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File# 69-8792

OFFICE OF CHIEF MEDICAL EXAMINER-CORONER

Date August 10, 1969 Time 2:00 P.M.

I performed an autopsy on the body of STEVEN EARL PARENT, AKA JOHN DOE # 85
at OFFICE OF CHIEF MEDICAL EXAMINER-CORONER, HALL OF JUSTICE, LOS ANGELES,
and from the anatomic findings and pertinent history | ascribe the death to:

MULTIPLE GUNSHOT WOUNDS, CHEST

ANATOMICAL SUMMARY

A total of three (3) gunshot wounds.

Fatal gunshot wounds (#1 and #2).

- Perforation of left lung.
- 2) Perforation of trachea.
- 3) Perforation of aorta.
- 4) Left hemothorax, 1500 cc.
- Right hemothorax, 1000 cc.
 - * Two perforations of left antecubital area by gunshot wounds.

Other Wounds

One incised wound of the left hand.

Gunshot wound #3 (non-fatal wound)

Entrance wound, left face.

2

EXTERNAL EXAMINATION:

The body is that of a young adult white male which appears to be the stated age of 18, weight of 162 pounds, and height of 72 1/2 inches. The body has not been embalmed.

The hair is red, the eyes are brown, the pupils are round and equal measuring 0.4 cm in diameter. The sclerae are white and show no evidence of icterus. The teeth are in good condition. The mouth and nose are oozing some blood. The ears are unremarkable. The neck, chest, and abdomen are normally shaped and symmetric and show only the evidence of trauma which will be described later. The abdomen shows no evidence of any old scars. The skin shows no evidence of tattoos, jaundice, or amputations of any kind. The genitalia are unremarkable. The upper arms show no venipunctures of the antecubital fossae. The lower extremities are unremarkable.

EVIDENCE OF TRAUMA:

The gunshot wound #1 shows an entrance wound located on the left upper chest 11 inches from the top of the head and 5 inches to the left of the midline of the body. The entrance wound is located under the left end of the left clavicle. The entrance wound measures 1/4 of an inch inddiameter, and it is round. It shows an abrasion ring that measures 3/8 of an inch in diameter. This abrasion ring is concentric. The skin shows no powder marks. The trajectory is from left to right and from front to back and horizontal in plane. The bullet is impacted against the cervical spine. The bullet is small of lead with deformed nose and moderately deformed base. Damage by this gunshot wound is perforation of the apex of the left lung and perforation of the traches. This gunshot wound is a fatal wound.

Gunshot wound #2: The entrance wound is located 19 inches from the top of the head and 9 inches to the left of the midline of the chest. The wound measures 1/4 of an inch in diameter, and shows a concentric abrasion ring which is round and measures 3/8 of an inch in diameter.

The direction of this wound is from left to right, from anterior to posterior, and in a horizontal plane. The adjacent skin shows no evidence of powder burns. The damage is perforation of the base of the left lung, and perforation of the aorta. The bullet is small, of lead, is almost intact, and is found in the right chest cavity at approximately 2:00 P.M. this date.

Additionally resulting from bullets #1 and #2 is a left hemothorax of 1500 cc, and a right hemothorax of 1000 cc.

83

The gunshot wound #3 is located on the left cheek. The entrance wound is located 7-1/2 inches from the top of the head, and 2 inches to the left of the midline of the face. This wound measures 1/4 of an inch in diameter. There is a concentric abrasion ring that measures 3/8 of an inch in diameter. There are a few marks around this entrance wound which are suggestive of powder hurns. The trajectory is from left to right in a horizontal plane in a slightly frontward direction. A wound is located on the inside of the mouth in the mucosa. The wound shows the borders to be everted. The bullet also has grazed the left upper lip, making a groove that measures 1/2 an inch in length, and 1/4 of an inch in width, and 1/8 of an inch in depth. This bullet is not recovered.

