

OFFICE OF THE MEDICAL EXAMINER  
FLORIDA, DISTRICTS 7 & 24  
VOLUSIA & SEMINOLE COUNTIES  
1360 INDIAN LAKE ROAD, DAYTONA BEACH, FL 32124-1001  
(386) 258-4060

Name	<b>Harper, Harry Herbert</b>	Medical Examiner #	09-24-279
Date of Birth	August 4, 1946	Date of Death (Found)	December 15, 2009
Age	63 Years	County	Seminole
Race	White	Date of Exam	December 16, 2009
Sex	Male	Time of Exam	0900 Hours

**FINAL DIAGNOSES AND FINDINGS**

- I. Perforating Gunshot Wound of the Head
  - A. Entrance: Right temple with evidence of contact range firing on the skin
  - B. Projectile Track: Right temple, temporal bone, dura, temporal lobe of the right cerebral hemisphere, basal ganglia, left temporal lobe, dura, left temporal bone and scalp
  - C. Direction of Projectile: Right to left and horizontal
  - D. Exit: Left temporal scalp
  - E. Associated Injuries: Subgaleal, subdural and subarachnoid hemorrhage, fractures of anterior, middle and posterior cranial fossae and calvarium, pulpification of brain structures
  - F. Projectile recovered: None

Cause of Death: Gunshot Wound of the Head  
Manner of Death: Suicide  
How Incident Occurred: Shot self with handgun

XC: State Attorney's Office  
Sanford Police Department

Predrag Bulic, MD Date: 3-9-10  
Predrag Bulic, M.D.  
Associate Medical Examiner



Name **Harper, Harry Herbert**

ME # 09-24-279

**REPORT OF AUTOPSY**

**OFFICIALS PRESENT AT AUTOPSY**

Crime Scene Technicians Donald Ripley and Diana Smith, Evidence Technician Michelle Taylor and Detective Ronny Neal from the Sanford Police Department.

**EXTERNAL EXAMINATION**

The body is viewed unclothed. There is no jewelry.

The body is that of a well developed, obese, white man appearing the stated age of 63 years. The body measures 67 inches in length and weighs 231 pounds. The body mass index is 36.

The unembalmed body is well preserved and cool to touch due to refrigeration. Rigor mortis is fully developed in the major muscle groups. Livor mortis is fixed posteriorly except over pressure points. The skin over the face is covered with blood.

The scalp hair is black and gray and measures up to 8 centimeters in length. There is a beard and mustache present. The irides are blue/gray and the pupils are equal, each measuring 0.5 centimeter in diameter. The corneae are clear and the sclerae and conjunctivae have no petechiae or other abnormalities. The nasal bones are intact by palpation. The nares are patent and contain no foreign matter. The natural teeth are in fair repair. The frenula are intact. The mucosa and tongue are free of injuries. There is no foreign material in the mouth. The external ears have no injuries. There are no cosmetic earlobe piercings. There are bilateral earlobe creases.

The symmetrical neck has no masses or injuries. The trachea is in the midline.

The shoulders are symmetrical and are free of trauma.

The chest and back are symmetrical and have no scars or injuries.

The protuberant abdomen is atraumatic.

The external genitalia are those of a normally developed adult man. The anus is unremarkable. The penis is uncircumcised and the testes are present in the scrotum.

The upper extremities have no injuries and no distinctive type scars of intravenous narcotism or hesitation marks. The fingernails are long and are not clean.



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The lower extremities are of equal diameter and length. The toenails are long and not clean. There is no edema of the legs or ankles.

Passive motion of the neck, shoulders, elbows, wrists, fingers, hips and ankles fails to elicit any bony crepitus or abnormal motion.

**EVIDENCE OF INJURY**

The injury consists of a single perforating gunshot wound of the head, contact range.

Entrance: The wound is on the right temple 8.0 centimeters below the top of the head and 8.7 centimeters to the right of the anterior midline. The defect has irregular lacerated edges measuring 8.7 x 7.0 centimeters. There is no stippling of the skin surrounding the wound. The wound edges are slightly dried and dark-red-brown. The underlying bone defect measures 1.0 centimeter in diameter with internal beveling around the edges. The multiple bone fragments around the entrance perforation have a small amount of soot deposited on the external surface.

Projectile track: The track passes through the skin and bone of the right temple, the dura, the temporal lobe of the right cerebral hemisphere, right and left basal ganglia, left temporal lobe, dura, left temporal bone and scalp.

Direction of projectile: Right to left and horizontal, without deviation to front or back.

Exit: The lacerated wound edges, when re-approximated, exhibit no skin or soft tissue punched out defect, but rather, a slit-like wound measuring 2.7 x 2.0 centimeters in diameter. The wound is located on the left temporal scalp, 8 centimeters below the top of the head and 8.5 centimeters to the left of the anterior midline. There is external beveling of the bone fragments at the exit perforation.

