



7-4-1954

## Marilyn Sheppard Autopsy Report

Samuel R. Gerber MD  
*Cuyahoga County Coroner's Office*

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## Report of Autopsy

HELD ON THE BODY OF

NAME..... Marilyn Sheppard

CASE NO. .... 76629

AUTOPSY NO. .... K-7280

DATE..... 7-4-54

S. R. Gerber, M. D.  
CORONER

Cuyahoga County  
State of Ohio

Cuyahoga County Coroner's  
Office  
MARCH 1996  
Case # 76629  
A - 1

52  
STATE'S  
EXHIBIT

Marilyn Reese Sheppard

Age: 31

28924 Westlake Road  
Bay Village, Ohio.  
# 76629 M-7280

Officially pronounced dead at the Coroner's Office following arrival at 8:00 A.M., 7-4-54.

Autopsy performed at the Coroner's Office at 12:30 P.M., 7-4-54.

#### ABSTRACT OF HISTORY

Decedent said to have been assaulted and found by husband apparently dead on her bed at home, 28924 Westlake Road, Bay Village, at about 5:30 A.M., 7-4-54. She was conveyed to the Coroner's Office where she was officially pronounced dead following arrival at 8:00 A.M., 7-4-54. (Dr. Gerber)

#### ANATOMIC DIAGNOSES

1. Multiple impacts to head and face with:
  - a) Comminuted fractures of skull and separation of frontal suture.
  - b) Bilateral subdural hemorrhages.
  - c) Diffuse bilateral subarachnoid hemorrhages.
  - d) Contusions of brain.
  - e) Multiple contused lacerations of forehead and scalp.
  - f) Fractures of upper medial incisor teeth.
  - g) Fracture of nose.
2. Multiple abrasions and contusions. Partial avulsion of 4th left fingernail.
3. Aspiration of blood.
4. Intra-uterine pregnancy - circa 4 months.
5. Adenomata of thyroid.

#### CAUSE OF DEATH

The decedent came to her death as a result of: MULTIPLE IMPACTS TO HEAD AND FACE WITH COMMUNATED FRACTURES OF SKULL AND SEPARATION OF FRONTAL SUTURE, BILATERAL SUBDURAL HEMORRHAGES, DIFFUSE BILATERAL SUBARACHNOID HEMORRHAGES, AND CONTUSIONS OF BRAIN.

HOMICIDE BY ASSAULT.

#### LABORATORY FINDINGS

Blood: alcohol - 0.00%  
Blood type: O Rh negative type MS

Marilyn Sheppard - 28924 Lake Road - Bay Village, Ohio.  
 8:00 A.M., July 4, 1954 - Date of Death  
 12:30 P.M., July 4, 1954 - Date of Post.

## GROSS ANATOMIC DESCRIPTION

**EXTERNAL EXAMINATION:** The body is that of a well developed and well nourished white female who appears to be the stated age of 30 years. The body measures 67 inches in length and weighs 125 pounds. Rigor mortis is complete. Postmortem lividity is dependent. There is a pale cyanosis of the lips and nail beds. The hair is brown and has a normal distribution. The irides are hazel and the pupils round, regular and equal. Ears, nose and mouth are not remarkable. The teeth are natural and in good condition. Neck, chest and abdomen are within normal limits. Pressure on the breasts results in the appearance of clear watery fluid at the nipples. The abdomen reveals striae gravidarum and a well healed suprapubic scar measuring 5" in length. The external genitalia are normal female. The extremities are not remarkable. The toenails are tinted pink.

**EXTERNAL EVIDENCE OF INJURY:** There is abundant dried blood over the entire face, neck, upper chest and hands, and there are bloody crusts in the nostrils and in the mouth.