Gunshot wound #4: This gunshot wound is located on the left forearm. The entrance wound is located on the dorsal portion of the forearm, at the base, and 2 inches from the elbow. The defect measures 1/4 of an inch in diameter, and shows an abrasion ring 3/8 of an inch in diameter. There is no evidence of powder marks on the skin. The direction of this wound is from dorsal to ventral, and the exit wound is located in the ventral surface of the base of the forearm, 1 inch from the elbow.

Gunshot wound \$5: This gunshot wound is located on the distal portion of the forearm. The entrance wound is located on the dorsal portion of the mid-forearm, 4 inches above the left wrist. The defect measures 1/4 of an inch in diameter and is round and shows a round abrasion ring that measures 3/8 of an inch in diameter. The skin shows no evidence of powder. The direction of the wound is from dorsal to ventral. The exit wound is located 3 inches above the wrist on the volar surface. The exit wound shows everted borders.

DESCRIPTION OF THE STAB WOUND OF THE LEFT HAND:

The palmar surface of the left hand shows an incised wound which is somewhat tangential to the surface of the skin. The borders of this wound are quite sharp, and they are linear. The wound measures 3 inches in length, and it goes as deep as the bone and tendons of the area. No tendons have been transected by the instrument.

There is no additional evidence of trauma noted on the body.

INCISION:

The body is opened by a Y-shaped incision. The subcutaneous tissues and muscles are normally developed. The peritoneum is unremarkable. The chest cavities contain blood as previously recorded.

4

HEART :

The heart weighs 320 grams. The pericardium is unremarkable. The cardiac chambers are normally developed. The myocardium shows no evidence of infarction. The coronary arteries are patent and show no significant evidence of arteriosclerosis. The valves are smooth and pliable, and the valvular rings are not calcified. The aorta and main vessels are patent. They show no significant arteriosclerosis, and they show a normal distribution. The abdominal aorta shows the previously recorded perforation of gunshot wound \$2.

LUNGS:

The bronchial tree shows abundant blood in the lumen and the previously recorded perforation of the traches. The vascular tree of the lungs is unremarkable. The pulmonary parenchyma is unremarkable except for the two previously recorded perforations of the left lung of gunshot wounds #1 and #2.

LIVER:

The liver weighs 1400 grams. The capsule is thin and transparent. The color is red-brown. The cut sections show no unusual evidence of lobularity or fibrosis. The vessels are almost empty of blood. The bile ducts are patent. The gallbladder contains about 20 cc of bile and nosstones. The common duct is patent and shows no evidence of lithiasis.

SPLEEN:

The spleen is grossly unremarkable. It weighs 130 grams.

PANCREAS AND ADRENALS:

Grossly unremarkable.

KIDNEYS:

The kidneys each weighs 140 grams. The capsules strip easily and show smooth surfaces. The cut sections demonstrate normal cortex and medulla. The pyramids, calyces, and pelves are unremarkable. The ureters are patent. The urinary bladder contains about 150 cc of clear urine.

GENITAL SYSTEM:

The prostate shows no evidence of hypertrophy or nodularity. The testicles are unremarkable. The penis shows no unusual features. The anus shows no unusual features.

5

SKELETAL SYSTEM:

The bones and bone marrow are grossly unremarkable.

GASTROINTESTINAL TRACT:

The esophagus is patent and normal. The stomach contains about 200 cc of partially digested food particles obscuring further identification. The duodenum and small bowel show also the similar food particles. The large bowel is grossly unremarkable.

No large lymph nodes are seen in the abdomen, in the mediastinum, or in the neck.

NECK ORGANS:

The pharynx, larynx, thyroid, and thymus are unremarkable. The traches shows the perforation previously described under "Gunshot wound #1".

HEAD AND CENTRAL NERVOUS SYSTEM:

The scalp shows no evidence of trauma. The skull shows no evidence of fracture. The brain weighs 1310 grams. The hemispheres are symmetric. The convolutions are well marked. Coronal sections show no evidence of hemorrhage, tumor, or any abnormalities. The cerebellum, pons, and medulla oblongata are grossly unremarkable. The vessels at the base of the brain show no gross unusual features. There is no evidence of cerebral edema.

