

94-125021

CERTIFICATE OF DEATH

39419026894

STATE OF CALIFORNIA
USE BLACK INK PRINTING CAPSULES, PRINTERS OR ALTERNATES
VS 11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1. NAME Nicole		2. FIRST MIDDLE LAST Brown		3. LAST (FAMILY) Simpson	
4. DATE OF BIRTH MM/DD/CCYY 05/19/1959		5. AGE YRS 35	6. UNDER 1 YEAR MONTHS / DAYS	7. UNDER 24 HOURS HOURS / MINUTES	8. SEX F
9. STATE OF BIRTH Germany		10. SOCIAL SECURITY NO. 573-72-4948	11. MILITARY SERVICE 1A. TO 1D. <input type="checkbox"/> NONE		12. MARITAL STATUS Divorced
13. EDUCATION - YEARS COMPLETED 14		14. RACE Caucasian		15. HISPANIC - SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. OCCUPATION Homemaker		17. KIND OF BUSINESS Own Home		18. USUAL EMPLOYER Self Employed	
19. YEARS IN OCCUPATION 9		20. RESIDENCE - STREET AND NUMBER OR LOCATION 875 South Bundy		21. CITY Los Angeles	
22. COUNTY Los Angeles		23. ZIP CODE 90049		24. TRK IN COUNTY 17	
25. STATE OR FOREIGN COUNTRY California		26. NAME, RELATIONSHIP Louis Brown - Father			
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 222 Monarch Bay Dana Point, CA 92629		28. NAME OF SURVIVING SPOUSE - FIRST -			
29. MIDDLE -		30. LAST Brown		31. BIRTH STATE Kansas	
32. NAME OF FATHER - FIRST Louis		33. MIDDLE H.		34. LAST Baur	
35. NAME OF MOTHER - FIRST Juditha		36. MIDDLE -		37. LAST Baur	
38. BIRTH STATE Germany		39. DATE MM/DD/CCYY 06/16/1994			
40. PLACE OF FINAL DEPOSITION Ascension Cemetery 24754 Trabuco Road Lake Forest, CA				41. TYPE OF DISPOSITION BU	
42. NAME OF FUNERAL DIRECTOR O'Connor Laguna Hills Mortuary		43. SIGNATURE OF EMBALMER <i>Robert C. White</i>		44. LICENSE NO. EMB7947	
45. LICENSE NO. FD-1293		46. SIGNATURE OF LOCAL REGISTRAR <i>Robert C. White</i>		47. DATE MM/DD/CCYY 06/15/1994	
101. PLACE OF DEATH Outside of Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOUS. <input checked="" type="checkbox"/> RES. <input type="checkbox"/> OTHER	
104. COUNTY Los Angeles		105. CITY Los Angeles		106. CITY Los Angeles	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, D, C, AND D1) (A) Multiple Sharp Force Injuries		THE INTERVAL BETWEEN ONSET AND DEATH: Unk		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 94-05136	
109. BODY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None					
113. WAX OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTACHED SPACE / DECEDENT LAST SEEN ALIVE MM/DD/CCYY / MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER <i>Maria C. Arreola</i>		116. LICENSE NO.	
117. DATE MM/DD/CCYY		118. TYPE ATTENDING PHYSICIAN (NAME, MAILING ADDRESS - ZIP)			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY Unk	
122. HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Assault		123. HOUR Unk		124. PLACE OF INJURY Outside of Residence	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) 875 S. Bundy, Los Angeles 90049					
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Maria C. Arreola</i>		127. DATE MM/DD/CCYY 06/14/1994		128. TYPE NAME, TITLE OF CORONER OR DEPUTY CORONER Deputy Coroner Maria C. Arreola	
STATE REGISTRAR 10		A 8 B X C 1 D 0 E 1		FAX AUTH. 2	

AUTOPSY REPORT 94-05136

I performed an autopsy on the body of BROWN-SIMPSON, NICOLE at the DEPARTMENT OF CORONER Los Angeles, California on June 14, 1994 @0730 HOURS

From the anatomic findings and pertinent history, I ascribe the death to: MULTIPLE SHARP FORCE INJURIES Due To Or As a Consequence of

Anatomical Summary:

I. Incised wound of neck:

- A. Transection of left and right common carotid arteries.
- B. Incisions, left and right internal jugular veins
- C. Transection of thyrohyoid membrane, epiglottis, and hypopharynx.
- D. Incision into cervical spine, C3.

