

MMS LOG IN # 31130 MMS By Team Beal @ 154 PM

COUNTY OF Adams



PERMIT BY MEDICAL EXAMINER FOR AUTOPSY

Under the provisions of Senate Bill 253R, Chapter 459, Laws of 1986, in my opinion it is advisable and in the public interest that an autopsy be performed on the body of:

Chloe Britt, 6 months, White, Female  
(NAME) (AGE) (RACE) (SEX)

who died on Feb. 21, 2002, 2:25 P, at Jefferson Davis Blvd  
(DATE) (TIME) (STREET, NUMBER OR ROUTE)

Natchez, Adams under the following circumstances:  
(CITY OR TOWN) (COUNTY)

- \* Suspect shaking baby syndrome
- \* Sexual Assault
- Anal tearing + Drag

TYPE OF DEATH:

- |  |          |              |          |
|--|----------|--------------|----------|
| Violent                                    | <u>X</u> | Natural      | _____    |
| Sudden, when in apparent health            | _____    | Accident     | _____    |
| Unattended by physician                    | _____    | Suicide      | _____    |
| Custody of Law                             | _____    | Homicide     | <u>X</u> |
| Suspicious, unusual or unnatural manner    | _____    | Undetermined | _____    |
| Disease which might threaten public health | _____    | Pending      | _____    |
| Possibly drug-related                      | _____    |              |          |

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH:

This 6 months old infant was left at home with her mother's boyfriend of 2 months. when she returned she notice the baby was blue, had unexplained marking, and not breathing. The child was rush to the ER, but all efforts to sustain her life was unsuccessful. A medicolegal autopsy to include Rape kit and DNA sampling are requested to determine cause and manner of death.

Authority is hereby given to Doctor Steven Hayes M.D., Pearl  
(PATHOLOGIST) (CITY OR TOWN)

to perform such autopsy upon the body of the decedent named herein.

2/21/2002, [Signature]  
(DATE) (MEDICAL EXAMINER, CITY OR TOWN)

One copy to person performing autopsy, one copy to circuit clerk one copy retained by Medical Examiner

Please call and fax provisions Form ME-17  
Results to 601 445-7975 phone 601 445-4085  
Cell phone 601 431-2612 Fax # 7