal examinations.

The decedent is noted to measure 5'5 1/2" in height and have an approximate body weight of 130 lb. Well-developed rigor mortis is present and noted to involve the jaw, neck, back, legs, arms, chest, and abdomen. Fixed purple livor mortis is present over the posterior aspects of the remains. Body heat is absent.

2. EXTERNAL EXAMINATION:

A. Head and Neck: Examination of the scalp reveals the scalp to be covered with gray hair. The scalp is palpated, and a diffuse subgaleal contusion is appreciated. The eyes are hazel, the sclerae are clear, and the pupils are fixed bilaterally at 0.5 cm. Multiple contusions are identified over the bridge of the nose that measure up to 1 cm in single greatest dimension. Contusions are identified over the left inferior temple as well as the superior left midcheek that measure in aggregate 4.5 x 3 cm. Multiple smaller contusions are identified extending from the bridge of the nose on the left side over the left cheek that measure up to 1.2 cm. Multiple abrasions are identified over the superior left lateral cheek that measure up to 0.3 cm. Examination of the neck reveals the presence of multiple contusions identified over the mid to left anterior surface of the neck that measure up to 4 cm in single greatest dimension. A 2 x 1 cm abrasion is identified over the mid aspect of the neck. In addition, contusions are identified over the anterior right aspect of the neck that measure up to .1 cm in single greatest dimension.

B. Right Upper Extremity: Examination of the right arm, forearm, and hand reveals the presence of multiple scars identified over the posterior surface of the arm, forearm, and dorsum of the hand that individually measure up to 1 cm in single greatest dimension. An 8 x 12 cm contusion is identified over the anterolateral aspect of the arm.


Dr. Steven T. Hayne

C. Left Upper Extremity: Examination of the left arm, forearm, and hand reveals the presence of multiple scars identified over the posterior surfaces of the arm and forearm that measure up to 1 cm in single greatest dimension. No acute contusions, abrasions, or lacerations are identified to involve the extremity.

D. Right Lower Extremity: Examination of right leg and foot reveals the presence of an area of ulceration that measures 6 x 4 cm identified over the proximal anterolateral aspect of the shin. Multiple scars are identified over the inferoanterior surface of the thigh, patellar surface, and shin that measure up to 1 cm in single greatest dimension. No acute contusions, abrasions, or lacerations are identified to involve the extremity.

E. Left Lower Extremity: Examination of the left leg and foot reveals the presence of multiple scars identified over the anterior surface of the thigh, patellar surface, and shin that individually measure up to 1 cm in single greatest dimension. Multiple contusions are identified over the shin that measure up to 10 cm. A 1-cm abrasion is identified in the midaspect of the shin.

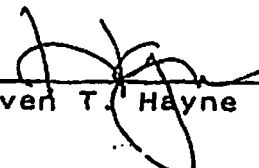
F. Chest and Abdomen: Examination of the chest and abdomen reveals the presence of multiple contusions identified over the chest wall that measure up to 3 cm and a patterned series of abrasions each of which is noted to measure 0.8 cm identified over the superior right midchest wall. In addition, two stab wounds are identified over the left chest wall which will be described in a subsequent section.

G. Back: Examination of the back reveals no significant acute contusions, abrasions, or lacerations.

3. STAB WOUNDS:

A total of two stab wounds is identified to involve the external surface of the remains, and the stab wounds are noted to have occurred in close temporal proximity.

A. Stab Wound #1: The arbitrarily selected first stab wound consists of a well-defined, linear stab wound over the left midchest wall and is located at its apex 39 cm inferior from the top of the head and 10 cm to the left of the midline. The stab wound is angled superiorly and to the right with the angle of incident being 10-15 cm from the vertical. The skin surface stab wound measures 2.1 cm on its long axis and 0.2 cm at its short axis with the superficial abrasion measuring 0.5 cm on the left superior aspect of the stab wound.


Dr. Steven T. Hayne

The angles of the stab wound are anterior to posterior, superior to inferior, and right to left at approximately 10 degrees. The stab wound is measured to a depth of 18 cm +/- 1 cm. The stabbing instrument is noted to course through the diaphragm, mesentery, and left spleen and, in part, result in the displacement of 1500 cc of blood into the abdominal cavity.