II. Multiple stab wound of neck and scalp (total of seven).

III. Multiple injuries of hands, including incised wound, ring finger of right hand (defense wound).

IV. Scalp bruise, right parietal.

NOTES AND PROCEDURES

1. The body is described in the Standard Anatomical Position. Reference is to this position only.
2. Where necessary, injuries are numbered for reference. This is arbitrary and does not correspond to any order in which they may have been incurred. All the injuries are antemortem, unless otherwise specified.
3. The term "anatomic" is used as a specification to indicate correspondence with the description as set forth in the textbooks of Gross Anatomy. It denotes freedom from significant, visible or morbid alteration.

EXTERNAL EXAMINATION:

The body is that of a well-developed, well-nourished Caucasian female stated to be 35 years old. The body weighs 129 pounds and measures 65 inches from crown to sole. The hair on the scalp is brown. The irides are brown with the pupils fixed and dilated. The sclerae and conjunctive are unremarkable, without evidence of petechial hemorrhages on either. Both upper and lower teeth are natural, without evidence of injury to the cheeks, lips or gums.

There are no tattoos, deformities or amputations. Two linear surgical scars are found beneath each breast, transversely oriented and measuring 2 inches in length.

Rigor mortis is fixed at the time of autopsy examination (please see form 1).

The body appears to the examiner as stated above. Identification is by toe-tag and the autopsy is not material to identification. The body is not embalmed.

The head is normocephalic and there is external evidence of antemortem injury to be described below. Otherwise, the external auditory canals, eyes, nose and mouth are not remarkable. The neck shows sharp force injury to be described below, and the larynx is visible through the gaping wound.

No recent traumatic injuries are noted on the chest or abdomen; tan lines are seen on the lower abdomen (bathing suit). The genitalia are that of adult female with no gross evidence of injuries. Examination of the posterior surface at the trunk shows some excoriations compatible with postmortem injuries on the upper back, right side, on the medial aspect of the right scapula and on the lateral aspect of the right scapula (compatible with ant to insect bites). An abrasion above the left scapula measures 3/4 x 1/2 inch and is red-brown in color and appears antemortem. Otherwise, the lower back and remainder of the posterior aspect of the body shows no evidence or recent injuries.

Refer to available photographs and diagrams and the specific documentation of the autopsy protocol.

CLOTHING:

The decedent was wearing a short black dress, blood stained. Also, she was wearing a pair of black panties. To the unaided eye examination there was no evidence of cut or tear.

EVIDENCE OF INJURY:

DESCRIPTION OF INCISED WOUND OF NECK:

The incised wound of the neck is gaping and exposes the larynx and

cervical vertebral column. It measures 5 1/2 x 2 1/2 inches in length and is found at the level of the superior border of the larynx.

After approximation of the edges, it is seen to be diagonally oriented on the right side and transversely oriented from the midline to the left side. On the right side it is upwardly angulated toward the right earlobe and extends for 4 inches from the midline. On the left side it is transversely oriented and extends 2 1/2 inches to the anterior border of the left sternocleidomastoid muscle. The edges of the wound are smooth, with subcutaneous and intramuscular hemorrhage, fresh, dark red purple, is evident.

On the right side the upwardly angulated wound passes through the skin, the subcutaneous tissue, the platysma, passing under the ramus of the right mandible and upward as it passes through the strap muscles on the right, towards the digastric muscle on the right, and through the thyrohyoid membrane and ligament. Further dissection discloses that it passes posteriorly and transects the distal one-third of the epiglottis, the hypo-pharynx, and passes into the body of the 3rd cervical vertebra where it transversely oriented 3/4 inch incised wound is seen in the bone, extending it for a depth of 1/4 inch into the bone. The spinal canal and cord are not entered.

On the right side superiorly the wound passes towards the insertion of the sternocleidomastoid muscle, and then becomes more superficial and tapers as it terminates in the skin below the right earlobe.

On the left side the wound is transversely oriented and extends for 2 1/2 inches where the wound path intersects the stab wounds on the left side of the neck to be described below.

Dissection discloses that the right common carotid artery is transected with hemorrhage in the surrounding carotid sheath and there is a 1/4 incised wound or nick in the right internal jugular vein with surrounding soft tissue hemorrhage.

On the left side the left common carotid artery is transected with hemorrhage in the surrounding carotid sheath and the left internal jugular vein is subtotally transected with only a thin strand of tissue remaining posteriorly with surrounding soft tissue hemorrhage. The injuries on the left side of the neck intersect and the pathways of the stab wounds on the left side to be described below.

