

DISTRICT TWELVE MEDICAL EXAMINER

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MEDICAL EXAMINER SIGN-OUT

CASE # 2003-0031-S

DECEDENT	COHEN <small>(LAST)</small>	MURRAY <small>FIRST</small>	SEX	MALE
		MIDDLE)	RACE	WHITE
ADDRESS	653 COLONIAL ARMS RD., UNION, NEW JERSEY 07083			AGE
DATE		TIME	DOB	09/14/1931
PLACE			DOD	01/13/2003
MEDICAL EXAMINER	RUSSELL S. VEGA, M.D.			MARITAL STATUS
			COUNTY	SARASOTA

SUMMARY AND OPINION:

The decedent was a 71 year old man whose death was originally reported to the District Twelve Medical Examiner's Office on January 13, 2003. According to deputies from the Sarasota Sheriff's Office, the decedent was found by his wife in bed unresponsive. Emergency medical personnel were summoned to the scene and arrived 3 to 4 minutes following the initiation of the 911 call. He was initially found to be in a rhythm of fine ventricular fibrillation (I have reviewed the rhythm strips and concur with this interpretation). Further resuscitative efforts were unsuccessful, and the decedent was pronounced dead on scene at 6:05 p.m., shortly after the arrival of paramedics on scene. The initial report from the deputy on scene was that the decedent had a medical history of hypertension. Subsequent follow-up with the decedent's primary care physician in New Jersey, Dr. McHugh, indicated that the decedent had a medical history of cardiomyopathy, hypertension, and pulmonary disease. In subsequent contact with the Medical Examiner's Office, Dr. McHugh indicated that the decedent's cardiomyopathy was severe, and Dr. McHugh expressed the sentiment that the decedent had done well to live as long as he did. Later review of medical records from Dr. McHugh's office confirmed these diagnoses. Specifically, the medical records indicate a greater than 10 year history of congestive cardiomyopathy, with extremely poor cardiac muscular function, cardiac enlargement, and poor function of the mitral valve. Also noted in the medical records were diagnoses of chronic obstructive pulmonary disease, gout, and benign prostatic enlargement. Historical information suggests that the decedent was in his usual state of health prior to the death, without unusual neurologic or gastrointestinal complaints.

Because the decedent had no physician in the state of Florida to sign his death certificate, the Medical Examiner took jurisdiction over the case. Based on the natural appearing circumstances and the decedent's medical history, the decision was made to sign-out the case with external examination of the body only. The body was transported from the scene of the death to the Medical Examiner Facility, where an external examination was performed. This examination, performed by Ms. Simrak, an investigator from the Medical Examiner's office, found no evidence of trauma to the body. Dr. Anderson, the associate medical examiner assigned to the case, signed the death certificate on January 15th, with the cause of death listed as "Probable acute myocardial infarction due to atherosclerotic cardiovascular disease." After appropriate release was obtained, and at the request of the decedent's wife (the legal next of

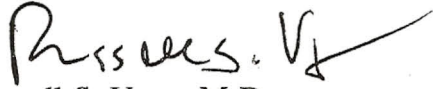
kin), the body was then transported to Toale Brothers Funeral Home. Subsequently, the body was embalmed. In the interim, the decedent's son, Steven Esdale, contacted the Medical Examiner Office with some concerns regarding his father's death. In specific, he indicated concern that his father and his father's wife had only been married for approximately one month prior to the death, and he was thus suspicious. At that time, Dr. Anderson directed the retrieval of pulled head hair and vitreous fluid samples from the embalmed body of the decedent while at the funeral home. This was performed by Mr. Winterhalter, the Chief Investigator, who also took digital photographs of the body at the funeral home. Following the retrieval of these samples, the body was shipped back to New Jersey, where it was subsequently buried. Detectives at the Sarasota Sheriff's Office were notified of the Medical Examiner's involvement with the case. Toxicologic analysis was later performed on the vitreous fluid, which revealed only methanol, an artifact of embalming fluid. Heavy metals analysis on the hair was performed, revealing normal levels of mercury, lead, arsenic, manganese, cadmium, nickel, and thallium.

Over the ensuing several months, our office was contacted on multiple occasions by Mr. Esdale, with additional concerns regarding the death. These concerns centered around the events leading up to the death and what he felt were inconsistencies in the scenario of the death. Mr. Winterhalter, serving as Mr. Esdale's defacto liaison with the medical examiner office, routinely referred him back to the Sheriff's Office. During this time period, the Medical Examiner's Office stayed in regular contact with the detectives involved with the case. After several months, in early 2004, all of the evidence gathered by the Medical Examiner's Office, the State Attorney's Office and the Sheriff's Office was presented in a joint meeting of these three agencies (Mr. Winterhalter and I attended this meeting). In particular, this meeting included a review of the recording of the 911 call made by the decedent's wife at the time of the death. It was the opinion of all law enforcement officials present that the non-medical evidence presented was consistent and supported a natural, nonviolent death. Mr. Winterhalter and I found no basis for disagreement.

It is my opinion, based on review of all of the pertinent medical information, that the cause of death was heart disease. The finding of the decedent in ventricular fibrillation at the time emergency medical personnel arrived on scene strongly supports this contention. While no autopsy was performed, the likelihood that trauma was involved in the death is extremely remote, based on the lack of trauma identified on external examination of the body and, again, the finding of the decedent in ventricular fibrillation. While the presence of an exotic poison cannot be entirely excluded based on the toxicologic analysis performed, the apparent lack of significant neurologic or gastrointestinal symptoms prior to his death, along with the negative toxicologic work-up, make the presence of such a poison highly unlikely. As the samples that have already been taken and analyzed are probably the best samples available for toxicologic analysis in an embalmed body, particularly one that has been interred for more than a year, additional toxicologic analysis performed would be highly unlikely to be of value.

In summary, the medical evidence is strongly supportive of the cause of death being heart disease, and thus the manner of death being natural. The Sheriff's Office detectives, after their investigation and review all of the other, non-medical evidence, and with the knowledge that

the medical evidence indicates the cause of death is heart disease, have no suspicions that the death is other than natural.

 3/18/04

Russell S. Vega, M.D.
Chief Medical Examiner

RSV:rsv
03/18/04