B. Stab Wound #2: The arbitrarily selected second stab wound consists of an irregular stab wound found over the left chest wall and its superior apex is located 41 cm inferior from the top of the head, and its right margin is located 11.5 cm to the left of the midline. The stab wound is distorted in part from the lines of Langer. The stab wound measures 4.3 cm on its long axis and 2.2 cm on its short axis. The stab wound angles are noted to be anterior to posterior, superior to inferior, and right equals approximately left. The depth of the stab wound is estimated at 20 cm +/- 1 cm. The stabbing instrument is noted to result in stab wounds of the left kidney and spleen and, in part, contribute to the displacement of 1500 cc of blood into the abdominal cavity.

Both stab wounds represents lethal stab wounds.

4. INTERNAL EXAMINATION:

The body is opened via the usual "Y" incision, and subcutaneous adipose tissue over the chest wall is noted to measure to a depth of 1 cm and over the abdomen to a depth of 1 cm. The anterior right and left ribs are reflected en bloc with the sternum in the usual manner. A small amount of clear wetting fluid is present within the right and left pleural cavities. The pleural surfaces of the right and left lungs are unremarkable. The right lung is noted to have a mass of 850 gm, and the left lung is noted to have a mass of 800 gm. The pleural surfaces of the right and left lungs are within normal limits. The lungs are serially cross sectioned, and a moderate amount of serosanguineous fluid exudes from the cut surfaces. Examination of the cross sections of the lungs fails to reveal evidence of thromboembolic phenomena, tumor, and/or infection. Examination of the trachea reveals no significant abnormalities. No foreign material is found within the luminal space of the trachea, and the mucosal surface of the trachea is unremarkable. The structures of the neck are dissected, and no evidence of hemorrhage is identified to involve the right or left strap muscles, thyroid gland, trachea, and/or larynx. The greater cornu of the thyroid cartilage as well as the hyoid bone are intact.

The pericardial sac is opened, and a small amount of clear wetting fluid is present within the luminal space. The takeoff of the great vessels is unremarkable. The heart is noted to have a mass


Dr. Steven T. Payne

of 340 gm. The external aspect of the heart is unremarkable. The coronary arteries are serially cross sectioned, and approximately 20% luminal narrowing of the right coronary artery, 20% luminal narrowing of the left coronary artery, 20% luminal narrowing of the circumflex coronary artery, and 30% luminal narrowing of the and of the left coronary artery is found secondary to concentric and nonconcentric atherosclerotic plaquing of the intima. Evidence of intraluminal thrombosis is not identified to involve the coronary arteries. The heart is serially cross sectioned, and the right ventricle is noted to measure 0.6 cm in thickness, and the left ventricle measures 1.8 cm in thickness. Evidence of acute or remote infarction is not appreciated on gross inspection. The four cardiac valves are unremarkable other than the presence of mild calcific aortic stenosis. Evidence of congenital heart disease is not seen. The aorta is examined through its entire course, and mild atherosclerotic plaquing of the intima is present.

The abdominal cavity is opened, and approximately 1500 cc of clotted and nonclotted blood is present within the luminal space.

The liver assumes its usual right upper quadrant abdominal location and is noted to have a mass of 1630 gm. The capsule is intact, and no subcapsular contusions are appreciated. The liver is serially cross sectioned, and a moderate amount of serosanguineous fluid exudes from the cut surfaces. Examination of the cross sections of the liver reveals no distinct abnormalities. Frank evidence of steatosis is not appreciated on gross inspection. The gallbladder is found on the inferior surface of the liver and is noted to measure 11 cm in length and contain approximately 10 cc of green bile as well as multiple smooth-surfaced, dark brown stones that measure up to 1.3 cm and are multifaceted. The biliary tree is patent to the duodenum.

The spleen assumes its usual left upper quadrant abdominal location and is noted to have a mass of 170 gm. The two stab wounds to the spleen have been previously described. The spleen is serially cross sectioned, and hemorrhage is identified in the wound tract.

The right and left kidneys assume the usual retroperitoneal location, and each is noted to have a mass of 180 gm. The stab wound to the left kidney has been previously described. The capsules strip with ease revealing smooth cortical surfaces bilaterally though pale discoloration is appreciated. The kidneys are serially cross sectioned, and a scant amount of serosanguineous fluid exudes from the cut surfaces. The calyces are unremarkable. The ureters are single bilaterally and patent to the urinary bladder. The urinary bladder contains approxi-


Dr. Steven P. Wayne

mately 5 cc of urine. Examination of the vaginal vault reveals the presence of contusions and abrasions identified over the superior aspect of the vaginal vault that commence from the proximal aspect of the vault to the distal that measure up to 2.1 cm in single greatest dimension. In addition, extensive contusions and abrasions are identified over the lateral aspect of the vaginal vault that measure up to 1.7 cm and are found on both the right and left lateral aspects of the vault.