There is fresh hemorrhage and bruising noted along the entire incised wound path.

Depth of penetration is not given because the neck can be either flexed or extended, and the length of the wound is greater than the depth.

Opinion: This is a fatal incised wound or sharp force injury, associated with transection of the left and right carotid arteries and incisions of

the left and right internal jugular veins with exsanguinating hemorrhage.

DESCRIPTION OF MULTIPLE STAB WOUNDS

There are four stab wounds on the left side of the neck over the left sternocleidomastoid muscle; they extend to 3 inches below the external auditory canal.

1. This stab wound overlaps that of the incised wound of the neck described above. The wound measures $\frac{5}{8}$ inch in length, is vertically oriented, and has a squared-off end inferiorly approximately $\frac{1}{32}$ inch and a pointed end superiorly. The minimal depth of the penetration, from left to right, is $1\frac{1}{2}$ to 2 inches where it intersects the incised wound. Penetration is through the skin, subcutaneous tissue and muscle, and injury to the internal jugular vein or common carotid artery cannot be excluded.

2. Stab wound of left side of neck: This is a $\frac{1}{8}$ inch superficial slit-like incision into the skin and dermis; no squared-off or dull end is evident.

This is a superficial slit-like wound of the skin, non-fatal.

3. Stab wound on left side of neck: This is a diagonally oriented stab wound measuring $\frac{1}{2}$ inch in length; there is a pointed end on the posterior aspect and a squared-off end anterior less than $\frac{1}{32}$ inch in length. The edges are smooth, and dissection disposes a depth of penetration for $1\frac{1}{2}$ to 2 inches where the stab wound intersects that of the incised wound of the neck; the stab wounds are approximately 1 inch from the left lateral termination of the incised wound. Fresh hemorrhage is noted along the wound path which goes through the skin, subcutaneous tissue and muscle.

Opinion: This stab wound cannot be distinguished from injuries caused by the incised wound of the neck and may have injured the left common carotid artery and/or the left internal jugular vein.

4. Stab wound of the left side of neck: This is a diagonally oriented stab wound measuring $\frac{7}{8}$ inch in length; on the posterior aspect there is a pointed end and on the anterior aspect a squared-off or dull end approximately $\frac{1}{32}$ inch in width; otherwise the edges are smooth. Subsequent dissection discloses the wound path through the skin, subcutaneous tissue and muscle where it intersects the incised wound of the neck. Depth of penetration is $1\frac{1}{2}$ inches.

Opinion: This stab wound may have injured the left common carotid artery and/or the left internal jugular vein as described above.

5. Stab wound of scalp, left parietal: This diagonally oriented stab wound is located on the left parietal scalp, which is shaved postmortem for visualization. It measures $\frac{1}{2}$ inch in length and no definite squared-

off or dull end is evident, both ends appearing to be rounded. Depth of penetration is through the scalp, to the galea, approximately 3/8 - 1/2 inch. There is deep scalp hemorrhage and a subgaleal bruise, measuring 1 1/2 x 1 1/2 inches; there is no cutting wound or injury to the skull and there is no penetration into the cranium.

Opinion: This is a superficial stab wound or cutting wound of the scalp, non-fatal.

6. Stab wound or cutting wound of scalp: This is transversely oriented and is found in the right posterior parietal-occipital region. The transversely oriented wound measures 1 1/2 inches in length and has a pointed end to the left and a fork or split into the right. Depth of penetration is 3/8 - 1 1/2 inches with fresh deep scalp bruising.

Opinion: This is a non-fatal, stabbing or cutting wound of the scalp.

7. Stab wound or cutting wound of the scalp, right parietal-occipital: This is vertically oriented, measures 3/16 inch in length and involves the skin only. No squared-off or dull end is evident, both ends or aspects being pointed or tapered.

There is a small amount of deep scalp hemorrhage or bruising, no subgaleal hemorrhage.

Opinion: This is a non-fatal superficial stabbing or cutting wound of the scalp.

8. Blunt force injury to head: On the right side of the scalp, 4 inches above the right external auditory canal there is a scalp bruise; this is revealed after postmortem shaving of the scalp. It measures 1 x 1 inches and is red-violet or purple in color. The skin is smooth, non-abraded or lacerated. Subsequent autopsy discloses fresh deep scalp hemorrhage and fresh dark red-purple subgaleal hemorrhage or bruising measuring 2 x 1 1/4 inches. Inferiorly the bruise extends to the superficial right temporal muscle. There is no associated skull fracture.