Associated findings: There is faint edema and bluish ecchymosis of the upper eyelids. Subgaleal hemorrhage involves both temporal scalp areas. Subdural collection of blood is evident over both cerebral hemispheres, and the base of brain. There is subarachnoid hemorrhage involving cerebrum and cerebellum. The calvarium has linear fractures involving the temporal and parietal bones. There is fragmentation of both orbital plates. The middle cranial fossa has linear fractures of petrous bones bilaterally. There is massive pulpefaction of brain structures surrounding the bullet track.

Projectile recovered: None.



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**EVIDENCE OF RECENT MEDICAL TREATMENT**

None.

**EVIDENCE OF ORGAN AND/OR TISSUE DONATION**

None.

**OTHER IDENTIFYING FEATURES**

There is an identification band on the left ankle.

There are no significant scars, tattoos or other significant identifying features.

**INTERNAL EXAMINATION:** The following excludes any previously described injuries.

**BODY CAVITIES**

The muscles of the chest and abdominal wall are normal in color and consistency. The lungs are over inflated and voluminous. The ribs, sternum and spine exhibit no fractures. The right and left pleural cavities have no free fluid or adhesions. The mediastinum is in the midline. The pericardial sac has a normal amount of clear yellow fluid. The diaphragm has no abnormality. The subcutaneous abdominal fat measures 4.0 centimeters in thickness at the umbilicus. The abdominal cavity is lined with glistening serosa and has no collections of free fluid. The organs are normally situated and congested. The mesentery and omentum are unremarkable.

**NECK AND TONGUE**

The soft tissues and the strap muscles of the neck have no hemorrhage. The hyoid bone and the cartilages of the larynx and thyroid are intact and show no evidence of injury. The larynx and trachea are lined by smooth pink-tan mucosa, are patent and contain a small amount of blood. The epiglottis and vocal cords are unremarkable. The cervical vertebral column is intact. The carotid arteries and jugular veins are unremarkable. The tongue is unremarkable.

**CARDIOVASCULAR SYSTEM**

The heart weighs 480 grams (expected heart weight for body weight is 305-531 grams). The epicardial surface has a normal amount of glistening, yellow adipose tissue. The heart is of the



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usual configuration. The circumferences of the valves are within normal range. The endocardium is tan. The valvular tissues are thin and pliable. The mural and valvular endocardia have no vegetations or thrombi. The papillary muscles and projecting myocardial muscle bundles are of normal prominence. The chordae tendineae have no abnormalities. The coronary ostia are in their usual location and give rise to normally distributed arteries. The coronary circulation is right dominant with the posterior descending arising from the right coronary artery. The major coronary arteries have mild patchy atherosclerosis. The cut surfaces of the red-brown myocardium have no hemorrhage, necrosis or scars. The right ventricular wall ranges from 0.2 centimeters to 0.4 centimeters in thickness. The septum and the anterior, lateral and posterior free walls of the left ventricle measure 1.3 centimeters in thickness each.

The pulmonary trunk and arteries have no thromboemboli. The intimal surface of the abdominal aorta has moderate atherosclerosis. The ostia of the major branches are of normal distribution and dimension. The inferior vena cava and tributaries have no antemortem clots.

**RESPIRATORY SYSTEM**

The lungs weigh 750 grams and 500 grams, right and left, respectively. There is a moderate amount of subpleural anthracotic pigment within all lobes. The pleural surfaces are thin and free of exudates. The trachea and bronchi are lined by smooth tan epithelium and have a small amount of bloody, frothy liquid. The cut surfaces of the lungs are variegated pink-red, hyperinflated and have moderate hypostatic congestion. No neoplasms are seen. There is no bronchopneumonia, consolidation, fibrosis or calcification.

**HEPATOBIILIARY SYSTEM**

The liver weighs 1830 grams. The capsule is intact. The cut surfaces are red-brown and of normal consistency. There are no focal lesions. The gallbladder contains 20 milliliters of dark green bile. There are no stones. The mucosa is unremarkable. The large bile ducts are patent and non-dilated.

**HEMOLYMPHATIC SYSTEM**

The thymus is replaced by fat. The spleen weighs 270 grams. The blue-gray capsule is smooth and intact. The cut surfaces are dark red, partially liquefied and diffuent. The lymphoid tissue in the spleen is within a normal range. The lymph nodes throughout the body are not enlarged.



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**GASTROINTESTINAL SYSTEM**

The esophagus is empty and the mucosa is unremarkable. The stomach is empty. The gastric mucosa has no inflammation or ulceration. The rugal pattern is regular. The duodenum contains bile-stained fluid. The remaining gastrointestinal tract has no major alterations to external inspection and palpation. The vermiform appendix is identified. The tan, lobulated pancreas has no neoplasia, calcification or hemorrhage.