The esophagus is unremarkable. The mucosal surface is within normal limits, and no particulate food matter or other material is found within the luminal space of the esophagus. The stomach contains no particulate food matter or other material, and the mucosal surface of the stomach is unremarkable. The small bowel, vermiform appendix, and large bowel are unremarkable. Well-formed stool is present within the large bowel. Examination of the mesentery reveals the presence of a stab wound.

The pancreas assumes its usual retroperitoneal location and is noted to have a mass of 120 gm. The tan structure is serially cross sectioned, and no abnormalities are identified. The right and left adrenal glands assume the usual suprarenal location, and each is noted to have a mass of 5 gm. Left periadrenal gland hemorrhage is identified. The structures are serially cross sectioned, and no abnormalities to involve the parenchyma of either gland are found.

The scalp is reflected, and a diffuse noncontinuous subgaleal hemorrhage is appreciated with individual areas measuring up to 7 cm. The cranial vault is removed, and no evidence of an epidural, subdural, and/or subarachnoid hemorrhage is present. The leptomeninges are thin and delicate. The brain has a mass of 1305 gm. The gyri and sulci are of normal configuration. The circle of Willis and supportive vascular structures are unremarkable. The brain is serially cross sectioned, and no gross abnormalities are appreciated. The dura is stripped, and no evidence of fracture to involve the calvarium or base of the skull is found.

5. SEXUAL ASSAULT KIT:

An RSVK 1111 Sexual Assault Kit is used to collect evidence in its completeness. The kit is transported to the Mississippi State Crime Lab for analysis.

6. TOXICOLOGY:

Two gray-topped tubes of blood and one gray-topped tube of


Dr. Steven J. Hayne

AME2-B8-92

vitreous fluid are submitted to the Mississippi State Crime Lab for analysis. The final reports are pending.

7. SEROLOGY:

One red-topped tube of ventricular heart blood is submitted to the Mississippi State Crime Lab for analysis. The final report is pending.

8. DNA STUDIES:

One purple-topped tube of ventricular heart blood is submitted to the Mississippi State Crime Lab for analysis if and when requested by Coroner Medical Examiner/Investigator Don Harris.

9. TRACE EVIDENCE:

Right and left fingerprints, right and left palm prints, the previously identified sexual assault kit (RSVK 1111), nightgown, two stockings, and three hair clips are submitted to the Mississippi State Crime Lab for analysis. The final reports are pending.

10. RADIOGRAPHIC STUDIES:

Radiographs of the chest and head co-submitted with the remains are retained at the Rankin County Morgue.

11. TRANSPORTATION OF THE REMAINS:

The remains are transported to and from the Rankin County Morgue by ambulance service. The condition of the remains at the time of arrival and departure is noted to be adequate.

12. BODY ORGANS:

Representative sections of the major body organs are retained for microscopic analysis. The remaining and preponderance of the body tissues are returned to the body cavities.

13. NOTIFICATION OF THE CORONER:

Upon completion of the external and internal examinations, Coroner AME2-B8-92aminer/Investigator Don Harris is apprised as to the preliminary cause and manner of death.

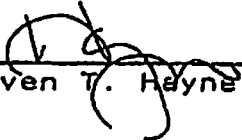

Dr. Steven F. Hayne

14. MICROSCOPIC ANALYSES:

- A. Respiratory System: Sections of lung reveal mild pulmonary congestion and edema. Vascular congestion is focally prominent, and occasional areas of pink proteinaceous material deposition within the alveolar spaces is found. A section of trachea is unremarkable.
- B. Cardiovascular System: A section of myocardium is essentially within normal limits. Evidence of acute or remote infarction is not appreciated. Early loss of cellular detail is found. A section of aorta reveals mild atherosclerotic plaquing.
- C. Hepatobiliary System: A section of liver reveals prominent acute congestion with early autolytic change.
- D. Reticuloendothelial System: A section of spleen reveals acute congestion manifest by increased numbers of erythrocytes within the sinusoidal spaces.
- E. Genitourinary System: A section of kidney reveals occasional obsolescent glomeruli and mild arteriolonephrosclerosis.
- F. Gastrointestinal System: Sections of esophagus, stomach, small bowel, and large bowel are essentially unremarkable.
- G. Endocrine System: A section of pancreas reveals autolytic change, and a section of adrenal gland is unremarkable.
- H. Central Nervous System: Sections of cerebral cortex and cerebellum are within normal limits.