INJURIES TO HANDS:

Right hand: There is a 5/8 incised wound of the volar surface of the right index finger at the distal knuckle. This 5/8 inch incised wound is tangentially oriented or cut through the skin and dermis with the avulsed skin inferiorly indicating that the direction is from distal to proximal.

Further examination discloses that there is a split or forked end on the ulnar aspect and pointed end on the radial aspect. There is a small amount of dermal hemorrhage.

On the dorsal surface of the right hand, at the base of the ring finger, there is a 1/16 inch punctate abrasion.

Left hand: On the dorsal surface of the left hand, there is a punctate abrasion, red-brown in color at the base of the ring finger.

There is a 1/2 inch superficial incised skin cut, 1/2 inch in length, diagonally oriented, on the top of the left hand, midportion.

INTERNAL EXAMINATION

The body is opened with the usual Y-shaped thoracoabdominal incision revealing the abdominal wall adipose tissue to measure 1/4 - 3/8 inch in thickness. The anterior abdominal wall has its normal muscular components and there is no evidence of abdominal wall injury. Exposure of the body cavities shows the contained organs in their usual anatomic locations with their usual anatomic relationships. No free fluid or blood is found within the pleural, pericardial, or the peritoneal cavities. The serosal surfaces are smooth, thin, and glistening and there are no intra-abdominal adhesions.

INTERNAL EVIDENCE OF INJURIES:

There are no internal traumatic injuries involving the thorax or thoracic viscera, abdomen or abdominal viscera.

SYSTEMIC AND ORGAN REVIEW:

Autopsy findings, or the lack of them, are considered apart from those already stated. The following observations pertain to findings other than the injuries and changes that are described above.

MUSCULOSKELETAL SYSTEM--SUBCUTANEOUS TISSUE--SKIN

Examination of the breasts reveals bilateral silastic implants that are intact. Otherwise, no other significant changes are noted in the breasts. The remainder of the musculoskeletal system and subcutaneous tissue are anatomic.

HEAD--CENTRAL NERVOUS SYSTEM

The external injuries to the scalp have been described. A small abrasion, red-brown in color, measuring 3/8 x 1/4 inch and appearing to be antemortem is found lateral-posterior to the right eyebrow and this is a non-patterned superficial abrasion.

The hemorrhage beneath the scalp, due to the sharp force injuries have been described. There is no hemorrhage deep into the temporal muscles.

There are no tears of the dura mater and no recent epidural, subdural, or subarachnoid hemorrhage.

The dura is stripped to reveal no fractures of the bones of the calvarium or base of the skull.

The pituitary gland is normally situated in the sella turcica and is not enlarged.

The cranial nerves are enumerated and they are intact, symmetrical and anatomic in size, location and course.

The component vessels of the circle of Willis are identified. They are anatomic in size, course, configuration and distribution. The blood vessels are intact, free of aneurysms or other anomaly, and non-occluded and show no significant atherosclerosis.

Examination of the non-formalin fixed, fresh brain shows: The cerebral hemispheres, cerebellum, brainstem, pons and medulla to show their normal anatomical structures. The cerebellar, the pontine and medullary surfaces present no lesions. Multiple sections reveal an anatomic appearing cortex, white matter, ventricular system and basal ganglia. There is no evidence of hemorrhage, cyst or neoplasm involving the brain substance.

The spinal chord, in the vicinity of the cervical incised wound is dissected; there is no evidence of intraspinal hemorrhage and no evidence of sharp force injury to the spinal chord.

ORGANS OF SPECIAL SENSES:

Not dissected.

RESPIRATORY SYSTEM--THROAT STRUCTURES

The oral cavity, viewed from below, is anatomic. The teeth are examined and there is no evidence of injury and there is no evidence of injury to the cheeks, lips, gums, or tongue. No blood is present.

Injuries to the upper airway including the incised wound of the hypopharynx and epiglottis have been described. Otherwise, the mucosa of the larynx, piriform sinuses, trachea and major bronchi are anatomic. No mucosal lesions are evident and no blood is present.

The hyoid bone and thyroid cartilages are intact, inasmuch as the incised wound passes through the thyrohyoid membrane and ligament and both greater cornuas of the thyroid cartilage are intact. Hemorrhage is present in the tissue adjacent to the neck organs due to the incised would as described above. There is no hemorrhage into the substance of the thyroid gland which anatomic in size and location. The parathyroid glands are not identified.