The following individual injuries are noted:

1. There is a contused abraded laceration measuring  $1 \times \frac{1}{2}$ " in the left frontal region, centered  $2\frac{1}{2}$ " from the midline. It extends from the supra-orbital margin cephalad. The injury extends down to the underlying bone.
2. There is a contused crescentic laceration measuring  $1 \times \frac{1}{4}$ " in the left frontal region, centered 2" from the midline. The lowermost point of the laceration is located  $1\frac{1}{2}$ " above the supra-orbital margin. The laceration extends down to the underlying bone.
3. There is a contused gaping laceration measuring  $1\frac{1}{2} \times \frac{3}{8}$ " in the left frontal region, centered 1" from the midline. It extends from the supra-orbital ridge cephalad. The underlying bone is visible in the depths of the wound.
4. There is a linear laceration measuring  $2 \times \frac{1}{4}$ " in the midfrontal region. The injury originates at the glabella and extends cephalad. The laceration extends through the soft tissue to the underlying bone.
5. There is a ragged crescentic laceration measuring  $\frac{1}{2} \times \frac{1}{4}$ " in the right frontal region centered 1" from the midline and  $2\frac{1}{4}$ " above the supra-orbital ridge. The laceration is located immediately below the hair line. The edges of the laceration are abraded over a zone measuring up to  $\frac{1}{8}$ " in width. The laceration extends down to the underlying bone.
6. There is a contused laceration measuring  $1 \times \frac{1}{2}$ " in the right frontal region centered 2" from the midline and  $1\frac{1}{2}$ " above the supra-orbital ridge. The laceration runs from lateral and posterior medially and anteriorly. The laceration extends down to the underlying bone.

Comminuted fractures of the frontal bone are visible and palpable in the depths of the lacerations described above.

7. There is a gaping contused elliptical laceration measuring  $1 \times \frac{1}{2}$ " in the right frontal region, centered 2" above the right supra-orbital ridge and 3" from the midline. The underlying bone is exposed.

8. There is a ragged contused laceration measuring  $1 \times \frac{1}{2}$ " in the right parietal region, centered 4" from the midline and 4" from the right external auditory meatus. The laceration extends down to the underlying bone.
9. There is a ragged contused laceration measuring  $\frac{1}{2} \times \frac{1}{4}$ " in the right occiput, centered  $3\frac{1}{2}$ " from the midline and 5" from the right external auditory meatus. The laceration extends only partially through the scalp.
10. There is a ragged contused laceration measuring  $1\frac{1}{2} \times \frac{1}{4}$ " in the mid-fronto-parietal region, centered 3" above the glabella. The posterior aspect of the wound forks to produce a Y each of whose arms measure  $\frac{1}{2}$ ".
11. There is a ragged contused laceration in the left parietal region measuring 2" in length. The wound extends from the midline to the left, originating at a point  $6\frac{1}{2}$ " from the left auditory meatus.
12. There is a ragged cruciate contused laceration measuring  $1\frac{1}{2} \times 1$ " in the left temporal region, centered 3" from the left lateral canthus and  $4\frac{1}{2}$ " from the left external auditory meatus. The laceration extends down to the underlying bone. Fractures are visible and palpable in the depths of the laceration.
13. There is a ragged contused laceration measuring  $2\frac{1}{2} \times \frac{1}{2}$ " in the left parietal region, centered 3" from the midline and  $4\frac{1}{2}$ " from the left external auditory meatus. The injury extends from anterior and lateral posteriorly and medially. The anterior aspect of the injury is separated from the preceding injury (#12) by a bridge of skin which measures from  $\frac{1}{4}$  to  $\frac{1}{2}$ ".
14. There is a contused crescentic laceration measuring  $2\frac{1}{2} \times \frac{1}{4}$ " in the left parietal region, centered  $3\frac{1}{2}$ " from the midline and  $5\frac{1}{2}$ " from the left external auditory meatus. It is separated from the preceding injury (#13) by a bridge of skin measuring  $\frac{1}{2}$ " in width. The bridge of skin separates the posterior extremity of the preceding injury from the present laceration.
15. There is a ragged crescentic laceration in the left parietal region centered 3" from the midline and 6" from the left external auditory meatus. The laceration measures  $1\frac{1}{2} \times \frac{1}{4}$ " and is separated from the preceding injury (#14) by a bridge of skin measuring up to  $\frac{1}{2}$ " in width. The underlying bone is exposed.
16. There is a laceration measuring  $\frac{5}{16} \times \frac{1}{8}$ " in the right pre-auricular region over the temporo-mandibular joint. It is centered  $1\frac{3}{4}$ " from the right external auditory meatus.
17. The right upper and lower eyelids are swollen and discolored a dark purplish brown.
18. There is an area of crusted abrasion in the mid-right upper lid measuring  $\frac{1}{4} \times \frac{1}{2}$ ".
19. There is an area of crusted abrasion measuring  $\frac{1}{2} \times \frac{1}{4}$ " in the mid-right lower lid.
20. There is swelling and purple-brown discoloration of the left upper and lower eyelids. The discoloration and swelling are less marked than on the right.
21. There is a fracture of the nasal bone with crepitus on manipulation.
22. There is a contused abrasion measuring  $\frac{1}{4} \times \frac{1}{8}$ " over the bridge of the nose with the long axis of the abrasion following the long axis of the nose.