15. CAUSES OF DEATH:

- A. Immediate Cause of Death: Stab wounds of the left chest (2).
- B. Underlying Causes of Death:
- (1) Stab wound of the spleen (2).
 - (2) Stab wound of the left kidney.
 - (3) Stab wound of the mesentery.
 - (4) Hemoperitoneum.
- C. Other Acute Inflicted Injuries Suffered at or about the Time of Death:
- (1) Multiple contusions and abrasions. (See body diagram.)
 - (2) Contusions and abrasions of the vaginal vault consistent with forced vaginal vault entry.


Dr. Steven T. Hayne

(3) Diffuse subgaleal contusion.

D. Other Pathologic Findings:

- (1) Pulmonary congestion and edema.
- (2) Cardiomegaly, mild.
- (3) Atherosclerotic coronary artery disease, multiple vessel, mild.
- (4) Atherosclerosis of the aorta, mild.
- (5) Calcific aortic stenosis, mild.
- (6) Hepatomegaly.
- (7) Acute hepatic congestion.
- (8) Cholelithiasis.
- (9) Acute splenic congestion, mild.
- (10) Acute renal congestion, bilateral.

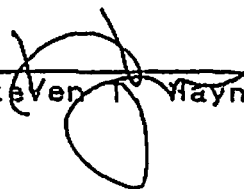
16. MANNER OF DEATH: Homicide.

17. DISCUSSION OF THE CASE:

The decedent was noted to have received multiple contusions and abrasions as described in the body diagram. In addition, the decedent received two lethal stab wounds to the left chest wall resulting in extensive hemorrhage into the abdominal cavity secondary to stab wounds of the spleen (2) and the left kidney.

In addition, the presence of contusions and abrasions of the vaginal vault give evidence of forced entry into the vaginal vault. No tears are identified to involve the rectum or anus, and documentation of possible foreign penetration of the anal canal cannot be ascertained with certainty.

Subsequent re-examination of the remains with alternate light source imaging after exhumation is conducted at the Rankin County Morgue in the presence of the prosecutor. The findings of the exhumation will be included under a report submitted by Dr. Michael West, Deputy Coroner Medical Examiner/Investigator of Forrest County.



