

Crime Lab
Case No. _____
Agency _____
Case No. 2-10302

TOXICOLOGY DEPARTMENT

MISSISSIPPI CRIME LABORATORY

1700 East Woodrow Wilson
Jackson, Mississippi 39216
(601) 987-1600 Fax (601) 987-1615

County Adams
City Natchez
Submitting Agency Adams Co
CRIM

Name of Decedent: Chloe But
Age 60m Sex Female Race White Date of Death 2/1/2002
Approximate Time of Death 2:25 PM (2400 hrs)
Date Samples Drawn 2/2/2002 Time Samples Drawn 10:00 AM
Samples Drawn By [Signature]
Coroner/Medical Examiner/Pathologist [Signature]
Address North Med Care Bldg South 3rd
Phone 8248442

Probable Cause of Death: 1. CW Shaken Body Syndrome
2. _____

Probable Manner of Death: Homicide Natural
 Suicide Pending
 Accidental Undetermined

Please briefly describe the circumstances and/or a brief medical history if known: see above

List all of decedents known medications: _____

Was decedent hospitalized prior to death: YES NO (circle)
If Yes: Number of Hours in Hospital 1208?
Number of Days in Hospital _____
List all medications patient received in hospital including intravenous administration _____

Service Requested:
 Alcohol Analysis (submit vitreous fluid in addition to blood)
 Drug Analysis (submit urine, bile and/or liver tissue in addition to blood when possible)
 Tricyclic Antidepressants
 Anticonvulsant Panel
 Carbon Monoxide (submit whole blood)
 Clinical Urinalysis
 Other (Be Specific) _____

- Note:
1. The Mississippi Crime Laboratory does not routinely analyze for antibiotics, antifungals, certain cardiac medications, certain antihypertensives, or diuretics.
 2. Biological samples should ideally be submitted in grey top test tubes containing the preservative Sodium Fluoride (NaF).
 3. Special or esoteric analyses may have specific sampling or pretreatment requirements and inquiries to the toxicology department should be made as soon as possible.
 4. In suspected overdoses or to rule out medication toxicity some drugs may require both blood and liver quantitative analyses (i.e. Phenothiazines) for meaningful interpretation. In these cases an autopsy may be indicated. Please consult the Toxicology Department at the State Medical

STEVEN HAYNE, M.D.
Anatomic, Clinical and Forensic Pathology

EVIDENCE SUBMISSION

350 Crossgates Blvd.
Brandon, MS 39042

Phone (601) 824-8492

CMEI ADAMS CO Decease CHLOC BRITT 6 mo old Cauc Female

AME#
2 M3 02

Pathologist

Coroner

Additional Report

Steven Hayne, M.D.

JAMES LEE

350 Crossgates Boulevard

CMEI ADAMS CO

Brandon, MS 39042

CHAIN OF CUSTODY

Recovered By:  Title:  Date: 22 Feb 02 Time: 18:50

Delivered By: _____ Title: _____ Date: _____ Time: _____

Received By: _____ Title: _____ Date: _____ Time: _____

EXHIBIT DESCRIPTION

EXAMINATIONS REQUESTED

<u>2</u>	gray top tubes blood in sealed bag	tox ETOH drugs
_____	gray top tubes urine in sealed bag	tox ETOH drugs clinical urinalysis
_____	gray top tubes bile in sealed bag	tox ETOH drugs
<u>1</u>	gray top tubes vitreous in sealed bag	tox ETOH drugs glucose
<u>1</u>	red top tube blood in sealed bag	tox ETOH drugs ABH serotype DNA
_____	red top tube gastric content in sealed bag	ID contents
<u>1</u>	purple top tube blood in sealed bag	DNA CO level
_____	pulled scalp hair in sealed bag	hold for study requests
_____	RT and LT finger and palm prints in sealed bag	hold for study requests
_____	RT fingernail scrapings in sealed bag	tissue, hair, blood, fiber studies, ID material
_____	LT fingernail scrapings in sealed bag	tissue, hair, blood, fiber studies, ID material
_____	Gunshot Residue Kit in sealed bag	SEM
_____	Sexual Assault Kit in sealed box	Process kit
_____	shotgun pellets in sealed bag	size
_____	bullet in sealed bag	class/manufacturer
_____	wadding in sealed bag	gauge/manufacturer
_____	power piston in sealed bag	gauge/manufacturer
_____	clothing in sealed bag	hair fibers powder residue paint & glass