The pituitary and the masal sinuses are grossly unremarkable.

GASTON HERRERA, M.D. DEPUTY MEDICAL EXAMINER

GH:AMJ:G:CS 8/11/69 DIRECTED AND SUPERVISED BY

THOMAS T. NOGUOHI, M.D. Chief Medical Examiner-Coroner

COUNTY OF LOS ANGELES

OFFICE OF CHIEF MEDICAL EXAMINER-CORONER BODY FULL LENGTH ANTERIOR NAME STEVEN Earl PUTENT Date Au - 10-69 File # 69-8797 Entrance hole 1 Entrance hole 19 from Top of thehead 191 from top of the head 7 left of mid line of chest I left of mid line under left end of left clovic He measures of indiamites Hole measures 401 indiant stasion ring round 3/6 / countrie Mo powder makes inection East to night Director, out > post tair > porterior Horizontal Plane or zontal plane by+ to right directle maje. Perforation Porforation ent lower lobe oflung left apex of lung. Obullet col 22 yound Trachec L At chest cavit Bullet found impac a scrist & pinalcentels. IT homotherex 1505 hamothory 60001 Stab wound, lef palmar surface 31 Tonjencial to left cheech The Skin. deep to the 2 from top of the head live of face Tendons and bome. (4) Entronce dorsal surjuce in diameter. Possible of opper forearm of alexisin Powder marks on thisking I no powder. ection buft to Night or izontal most wessel Fxit ventral surface ForTrance | Donsed surface it mucosa of the side and the foreun it the The markethy. midle 9: dionitelia made incention of at about in ning of incide the in iper lip. in suiter. 1-1-1 - 1 32001 from Dr. Herre La 5:16-69 mak 6. Lea 6678 6:15 PM

M.D.

Laboratory examination performed by Deputy Medical Examiner.

Examination of fresh anal and buccal smear by light microscopy with reduced condenser setting showed no evidence of sperm.

GASTON HERRERA, M.D.

DEPUTY MEDICAL EXAMINER

GH:cs

69-2792

STEVEN EARL PARENT (JOHN DOE #85

10000000000000000000000000000000000000	1.00	Incised Wounds	
Chest	j 2		#1, #2
Face-Left Cheek	1		#3
Arm - Left forearm	2	1	#4 T & T
Arm - " Dorsal	2		#5 T & T
	-		
Hand - left		1	3" length, bone-deep, defer

STHEATH OF WOUNDS:

FATAL MOUNDS:

#1 and #2

WOUNDS NOT DOCUMENTED:

All wounds documented.

NOTE: #2 and #4 could be same bullet

#1 and #5 could be same bullet

T6R290A-Tox 4- Cm 11-66

REPORT OF CHEMICAL ANALYSIS LOS ANGELES COUNTY MEDICAL EXAMINER-CORONER Toxicology Laboratory Hall of Justice

Los Angeles, California

		File No. 69-879	2
Steven Ear	l_Parent	Lab No. 8	-142-69
August 11,	1969	Time 8 A.M.	
Gaston Her	cera, M.L.		
Blood X	Liver	Stomach	
Brain	Lung	Lavage	
Femur	Spleen	Urine	
Kidney	Sternum	Gall bladder	
Drugs	Chemicals		
	Gaston Herr Blood X Brain Femur Kidney	August 11, 1969 Gaston Herrera, M.E. Blood X Liver Brain Lung Femur Spleen Kidney Sternum	Gaston Herrera, M.L. Blood X Liver Stomach Brain Lung Lavage Femur Spleen Urine Kidney Sternum Gall bladder

Test Desired:

Polsons

Laboratory Findings:

1. Blood: Ethanol .02 percent

Blood: Barbiturates, Amphetamine, Methedrine,

MDA, Doriden, Meprobamate, Quaalude,

Soma and Phenacetin absent

2. Blood: Morphine and Godeine absent

Examined By 1. Jack Villaudy Head Toxicologist. Date September L, 1969

2. E.k. hompson

Toxicologist

September 4, 1949

-7-1400000000000000	COUNTY	OF LOS ANGELES	s	ASE REPOR
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COUNTY OF LOS ANGELES DEPARTMENT OF CHIEF MEDICAL EXAMINER-CORONER PRELIMINARY EXAMINATION REPORT