Dr. Steven T. Wayne

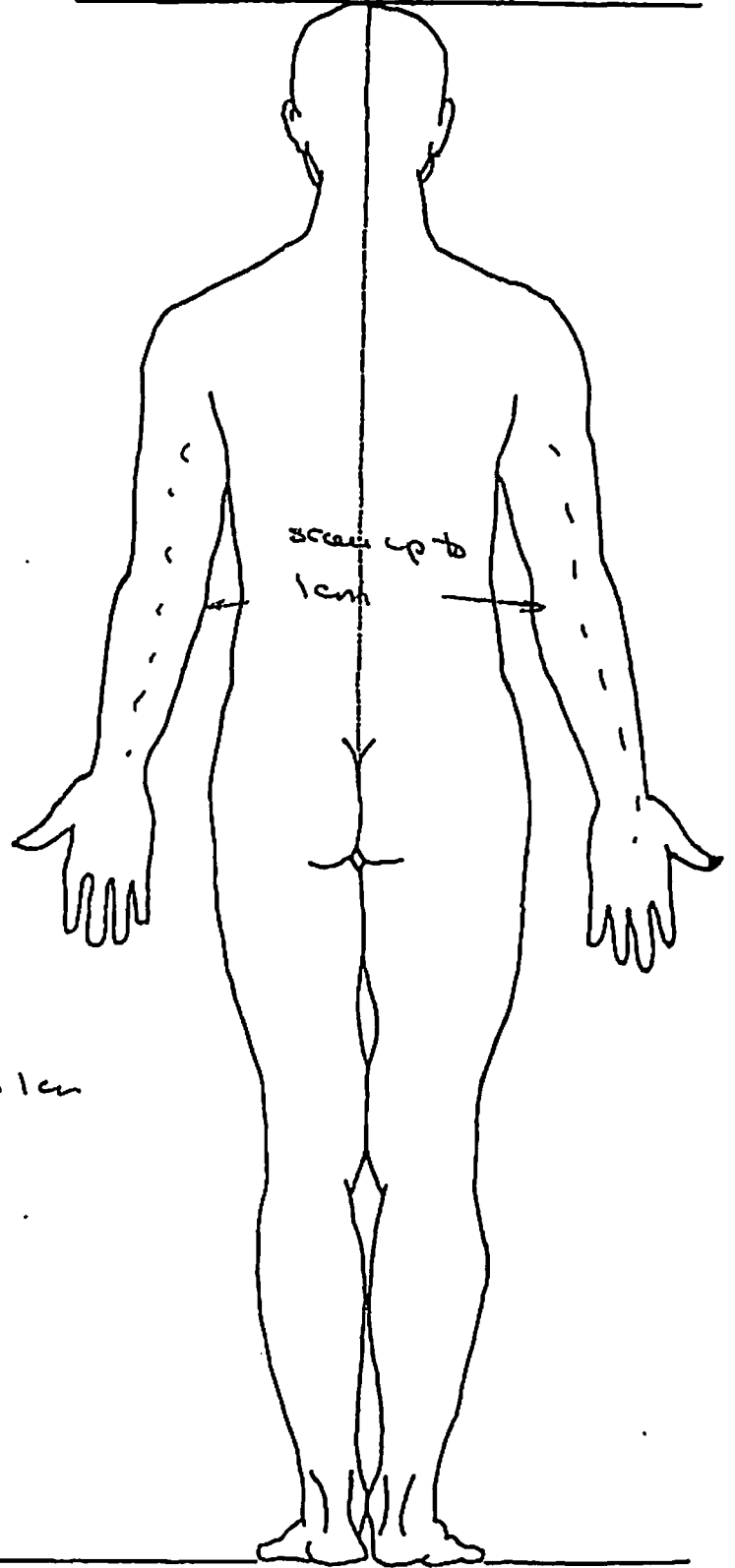
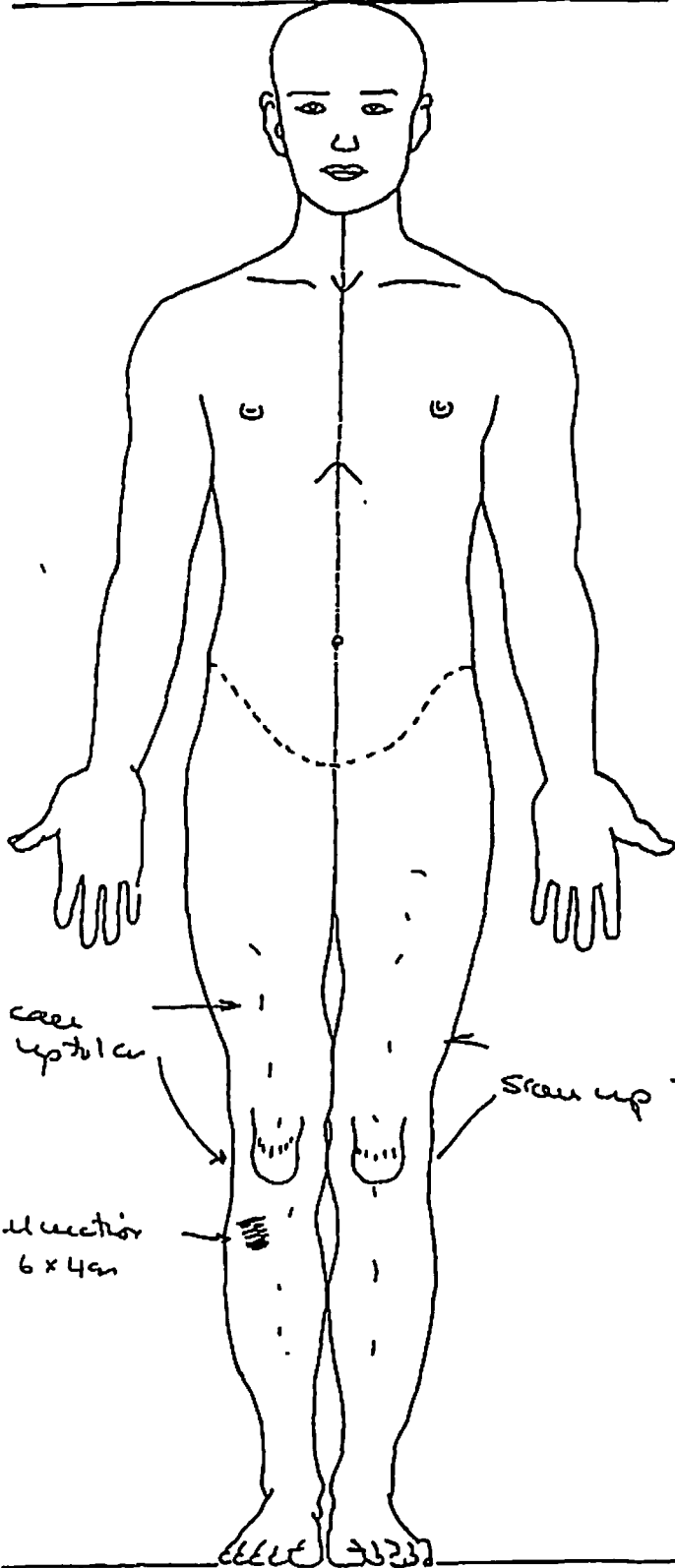


