

**Exhumation Autopsy Performed at the  
OFFICE OF THE CHIEF MEDICAL EXAMINER**

**Central Office  
901 N. Stonewall  
Oklahoma City, OK 73117**

**NAME:** TURNER, Chanda

**AUTOPSY DATE:** 12/16/2009

**Date of Birth:** 05/04/1977

**DATE OF DEATH:** 07/12/2000

**Age:** 23

**Sex:** F

**Wt:** N/A

**Ht:** 70"

**MD:** Robert C. Bux, M.D

**FINAL DIAGNOSIS:**

- I. Gunshot wound to chest:
  - A. Entrance wound in left upper medial chest.
  - B. Perforating gunshot wound to the chest cavity with the bullet going through the first interspace, notching the superior border of the 2<sup>nd</sup> rib, going through the left mainstem bronchus just distal to the carina before exiting the chest cavity through the inferior margin of the left 8<sup>th</sup> rib adjacent to the thoracic vertebrae before exiting the back.
  - C. Residual blood found in the left chest cavity.
  - D. No bullet recovered.
  - E. The path of the bullet is from front to back, slightly left to right, and slightly downward.
- I. Contusions and abrasions to the right upper extremity, right knee, and left knee.

**I. Embalmed body.**

**OPINION:** It is my opinion that Chanda Turner, a 23-year-old adult Caucasian female, died as a result of a single gunshot wound to the chest. The deceased was shot once in the chest with the bullet entering the chest cavity, going through the left mainstem bronchus before exiting the left chest cavity and back. This resulted in producing massive bleeding and death. The deceased may have also suffered a pneumothorax which would also have contributed to her death. The deceased would not have been immediately incapacitated and may in fact have survived for a significant period of time after being shot. Had the deceased received prompt medical attention she would most likely not have died. The crime scene had been altered before law enforcement personnel arrived on scene. Given the circumstances of the inconsistent and conflicting witness statements compared to the physical evidence observed and photographed at the scene, and combined with the findings at autopsy, this death is a homicide.

**MANNER OF DEATH:** Homicide



ROBERT C. BUX, M.D.

## GENERAL EXAMINATION

Received in a silver-colored coffin are the remains of an embalmed adult female who is 70 inches in length. The deceased is dressed in an aqua scarf and aqua print patterned blouse; pale blue pants; ivory, plastic cadaver pants with elastic waist, full-length slip; and white panties. Present on the ears are pearl earrings. Present around the neck is a necklace with a cross. Present on the right wrist are two separate clear plastic identification bracelets with the name of the deceased. Present on the right ring finger and right little finger are two blue rings. Present on the left wrist is a brown bead bracelet. Present on the left ring and little fingers are two blue rings. Clear plastic wrap is found around the waist and groin area.

## EXTERNAL EXAMINATION

The body is 70 inches in length. The hair is long, light brown in color, and measures 17 inches in length. The eyes are closed; the orbits are collapsed. The ears, nose, and external auditory canals are unremarkable. The mouth is slightly open. The teeth are natural.

Present on the left lateral shoulder is what appears to be a 2.5 x 2 cm scar.

The deceased has undergone embalming. There is relatively good preservation of the body. Some of the skin surfaces are darkened and somewhat leathery with areas of focal fungal growth. There is a 3.5 cm in length sutured embalming incision found at the base of the right neck overlying the right carotid artery and jugular vein. Present in the left periumbilical region of the abdomen is a plastic trocar button. Present in the right groin is a 7 cm in length sutured embalming incision which is over the femoral artery and vein.

## EVIDENCE OF INJURY

There are no contusions, abrasions or lacerations about the head, oral cavity and left shoulder.

Examination of the scene photographs of the body reveal multiple abrasions and contusions which will not be further described. Some of these cannot be confirmed at exhumation due to postmortem interval and the deterioration of the body. An additional contusion is found on the posterior aspect of the right thigh which is 3 cm in diameter and has a gray-purple color.

### Gunshot wound #1:

Present 14 inches below the crown of the head and 1 ¼ inches to the left of the anterior midline of the body is a gunshot wound of entrance. The wound is further localized by being 2 ½ inches above the nipple line. The oval-shaped entrance wound defect measures 1/ x ¼ inch. The entrance wound defect cannot be further classified based on the postmortem time interval. However, utilizing scene photographs it is apparent that this is a contact gunshot wound with a muzzle imprint.

Subsequent autopsy reveals the bullet to have entered the left chest cavity through the 1<sup>st</sup> interspace and notching the 2<sup>nd</sup> rib superiorly before going through the left mainstem bronchus just distal to the carina before exiting the chest cavity through the inferior margin of the left 8<sup>th</sup> rib adjacent to the thoracic vertebrae and going through the left 8<sup>th</sup> interspace before exiting the body. Red-brown remnants of a left hemothorax are found in the left chest cavity.

The exit wound defect is located 14 □ inches below the crown of the head and ¼ inch to the left of the posterior midline of the body. The exit wound defect has everted margins and measures 5/16 x □ inch in greatest dimension.

No bullet is recovered.

The path of the bullet is from front to back, slightly downward and slightly left to right.

#### INTERNAL EXAMINATION

**HEAD:** The scalp is incised and retracted. There are no scalp hemorrhages found. There is no evidence of contusions or lacerations to the scalp. There are no fractures of the skull found. The cranial vault is opened. The dura is thin, tough, and pliable. There is minimal residual brain present which appears to be unremarkable but has deteriorated significantly due to the long postmortem interval. The dura is stripped from the basilar skull and no fractures are found.

**BODY:** The body is opened with a Y-shaped incision. The organs occupy their usual positions and relationships. There are multiple trocar marks to the trachea, lungs, heart as well as the intestinal contents. Red-brown material is found in the left chest cavity due to an antemortem left hemothorax.

**NECK:** There is no evidence of infection, tumor, or trauma. The airway appears to be patent.

**CARDIOVASCULAR SYSTEM:** The heart is a brown-gray color with the epicardial surface dulled due to the postmortem interval. On cross-section, the myocardium is showing signs of decomposition but it otherwise unremarkable. The cardiac valves are thin and delicate.

**LUNGS:** The lungs have a brown-gray appearance with numerous trocar marks. On cross-section, the lungs appear somewhat congested. There is significant postmortem artifact. No bullet defect can be found in the lungs.

**GASTROINTESTINAL SYSTEM:** The esophagus, stomach, small and large bowel, and appendix are unremarkable. The stomach is empty.

**LIVER:** The liver has a dusky brown color due to decomposition and on cross-section, is otherwise unremarkable. The gallbladder is unremarkable.

**PANCREAS:** Autolyzed.  
**ADRENAL GLANDS:** Autolyzed.

**SPLEEN:** The remnants of a small spleen are found and are quite friable due to decomposition. No other abnormalities are noted.

**KIDNEYS:** The right and left kidneys have a brown appearance due to decomposition. On cross-section, the kidneys are otherwise unremarkable. The bladder is empty.

**UTERUS, FALLOPIAN TUBES, AND OVARIES:** Unremarkable.

RCB: gds