23. There is a contused abrasion measuring  $1 \times \frac{1}{2}$ " on the left mid-infra-orbital margin.
24. There is a crusted abrasion measuring  $1 \times \frac{1}{2}$ " on the buccal surface of the mucosa of the lower lip.
25. There is a complete fracture of the upper right medial incisor at the junction of the proximal and middle third of the tooth. The fracture is recent and the fractured surface is sharp. The distal fragment of the tooth is not present within the mouth.
26. There is a chip defect on the occlusal-frontal surface of the upper left medial incisor. The defect measures  $\frac{3}{16} \times \frac{1}{8}$ ", and the edges are sharp.
27. There is an area of purple brown contusion measuring 2" in diameter over the superior aspect of the right shoulder. The discoloration is faint.
28. There is a contused abrasion measuring  $\frac{1}{2}$ " over the right radius centered  $7\frac{1}{2}$ " proximal to the tip of the right thumb.
29. There is an area of contused abrasion measuring  $2 \times \frac{3}{4}$ " on the lateral aspect of the dorsum of the right wrist.
30. There is a dried abrasion measuring  $\frac{3}{4} \times \frac{1}{2}$ " over the base of the right thumb on the palmar aspect.
31. There is an abrasion measuring  $\frac{1}{2} \times \frac{1}{2}$ " over the dorsum of the proximal phalanx of the right index finger immediately distal to the metacarpophalangeal joint.
32. There is an area of crusted abrasion measuring  $\frac{1}{2} \times \frac{1}{8}$ " over the metacarpophalangeal joint on the dorsum of the right 4th finger.
33. There is hyper-mobility and crepitus on the right 5th finger at the metacarpophalangeal joint.
34. There is a contused abrasion measuring  $1\frac{1}{2} \times \frac{1}{4}$ " over the left ulna centered 10" proximal to the tip of the left middle finger.
35. There is partial avulsion of the fingernail of the left 4th finger with the root of the nail exposed.

SECTION: The body is opened through the usual "Y" shaped incision. The subcutaneous fat is moderate in amount. The musculature is well developed.

BODY CAVITIES: All the body cavities are smooth and glistening and none contains excess fluid.

#### VISCERA

HEART: The heart is firmly contracted as it lies in situ. It weighs 225 gms. The epicardial surfaces are smooth and glistening. The myocardium has a uniform pale reddish brown color throughout. The endocardial surfaces are smooth and glistening. Valve cusps and leaflets are thin and delicate. The major vessels leading from the heart are not remarkable. The coronary arteries reveal no atheromatous changes. Measurements of the heart are as follows:

Pulmonic	5.0 cm	Mitral	7.0 cm.
Aortic	5.0cm	Tricuspid	8.0 cm.
Right ventricle	4.0 mm	Left ventricle	12.0 mm.

**LUNGS:** The right lung weighs 550 gms. and the left 470 gms. The pleural surfaces bilaterally are smooth and shiny throughout and the lungs are rubbery to palpation. Cross section reveals a mottled reddish purple parenchyma which yields moderate quantities of bloody, frothy fluid on pressure. The trachea and major bronchi contain a large quantity of blood-stained sero-mucoid froth.