STATE
MEDICAL
EXAMINER

ME 2-8392
BODY DIAGRAM

Front

Back



Decedent's Height _____ inches

Name Glenn Kemp

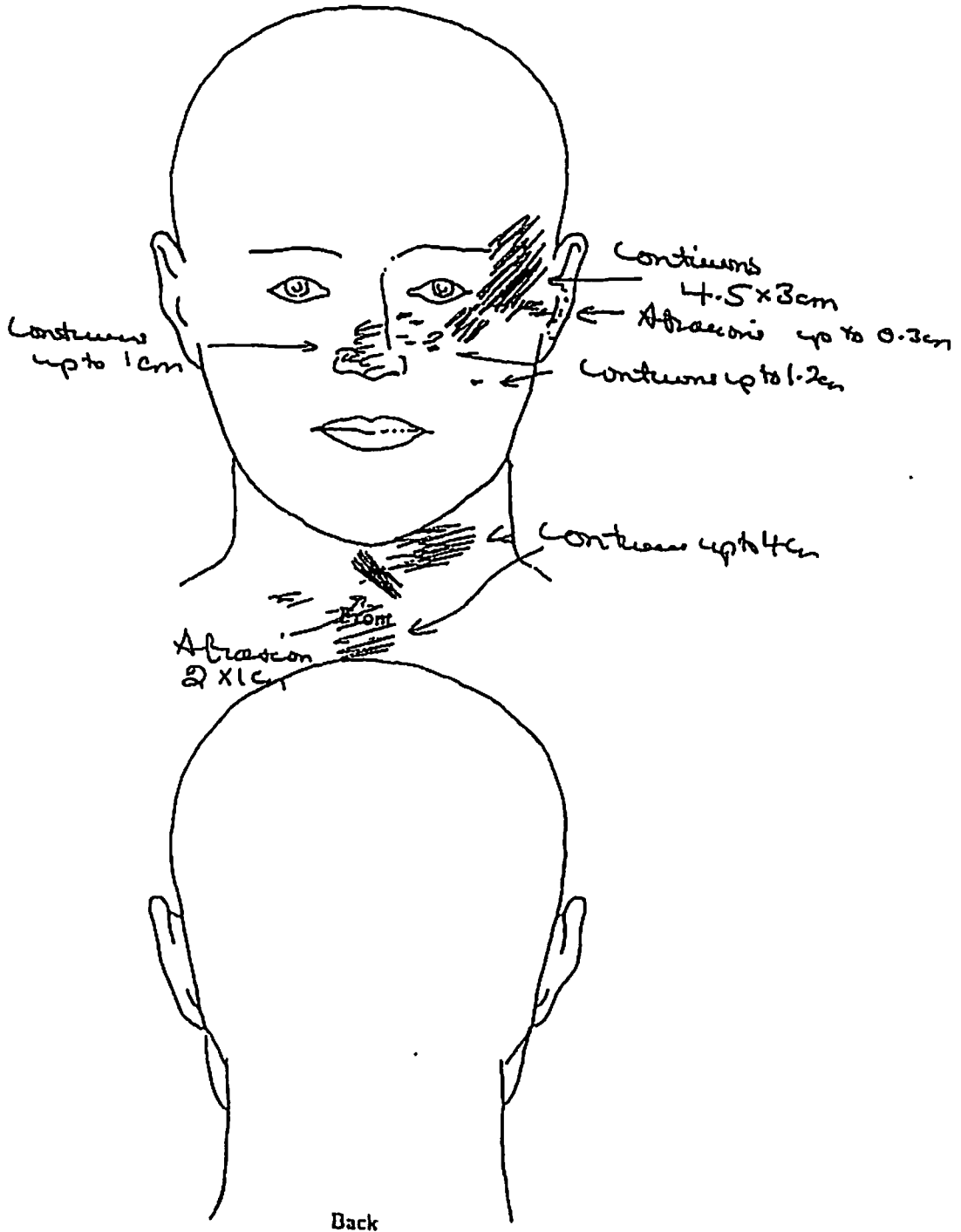
Examined By H. M.

