



*Requested by mail
2/24/03*

*Received
3/10/03*



**PIMA COUNTY OFFICE OF THE MEDICAL EXAMINER
FORENSIC SCIENCE CENTER
2825 East District
Tucson, Arizona 85714**



**P O BOX [REDACTED]
[REDACTED] AZ [REDACTED]**

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

11

11

MILTON WILLIAM COOPER

ML 01-1818

AUTOPSY REPORT

APACHE COUNTY, ARIZONA

DEPARTMENT OF PUBLIC SAFETY

CASE #2000-070756

NOVEMBER 7, 2001

ML 01-1818

Re: Milton W. Cooper

Page 2

PATHOLOGIC DIAGNOSES:

- 1) Penetrating (4) and perforating (1) gunshot wounds to torso, with:
 - A) Marked chest wall soft tissue hemorrhage
 - B) Perforations of ribs
 - C) Perforations of heart
 - D) Bilateral hemothoraces
 - E) Perforation of left hemidiaphragm
 - F) Four bullets recovered
- 2) Penetrating gunshot wound to head, with:
 - A) Stippling
 - B) Skull fracture
 - C) Basilar subarachnoid hemorrhage
 - D) C1-C2 transverse processes defects
 - E) Probable perforation of right vertebral artery
 - F) One bullet recovered
- 3) Penetrating gunshot wound to right lower extremity, with:
 - A) No underlying vital injuries
 - B) One bullet recovered
- 4) Perforating gunshot wounds to right upper extremity (2)
 - A) No underlying vital injury
 - B) No bullets recovered
- 5) Fatty liver
- 6) Minimal left anterior descending coronary artery atherosclerosis
- 7) Hypertrophy of heart (560 gm)
- 8) Hypertrophy of prostate
- 9) Left below-knee amputation
- 10) Hypopigmented patches at anterior thighs consistent with old skin graft sites

OPINION:

Death of this man is due to gunshot wounds to the torso with perforations of the heart. A gunshot wound to the head with skull fracture is contributory. The manner of death is certified as a homicide.



Eric D. Peters, M.D.
Forensic Pathologist

EDP/jd

ML 01-1818

Re: Milton W. Cooper

Page 3

MEDICOLEGAL INVESTIGATION

AUTHORIZATION:

The postmortem examination is performed under the authorization of Apache County, Arizona.

IDENTIFICATION:

The body is identified by Department of Public Safety personnel. 35 mm photographs, fingerprints, and palmprints are made of the deceased. X-rays of the entire body are made and retained.

ML 01-1818

Re: Milton W. Cooper

Page 4

POSTMORTEM EXAMINATION

CIRCUMSTANCES OF THE EXAMINATION:

The postmortem examination of Milton Cooper is performed at the Forensic Science Center, 2825 E. District Street, Tucson, Arizona on November 7, 2001 commencing at 10:30 AM. Assisting in the examination are Bill Ferguson, Gene Hernandez, and Abel Valentino.

GENERAL DESCRIPTION:

The decedent is received within a sealed black plastic body bag. Within the bag is a folded blue body bag and an additional white body bag containing the deceased. The head and hands are bagged.

EXTERNAL EXAMINATION:

The body is of a light-skinned, well-developed, well-nourished, 6' 2", 247 lb man whose appearance is consistent with the reported age of 58 years. The hair is thick, gray, and 2-4 inches with frontal and crown balding. There is stubble at the mustache and beard. The nose and ears are well formed. The irides are green, and the conjunctivae are anicteric without petechiae or hemorrhage. The oral cavity is atraumatic, and contains natural teeth in good repair. The torso and extremities are well developed and remarkable for a ½ inch hypopigmented well-healed scar at the upper right back just right of midline, several rectangular hypopigmented areas at the anterior thighs (Comment: consistent with old skin graft sites), a 5 inch hypopigmented well-healed scar at the medial aspect of the left knee, and a well-healed left below-the-knee amputation. The genitalia are of an unremarkable adult male.

POSTMORTEM CHANGES:

Rigor mortis is strong throughout; livor mortis is non-fixed and posterior. The body is cool.

