REGIONAL FORENSIC SCIENCE CENTER

Timothy P. Rohrig, Ph.D. – Director
Timothy S. Gorrill, M.D., Ph.D. – District Coroner - Chief Medical Examiner

AUTOPSY REPORT

CASE: 09-18-1432

NAME: Hernandez, Lucas

DATE: 5/25/2018

ADDRESS: 655 S. Edgemoor, Wichita, Kansas 67218

TIME: 0900 hours

5 - year - old male

PERSONS PRESENT AT AUTOPSY: Crime Scene Investigator Holley, Lieutenant Patton, and Detective Relph from the Wichita Police Department
Forensic Assistant: Morgan Snead

PATHOLOGIC DIAGNOSES

I. Undetermined cause of death (see opinion)
II. Advanced decomposition, with mummification and partial skeletonization of the head, skeletonization of the neck, and partial skeletonization of the trunk and extremities
III. Toxicology studies are noncontributory
IV. Clinical history of cleft palate
V. Clinical history of micrognathia
VI. Clinical history of persistent pulmonary hypertension of the newborn

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CAUSE OF DEATH: Undetermined
MANNER: Undetermined

Timothy Gorrill, M.D., Ph.D.
District Coroner-Chief Medical Examiner

6/26/2018
Date signed

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CIRCUMSTANCES OF DEATH

The decedent was a 5 year old male with a clinical history of cleft palate, micrognathia, and persistent pulmonary hypertension of the newborn. He was discovered obviously deceased in a state of advanced decomposition under a pile of debris in a culvert on 5/24/2018.

POSTMORTEM EXAMINATION

An autopsy is performed on the body of Lucas Hernandez at the Sedgwick County Regional Forensic Science Center, Wichita, Kansas on May 25th, 2018.

RADIOGRAPHY

X-rays of the decedent prior to opening the body bags are obscured by scattered radiopaque debris. X-rays performed after removal of debris show no obvious skeletal trauma.

EXTERNAL EXAMINATION

The body is received in an outer white body bag secured with a red plastic lock, and an inner white body bag secured with a red plastic lock. Body identification includes a yellow tag around the right ankle with the case number 09-18-1432. The body is photographed. The body is identified as that of the decedent via dental records. A small plastic container is present in the body bag, within which 4 small fingernails/toenails are enclosed.

The body is in a state of advanced decomposition with incomplete skeletonization, and appears to be consistent with that of a young child. The torso and lower extremities remain loosely held together within a T-shirt and pants. Debris including twigs, leaves, small rocks, and soil/mud accompany the body, with a combined weight of 20 pounds. Extensive maggot activity is present.

The head, with attached C1 vertebra, is separate from the body. The head is mummified, with dark brown to tan discoloration of the face and scalp. The hair appears to be brown, and measures up to 2 inches in length. The eyes are not identified. The mandible is skeletonized. Several grey metal crowned teeth are present. The left ear, left temporal scalp, and occipital scalp are absent/skeletonized. The intracranial contents are absent.

The neck and torso are predominantly skeletonized. The hyoid bone and laryngeal cartilages are not identified. The T5 through L4 vertebrae remain together, with a loosely attached cluster of abdominal soft tissues/organs, which are in a state of advanced decomposition, including the left kidney (20.3 grams), left adrenal gland, liver (47.3 grams), pancreas, and aorta.

All of the long bones of the upper extremities are present and skeletonized. Many of the bones of the hands are recovered after sifting through the debris.

The lower extremities are relatively well preserved. Although the femurs, right tibia and right fibula are skeletonized, much of the deep soft tissues of the leg remain attached to the left tibia

and fibula. The feet are relatively intact, partially skeletonized, with mixed mummification and advanced decomposition of the soft tissues.

EVIDENCE

The following items are collected and preserved: samples of the decedent's bone. See also chain of custody documents.

MICROSCOPIC DESCRIPTION

Block/slide list:

1) Liver
2) Left kidney

Liver, and kidney: Decompositional changes.

TOXICOLOGY

Liver:

β-Phenethylamine – Positive

Negative for Amitriptyline, Amphetamine, Benzoylecgonine, Chlordiazepoxide, Cocaethylene, Cocaine, Codeine, Cyclobenzaprine, Desipramine, Diazepam, Diphenhydramine, Doxepin, Hydrocodone, Hydromorphone, Imipramine, Meperidine, Methadone, Methamphetamine, Methylenedioxymethamphetamine [MDMA], Morphine, Nordiazepam, Nortriptyline, Oxycodone, Oxymorphone, Phencyclidine [PCP], Phentermine, Propoxyphene, Sertraline, Strychnine, Tramadol, Trazodone, Verapamil, and Zolpidem.

FORENSIC ANTHROPOLOGY EXAMINATION

The decedent was examined by Forensic Anthropologist Dr. Peer Moore-Jansen of Wichita State University. Findings include the following:

- a nearly complete male human of the estimated age 4-6 years, White/Hispanic
- cranial asymmetry
- a palatal defect
- periosteal reaction on many of the ribs
- and ischio-pubic synostosis.

OPINION

The autopsy, including review of circumstances of death, medical history, toxicological studies and forensic anthropology examination did not reveal a definitive cause of death. Although no trauma was identified, examination for soft tissue trauma was obviously limited due to postmortem changes. The cause of death is therefore undetermined.

The manner of death is undetermined.

TSG

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FORENSIC LABORATORY DIVISION
TOXICOLOGY LABORATORY REPORT

NAME: U/I MALE (HERNANDEZ, Lucas)	**TOXICOLOGY CASE NO:** 18-0442
	Agency Case No: 09-18-1432
Submitted by: T. Gorrill, MD	**Date Received:** 29 May 18

SPECIMENS SUBMITTED

Liver, Kidney
(Decomposed)

RESULTS

Liver:

β-Phenethylamine – Positive

Negative for Amitriptyline, Amphetamine, Benzoylecgonine, Chlordiazepoxide, Cocaethylene, Cocaine, Codeine, Cyclobenzaprine, Desipramine, Diazepam, Diphenhydramine, Doxepin, Hydrocodone, Hydromorphone, Imipramine, Meperidine, Methadone, Methamphetamine, Methylenedioxymethamphetamine [MDMA], Morphine, Nordiazepam, Nortriptyline, Oxycodone, Oxymorphone, Phencyclidine [PCP], Phentermine, Propoxyphene, Sertraline, Strychnine, Tramadol, Trazodone, Verapamil, and Zolpidem.

Results Certified by: Timothy P. Rohrig Date: 23 June 18

Timothy P. Rohrig, PhD, F-ABFT
Director and Chief Toxicologist