



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF THE CHIEF MEDICAL EXAMINER

REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER

Dyer County Medical Examiner: Monique Casey-Bolden

State Medical Examiner: Karen Cline-Parhamovich D.O.

Judicial District Number: 29

District Attorney: Honorable Phillip Bivens

State Number: 11-23-0009

Case Number: MEC2011-1545

1. Name of Decedent Karen Swift		2. Age 44 Years	3. Race White	4. Sex Female
5. Address 65 Willie Johnson Rd, Dyersburg, TN 38024				
6. Date of Death 12/10/2011	7. Type of Death Suspected Homicide		8. Investigating Agency/Complaint #: Dyer County Sheriff, Complaint #: 111030-1510	
9. Place of Death Harness Rd & Burnt Mill Rd, Millsfield, TN				
10. Narrative Summary <p>This Investigator was contacted by Special Agent Nathan Bishop at 1504 hours this date and advised TBI and the Dyer County Sheriff's Department had recovered human remains between Harness Rd and Burnt Mill Rd in Millsfield. Agent Bishop reported Attorney General Philip Bivens was on the scene and requested this Office perform the autopsy. Jurisdiction for the autopsy was accepted by the Medical Examiner's Office. The decedent was transported to Dyersburg Regional Medical Center for holding. The decedent was transported from DRMC by C&G to the Regional Forensic Center for examination, identification and final disposition to the funeral home.</p> <p>Carl Fowler, Investigator 12/10/11</p>				
11. Jurisdiction Accepted Yes	12. Autopsy Ordered Yes		13. Toxicology Ordered Yes	
14. Physician Responsible for Death Certificate Karen E Chancellor, M.D.				
15. Cremation Approved Yes	16. Funeral Home McNabb Funeral Home			
17. Cause of Death Blunt Force Head Injury				
18. Contributory Cause of Death				
19. Manner of Death Homicide				

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3/1/2012

Office of the Shelby County Medical Examiner
Regional Forensic Center

1060 Madison Avenue
Memphis, Tennessee 38104-2106
Telephone (901) 544-7200 Fax (901) 544-7211

REPORT OF AUTOPSY EXAMINATION

CASE NUMBER: 2011-1545

DECEDENT: Karen Swift

AGE: 44 years

RACE: White

SEX: Female

Authorized by: District Attorney Phillip Bivens **Received from:** Dyer County

Date of Autopsy Examination: December 11, 2011

Time: 9:00 A.M.

Body Identified by: Dental records

Persons present at autopsy: Ms. Stacy Haynes

PATHOLOGICAL DIAGNOSES

Complex depressed fracture of the cranium.

CAUSE OF DEATH: Blunt force injury of the head

The facts stated herein are correct to the best of my knowledge and belief.

Electronically signed by Karen E. Chancellor, M.D. on Tuesday, February 21, 2012

Karen E. Chancellor, M.D., Pathologist Date

EXTERNAL DESCRIPTION

Body Condition: Severe decomposition with partial skeletonization.

Length: 65 inches.

Weight: 82 pounds.

External Text Description: The body is received in a sealed white plastic body bag. Upon opening the bag, there are twigs, vines, leaves and clods of dirt with the body. These items are removed and x-rayed separately. Within this mass of vegetative material, there is a scalp hair mass of long blonde hair. The body is that of a severely decomposed and partially skeletonized female. The right leg is extended, while the left leg is bent such that the left foot rests on the right inner thigh. The head is turned to the left. Black underpants are present and pulled down on the upper thighs. No other clothing is present. Areas of partial skeletonization include the back and top of the head, much of the face, the upper part of the back and back of the neck, much of the right arm and upper part of the right side of the chest, the upper part of the left arm, the pelvic area and much of the left leg. Surrounding these tissue defects, which expose bone, are small slit-like to round openings, consistent with postmortem animal activity. These openings measure from 1/8 to 3/16 inch in average size. In these areas of tissue loss, bone, including the cranium, mandible, facial bones, right and left humeri, upper spine and upper ribs, pelvic bone, left femur, left fibula and left tibia, are visible. The largest part of the remainder of the body surface is covered by parchment like tissue. The remaining left sided scalp tissue is wet. The remains are fully articulated; however, neither the hyoid bone nor the thyroid cartilage is identified. Several maggots are present on the body. On the right lower abdominal quadrant, there is a decorative tattoo. A few, short, light colored fibers are collected from each hand. The external genitalia, perineum and peri-anal areas are absent secondary to decomposition.