**UROGENITAL SYSTEM**

The kidneys are of similar size and shape and weigh 170 grams and 190 grams, right and left, respectively. The capsules are intact and strip with ease. The cortical surfaces are smooth and red-brown. The cut surfaces reveal a well-defined corticomedullary junction. There are no structural abnormalities of the medulla, calyx or pelvis. The ureters are slender and patent. The urinary bladder has approximately 100 milliliters of clear yellow urine. The mucosa is unremarkable.

The prostate gland is not enlarged. The cut surfaces are unremarkable. The testes have no masses on palpation.

**ENDOCRINE SYSTEM**

The adrenal glands have a normal configuration with the golden yellow cortices well demarcated from the underlying medullae. The maroon thyroid gland has no gross alterations. The pituitary gland is not extricated.

**MUSCULOSKELETAL SYSTEM**

The ribs, sternum, clavicles, pelvis and vertebral column have no recent fractures. The muscles are normally formed.

**CENTRAL NERVOUS SYSTEM**

The brain is of a normal convolitional pattern and weighs 1340 grams. There is no uncal or tonsillar herniation. The cerebral arteries are free of atherosclerosis and patent. The cut surfaces of the brain have normal relations of gray and white matter. There is no evidence of neoplasm. The dura mater is free of stains and discolorations. The spinal cord is not examined.



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**MICROSCOPIC EXAMINATION:** Two slides examined on March 4, 2010.

HEART: Representative section of the left ventricular myocardium exhibiting mild, patchy subendocardial, perivascular and interstitial fibrosis.

LUNG: Pulmonary congestion and edema with extravasated red blood cells into the alveoli and moderate carbonaceous pigment deposits.

LIVER: Moderate macrovesicular steatosis with occasional portal tracts expansion by mixed inflammatory infiltrate exhibiting ample amount of karyorrhexis.

BRAIN: Cerebral parenchyma with hemorrhage and disruption consistent with trauma.

**TOXICOLOGY:** See separate report from NMS Labs.

PB/jbs

End of Report





**NMS Labs**

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

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12-30-09

**Toxicology Report**

Report issued 12/29/2009 12:00

To: 10277  
Volusia County Medical Examiner Office  
Attn: Tori Hanana  
1360 Indian Lake Road  
Daytona Beach, FL 32124

Patient Name HARPER, HARRY  
Patient ID 09-24-279  
Chain 11096693  
Age 63 Y  
Gender Male  
Workorder 09282384  
Page 1 of 2

**Positive Findings:**

None Detected

See Detailed Findings section for additional information

**Testing Requested:**

Analysis Code	Description
8050U	Postmortem Toxicology - Urine Screen Add-on (6-MAM Quantification only)
8051B	Postmortem Toxicology - Basic, Blood

**Specimens Received:**

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	6.5 mL	12/16/2009 09:00	Blood	
002	Gray Top Tube	8 mL	12/16/2009 09:00	Blood	
003	Clear Plastic Container	40 mL	12/16/2009 09:00	Urine	

All sample volumes/weights are approximations.  
Specimens received on 12/24/2009.

*P. Buttz, MD*

ORIG. TO PB  
COPY TO RB  
DATE 1-4-10 v.6





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Workorder 09282364

Chain 11096893

Patient ID 09-24-279

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**Detailed Findings:**

Examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

**Sample Comments:**

001 Physician/Pathologist Name: P. BULIC

001 Miscellaneous Information: R. BURCHP. FELLER

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 09282364 was electronically signed on 12/29/2009 11:11 by:

Joseph N. Corvo,  
Certifying Scientist

**Analysis Summary and Reporting Limits:**

Acode 8050U - Postmortem Toxicology - Urine Screen Add-on (8-MAM Quantification only)

-Analysis by Enzyme Immunoassay (EIA) for:

Compound	Ret. Limit	Compound	Ret. Limit
Amphetamines	1000 ng/mL	Methadone	300 ng/mL
Barbiturates	0.30 mcg/mL	Opiates	300 ng/mL
Benzodiazepines	50 ng/mL	Phencyclidine	25 ng/mL
Cannabinoids	20 ng/mL	Propoxyphene	300 ng/mL
Cocaine / Metabolites	300 ng/mL		

Acode 8051B - Postmortem Toxicology - Basic, Blood

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

Compound	Ret. Limit	Compound	Ret. Limit
Amphetamines	20 ng/mL	Methadone	25 ng/mL
Barbiturates	0.040 mcg/mL	Opiates	20 ng/mL
Benzodiazepines	100 ng/mL	Phencyclidine	10 ng/mL
Cannabinoids	10 ng/mL	Propoxyphene	50 ng/mL
Cocaine / Metabolites	20 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:

Compound	Ret. Limit	Compound	Ret. Limit
Acetone	1.0 mg/dL	Isopropanol	1.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL