

that it is redundant to say it would be inflammatory to the jury. Perhaps I am anticipating. There is another one to come.

THE COURT: I was going to take it under advisement.

MR. BOSTICK: We object.

THE COURT: The objection is taken under advisement. Is this one le?

MR. LANGER: Yes.

MR. BOSTICK: We object.

MR. LANGER: I might state ld is offered not only to show the wound of the genital region but also it shows the presence of pre-mortem bruises on the legs and thighs and knees.

THE COURT: ld does that?

MR. LANGER: Yes.

THE COURT: Can you back it up one, please.

DR. SCHAFFER: This is post-mortem. These are the primary two areas right here.

MR. BOSTICK: We feel a combination of ld and le exemplifies the point we are making.

THE COURT: Using ld, does that incorporate all the matters that will be testified to as far as le is concerned?

MR. LANGER: No, Your Honor. le --

MR. HEAD: Perhaps the doctor could explain.

DR. SCHAFFER: le and the next one afterwards shows a couple of things. It shows a close-up which -- from this view here, you are not picking up the importation on the next one because,

number one, it will show the irregularity of the wounds. Number two, it will show more clearly for the jury that the lines of demarcation are more consistent with post-mortem as opposed to pre-mortem.

THE COURT: I will take that under advisement. If?

MR. LANGER: Yes.

THE COURT: Any objection?

MR. BOSTICK: We do object, Your Honor. Let me simply state we don't see how this -- of course, we are lay people or Defense counsel. We don't see how the presentation of this will serve to assist the Coroner at all. Obviously, it will. I am trying desperately to weigh its inflammatory nature with the jury. I would suggest, and here again from a layman's standpoint, perhaps with the doctor's qualifications, I am sure he can testify to that without having to put it on display. It is not something so difficult for the jury to garner from the testimony. They already know the genitalia was amputated and to show them the amputated organ I think is highly inflammatory.

THE COURT: Mr. Langer, do you want to be heard on that?

MR. LANGER: Doctor, does this in any way support your conclusion that the genitalia was excised after death?

DR. SCHAPFER: Yes. There are two purposes for this. Number one is the fact, and you alluded to this, in reference to matching the two, this is obviously nothing that has been excised in a pre-mortem state. It is in post-mortem. There is no evidence of bleeding around the soft tissues, some of which are exposed

beside the skin. Number two is the fact of showing the completeness of the excision as well as the genitalia per se.

THE COURT: Okay.

MR. LANGER: I might further argue, in support of this particular photograph, the State, of course, has the burden to prove that the genitals were removed after death. The charge is abuse of a corpse. I think this is very strong evidence in support of the doctor's testimony that it was a post-mortem mutilation of the body.

MR. BOSTICK: In view of the expression of the Prosecution and the very fine explanation of the doctor, Your Honor, we would be more than willing -- I am trying to weigh the inflammatory nature -- to stipulate, would we not, that it was done post-mortem. I don't think there is any disagreement with that. And then perhaps withhold from the jury this very inflammatory piece of evidence. I am trying to work some compromise in my own mind at least to spare the jury here.

MR. LANGER: No, Your Honor. We would not agree to that stipulation.

THE COURT: Very well. The Court will take that objection under advisement, also. May I see the next slide, please. This is 1g.

MR. BOSTICK: We object, Your Honor.

MR. LANGER: Your Honor, that photograph demonstrates the wounds to the anus. One of the charges in this case is an anal rape charge.

THE COURT: We will overrule the objection. Next slide.

MR. LANGER: Doctor, do you want to explain that?

DR. SCHAFER: This is looking at the left side of the head, behind the head, the front of the head, the facial area is here and the rest of the body is this way. This shows a small area of hemorrhage beneath the scalp, over the left peripheral area of the scalp, showing, again, that this area has received a blunt force type injury.

THE COURT: Any objection?

MR. BOSTICK: No, Your Honor.

MR. LETT: The one we had was 1h. This is 1i.

MR. LANGER: What does that show?

DR. SCHAFER: This is the chest cavity which has been cleaned out of organs. We are looking into the neck area. On the side of the neck, we are seeing the hemorrhage in the left side of the neck. This is secondary to the strangulation.

THE COURT: Any objection?

MR. BOSTICK: None, Your Honor.

THE COURT: It may be admitted.

MR. LETT: That is the conclusion.

THE COURT: I am going to sustain the Defendant's objection to 1f. That is the slide of the excised genitals. And, overrule the objection as to 1b and 1e.

MR. LETT: These are the scene.

THE COURT: Any objection?

MR. STEPHAN: How are these marked?

MR. LETT: 2a through 2i. This would be State's Exhibit 2a.

THE COURT: Any objection?

MR. BOSTICK: None, Your Honor.

THE COURT: All right.

MR. LETT: 2b.

MR. BOSTICK: No objection.

MR. LETT: 2c.

MR. BOSTICK: May I inquire briefly, what am I looking at?

MR. LANGER: That is the body.

MR. BOSTICK: Is there something on the body?

MR. LANGER: A bag on the face.

MR. BOSTICK: I assume that is the way the body was discovered. No objection.

MR. LETT: 2d.

MR. LANGER: That is upside down. This is a close-up of the body.

MR. BOSTICK: No objection.

MR. LETT: 2e.

MR. BOSTICK: No objection.

THE COURT: Very well.

MR. LETT: 2f.

MR. BOSTICK: We do strenuously object to this. We feel there is an overexposure, a redundancy of showing the body. We have

had several series there where the body is located and what have you. I think to keep zeroing in on this type of thing before the jury then becomes inflammatory.

THE COURT: What was the number?

MR. LETT: 2f.

THE COURT: Can I see the next one?

MR. LETT: 2g.

THE COURT: Any objection?

MR. BOSTICK: Your Honor, in all sincerity, if that were the only picture, we would have no objection. We are again going to get accumulative. We object to this.

THE COURT: This is 2g?

MR. LETT: 2g. Now, 2h.

MR. LANGER: This shows the bag containing the decedent's clothing, a different location.

THE COURT: Any objection?

MR. BOSTICK: This is the first time we have seen this?

MR. LANGER: Yes.

MR. BOSTICK: No objection. And, no objection to 2i.

THE COURT: Can I see 2d, 2f, and 2g again, please.

MR. LETT: This is 2e, Your Honor.

THE COURT: All right.

MR. LETT: 2f.

THE COURT: That is f. And the next one?

MR. LETT: 2g.

THE COURT: Okay. I think all three of those were objected to as being accumulative.

MR. BOSTICK: Yes. With each repetition, it glares at you.

THE COURT: Do you want to respond to that?

MR. LANGER: Well, several points, Your Honor. One is that the position of the body will be important vis-a-vis the location of the body in determining whether or not the decedent was placed there shortly after death or some time after death. Number two, some of those photographs show bruises which aren't depicted in the Coroner's autopsy slides. One in particular we show to Dr. Schaffer to point out additional pre-mortem bruises.

THE COURT: Which one is that?

MR. LANGER: Go back. It is not that one. Is that the one, Doctor?

DR. SCHAFFER: Yes.

MR. LANGER: In particular, the next --

DR. SCHAFFER: It shows a couple of things which the rest of them don't. Number one is the marking around the right side of the neck which is most accurately shown in this particular one. Number two, also, the delineation of the bruises which you can see on the others, not quite in the same light as on this one. Three, we saw this in the other one, but you don't see this over in the knee region which is described but not shown in any other pictures.

THE COURT: That is number -- what is that again?

MR. LETT: 2f.

THE COURT: Okay. Let me see 2g again, please. Back it up again. Let me see 2d, also. Put 2d in there, please.

MR. LETT: There is 2d.

THE COURT: Okay.

MR. LETT: That is e.

THE COURT: And that is f?

MR. LETT: That was g that was just on the screen. That is 2g.

THE COURT: Okay.

DR. SCHAFER: 2f was the one with the body.

THE COURT: Right. What was your comment on 2e again, please?

MR. LANGER: I don't think there was an objection on 2e.

MR. BOSTICK: We started objecting, Your Honor, at 2f and 2g on several points, one of which was the accumulative nature.

MR. LETT: This is 2e.

THE COURT: You have no objection on that?

MR. BOSTICK: No objection on that.

THE COURT: We will sustain the objection on 2g and overrule the objection on 2f.

(Whereupon court reconvened.)

THE COURT: Welcome back, ladies and gentlemen, from your luncheon recess. It dawned on me about a half hour after I let you go I forgot to give you your admonition before the recess, but I am sure you all remembered it during that recess. I apologize for the

brief delay in getting started. I think at this point we are now in for some more regular court sessions than we have been having because of other matters that have been previously scheduled. I think we are clear now until next Tuesday, where we will have to chop it up again a little bit, but this should conclude the choppiness as far as court sessions are concerned.

Just by way of explanation, I will tell you that there are occasional delays in the start of court sessions because of matters that must be handled outside of your presence, certain evidentiary questions that come up that have to be handled either here in the courtroom or in chambers before we commence with the presentation of evidence to keep from having to delay you during that presentation. So, we hope you will understand that and kind of bear with us as we have these little delays. With that, I believe we are ready for the presentation of evidence. Mr. Langer, you may call your first witness.

MR. LANGER: The State calls David Lett to the stand.

* * *

WHEREUPON:

CHARLES DAVID LETT

the witness, having been duly sworn, was examined and testified as follows:

DIRECT EXAMINATION

BY MR. LANGER:

Q David, would you state your full name?

A Charles David Lett, L-E-T-T.

Q Your occupation, please?

A Investigator and photographer, Montgomery County Coroner's Office, Dayton, Ohio.

Q Dave, how long have you been an investigator and photographer at the County Coroner's Office?

A For Montgomery County, since February 13, 1971.

Q Can you very briefly tell us some of your training in the areas of investigation and photography related to the Coroner's Office?

MR. BOSTICK: In the interest of time, we are very familiar with Inspector Lett's qualifications. We would so stipulate.

MR. LANGER: Good.

THE COURT: Very well. The Jury will take in to account Counsel has stipulated and agreed to Inspector Lett's qualifications as a photographer and investigator for the Coroner's Office.

BY MR. LANGER:

Q Dave, taking you to Saturday, December -- or February 6th of this year, February 6th, I will ask you whether you were called out to a homicide scene in Moraine?

A Yes.

Q That is in Montgomery County, is it not?

A Yes, it is.

Q Can you tell us approximately what time you arrived at that scene?

A I received my original call at approximately 4:00 and arrived on the scene at approximately 4:30.

Q Where precisely are we talking about there in Moraine?

A It is in a field just east of Interstate 75, south of the Moraine Exit; Springboro, I believe the Springboro Exit. West of a trailer court area.

Q Tell us what you first observed when you arrived at the scene?

A When I first arrived at the scene, I was met by various officers of the Moraine Police Department along with other personnel from our office, and my attention was directed to the center of this field that has been mentioned previously. There was a couple officers standing in the field, and it was stated to me that there was where the deceased was located.

Q Did you observe the deceased?

A Yes.

Q While you were out there, Dave, did you make a point of photographing various points in the area?

A Yes, I did.

Q Have you brought, in the form of slides, those photographs?

A Yes, I did.

Q We now have them in the projector, do we not?

A No.

Q If you would, step down and do that, please.

MR. LANGER: If it please the Court, I am not sure this juror will be able to see the slides.

THE COURT: Maybe we can move his chair up here for the slide presentation. Do we have a folding chair?

THE BAILIFF: We do.

THE COURT: You can occupy that temporarily.

MR. STEPHAN: Mr. Bostick and I are at a disadvantage.

THE COURT: Can you see if you walk over here?

MR. STEPHAN: May we relocate?

THE COURT: Go ahead.

BY MR. LANGER:

Q Dave, if you would, project State's Exhibit 2A on the screen, please. Tell us, please, what that shows?

A This picture shows the overall area, the field that we have previously mentioned. I am standing to the east of the field, facing the west and northwest direction.

Q We see depicted in that photograph what appear to be two sets of footprints. What if anything -- do you see those there?

A Yes.

Q Would you step over and point them out, please?

A (Indicating.)

Q What if anything can you tell us about those two sets of footprints?

A Upon my arrival, I was directed by various officers on the scene that the first set of footprints or the footprint to the right in this picture was possibly of evidence nature and to avoid these upon walking into the scene. The second set of footprints you see here in the snow is the area that I was advised to walk along, to proceed on in to the scene where the deceased was located.

Q Dave, did you yourself follow the set of tracks on the right of that photograph?

A No, I did not.

Q Were you able to determine from any angle or any position where that track began and where it ended?

A They ended in the vicinity of where we found the deceased, and they appeared to start at a patio located in the trailer court, a trailer that will be later on shown in the photographs.

MR. BOSTICK: We object to the characterization that they appeared to start.

THE COURT: I assume that is part of the witness' observation. You can cross on that point. Overruled.

MR. BOSTICK: Thank you.

BY MR. LANGER:

Q Will you go to 2B, please? Tell us about that photograph.

A 2B is out toward the center of the field. I am facing in a northerly direction. This is to show two areas. One, the area where the deceased is located in a briar bush area, where there is a yellow towel located in the bush area. The second bush area is where there was other evidence found upon the investigation.

Q 2C?

A 2C is a close-up of the briar bush section that the body was located in, showing a yellow towel, a paper bag, and the position of the deceased, and the location of the briar bush.

Q When you use the term briar bush, you mean a thorn bush?

A Thorn bushes.

Q Would you go to 2D, please?

A 2D is a close-up, again, showing the position of the deceased, the yellow towel, and the paper bag that is placed upon the deceased and, again, his position lying in the briar bush area.

Q Did you notice or does that photograph demonstrate any discoloration that appeared on the towel?

A There is some discoloration in spots.

Q What color?

A It is red. It would appear to be blood to me.

Q The next photo should be 2E.

A That is a photograph from another position, showing the paper bag that was lying on top of the deceased. Inside the paper bag is the parts, the scrotum and penis, that appear or match with what came from the deceased.

Q Dave, what in particular was done with that organ of the body? Did you in any way handle it?

A This was removed by an officer from the Moraine Police Department and myself, placed in a plastic bag, and handed over to the investigator from our office that was on the scene with me. That was transported back to our office.

Q Was that later presented to Doctor Schaffer for his examination?

A Yes.

Q Would you go to 2F, please?

A 2F shows the position of the body after the bag has been removed off of the body, along with the yellow towel and the position of the yellow towel and the deceased's arm.

Q Showing the --

A Showing the towel that was under the arm.

Q 2H?

A 2H is the second briar bush section that I showed you previously, and this shows the bag, the paper bag with clothing

inside the bag that was later identified as the deceased's.

Q 2I?

A 2I is a photograph of me standing in the position of where the deceased was located, facing a trailer where the footprints started from or from the patio where the footprints started from, coming down toward the body.

Q Do all of these photographs fairly and accurately depict the scene shown?

A Yes.

Q You may resume your seat. As a representative from the Coroner's Office, did you take custody or control of the body or did you make any instructions with respect to the handling of the body?

A I gave instructions in the handling of the body.

Q To whom did you give those instructions?

A To the ambulance service that was removing the body from the scene to our office.

Q What were those instructions?

A To wrap the body in a sheet, place it in a body bag, and transport it to the Coroner's Office.

Q In fact, was the body transferred to the Coroner's Office that afternoon or late afternoon?

A Yes, directly from the scene to the office.

MR. LANGER: No other questions.

THE COURT: Cross examination?

MR. STEPHAN: Could I have a moment with Co-Counsel?

THE COURT: Very well.

MR. STEPHAN: Thank you.

CROSS EXAMINATION

BY MR. STEPHAN:

Q Mr. Lett, you stated that your time of arrival at the field behind the trailer was at about 4:30 in the afternoon on Saturday the 6th?

A Yes.

Q Who was in charge of the investigation when you arrived on the scene?

A From our department or from the Moraine Police Department?

Q Well, generally, who would be in charge at the time of your arrival?

A It would be the Moraine Police Department.

Q When you arrived, who then took supervision of the investigation?

A It is a quasi type investigation; both the Moraine Police Department and our department. We both have jurisdiction in the investigation.

Q Which police officer from the Moraine Police Department was in charge of the investigation at the scene?

A I am sorry. I don't recall the name of the officer.

Q Who would have directed you to the body or to the

footprints or to the trailer?

A Various officers on the scene, as I approached the scene.

Q Can you name any of them in specific?

A No, I cannot.

Q Do you recall which of the Moraine Police officers instructed you to stay within that second path of footprints?

A No, I don't. The only thing I recall is there was a patrolman guarding that area to keep spectators away. Upon my arrival, he questioned my identity. As soon as I identified myself, he gave that information to me.

Q Is it your testimony this afternoon, Mr. Lett, that you did not walk in that field in any area other than within that track of prints used by police personnel?

A Right.

Q Did you have an opportunity to walk past or what would have been west of the location of the body into the field?

A Yes.

Q So that you did go off the path?

A Yes, to do the photographing.

Q For the purpose of photographs?

A Right.

Q Did you go into the field west of the body for any other reason?

A No.

Q What about north or south of the body?

A No.

Q Only for the purpose of taking photographs?

A Right.

Q Did you make any observation, Mr. Lett, concerning any of the area west, north, or south of the body?

A No, I did not.

Q Did you take any photographs of that area west, north, or south?

A No, not other than what I have shown.

Q Your testimony on direct examination was that you did not walk the path of the prints that you say led from the patio area of the trailer to the body?

A That is correct. I did not walk those.

Q Were you able to observe those tracks from the point of beginning to the point of terminus from either end?

A I was able to determine a set of tracks that was pointed out to me from the body to the patio of the trailer.

Q Let me ask you this. If you placed yourself at the patio of the trailer, were you able to see the entire length of the prints to the body?

A Not the full distance from the trailer to the body. I could see the prints from the patio on in toward the field, and when I was facing the opposite direction, from the body, I could see the same prints going toward the patio, but not the full length,

again.

Q Not the full length?

A Right.

Q But you were able to see either from the location of the body or the patio of the trailer part of the path?

A An overall view in one direction, yes.

Q Well, I don't mean to argue with you, but were you able to see the entire path from either of those two locations?

A No.

Q What I am speaking of now is a continuous path. You were not able to see that?

A No.

Q And your testimony is that you didn't observe anything else north, south, or west of the body?

A No. I will have to retract that. I am sorry. The clothing was east of the body in another clump of bushes there, approximately five to ten feet away.

Q Is your photographic equipment such that you would have stepped up to that second bag with the clothing to take the photograph?

A Yes.

Q You went off of that path for that purpose, also?

A Right.

Q That area where the body was located is heavily brushed, is it not?

A. Yes.

Q. If that is the right word to say. Were you careful to step in certain locations as you went through that heavy brush?

A. Yes.

Q. What were you trying to do?

A. I was trying to stay away from the brush as much as possible and away from any evidence that may be there on the ground that I was not observing at the time or any footprints.

Q. In your capacity as an investigator, would it be fair to say that the body of the victim was reachable from any number of different directions?

A. For photographic purposes?

Q. For the purpose of arriving at the body, walking to it?

A. Yes, sir, there would be a number of directions you could come in to.

Q. Because what we are talking about is an open field that, except for the boundary of I-75, is accessible?

A. Yes.

Q. And that is based upon your ability to observe that as an investigator?

A. Yes.

Q. Did you take part in any chemical analysis of the reddish substance, and I believe you indicated that it appeared to be blood on that towel?

A. No, I did not take part in the testing of the coloring

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of the towel.

Q Would the coloring on the towel be consistent with any other substance than blood in your opinion?

A No.

Q As far as you are concerned, that was blood on that towel and it could be no other substance?

A That is what it appeared to be to me personally.

Q And upon what did you base that determination?

A From prior experience.

Q Is it also based upon the fact that the towel was clutched by the body? Was that part of your consideration?

A Yes.

Q And was it based upon the fact that the color was similar to what you have seen in the past as blood?

A Yes.

Q But your statement that the substance on the towel was blood is based upon your observation and not any chemical analysis?

A Correct.

Q You don't know, Mr. Lett, whose blood that was or whether or not it was human blood or animal blood or the identity of that blood in any way whatsoever, do you?

A No.

Q Other than the body of the victim and the dismembered body parts, did you take custody or control of any other evidence?

A No, I did not.

Q Were the genitals transported to the Coroner's Office with the bag that they were first found in?

A No, they were not.

Q Do you recall what ambulance service provided the delivery of the body to the morgue?

A Funeral Representatives.

Q That is the name of the company?

A Yes.

Q Your direct examination testimony was that you instructed the ambulance crew, I am assuming two persons?

A Yes.

Q To transport the body to the Coroner's Office downtown?

A Yes.

Q And your further instruction was to wrap the deceased in a sheet?

A Yes.

Q Who provided that sheet?

A They had one with them, the Funeral Representatives.

Q Can you tell the Jury what the fabric of that sheet is?

A Just a white sheet. I am not sure if it was cotton or one of the synthetics that sheets are made of.

Q Was it a fabric as opposed to a plastic?

A It was a fabric.

Q You state the sheet was provided by the ambulance service?

A Yes.

Q Did you collect that sheet as evidence?

A That would be up to the doctor at the time of the autopsy.

Q Have you seen that sheet since the time the body was delivered to the morgue?

A No, I have not.

Q Do you know whether or not that sheet has been laundered and returned to the ambulance service for additional use?

A No, I do not.

Q Your testimony concerning that track of footprints was that, if I might quote you, that track quote appeared to start unquote at the patio area of the Wampler trailer?

A Yes.

Q Did you photograph anything east of the patio area of the trailer?

A No.

Q In other words, into the parking area of the trailer park?

A No. I just photographed toward where the body was located from the patio.

Q Did you make any observation of the area east or into the trailer park as you were near the patio area?

A No, I did not.

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Q You are not able to tell us whether or not there were footprints leading from the trailer park in general to that patio area?

A No. I did not pay any attention because I was following the ones that was pointed out to me earlier.

Q Did you observe a dirt lane that travels in a north-south direction behind the trailer park in general?

A Yes.

Q Did you observe whether or not that dirt lane was marked with footprints?

A I observed footprints there. There was many footprints going in various directions there.

Q On that dirt lane?

A On that lane.

Q What about north of the trailer, did you observe any footprints from that area?

A In the lane, yes, there was footprints, quite a few of them, going in various directions.

MR. STEPHAN: Mr. Lett, thank you for your testimony.
That's all.

THE COURT: Any redirect?

MR. LANGER: No redirect, Your Honor.

THE COURT: You may step down.

MR. LANGER: The State calls Doctor Schaffer.

WHEREUPON:

DONALD EDWARD SCHAFFER

the witness, having been duly sworn, was examined and testified as follows:

DIRECT EXAMINATION

BY MR. LANGER:

Q Would you tell the Jury your name, please?

A Donald Edward Schaffer, S-C-H-A-F-F-E-R.

Q Your occupation, please?

A Chief Deputy, forensic pathologist, Montgomery County Coroner's Office.

Q Will you tell the Jury a little about your background?

A I graduated from USC, the University of Southern California, Los Angeles, in 1961, receiving a BA Degree in Zoology. Following this, I went to the University School of Medicine from 1961 through 1965, receiving my MD Degree in 1965. From 1965 until 1966, I did a rotating internship with the United States Navy at the United States Naval Hospital in San Diego, California. From 1966 through 1969, I served as a general medical officer with the United States Navy. From 1969 until 1973 I did a residency in anatomic pathology and clinical pathology at the University Hospital, San Diego County in San Diego, California. From 1973 to 1974 I did an additional year residency in forensic pathology, Los Angeles County Coroner's Office, Los Angeles, California. From 1974 until 1975, I stayed on with the Los Angeles

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County Coroner's Office as Deputy Medical Examiner. Also, co-existing with that time, in late 1974 extending through 1975 and the early portion of 1976, I was also with Bio Laboratories Medical Group out of Colton, California. This covered fourteen hospitals in general pathology as well as forensic pathology, also Riverside County and Imperial County in California. In 1976, I went to Montana to Northern Montana Hospital in Havre, Montana, as a general pathologist. I did consultant work for various law firms in the area of forensic pathology. I also taught forensic pathology at Montana State University in Bozeman, Montana. In 1976, I was in Havre, Montana, 1976 through 1978. In 1979, I transferred to Pondera Medical Center as a general pathologist as well as a consultant pathologist. I also taught forensic pathology. I stayed there for a period of one year. In 1980, the initial part of the year, from February until the end of April, 1980, I was consultant pathologist with the Montgomery County Coroner's Office; full-time from April 28, 1980. I have been there since that time.

Q Doctor, several times you used the phrase forensic pathology. Would you define that?

A Forensic comes from two words. Forensis meaning legal and pathos logos meaning the study of disease. Basically, it is the application of legal medicine or legal aspects of medicine in reviewing disease and death processes in reference to the human body.

Q In the course of your career, how many autopsies have

you personally conducted, approximately?

A Approximately 4,000 to 4,500.

Q Doctor Schaffer, taking you to Sunday, February 7th of this year, I will ask you whether or not you conducted the autopsy of Robert David Rowell at the Coroner's Office in Montgomery County, Ohio?

A Yes, sir.

Q Approximately what time did that autopsy procedure commence?

A That autopsy commenced at 9:00 in the morning.

Q During the course of the autopsy, Doctor, other than yourself, who else was present?

A At the time when I conducted the autopsy, Lou Stange, who is the autopsy assistant, was present in the room; Dave Lett, the photographer, was present in the room; Jerry Phipps, a pathology assistant, was present in the room; and Doctor Davis, the Coroner, was also present in the room.

Q Were any representatives from the Moraine Police Department present at anytime during that autopsy?

A I believe they may have come in and gone out. I don't recall who they were, though.

Q First, let's begin with the general appearance of the deceased. In general terms, would you describe the decedent as you first laid your eyes on him?

A When I first laid eyes on the decedent, number one, he

was not dressed. He was nude when I saw him first, and no property and no clothing accompanied the deceased nor were on the deceased at the time I observed the body. The body was unembalmed. He was a Caucasian, male child, approximately thirteen years of age; both stated age and appearing to be as such. He had a very fair complexion. Weighed approximately sixty-five pounds. Measured fifty-three and one-half inches in length. Hair of head was brown; maximum length of seven inches. There was a very small amount of light brown axillary, that is hair underneath the arm, that was present on both sides. Around the genitalia area, which I will describe later, there were also some light brown pubic hairs present. The eyes of the deceased were blue. The right pupil itself, the small opening, measured six millimeters in diameter, and the left pupil measured four millimeters in diameter. There were a lot of petechial or pinpoint hemorrhages on the right of the eye called scleral as well as within the conjunctivae of the eyes. If you reflect the eyelid down or up, you see pinpoint hemorrhages in these areas. This was present on both sides of the eyes. The teeth were natural and appeared to be in good repair. The examination of the mouth revealed the mouth, tongue, and nose to be normal except for petechial hemorrhages along the anterior or front aspect of the upper and lower gum region; right up front beneath the lips. There was also extensive drying of the lips present. In other words, there were no bruises present on the lips but they were extensively dry from being exposed to air. There was extensive bruising on the

bridge of the nose, and the bruise itself was purple in appearance. On the body itself, on further examination, there were predominantly posterior or back related dependent lividity present, or a settling out of the blood into the tissues following death of the individual. This was predominantly on the back. However, there was likewise some lividity on the left side of the face, the left side of the neck, as well as over the inner aspect of the right leg. In other words, toward the mid line, and the outer portion of the left leg and thigh region. There was 1+ rigor still left in the body, including the upper and lower extremities as well as the neck and jaw. There was not a great deal of rigor. It was still there. The body was quite cold to touch, not frozen, at the time I examined the body. However, it was quite cold. The chest itself externally was symmetrical. The breasts appeared to be consistent with the age of thirteen. The abdomen was quite symmetrical. No identifiable scars were present on the external surface of the body. There was post-mortem amputation of the genitals. I will get into that later, too, and the area of the excised genitalia. The tissue was somewhat irregularly severed. That is, on the main portion of the body, several portions of the urethra, the main tube from the bladder to the penis, as well as the base of the penile stump itself. The area of the amputation on the main portion of the body measured three and one-half inches by three inches, was quite irregular with numerous lacerations along the margins of the wound, with a small portion of the remaining area of the scrotum, that is the sac that

includes the testicles, remaining just on the lower end or toward the anal and anus opening.

Then, before I get -- well, let me finish this now. Accompanying the body at the time when I saw the body, in a separate plastic bag, there was a circumcised penis with irregular skin margins. Again, the skin of the removed portion was Caucasian. Both testicles were present, and the tissue itself had a measurement, when stretched, of four and one-half inches by two and three-quarter inches. No blood was present on that nor was blood present around the margins. No blood was present on either portion at the time of the examination.

Q The absence of blood on the margins of the genitalia indicates pre-death or post-death amputation?

A It would indicate this was not done pre-death. It would have been done after death. Also, the separate samples. In other words, on the penis and the scrotum and the testicles there was little brown, slightly black pubic hair around the base of the penis itself. No identifiable edema was present. That is, swelling of the soft tissue of the extremities. There was a bruise on the bridge of the nose and also a five-eighths inch after death, post-mortem, scratch with a small abrasion over the left side of the forehead. Also, a small abrasion beneath the lower lip on the right side as well as off the right lateral aspect of the mouth. Both of those abrasions were prior to death, pre-mortem abrasions. There is, likewise, a post-mortem or after death type scratch

present at the base of the right side of the neck. In other words, down toward the upper portion of the chest. And, there was post-mortem vascular patterning. The blood settles into the vessels. As the body is warmed up, you get pattern effects. This was present over the front side aspects of both shoulders and the upper portion of the right and left arms, just beneath the shoulder area itself. A lot of post-mortem, also vascular patterns, were present on the backs of the hands as well as the upper portion of both feet. There were a lot of post-mortem, after death, type abrasions present on the right chest wall. Also, post-mortem type scratches present along the front and toward the inner aspect of the left arm as well as the inner aspect of the right arm. These were all post-mortem. There was a small purple type bruise present on the left ear lobe itself. This bruise, the purple bruise, was prior to death. This was not a post-mortem type bruise. Also, post-mortem type abrasions were present on the side of the left jaw. That is post-mortem. A post-mortem scratch was present on the left lateral superior aspect of the neck. On the left side of the neck, to the side but toward the base of the skull, this was post-mortem in nature, there was a red-purple bruise which would indicate pre-mortem or pre-death bruise along the lateral side of the right side of the face. This was right along the jaw line. This measured one-eighth inch by one-eighth inch. There were three purple bruises present along the right angle of the jaw. These were located on the side of the face and along the angle of the jaw on the right side. There was a faint