**NECK ORGANS:** There is no evidence of injury to the soft or bony structures of the neck. The thyroid has a uniform reddish brown color throughout, with an adenomatous nodule measuring 2 cm. in diameter in the lower pole of the left thyroid lobe. The larynx and trachea are lined by an intact mucous membrane. The thymus is atrophic.

**GASTROINTESTINAL TRACT:** The gastrointestinal tract is lined by an intact mucous membrane from pharynx to anus. The stomach contains one-half ounce of orange-brown mucoid fluid. The small intestine contains yellowish brown chyme. The colon contains inspissated green-brown stool. The appendix is surgically absent and the cecum is bound to the anterior parietal peritoneum.

**LIVER:** The liver weighs 1480 gms. Its capsule is smooth and glistening. Cross section reveals good preservation of the usual hepatic architectural landmarks. The gall bladder and bile ducts are patent throughout.

**PANCREAS:** The pancreas shows no gross abnormalities.

**SPLEEN:** The spleen weighs 180 gms. It is soft to palpation and the capsule is wrinkled. Cross section reveals fair demarcation between red and white pulp.

**ADRENALS:** The adrenals are within normal limits.

**KIDNEYS:** The right kidney weighs 135 gms. and the left 130 gms. The capsules strip readily leaving smooth, shiny reddish brown surfaces. Cross section reveals good demarcation between cortex and medulla with no evidence of any cortical. The bladder is empty.

**INTERNAL GENITALIA:** The uterus is enlarged and extends to a point 5" above the pubic symphysis. Within it there is a pregnancy with the membranes intact. Within the amniotic sac there is a male fetus measuring 14 cm. from crown to rump and 20 cm. from crown to heel. The placenta shows no gross abnormalities. The cervix is within normal limits. Within the vagina there is a moderate quantity of creamy white exudate. The tubes and ovaries show no gross abnormalities. Within the right ovary there is a corpus luteum of pregnancy.

**LYMPH NODES:** The lymph nodes are not significantly enlarged in any of the body cavities.

**BONE MARROW:** The bone marrow has a reddish brown color throughout.

**AORTA:** The aorta shows minimal atheromatous changes within its abdominal portion.

**HEAD:** The scalp is incised from ear to ear and the flaps reflected anteriorly and posteriorly. There is extensive hemorrhagic extravasation through the entire scalp and both temporal muscles are heavily infiltrated by blood. The calvarium reveals severe comminution and splintering of the entire frontal bone with complete separation of the coronal suture. Small fragments of bone can readily be picked from the sites of comminution with the fingers. The calvarium is removed by converging saw-cuts which extend from the separated coronal suture posteriorly. The dura is intact. On reflecting the dura 20 cc. of fluid blood are found in each subdural space. The brain weighs 1440 gms. It reveals diffuse

subarachnoid hemorrhage over both cerebral hemispheres and over the cerebellar hemispheres. Multiple coronal sections through the brain reveal good preservation of the usual cerebral architectural landmarks. There is contusion with focal and confluent hemorrhages involving the cortex on the undersurface of the temporal and frontal lobes bilaterally. In the right basal ganglia there are focal and confluent areas of hemorrhage. The floor of the cranial cavity reveals severe comminution involving the anterior cranial fossae. The roofs of both orbits are splintered and fragmented and the interior of the frontal sinus is visible. The parietal bones, occipital bones and the floor of the middle and posterior fossae show no fractures.

PITUITARY: The pituitary gland is not remarkable.

#### MICROSCOPIC DESCRIPTION

LUNGS: Focal congestion and edema.

THYROID: Follicular adenomata.

BREAST: Secretory changes.

OVARY: Corpus luteum of pregnancy.

UTERUS: Lined by decidual tissue. Hypertrophy of muscle.

VAGINAL SMEARS: Abundant epithelial cells and bacteria.

BRAIN: Focal and confluent cortical hemorrhages with laceration.

Sections of heart, liver, kidney, placenta and umbilical cord are negative.