Date 3/10/77

ME 2-13792
BODY DIAGRAM-HEAD



STATE
MEDICAL
EXAMINER



Decedent's Name Georgi Kaur

Examined

By Day Date 3 Feb 12

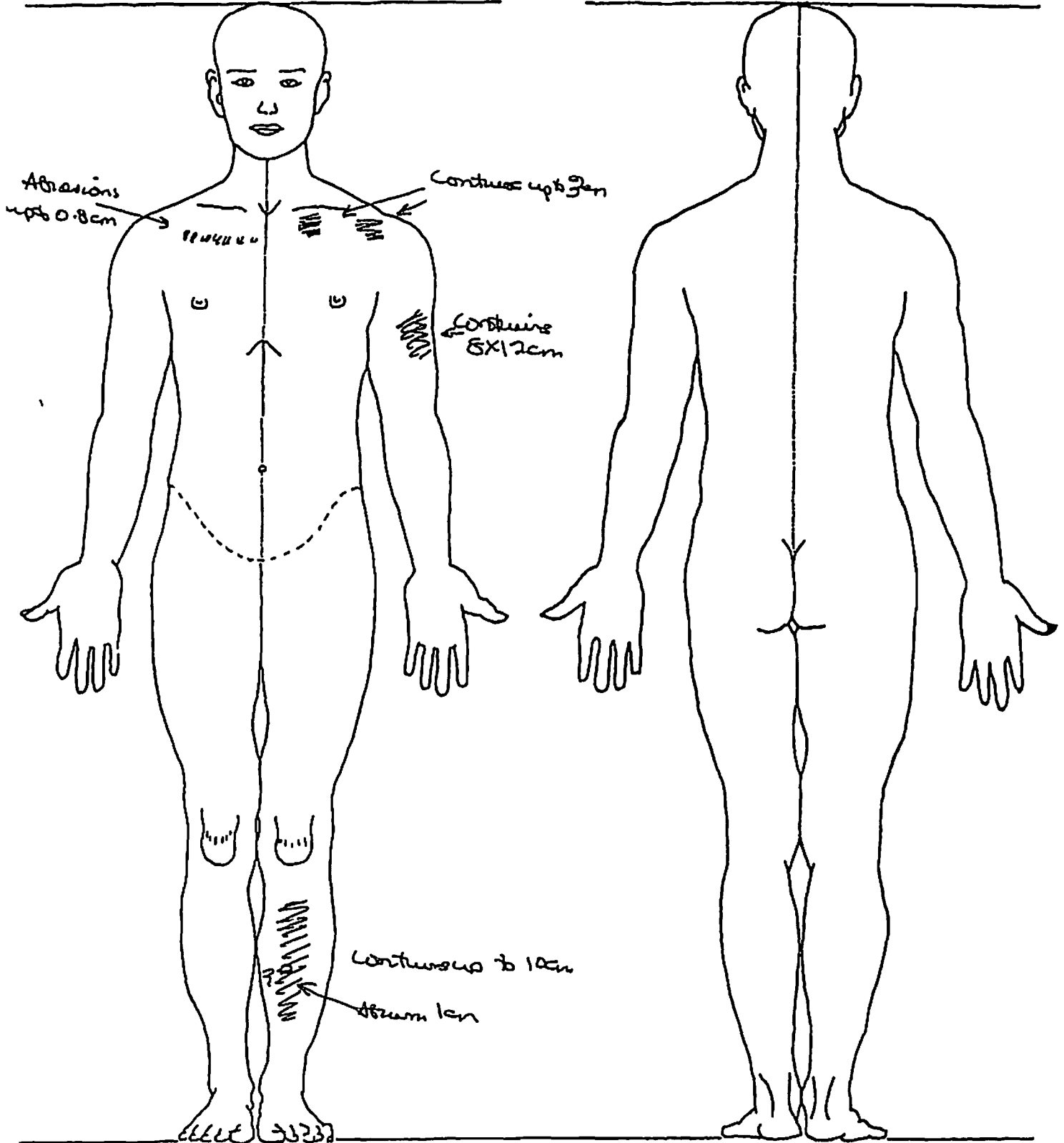


STATE
MEDICAL
EXAMINER

MS 2-83-92
BODY DIAGRAM

Front

Back