purple bruise with slight mottling over the right anterolateral aspect of the neck. That would be over toward the front, but still what we consider the lateral side, about mid-portion, a mottling type, red-purple bruising. This particular one measured one and one-half inch by one inch in maximum dimension. There was also a vascular type pattern over the anterolateral aspect of the right chest wall. This was similar to what was on the shoulders. There were post-mortem abrasions over the inner aspect of the right thigh. Also, some post-mortem scratches over the front and outer aspect of the left thigh. Post-mortem abrasion was present over the anteromedial, the front inner aspect, of the left lower thigh. So, he had multiple type post-mortem abrasions and scratches present. Post-mortem abrasions on the left knee. There was post-mortem pressure type areas on the front aspect of the left leg. In other words, where the skin is somewhat indented as though something had been laying against him. There was no reactivity, which would indicate this had occurred after death. There was a red-purple bruise present along the inner aspect of the left ankle. There was a one and one-half inch by two inch purple bruise present on the anterior, on the front, aspect of the right leg. There was a purple bruise present on the front superior aspect, getting toward the groin, of the right leg. All the purple ones, again, were occurring before death. Again, there are post-mortem abrasions, after death, on the right knee. Also, there are red-purple bruises present on the right knee, toward the top of the right knee. Again,

occurring prior to death. Fingernails and toenails were dark, purple-blue in appearance. We would term that cyanotic. This occurs at the time of death and in cold type environments. It is much more predominant in individuals who are fairly fair skinned, which this individual was. Post-mortem abrasions over the right third and fifth toes, on top, on the right side. Post-mortem abrasions, also, on the top and outer aspect of the left foot. There was a red-purple bruise, again before death, measuring seven-eighths by two inches on the anterolateral, front and outer, aspect of the right thigh. We are getting to the right thigh area, again. Post-mortem abrasions in the mid line of the back as well as over the posterior medial aspect, in other words, the back and inner aspect, of the left arm and forearm. There was a small abrasion on the outside of the left index finger. That was a pressure abrasion. That had occurred prior to death. There was a two inch by two inch purple bruise over the left buttock region. That occurred also, prior to death. There was a post-mortem abrasion, also, present on the posterior superior aspect of the left knee. In other words, up toward the top of the left knee but behind the knee. Scattered about the skin surface of the body there were numerous brown stickers, such as off a bush, present within the skin. The anus itself was widely dilated or open. It contained brown fecal material. Further description of the anal opening, externally, was that there was a one-half inch tear which we call a perineal tear, which was before death, pre-mortem, along

the front wall of the anal opening. In other words, toward the testicles. Also, there was a three-eighths inch perineal tear along the posterior aspect of the anal opening, toward the back region, and another half-inch perineal tear along the right lateral side of the anal, in other words toward the right side of the body. These tears were quite superficial. They were lacerations, but they were a tear type laceration as opposed to a cutting type laceration, and they distinctively had a pre-mortem, again before death, appearance with small amounts of blood in the area of trauma, reactivity as we would call it, on the margin of these tears.

Q Doctor, with that general overview, you have brought with you this afternoon, have you not, various slides depicting some of what you have said and also other areas we haven't gone into?

A Yes, sir. We would like to place those, Mr. Lett, into the projector.

(Whereupon the doctor went to the screen.)

BY MR. LANGER:

Q Let's start with Exhibit 1A.

A 1A is a frontal view where we determine identification, a view of the deceased. We see a couple of things in this. Number One, over the left side of the forehead, as I described earlier, there was a post-mortem abrasion, occurring after death. With that, one can get -- in post-mortem, one gets a drying effect, a yellow-brown appearance. Likewise, over the bridge of the nose, as I

described, is a purple bruise. This occurred prior to death. Likewise, as I described, the lips have a drying effect. Again, they have turned very dark, almost a brown-black. If one were to look in a fresh state, they would look like they have been dehydrated. It is plain and simple. To the side of the mouth, we are picking up here a little bit -- both of these are fresh abrasions that occurred before death. Likewise, in this, we are also picking up the bruises that I described along the jaw and the right side of the face that occurred prior to death. In this particular area -- I don't know. Is that focused as well as we can get? You are seeing a slight mottling effect. In one of the other pictures it shows even more. A red-purple appearance with a bleached out center. This is the area of bruising that was present along the anterolateral aspect of the neck on the right side.

Q That photograph doesn't show the hemorrhaging on the gums you previously testified to, does it?

A No, sir.

Q While we are on that particular point, Doctor, based on your observations of the particular hemorrhages of the gums, would that be consistent with a blow to the mouth or inconsistent with a blow to the mouth?

A The particular hemorrhages that I saw would be inconsistent with a blow to the mouth.

Q Why do you say that?

A Because with a blow to the mouth one would find either

an isolated area of bruising with some swelling around it and/or a laceration and/or puffiness of the lips which would indicate pre-mortem type activity. With the petechial hemorrhage that was present along the front upper and lower jaw, this would be more consistent with pressure type such as a hand being held over it or perhaps something shoved within the mouth and putting pressure against it. It is more consistent with a pressure rather than a blow per se.

Q Let's go to 1B, please.

A This particular exhibit, 1B, is used to indicate and show a little more fully the scratches, which are post-mortem in nature, that occurred not only on the shoulder areas and back area and also around the neck but these were the post-mortem scratches that were present on the body. In addition, we see here the posterior type lividity, settling of blood into the vessels, that occurs after death. We can see in this case not only the back but also catching a glimpse of the left side of the face of the deceased which, likewise, had this lividity, settling out.

Q Let's talk a little more about lividity, Doctor. Is lividity a useful indicator in determining whether or not a decedent was moved after death from one location to another location?

A Yes, it is, within certain time frames.

Q Would you explain, please?

A Lividity begins to set in on the deceased within a half hour or so after death. It becomes relatively fixed by

approximately six hours. From the period of six hours to twelve hours, it is fixed. And then following twelve hours, under normal circumstances, when the blood becomes more fluid in a post-death state, then the fixing of the lividity, likewise, leaves. So, if one is moved during that fixing of the lividity, especially toward the beginning of that six hour phase or just prior to it and especially from the six to twelve hour phase, then one would expect to see, for instance, lividity in a different area if the body has been moved into a new position. If the body sits in an old position or the position where death occurred, then lividity should be fitting the same pattern where the position of the body was found.

Q I think gravity is what pulls the blood to the lowest portion of the body, is that it?

A Yes.

Q You have seen, I think, the photo that shows the area -- you have observed the photo of the decedent in the position found in the field?

A Yes, sir.

Q How does the lividity relate to the position of the body as found in the field?

A Okay. The lividity of the body as found in the field and as observed on the body, the lividity is posteriorly, the left side of the face, the inner aspect of the right leg, the thigh region, and outer aspects of the left leg and thigh region. The body as found, and which will be shown, the body is lying on the

back with the face rotated to the left side of the face is downward. The left side of the leg is rolled over toward its side, and the right leg is pulled up almost into a fetal position so that the inner aspects of the leg and thigh are on a downward position. This would be consistent with the position found.

Q Based on that particular statement, Doctor, do you have an opinion as to whether or not that body was deposited in that position and at that location shortly after death?

A It would be consistent with being deposited in that position shortly after death, yes, sir.

Q The lividity in that particular slide appears to be pinkish in color. Is there any significance to that?

A The pink coloration can be gleaned from two aspects. Normally, lividity on a body which is located, let's say, within a closed environment, such as a building like this or a home, will tend to deposit out or gravitate and will have a dark purple-blueish coloration rather than the pink-red coloration such as this. One finds this pink coloration in really two separate areas; one, obviously, if you have carbon monoxide poisoning. This will make the lividity look quite pink and usually more pink than this. The other thing, which is quite common during winter months and where the body is found externally, is that the cold itself makes the skin pink so the lividity does not look blue-purple, but pink to pink-red.

Q Exhibit 1C, please.

A This particular photograph now shows the deceased lying prone or face down. In this particular photograph, we are looking at a couple of things. Number One, we are seeing numerous scratch type marks on the body of the deceased, both on the lower extremities as well as the back region and also the back of the right arm and the back of the left arm. These type scratch marks, again, are post-mortem. This is to show the distribution and wide distribution of the scratch type marks.

Q How do you know they are post-mortem and not pre-mortem?

A Post-mortem as opposed to pre-mortem, if one looks at -- and this particular photograph is bleached out quite a bit because of lighting. We had trouble with the cameras that particular day. The diaphragm remained widely open. If one looks at these scratches, there is no reactivity around the scratches. Normally, if you were to get cut, you would have two things happen. Number One, you get bleeding into the cuts. Number Two, the borders of that cut would take on a reddish hue. What happens is the vessels that are in close proximity to that cut react to the incident. They begin to pull blood around, and you get the redness that is present around the wound and also the cut margins of the wound itself take on a vibrant red, similar to what blood would be, because of the reactivity. In a post-mortem state, when this is cut or when these occur, the tissue itself gives no reactivity because the tissue is now dead, and what happens is you may get a settling out such as occurs in some of these deep areas that look a pinkish hue, if you

look closely at the margin. There is no reactivity, no reactive redness, but a settling of blood such as with lividity. You have absent reactivity. Likewise, in a good many cases, especially non-dependent areas take on brawny yellow-brown characteristics, which is almost like drying out.

Q Where did you recover pieces of thorn?

A They were located in many areas all around the body, not localized.

Q Were they located in the areas of the scratches in particular?

A Yes, sir.

Q Let's go to the next one, please.

A This particular photograph depicts two things. Number One, we are seeing some of it in this case, drying out, but post-mortem type scratches here. Also, as I previously described, the larger bruise on the right leg and right thigh area. These are pre-mortem; again, before death type bruises. Also, in this particular photograph, and we have got another photograph to show a little closer, but even at this stage, however, we can see some of what looks like blood in this area and, certainly, it is but one has to remember that this body is now lying in a position where this area here is in a downward position, so you are getting a gravitation of the blood into the tissue which is the same thing as lividity is. It is collecting in these areas. However, if one studies the margin all the way around, there is no reactivity

present. It is strictly a post-mortem type wound.

Q Anything else present in that photograph, Doctor?

A No, sir.

Q Let's go to the close-up, 1E.

A This shows a little better. Number One, we can see these other post-mortem type scratches, which have a drying effect. It is brownish. These are post-mortem. All the way along the thigh. If one looks at this lacerated margin where the genitalia were, one sees a couple of things. Number One, this is probably the best area to see it. All the way around. This is the best area to see it here. You see no reactivity at all. It is all bleached out. Strictly post-mortem. One can also see the irregularity of the laceration along the margin. It is not a clean sweep, right through, with a sharp object but more of a sawing type motion where one is getting many changes in direction. Yet, if one looks at the margin, it is not a blunt force type injury such as one would get when, let's say, you are hit with a club where you get a tearing of tissue but a bridging of tissue acrossed. It is not that type of laceration. It is a cutting type laceration where one is still using a sharp object.

Q Given that this wound was sustained after death, Doctor, can you give us an estimate as to how much blood loss would have occurred, giving an estimate as to the amount?

A Yes. It would be strictly that, an estimate. One has to remember that in this particular area there are many, many

superficial vessels present. It is a very vascular area. So, when the tissue in a post-mortem state is removed, the blood which is now at the vessel edge where the cutting is taking place, not flowing through, that is not taking place, but at the edge will tend to trickle down and fall out from that particular area; and in an area like this here I would expect probably in the neighborhood of ten CC's of blood which is, if we were to look in a small cylinder, would be approximately that amount of blood, a very small amount, but still present in the vessels of the tissue and would trickle out.

Q Go to 1G, please.

A Exhibit 1G shows a couple of things. Number One, this is the exposed anal area and buttocks of the deceased. If one looks at the buttocks region per se, we are picking up, obviously, lividity. No doubt about it. But in addition, along this area here, you see there is a darker coloration than is occurring in the rest of the areas. The other areas are reddish in appearance. This area right here beside the red has now got a purple-red appearance. This is a bruise which is distinctively pre-mortem in this particular locality of the buttocks. That is different from the other areas. The rest is lividity. Also, if one looks at the anal area itself, one sees some superficial bruising around which is, again, the purplish or blueish discoloration. In this particular photograph, this area right here, which is the posterior one; this area, which is the anterior one; and one cannot see in

here but there is one to the right lateral side which are superficial anal tears. The interesting thing about the tears is they tend to be external as opposed to internal which would imply the mechanisms being used to cause these particular lacerations would be coming from an external as opposed to coming from an internal route.

Q Doctor, as it relates to these specific tears in the anus, would those tears have resulted from the insertion of a sharp instrument or not?

A No. The tears that are present, as I mentioned, are quite superficial in nature rather than, for instance, if it was such as a knife being inserted. One would then see not a simple superficial tear but a distinct laceration. What these imply is an object or something going into this area that causes a dilatation of the anal opening and a stretched type tear, pulling apart of the skin at these particular areas.

Q Does that photograph depict the bruise on the buttocks?

A Yes, as I mentioned, here.

Q Very good. Let's go to LH, please. What does that show?

A LH shows the head of the deceased with the scalp being reflected. This would be the back of the head, almost toward the back of the neck area. Up here would be the face of the deceased with the feet going that way. The left ear is beneath here. Here, we are seeing the fold of the scalp as it would lay back from the

scull area itself. If one were to project this on these particular bruises they would come out in the same area as these particular bruises. What this shows is beneath the scalp one is picking up superficial bruising of the scalp in what we call the parietal area, toward the left side of the head and somewhat on top, almost to the crown. It shows the individual has received some trauma to this area because this is a pre-mortem or before death type occurrence.

Q This would not have occurred after death?

A Right.

Q Would that injury, Doctor, have caused temporary unconsciousness?

A Loss of consciousness.

Q Loss of consciousness?

A Yes. It is consistent with it, sure.

Q Please go to 11.

A This particular view which, again, the photograph is rather bleached out because of the open diaphragm of the camera, but this is used to depict a couple of things. First off, orientationwise, the feet of the deceased would be this way. The head of the deceased is up this way. Right beneath this area would be the jaw. What we are looking at here is the open chest cavity. The organs and things have been removed. In this particular area, we are looking at the neck organs. In other words, the skin being reflected and looking into the soft tissue of the neck. This

happens to be the left side of the neck. On the left side, we are seeing areas of superficial hemorrhage into the soft tissue of the left side of the neck.

Q Doctor, do all of these photos of the autopsy fairly and accurately depict the scenes in those photos?

A Yes, sir.

MR. LANGER: Dave, I think there was one photo from the scene we wanted to show the doctor.

BY MR. LANGER:

Q While he is placing that in the projector, Doctor, regarding the bruise under the scalp, did you first note, before pulling the scalp backward or forward, whether there was a laceration or bruise on the outside of the scalp?

A There was no evidence externally of a bruise or laceration over that area.

Q What does that show?

A This is as the deceased is laying at the place where found. It shows a couple of things. Number One, it shows the brush type material with the thorny type stickers on the branches. This is very consistent with the type of thorny material found as well as is consistent with the numerous scratches about the body. That would be consistent with being found in this type environment. That is Number One. Number Two, we also see, this is the bruise which looked -- the purple one we looked at before on the thigh region. We are picking up something here on the knee

which I described as superiorly on the knee, the red bruising which is part of the superficial portion of the right knee. That is what we are looking at here. We also are seeing a better delineation of the bruises on the right side of the face over the angle of the jaw predominantly. In this particular one, you can see a far better mottling appearance of the bruise which was present on the side of the neck, on the right side. Remember, I said the anterolateral aspect of the neck. It had this red-purple appearance with a lighter mottling throughout the pattern.

MR. LANGER: You may take your seat again.

(Whereupon the witness returned to the witness stand.)

BY MR. LANGER:

Q Doctor Schaffer, based on your examination of the body of David Rowell, do you have an opinion based on reasonable probability within your field of forensic pathology as to the cause of death of David Rowell?

A Yes, sir.

Q What is that opinion?

A That opinion is that David Rowell died of cerebral anoxia, which means lack of oxygen being able to get to and circulate within the brain, due to acute cardiorespiratory failure, due to manual strangulation.

Q Very briefly, if you can, would you list the evidence of strangulation?

A Yes, sir. As I mentioned, on the right side of the

neck there was the mottled type bruise present. Also, in the larynx or upper portion of the airway where the vocal cord would be there were small hemorrhages of the front of the larynx. This would be just below where the Adam's apple on the man is or where your thyroid is located, petechial hemorrhages at the front portion of the larynx and upper portion of the tracheal area.

In addition, there were small areas of hemorrhage around the spine of the hyoid bone. The hyoid bone is located in the neck headwise of the prominence which we have in the neck called the Adam's apple which is the thyroid cartilage. This particular bone area is utilized as more or less skeletal reinforcement for the airway. There was some tissue hemorrhages off to the side of the hyoid bone as well as along the posterior left portion of the larynx. That is the one we saw in the photograph along the left side of the neck. Also along the right lobe of the thyroid gland which would have been here, laterally, as well as the right common carotid artery. The hemorrhage over the right lobe of the thyroid and the right artery would have been just beneath that area where the mottled bruise was present on the right side of the neck. The hyoid bone and the cricoid cartilage, which are these bones in the neck, none were fractured. That is not inconsistent with manual strangulation. Over fifty percent of the cases of manual strangulation don't have fracturing. Putting these together plus in addition observing the petechial hemorrhages that were present in the eyes as well as hemorrhages which were present on the facial

area skinwise plus the hemorrhages present within the neck is all consistent with manual strangulation.

Q Doctor, did you or did your office determine whether or not there was present in the bloodstream of David Rowell any alcohol?

A Yes, we did.

Q What was the finding?

A There was a small quantity of ethanol, as we know it, or alcohol present within the blood of the deceased, and there was .02 percent.

Q .02 percent?

A Correct.

Q What can you tell us about alcohol in the bloodstream of the decedent and its rate of metabolism and so forth?

A First off, alcohol does not metabolize further after death so this volume or value is that which was present in the blood of the deceased at the time of his death. Prior to death, alcohol metabolizes at a rate on the average, giving a little bit on either side, but averages out roughly .015 percent per hour.

Q Are you able to say at the moment of death the decedent had .02 percent alcohol in his bloodstream?

A Yes, sir.

Q Can you project back in time at any degree to determine whether at an earlier point in time he would have had a higher level of alcohol in his bloodstream?

A Yes. For instance, if one were to project back, let's say, the .02 represents the alcohol within the system at the time of death. Projecting back one hour for metabolic rate, within one hour, because the other thing we have to assume is it takes a period of time for alcohol to be absorbed. So, let's say for instance the individual took a gulp or drink of alcohol just the moment of his death. One would not find this in his blood because on the average it takes a period of roughly ten minutes to get some absorption, and a good portion is already absorbed by thirty minutes, and usually within one hour you have, given the normal state of the stomach, you have most of it absorbed. With 1.02, it has to be a period of time greater than instantaneously at the time of death. If one projects back for, let's say, an hour prior to death, one would have to add to this amount roughly .015. Then calculating back based on what he has here would give him roughly one hour prior to death a value in his system of 0.035. If one were to go back two hours, then one would have to add another 1.015 to that, and one would come up with .05. One would go back within reason. One would not go back twenty or thirty hours. But certainly within a few hours prior to an individual's death this would be an accurate way of doing it, yes.

Q In this particular case, the decedent was sixty-five pounds?

A Right.

Q Is there a relationship between the size of the