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RIGOR MORTIS:	TEMPERATURE:
NECK:	ENVIRONMENT TEMPERATURE = 94 F
Anterior flexion	DATE 8-9 TIME 200 PM
Pight lateral flexion 47	LIVER TEMPERATURE = 92° F
Left lateral flexion	WHERE TAKEN LESNI AND AM
JAW: SHOULDER: ELBOW: WRIST: HIP: KNEE: ANKLE: 47	DATE 8-9- TIME 2 PM
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COUNTY OF LOS ANGELES DEPARTMENT OF CHIEF MEDICAL EXAMINER-CORONER PRELIMINARY EXAMINATION REPORT

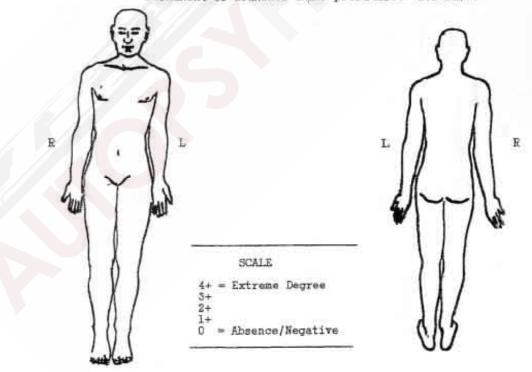
Name John Doc # 85	Case No. 69-8792
RIGOR GMORTIS:	TEMPERATURE:
NECK:	ENVIRONMENT TEMPERATURE = 80° F
Anterior flexion Posterior flexion Right lateral flexion Left lateral flexion	LIVER TEMPERATURE = 92.5 F DECEMENT IN CRITT RAPEOX WHERE TAKEN 5 MINUSES FRIOR TO
JAW: SHOULDER: SHOULDER: KNEE: ANKLE: WRIST:	DATE 8 - 9 - 69 TIME 853 (PM)

LIVOR MORTIS:

Use shading on diagrams to illustrate location.

Describe intensity of coloration. (use scale)

Permanent or blanches under pressure? Describe.



Remarks:

Gallaghe Ceroner's Investigator

Date 8-9-69 Time 8 55 (PM)

16P106-Cib (0-66

COUNTY OF LOS ANGELES DEPARTMENT OF CHIEF MEDICAL EXAMINER-CORONER PRELIMINARY EXAMINATION REPORT

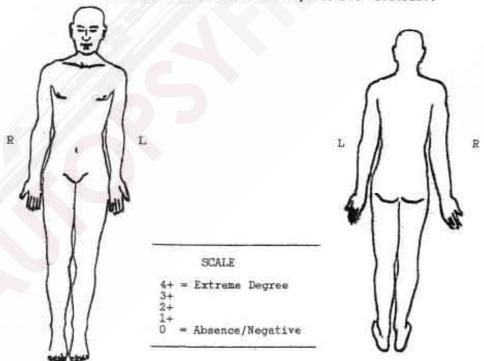
Name_ JOHN DOE # 85	Case No. 69-8792
RIGOR MORTIS:	TEMPERATURE:
NECK:	ENVIRONMENT TEMPERATURE = 740 F
Anterior flexion Fosterior flexion Right lateral flexion Left lateral flexion	DATE 8-9-69 TIME 643 (PM) LIVER TEMPERATURE = 94° F WHERE TAKEN 47 OFFICE
JAW: O HIP: O KNEE: C ANKLE: O	DATE 8-9-69 TIME 645 AM PM

LIVOR MORTIS:

Use shading on diagrams to illustrate location.

Describe intensity of coloration. (use scale)

Permanent or blanches under pressure? Describe.



Remarks:

Gallagher Coroser's Investigator

Date 8-9-69 Time 6 PM

TEP236-Cdb 10-68