Decedent's Height _____ inches

Name George Kemp

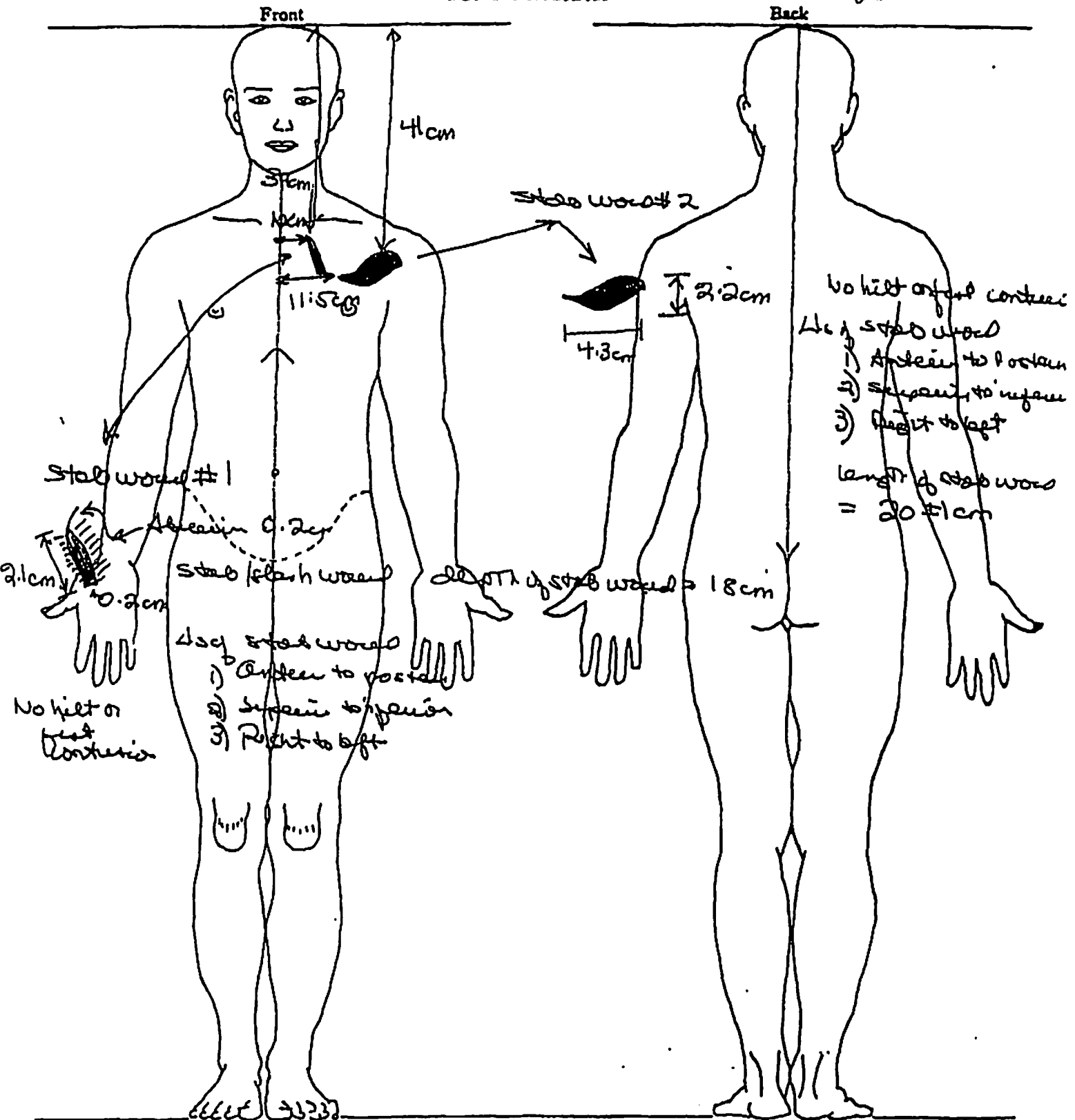
Examined

By [Signature]

Date 3.21.72



MS 2-B3-92
BODY DIAGRAM



Decedent's Height _____ inches

Name Eugene Kemp
Examined By [Signature] Date 3/20/92