CLOTHING AND BELONGINGS:

On or accompanying the deceased are:

- 1) One pair of brown/blue boots
- 2) One pair of white socks
- 3) One black belt with brown holster at right side
- 4) One yellow-tan sock covering left below-knee amputation stump
- 5) One black comb
- 6) One white metal pocket knife with gray handle
- 7) Two sets of keys

ML 01-1818

Re: Milton W. Cooper

Page 5

CLOTHING AND BELONGINGS (Continued):

- 8) Plaid shirt (blood stained)
- 9) A blue jacket (blood stained)
- 10) Blue gloves in left pocket of above-mentioned blue jacket
- 11) Prosthetic leg (left)

NOTE: There are multiple defects at the anterior aspect of the plaid shirt corresponding to the gunshot wounds described below. Additionally, there are a few defects to the anterior aspect of the aforementioned blue jacket corresponding to the gunshot wounds described below.

THERAPEUTIC PROCEDURES:

None.

INJURIES, EXTERNAL AND INTERNAL:

There are six penetrating and three perforating gunshot wounds to the head, torso, and extremities. There are blunt impact injuries to the head and extremities. These injuries are listed for descriptive purposes only; no sequence is implied.

GUNSHOT WOUNDS

Gunshot Wound to Torso #1 (Upper Left Chest):

A gunshot entrance wound to the upper left chest is 13 inches from the top of the head and 2-1/2 inches left of midline. It is an oval perforation measuring 7/8 inch in greatest length with an inferomedial 1/4 inch rim of abrasion and a negligible rim of abrasion at the remaining margins. There is no fouling or stippling.

After penetrating the skin and soft tissues of the anterior chest, the bullet passed into the posterior soft tissues of the upper left arm. There is marked hemorrhage along the bullet track. There are no underlying vital injuries.

The bullet lodged in the left triceps muscle, 6 inches from the top of the shoulder.

The bullet is of medium caliber, yellow-metal jacketed, and markedly deformed at its nose. "F" is now inscribed on its base, and the bullet is retained as evidence.

The direction this bullet traveled is front-to-back, right-to-left, and slightly downward (Comment: for bullet to have this path, the left upper extremity must have been raised).

ML 01-1818

Re: Milton W. Cooper

Page 6

Gunshot Wound to Torso #2 (Left Anterior Chest):

A gunshot entrance wound is at the left chest slightly above and to the right of the left nipple, 17 inches from the top of the head, and 4-1/2 inches left of midline. It is an oval perforation measuring 1/2 inch with an inferomedial 1/4 inch rim of abrasion and a negligible rim of abrasion at the remaining margin. There is no fouling or stippling.

After penetrating the skin and soft tissues of the left chest, the bullet passed upward and leftward through the soft tissues of the left chest and shoulder. There is marked hemorrhage along the bullet track.

A gunshot exit wound is at the outer aspect of the left upper extremity, 1 inch from the top of the shoulder. It is an irregular 1/2 inch "U"-shaped defect with a negligible rim of abrasion. On the small flap of tissue at its center is a 1/4 inch red abrasion. There is no fouling or stippling.

No bullet is recovered.

The direction this bullet traveled is right-to-left, front-to-back, and upward.

Gunshot Wound to Torso #3 (Right Lateral Chest):

A gunshot entrance wound is slightly above and to the right of the right nipple, 15-3/4 inches from the top of the head and 7-1/2 inches right of midline. It is a 3/4 inch oval perforation with a lateral 1/4 inch rim of abrasion and a negligible rim of abrasion at the remaining margins. There is no fouling or stippling.

After penetrating the skin and soft tissues of the anterior right chest, the bullet passed through the anterior right chest wall leaving an approximately 3 inch defect at the anterior 4th through 6th ribs (Comment: injury contributed to by **Gunshot Wound #4**). The bullet then passed into the pericardial sac perforating the right ventricle, 1/2 inch. The bullet then passed through the septum to exit the lateral left ventricle through a 2 inch defect. There are approximately 500 ml of blood and blood clot in the right hemothorax; there are approximately 1200 ml of blood and blood clot in the left hemithorax. The bullet then exited the left hemithorax through the lateral left 7th rib. There is marked hemorrhage along the bullet track.

The bullet lodged at the left lateral torso, 20 inches from the top of the head. There is an overlying 1/2 inch slit-like defect. There is no fouling or stippling.

The bullet is yellow-metal jacketed, of medium caliber, and markedly deformed at its nose (Comment: mushroomed). "C" is now inscribed on its base, and the bullet is retained as evidence.

The direction this bullet traveled is right-to-left, front-to-back, and downward.

ML 01-1818

Re: Milton W. Cooper

Page 7

Gunshot Wound to Torso #4 (Right Lateral Chest):

A gunshot entrance wound is lateral to the right nipple, 18-3/4 inches from the top of the head and 7 inches right of midline. It is a 1/2 inch circular "punched-out" defect without a rim of abrasion. There is no fouling or stippling.

After penetration the skin and soft tissues of the right anterior chest, the bullet passed through approximately a 3 inch defect at the anterior right 4th through 6th ribs (Comment: Injury contributed to by **Gunshot Wound #3**, see above). The bullet then passed leftward through the pericardial sac to strike the heart tangentially leaving a 6 inch long defect involving the right ventricle and apex. The bullet then passed through the anterior aspect of the left hemidiaphragm before leaving the left hemithorax through the 8th intercostal space laterally. There is marked hemorrhage along the bullet track.

The bullet lodged in the subcutaneous tissues of the left lateral torso, 22-1/2 inches from the top of the head. Overlying this site of lodgement is a 5/8 inch irregular skin defect without a rim of abrasion. There is no fouling or stippling.

The bullet is yellow-metal jacketed, of medium caliber, and markedly deformed at its nose (Comment: mushroomed). "B" is now inscribed on its base, and the bullet is retained as evidence.

The direction this bullet traveled is right-to-left, front-to-back, and downward.

Gunshot Wound to Torso #5 (Right Upper Quadrant):

A gunshot entrance wound is at the anterior abdominal wall at the right upper quadrant, 23 inches from the top of the head and 3 inches right of midline. There is no fouling or stippling. It is a roughly circular 5/8 inch perforation with a 1/2 inch superolateral red rim of abrasion and an approximately 1/4 inch symmetric rim of abrasion at the remaining margins. Lying just superior and lateral to this entrance wound are four obliquely oriented brown dried abrasions measuring 1/6 inch. These abrasions lay in a row measuring 1/2 inch long, lay 1/16 inch apart, and lay 3/4 inch from the aforementioned rim of abrasion edge.

After penetrating the skin and soft tissues of the anterior abdominal wall, the bullet passed leftward and downward through the omentum before lodging in the left lower quadrant subcutaneous tissues. There is marked hemorrhage along the bullet track.

The bullet lodged in the left lower quadrant subcutaneous tissues, 31-1/2 inches from the top of the head and 5-1/2 inches left of midline. Overlying this site of lodgement is a 2 inch purple contusion.

ML 01-1818

Re: Milton W. Cooper

Page 8

Gunshot Wound to Torso #5 (Right Upper Quadrant) (Continued):

The bullet is yellow-metal jacketed, of medium caliber, and markedly deformed at its nose (Comment: mushroomed). "D" is now inscribed on its base, and the bullet is retained as evidence.

The direction this bullet traveled is right-to-left, downward, and slightly front-to-back.

Gunshot Wound to Head:

A gunshot entrance wound is within the substance of the right ear, 4-3/4 inches from the top of the head, and 4-1/2 inches posterior to the anterior plane of the forehead. There is a negligible rim of abrasion. This gunshot entrance wound measures 1/2 inch within the ear and 1 inch behind the ear. A periphery of stippling is present and measures from 1-1/2 inches (posterior) to 5 inches (inferomedially).

After penetrating the right ear and skin behind the right ear, the bullet passed downward and leftward through the tissues of the upper right neck and basal skull. There is marked hemorrhage within the soft tissues. There is an approximately 2 inch fracture of the anterior-medial occipital skull. There is marked accompanying basilar subarachnoid hemorrhage. The right transverse processes of cervical vertebrae 1 and 2 are markedly disrupted and are involved in the aforementioned hemorrhage.

The bullet is recovered along the right side of the upper cervical spinal cord, 6-3/4 inches from the top of the head.

The bullet is yellow-metal jacketed, of medium caliber, and markedly deformed at its nose and side. "E" is now inscribed on its base and the bullet is retained as evidence.

The direction this bullet traveled is right-to-left, downward, and without front-to-back deviation.

Gunshot Wound to Right Upper Extremity #1 (Distal Right Dorsal Forearm):

A gunshot entrance wound is at the distal dorsal right forearm 22 inches from the top of the shoulder. It is a 1/2 inch circular perforation with a symmetric 1/8 inch rim of abrasion. There is no fouling or stippling.

After penetrating the skin and soft tissues of the right forearm, the bullet passed through the extremity to exit the medial right flexor forearm. There is hemorrhage along the bullet track.

The exit wound is a 1-5/8 inch irregular defect with a negligible rim of abrasion. There is no fouling or stippling. This exit wound lies 21-23 inches from the top of the shoulder.

ML 01-1818

Re: Milton W. Cooper

Page 9

Gunshot Wound to Right Upper Extremity #1 (Distal Right Dorsal Forearm) (Continued):

No bullet is recovered.

The direction this bullet traveled is right-to-left, back-to-front, and without vertical deviation.

Gunshot Wound (Graze) to Right Upper Extremity #2 (Dorsal Right Hand):

A graze wound is at the dorsal right hand extending obliquely from the base of the hand to the right thumb region, 24-26 inches from the top of the shoulder. It is a 2-3/8 inch long with a 1/4 inch medial rim of abrasion. There is a negligible rim of abrasion at the remaining margin. There is no fouling or stippling.

There is marked hemorrhage along the bullet track. There is no underlying vital injury.

No bullet is recovered.

The direction this bullet traveled is left-to-right, downward, and without front-to-back deviation.

Gunshot Wound to Right Lower Extremity (Right Shin):

A gunshot entrance wound is at the anterior right shin, 54 inches from the top of the head. It is a 3/8 inch circular perforation a 1/4 inch symmetric rim of abrasion. There is no fouling or stippling.

After penetrating the skin and soft tissues of the right shin, the bullet passed upward through the soft tissues of the right lower leg and right thigh before lodging in the soft tissues of the right quadriceps muscle. There is marked hemorrhage along the bullet track.

The bullet lodged within the belly of the right quadriceps muscle, 50 inches from the top of the head.

The bullet is yellow-metal jacketed, of medium caliber, and is markedly deformed at its nose. "A" is now inscribed on its base, and the bullet is retained as evidence.

The direction this bullet traveled is upward, slightly right-to-left, and front-to-back.

ML 01-1818

Re: Milton W. Cooper

Page 10

Blunt Impact to Head, Neck, and Right Upper Extremity:

There is an irregular ½ inch "C"-shaped red abrasion at the right side of the forehead. There is an irregular ½ inch red abrasion at the medial aspect of the right eyebrow. There is a 2 x 1 inch cluster of nonspecific red abrasions measuring up to 1/4 inch at the base of the right side of the neck. There is a 1/4 inch red abrasion at the lateral right flexor wrist.

These injuries, having been described, will not be repeated.

INTERNAL EXAMINATION:

Head:

The brain weighs 1460 gm and has an unremarkable distribution of cerebral vessels and cranial nerves. The gray and white matter, deep nuclei, and ventricles are unremarkable. The leptomeninges are thin and delicate. There is no epidural or subdural hemorrhage.

Neck Organs:

The hyoid bone, and tracheal and laryngeal cartilages are unremarkable.

Body Cavities:

The gallbladder is not identified.

Cardiovascular System:

The aorta is without atherosclerosis. The venae cavae and pulmonary arteries are without thrombus or embolus. The heart weighs 560 gm and has an unremarkable distribution of right dominant coronary vessels with minimal (<25% occlusion) noncalcified atherosclerosis of the proximal left anterior descending coronary artery. The remaining coronary arteries are without luminal compromise. The myocardium is diffusely red-brown without softening, pallor or fibrosis. The left ventricle is 1.4 cm thick. The endocardial surfaces and four cardiac valves are unremarkable.

Respiratory System:

The right lung weighs 500 gm; the left lung weighs 570 gm. Both lungs are dark red without consolidation, cavitation or hemorrhage. There are no mass lesions. The bronchial vasculature and architecture are unremarkable.

Liver, Gallbladder and Pancreas:

The liver weighs 2280 gm, has an orange-brown slippery cut surface with slightly fibrous texture. The gallbladder is not identified. The pancreas is of normal lobulation, color, and texture.

ML 01-1818

Re: Milton W. Cooper

Page 11

Hemic and Lymphatic Systems:

The spleen weighs 300 gm, has an intact, smooth capsule, and a dark red parenchyma without prominent white pulp. There are no lymph node enlargements.

Genitourinary System:

The right kidney weighs 200 gm; the left kidney weighs 210 gm. Both kidneys have smooth subcapsular surfaces with an unremarkable underlying architecture and vasculature. Both ureters are normal caliber and drain into an unremarkable bladder containing approximately 500 ml of clear, yellow urine. The prostate is slightly enlarged without masses.

Endocrine System:

The pituitary, thyroid, and adrenal glands are unremarkable.

Digestive System:

The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 1 Liter of tan fluid including numerous partially digested semisolid unidentifiable food fragments. The gastric mucosa, duodenum, remainder of small intestines, appendix, and large intestines are unremarkable.