Lungs: Right lung weighs 330 grams; left lung 300 grams. The external appearance and that of the sectioned surface of the lungs show minimal congestion and otherwise no injuries or lesions. No foreign material, infarction, or neoplasm is encountered. The pulmonary arteries are free of thromboemboli.

CARDIOVASCULAR SYSTEM:

The heart weighs 280 grams, and is anatomic in size and configuration. The chambers, valves and myocardium are anatomic, and a minimal amount of liquid blood is found within the cardiac chambers. No focal endocardial, valvular, or myocardial lesions are seen. There are no congenital anomalies.

Multiple transverse sections of the left and right coronary arteries reveal them to be thin-walled and patent throughout with no significant atherosclerosis. The aorta and major branches are anatomic and show only minimal lipid streaking of the intima. The portal and caval veins and the major branches are anatomic.

Note: The injuries of the common carotid arteries and internal jugular veins have been described above.

GASTROINTESTINAL SYSTEM:

The mucosa and wall of the esophagus are intact and gray-pink and no lesions or injuries are evident.

The gastric mucosa is intact and pink. No mucosal lesions are evident and there are no residuals of medication or blood.

Examination of the gastric contents reveals approximately 500 ml. of chewed semisolid food in the stomach. Recognizable food particles are identified as follows: pieces of pasta appearing to be rigatoni, fragments of apparent spinach leaves; and the remainder, chewed, partially digested non-recognizable food material.

The mucosa of the duodenum, jejunum, ileum, colon and rectum are intact. The lumen is patent. No mucosal lesions are evident, and no blood is present. The fecal content is usual in appearance.

HEPATOBIILIARY SYSTEM -- PANCREAS

The liver weighs 1370 grams. The capsular surface is intact. The subcapsular and the cut surface of the liver are uniformly brown-red in color, and free of nodularity and are usual in appearance. The biliary duct system, including the gallbladder, are free of anomaly and no lesions are evident. The mucosa is intact and bile stained. The lumen are patent and no calculi are present.

The pancreas is anatomic both externally and on cut surface.

HEMOLYMPHATIC SYSTEM -- ADRENAL GLAND

The spleen weighs 90 grams and has an intact capsule. Cut surface shows the usual dark red-purple parenchyma which is firm and no lesions are

evident.

The blood, the bone marrow and the usually-named aggregates of lymph nodes do not appear to be significantly altered.

The thymus gland is no identifiable.

The adrenal glands are their usual size and location and cut surface presents no lesions.

URINARY SYSTEM:

Each kidney weights 100 grams. The kidneys are anatomic in size, location and configuration. The capsules are stripped to show a pale brown surface. On section the cut surface shows no abnormalities of the cortex and medulla.

The calyces, pelves, ureters and urinary bladder are unaltered in appearance. The mucosa is gray-pink, no calculi are present and no blood is present.

The urinary bladder contains a few ml. of clear urine.

GENITAL SYSTEM (female)

The uterus, tubes, and adnexa are anatomic. Cut surface of the uterus shows no lesions and a thin light brown endometrium. The vagina has its normal mucosal surface and no lesions or injuries are evident.

HISTOLOGY:

Representative portions of the various organs, including the larynx and hyoid, are preserved in 10% formaldehyde and placed in a single storage container.

TOXICOLOGY:

A sample of cardiac chamber blood and urine are submitted for toxicologic analysis.

SEROLOGY:

A sample of intracardiac blood is submitted in an EDTA tube,

RADIOLOGY:

None.

PHOTOGRAPHY:

In addition to the routine identification photographs, pertinent

photographs are taken of the external injury.

WITNESSES:

Detective Van Natter and Lange, Los Angeles Police Department, Robbery-Homicide, were present during the autopsy.

DIAGRAMS USED:

Forms 16, 20, 20D, 20F, 20G, 20H, 22, 23, 24 and 29 were utilized during the performance of the autopsy.

OPINION:

Death is attributed to multiple sharp force injuries, including a deep incised wound of the neck and multiple stab wounds of the neck.

The sharp force injuries led to transection of the left and right common carotid arteries, and incisions of the left and right internal jugular vein causing fatal exsanguinating hemorrhage. The sharp force injury to the scalp were superficial, non-fatal.

Injuries present on the hands, including the incised wound of the right hand are compatible so-called defense wounds.

Routine toxicologic studies were ordered.

/s/ Irwin L. Golden M.D.
IRWIN L. GOLDEN
DEPUTY MEDICAL EXAMINER

Date: June 16, 1994