Fracture of the right side of the head is visible. The mandible, skull, seven cervical vertebral bodies, the first five thoracic vertebral bodies, right ribs #1 - #5, left ribs #1 - #5, right and left clavicles, right and left scapula, left arm bones and left leg bones are processed to better examine them.

The teeth are natural and in fair to good condition with both amalgam and composite restorations present. The skeletal features are delicate. In particular the mandible is small with a small squared off chin, the occipital protuberance is not prominent, and the nasal sills are sharp. These characteristics are those of an adult white female. The left femoral head measures 42.4 mm in diameter, consistent with female gender. The right femur measures 446 mm in length, and the left tibia measures 373 mm in length. Based on these long bone measurements, the stature is estimated to be 65.5 inches +/- 1.5 inches by the method of Trotter.

EVIDENCE OF INJURY

There are complex fractures involving the right parietal bone, right occipital bone, right temporal bone, right side of the frontal bone and right side of the sphenoid bone. There is a roughly oblong, depressed fracture, measuring 8 cm x 4 cm of the right side of the cranium. Inside this oblong shaped area, the cranium is comminuted, and the resulting bone fragments have fallen inside the cranium. Linear fractures radiate from this oblong defect, two of them terminating on a diastatic fracture of the coronal suture, another terminating on the lamboid suture and another continuing through the sphenoid bone into the right orbit. There is fracture of the right zygomatic bone at its junction with the zygomatic process of the right temporal bone.

On the left side of the head, there are two fractures emanating from the diastatic coronal suture. One terminates on the left wing of the sphenoid bone, and another crosses the right parietal/temporal suture, forming a "Y" shaped fracture of the squamous part of the left temporal bone.

There is a mild irregularity of the lateral part of the right second rib. This may represent a remote rib fracture.

ADDITIONAL PROCEDURES

Toxicology:	Analysis of the liver tissue reveals the presence of ethanol, acetaminophen, caffeine and diphenhydramine. Please see the Toxicology Report.
Radiographs:	X-rays of the body and debris from the body bag are performed.

Evidence Collected: The underpants, scalp hair, fibers from hands and nail clippings from right and left hands are released to Deputy Carl Chase of the Dyer County Sheriff's Office on December 13, 2011.

INTERNAL EXAMINATION

Body Cavities: The internal organs are in a moderately severe state of postmortem decomposition.

Cardiovascular System: The heart weighs 150 grams. The coronary arteries have a usual right dominant distribution and no significant atherosclerosis. Opening the chambers reveals normal openings and valves. There is no focal abnormality of the myocardium.

Neck: The hyoid bone and thyroid cartilage are not identified. The cervical vertebral bodies demonstrate mild degenerative changes and no evidence of injury.

Respiratory Tract: The right lung weighs 90 grams, and the left lung weighs 160 grams. The major bronchi contain no foreign material. Sectioning the lung tissue reveals no focal abnormality.

Gastrointestinal Tract: The gastrointestinal tract is present from esophagus to sigmoid colon. The stomach contains 75 cc's of partially digested food material. An appendix is not identified.

Liver: The liver weighs 560 grams and has an intact capsule. Sectioning the liver reveals homogeneous, soft brown tissue. The gall bladder is present and has no appreciable content.

Pancreas: The pancreas is of the usual size and shape. Sectioning reveals no abnormality.