Musculoskeletal System:

See "INJURIES".

TOXICOLOGY (SEE ATTACHED REPORT)

UNIVERSITY MEDICAL CENTER
 1501 North Campbell Avenue, Tucson, Arizona 85724
 Margaret A. Rennels M.D., Medical Director
 Department of Pathology

NAME: COOPER, WILLIAM M
 PT#: MLO1-1818 LOC: MLO1 ROOM: AGE: SEX: M
 ACCT: 9987645 DR: PETERS, ERIC (OME) CODE: 02937

----- VOLATILE SUBSTANCES -----						
TEST:	SPECIMEN	ETHANOL	ETHANOL	METHANOL	ACETONE	ISOPROPANOL
UNITS:		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
LO-HI:		UNDE	UNDE	UNDE	UNDE	UNDE
11/07/01						
0001	AUTOPSY BLOOD		52*	UNDETECTED	UNDETECTED	UNDETECTED
0001	VITREOUS		53*	UNDETECTED	UNDETECTED	UNDETECTED
0001	AUTOPSY URINE		66*	UNDETECTED	UNDETECTED	UNDETECTED

----- VITREOUS ELECTROLYTES -----								
TEST:	SPECIMEN	SODIUM	POTASSIUM	CHLORIDE	CARBON DIOXIDE	GLUCOSE	UREA NITROGEN	CREATININE
UNITS:		mMOL/L	mMOL/L	mMOL/L	mMOL/L	mg/dL	mg/dL	mg/dL
LO-HI:								
11/07/01								
0001	VITREOUS	120	7.6	76*	<5	<10	9	0.4

----- SUBSTANCE OF ABUSE SCREENS/QUANTITATIONS (OME only) -----							
TEST:	SPECIMEN SOURCE	COCAINE METABOLITE(S)	OPIATE METABOLITE(S)	CANNABINOID METABOLITE(S)	BENZODIAZEPINE METABOLITE(S)	AMPHETAMINE & RELATED COMPOUNDS	BARBITURATE SCREEN
UNITS:		ng/mL	ng/mL	ng/mL	ng/mL	ng/mL	ng/mL
LO-HI:							
11/07/01							
0001	AUTOPSY BLOOD	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED		UNDETECTED
0001	AUTOPSY URINE	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED	UNDETECTED

UNIVERSITY MEDICAL CENTER
1501 North Campbell Avenue, Tucson, Arizona 85724
Margaret A. Rennels M.D., Medical Director
Department of Pathology

NAME: COOPER, WILLIAM M
PT# : ML01-1818 LOC: ML01 ROOM: AGE: SEX : M
ACCT: 9987645 DR : PETERS, ERIC (OME) CODE: 02937

----- THIN LAYER CHROMATOGRAPHY -----
ROUTINE DRUG SCREEN

EST:
ITS:
-HI:

11/07/01
0001

SUBSTANCES ROUTINELY SCREENED FOR BY THIN LAYER CHROMATOGRAPHY

ACETAMINOPHEN	CODEINE	IMIPRAMINE	MORPHINE (FREE)	QUINIDINE/QUININE
AMITRIPTYLINE	CYCLOBENZAPRINE	LIDOCAINE	NICOTINE	SPIRONOLACTONE
AMOXAPINE	DESIPRAMINE	LOXAPINE	NORTRIPTYLINE	STRYCHNINE
AMPHETAMINE	DEXTROMETHORPHAN	MEPERIDINE	PENTAZOCINE	SYMPATHOMIMETIC AMINES
BARBITURATES	DIPHENHYDRAMINE/ DIMENHYDRINATE	MEPROBAMATE	PHENACETIN	TERPIN HYDRATE
BENZTROPINE	DOXEPIN	METHADONE	PHENCYCLIDINE	TRAZODONE
CAFFEINE	DOXYLAMINE	METHAMPHETAMINE	PHENOTHIAZINES	TRIAMTERENE
CARBAMAZEPINE METABOLITES	DOXYLAMINE	METHAQUALONE	PHENYTOIN	TRIMETHOBENZAMIDE
CIMETIDINE	ETHCHLORVYNOL	METHOCARBAMOL	PROPOXYPHENE	TRIMETHOPRIM
COCAINE	GLUTETHIMIDE	METHYPRYLON	PROPRANOLOL	TRIMIPRAMINE
	HYDROXYZINE			

***** RESULTS *****

AUTOPSY URINE

NONE OF THE DRUGS ROUTINELY SCREENED FOR BY TLC WERE DETECTED