Spleen: The spleen weighs 60 grams and has an intact capsule. Sectioning reveals reddish purple tissue of a semi-liquid consistency.

Endocrine System: The right adrenal gland is identified and is unremarkable. The thyroid is not identified.

Urinary Tract: The right kidney weighs 80 grams and the left kidney weighs 90 grams. The kidneys are of usual configuration and have

smooth cortical surfaces. Sectioning reveals no abnormality. The ureters are intact. The bladder is not completely intact.

Internal Genitalia: Internal genitalia are not identified.

Musculoskeletal System: Please see description of injury.

Immunologic System: No abnormality detected.

Head: Please see description of injury. The dura is torn in association with skull fractures described above. The brain weighs 300 grams and is of a semi-liquid consistency. The examination and evaluation of this tissue is impaired by the degree of decomposition change.

MICROSCOPIC EXAMINATION

None. Representative tissue sections are retained in formalin.

SUMMARY AND INTERPRETATION

On December 10, 2011, hunters found partially skeletonized remains in a wooded area of Dyer County, Tennessee. The remains were subsequently identified by dental records as those of Karen Swift, a 44 year white female who had been missing since October 30, 2011.

Examination of the remains reveals a depressed skull fracture of the right side of the head.

In my opinion, this death resulted from blunt force injury of the head. The manner of death is homicide.

KEC/kmj

CASE NUMBER: 2011-1545

DECEDENT: Karen Swift

KEC/kmj

MEDICOLEGAL OPINION

December 12, 2011

On December 11, 2011, I examined the a decomposed/skeletonized adult female skull at the Regional Forensic Center, recorded as case MEC 2011-1545. Antemortem dental records of Ms. Karen Swift were provided to the RFC by the office of Dr. Karla Baltz. The information provided consisted 2 panoramic radiographs dated 4/16/98 and 3/20/01. Also provided was a written dental record from 16 Apr 98 to 25 Feb 09 and two sets of digital bitewing radiographs dated 2-28-08 and 2-25-09. Postmortem dental charting and photographs were obtained and radiographs were made utilizing the Dexis system.

The following postmortem findings were recorded:

Tooth #	Status
1	Impacted
2	Present
3	OL amalgam
4	Present
5	Present
6	Present
7	Present
8	Present
9	Present
10	Present
11	Present
12	Present
13	Present
14	O amalgam
15	Present
16	Impacted
17	Missing
18	Present
19	MO composite
20	DO composite
21	Present
22	Present
23	Present
24	Present
25	Present
26	Present
27	Present
28	Present
29	Present
30	OF composite
31	O composite
32	Missing

Both the antemortem and postmortem radiographs and records exhibited a number of inconsistencies. Of particular note are the two composite resin restorations on #19 and 20,

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DECEDENT: Karen Swift

particularly the small area of radiopacity that appears in the distal box of #20. In addition, the postmortem radiographs and both sets of antemortem bitewings exhibit recurrent caries in the distal box of #20. Also, the OI. amalgam in #3 is distinctive in appearance. There were no unexplained discrepancies. These findings were reported to Dr. Karen Chancellor on 12/11/11.

Based upon my education, training and experience in the field of forensic odontology, it is my opinion that the decedent in case 2011-1545 can be positively identified as Ms. Karen Swift. This opinion is based upon the records provided to me of this date, which purportedly represent Ms. Swift. In the event additional information were to be made available, it is possible that my opinion in this case may change.

If you have any questions regarding this case, please feel free to contact me.



Edgar W. Turner D.D.S., M.S.
Diplomate-American Board of Forensic Odontology
410 Farino Way
Somerville, TN 38068
901-268-4250
nedturner@gmail.com

CASE NUMBER: 2011-1545

DECEDENT: Karen Swift

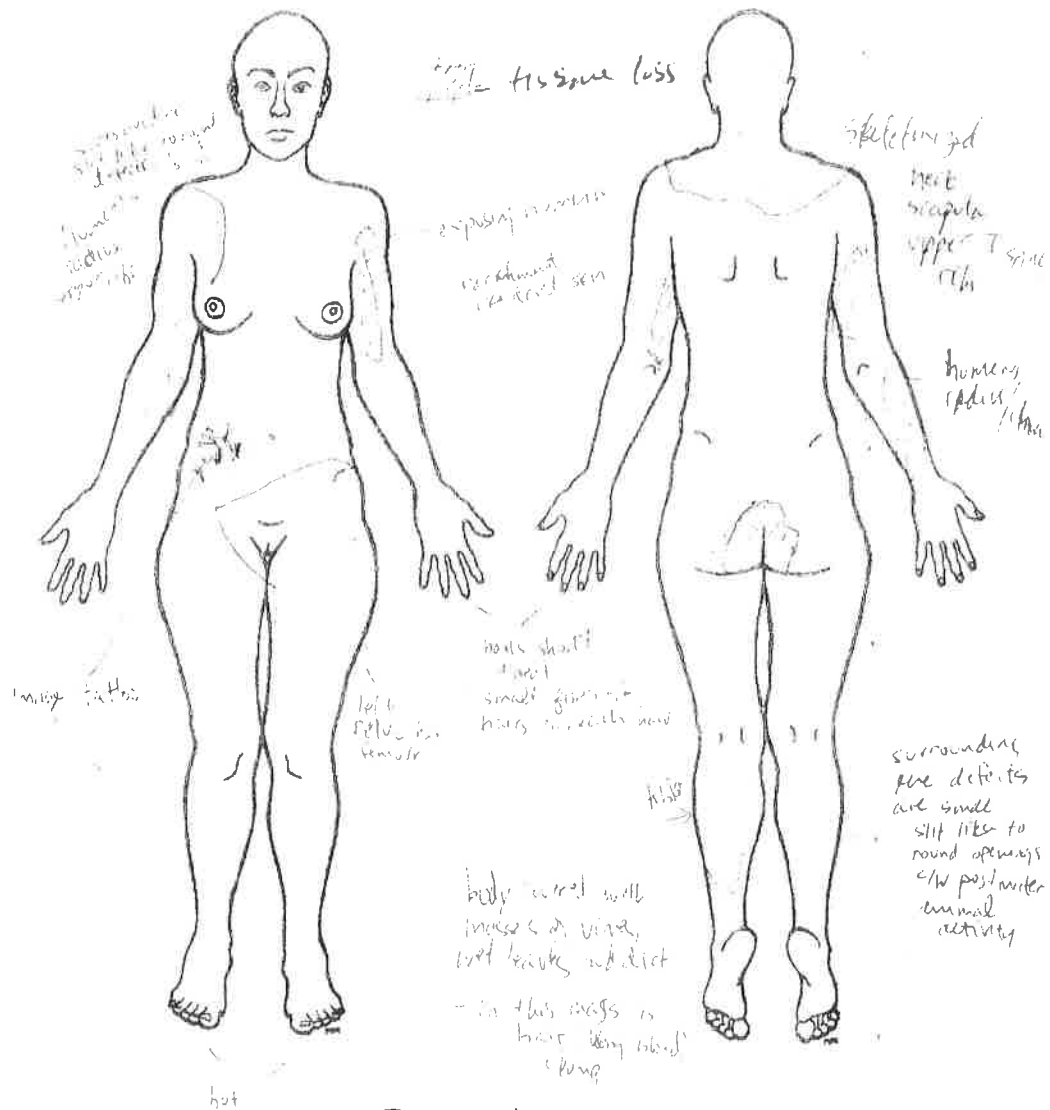


Diagram 1/2

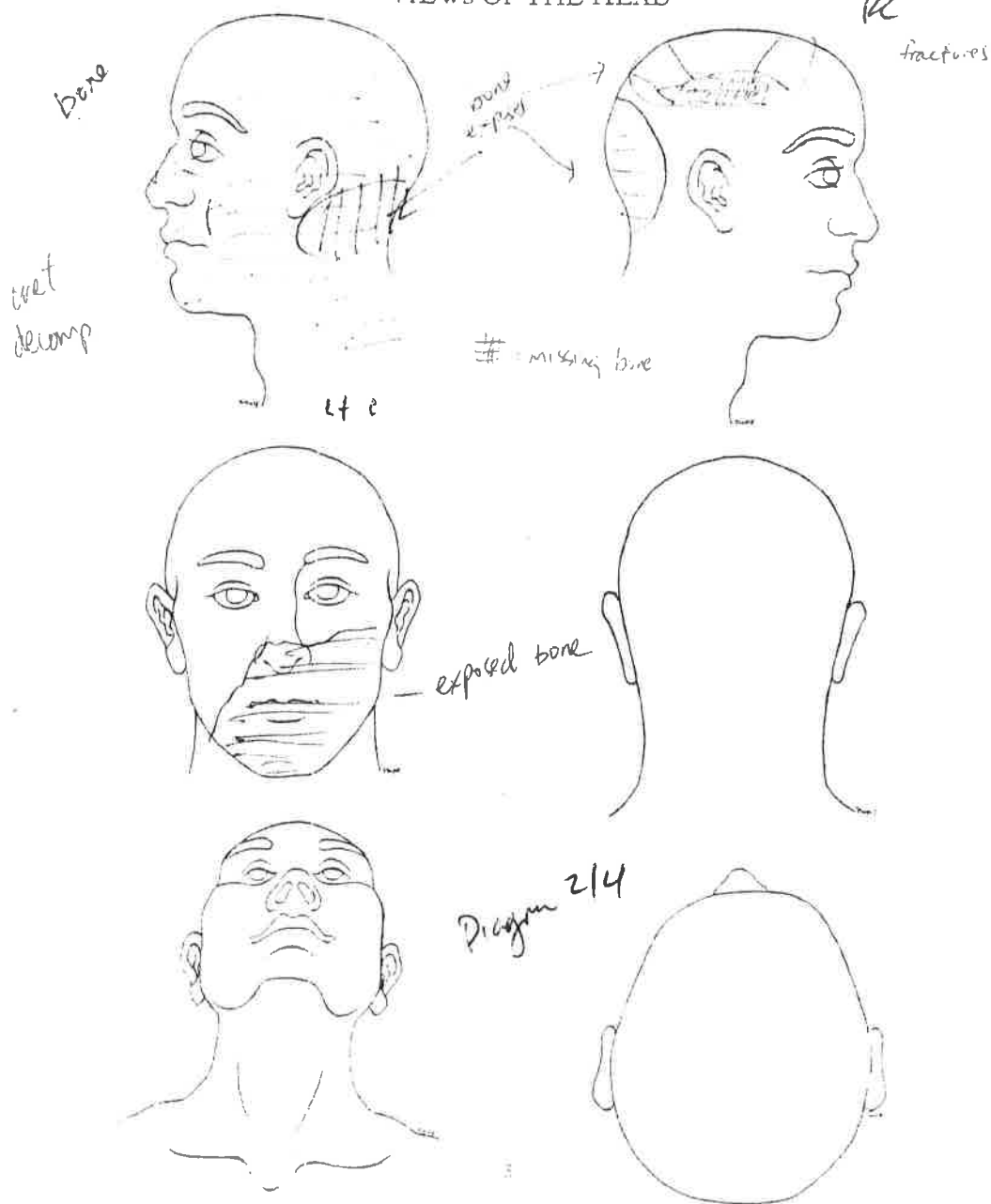
Name of Decedent KC MEC

Examined by _____ Date

**MEC#2011-1545
SWIFT, KAREN
12/10/2011**

Autopsy No. 2011-1545

VIEWS OF THE HEAD

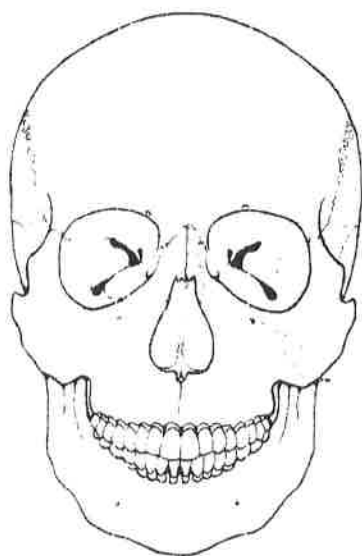
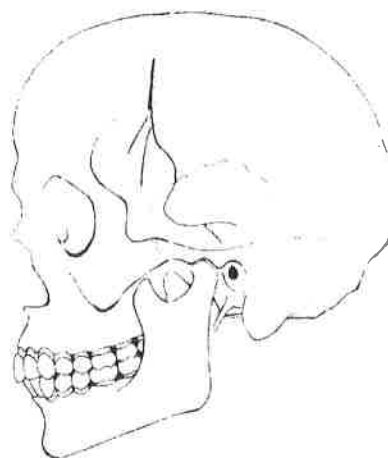
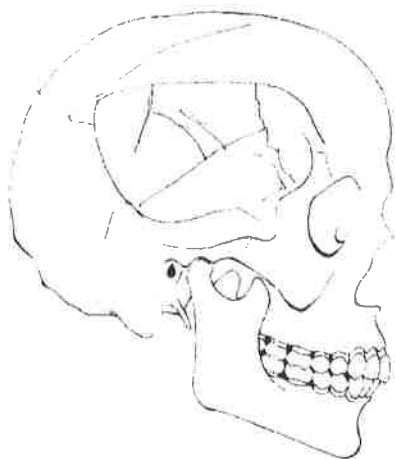


CASE NUMBER: 2011-1545

DECEDENT: Karen Swift

Autopsy No.:

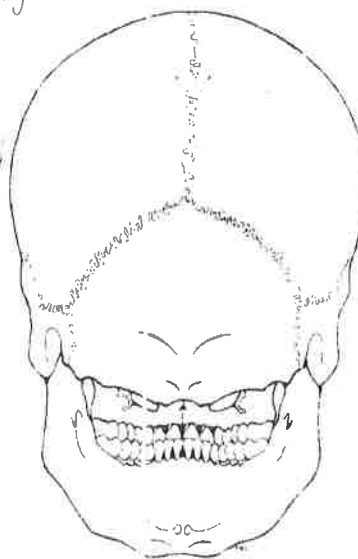
2011-1545
K



C. R. 3/4 view

2011
1545

Diagram
3/4

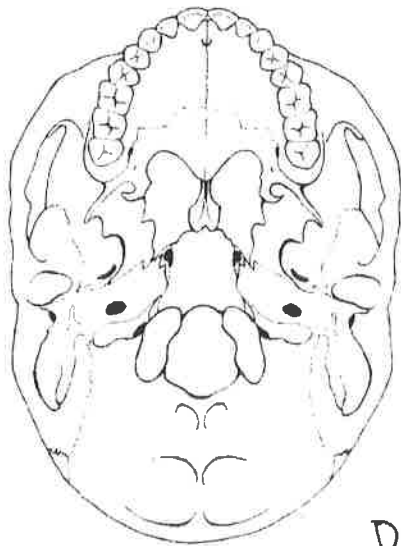
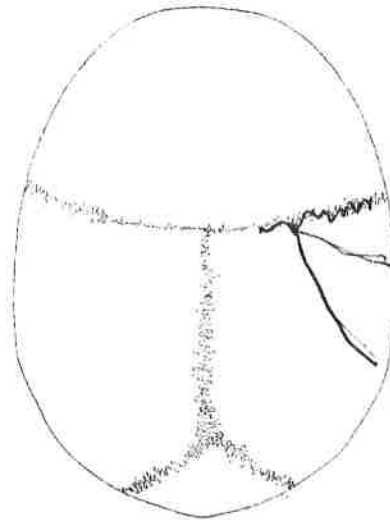


CASE NUMBER: 2011-1545

DECEDENT: Karen Swift

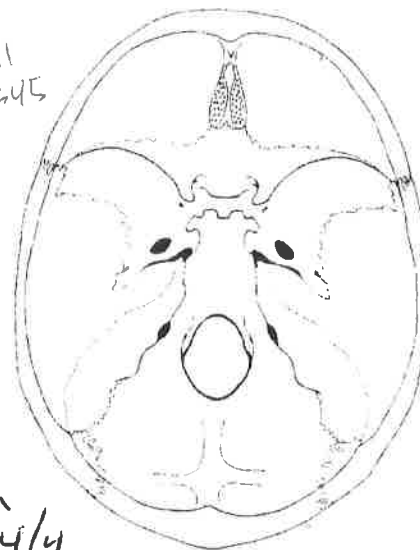
Autopsy No.:

2011-1545
K



2011-1545

Diagram 4/4





NMS Labs

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Phone: (215) 657-4900 Fax: (215) 657-2972

e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 01/20/2012 15:00

To: 10342

Forensic Medical Management Services - Memphis
1060 Madison Ave.

Memphis, TN 38104

Patient Name SWIFT, KAREN
Patient ID MEC# 2011-1545
Chain 11401149
Age Not Given
Gender Not Given
Workorder 12010382

Page 1 of 4

Positive Findings:

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Ethanol	48	mg/100 g	Liver Tissue
Acetaminophen	Positive	mcg/g	Liver Tissue
Caffeine	Positive	mcg/g	Liver Tissue
Diphenhydramine	5800	ng/g	Liver Tissue

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
7777	Postmortem Case Fee (CSA)
8052TI	Postmortem Toxicology - Expanded, Tissue (Forensic)

Tests Not Performed:

Part or all of the requested testing was unable to be performed. Refer to the **Analysis Summary and Reporting Limits** section for details.

Specimens Received:

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Clear Plastic Container	41.65 g	Not Given	Liver Tissue	
002	Homogenate Container	Not Given	Not Given	Liver Tissue	

All sample volumes/weights are approximations.

Specimens received on 01/12/2012.

RECEIVED
JAN 23 2012
Strickland

v.8



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Workorder 12010382
Chain 11401149
Patient ID MEC# 2011-1545

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Ethanol	48	mg/100 g	40	002 - Liver Tissue	Headspace GC
Acetaminophen	Positive	mcg/g	20	002 - Liver Tissue	GC/MS
Caffeine	Positive	mcg/g	0.10	002 - Liver Tissue	GC/MS
Diphenhydramine	5800	ng/g	1000	002 - Liver Tissue	GC
Ethanol	Confirmed	mg/100 g	40	002 - Liver Tissue	Headspace GC

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Acetaminophen - Liver Tissue:

Acetaminophen is a compound sold over-the-counter that possesses analgesic and antipyretic activity; however, it has no anti-inflammatory actions. It may be found alone or in combinations with other substances such as codeine and propoxyphene. It appears to be a relatively safe substance when used in analgesic amounts; however, it does produce acute hepatic necrosis frequently after an overdose.

2. Caffeine (No-Doz) - Liver Tissue:

Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. As a reference, a typical cup of coffee or tea contains between 40 to 100 mg caffeine.

3. Diphenhydramine (Benadryl®) - Liver Tissue:

Diphenhydramine is an antihistamine with sedative and anti-emetic effects. It is rapidly absorbed following oral administration; however, it is frequently given IV. Patients taking this medication are usually warned against the operation of complicated machinery, because of its strong sedative effects.

Signs and symptoms of acute diphenhydramine toxicity include tremor, seizures, fever, respiratory depression and cardiac arrhythmias.

Lidocaine interferes with diphenhydramine in this analysis. The presence of lidocaine will adversely affect the quantitation of diphenhydramine. If lidocaine is a potential interferent in this case, call the laboratory for alternate quantitative procedures.

4. Ethanol (Ethyl Alcohol) - Liver Tissue:

Ethyl alcohol (ethanol, drinking alcohol) is a central nervous system depressant and can cause effects such as impaired judgment, reduced alertness and impaired muscular coordination. Ethanol can also be a product of decomposition or degradation of biological samples.

Sample Comments:

- 001 Physician/Pathologist Name: KAREN CHANCELLOR, MD
- 001 Tissue specimen required homogenization: 12010382-001
- 002 NMS Labs generated homogenized Tissue sample: 12010382-002
- 002 Due to the nature of this specimen, some analytes may not be detected by the GCMS screen.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.



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Workorder 12010382
Chain 11401149
Patient ID MEC# 2011-1545

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Workorder 12010382 was electronically
signed on 01/20/2012 14:30 by:

Susan Crookham,
Certifying Scientist

Analysis Summary and Reporting Limits:

Acocode 52147TI - Antidepressants / Antihistamines Confirmation Panel 1, Tissue (Forensic) - Liver Tissue

-Analysis by Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amitriptyline	200 ng/g	Hydroxyzine	200 ng/g
Chlorpheniramine	200 ng/g	Mirtazapine	100 ng/g
Desmethyldoxepin	200 ng/g	Norfluoxetine	200 ng/g
Dextro / Levo Methorphan	100 ng/g	Nortriptyline	200 ng/g
Diphenhydramine	1000 ng/g	Promethazine	600 ng/g
Doxepin	200 ng/g	Trazodone	2.0 mcg/g
Doxylamine	1000 ng/g	Verapamil	200 ng/g
Fluoxetine	200 ng/g		

Acocode 52250TI - Alcohols and Acetone Confirmation, Tissue (Forensic) - Liver Tissue

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	20 mg/100 g	Isopropanol	20 mg/100 g
Ethanol	40 mg/100 g	Methanol	20 mg/100 g

Acocode 8052TI - Postmortem Toxicology - Expanded, Tissue (Forensic) - Liver Tissue

-Analysis by Colorimetry (C) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Salicylates	800 mcg/g		

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Benzodiazepines	400 ng/g	Cocaine/Metabolites	80 ng/g
Cannabinoids	40 ng/g	Opiates	80 ng/g

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Buprenorphine / Metabolite	N/A		

Testing Not Performed: Test was canceled due to [Interfering Substance].



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Workorder 12010362
Chain 11401149
Patient ID MEC# 2011-1545

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Analysis Summary and Reporting Limits:

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for: The following is a general list of compound classes included in the Gas Chromatographic screen. The detection of any particular compound is concentration-dependent. Please note that not all known compounds included in each specified class or heading are included. Some specific compounds outside these classes are also included. For a detailed list of all compounds and reporting limits included in this screen, please contact NMS Labs.

Amphetamines, Analgesics (opioid and non-opioid), Anesthetics, Anticholinergic Agents, Anticonvulsant Agents, Antidepressants, Antiemetic Agents, Antihistamines, Antiparkinsonian Agents, Antipsychotic Agents, Anxiolytics (Benzodiazepine and others), Cardiovascular Agents (non-digitalis), Hallucinogens, Hypnotics (Barbiturates, Non-Benzodiazepine Hypnotics and others), Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents (excluding Salicylate) and Stimulants (Amphetamine-like and others).

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	20 mg/100 g	Isopropanol	20 mg/100 g
Ethanol	40 mg/100 g	Methanol	20 mg/100 g