SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS

Office of the Medical Examiner

Autopsy Report

Case: IFS-14-07742 - CC

Decedent: Lockett, Clayton Derrell 38 years Black Male DOB: 11/22/1975

Date of Death: 04/29/2014 (Actual)

Time of Death: 07:06 PM (Actual)

Examination Performed: 05/01/2014 08:25 AM

Body Weight: 200 lbs BMI: 25.68

Body Length: 74 in

ORGAN WEIGHTS:

Brain:	1,490 g	Right Lung	740 g	Right Kidney:	170 g
Heart:	480 g	Left Lung:	580 g	Left Kidney:	190 g
Liver:	1,720 g	Spleen:	170 g		

This autopsy is authorized by Governor Mary Fallin of the State of Oklahoma. This case involves a judicial execution in McAlester, Oklahoma.

EXTERNAL EXAMINATION

The body is identified by toe tag. Photographs, fingerprints and a chest x-ray are taken. The body is not embalmed. The hands are not bagged. Previous dissections and removal of vasculature were performed prior to this autopsy. When first viewed, the decedent is nude.

The following items of clothing and linens are received in separate bags. Received with the body is a transport sheet, a transport blanket/sheet, underwear, a gray scrub-type shirt, gray pants, one loose white sock, and a white sock from the left foot in a bag. All the above items of clothing are submitted to the physical evidence section for release. Also received with the body is a brown paper bag containing tape that was on the right hand, one brown paper bag with adhesive tape from the right groin, and one paper bag with tape submitted with the body. Also received with the body is a plastic bag containing a subcutaneous catheter recovered from under the body. Paperwork is received in a plastic bag and is incorporated with the Dallas County Medical Examiner autopsy file. Included with this paperwork is an EKG strip and identification tag. A separate plastic bag contains 0.9% sodium chloride injection USP x2. The bag is not opened but is photographed. An additional plastic bag containing medication syringes is photographed and not opened. The syringes correspond to the medication used in the protocol for a judicial execution. The saline bags, tubing, syringes, and catheter are released to the Oklahoma Highway Patrol (Captain DamonTucker). These items are to be tested in a separate laboratory.

Also received separately is a container with formalin containing a right groin percutaneous catheter site and a catheter

which is loose and not attached to the specimen in the container. The specimen consists of vasculature from the right groin and two pieces of skin with subcutaneous fat. Additional specimens received include a right arm percutaneous vascular puncture site that includes two pieces of skin with underlying fat and vessels, vasculature of the right arm with multiple hemorrhagic areas, and a left antecubital fossa percutaneous vascular puncture site with hemorrhage around the vessel. A separate cup containing cassettes with microscopic sections is received. Cassette #1 contains subcutaneous tissue contusion from the left lateral wrist. Cassette #2 contains the percutaneous puncture site of the right medial forearm with soft tissue hemorrhage. Cassette #3 contains subcutaneous soft tissue hemorrhage and the percutaneous puncture site of the right groin and Cassette #4 contains subcutaneous soft tissue with hemorrhage from the left groin. These cassettes are labeled “OCME – TUL 1401956”. The tissue is transferred into cassettes “A1”, “B1”, “C1”, and “D1” with the Dallas County Medical Examiner number “IFS-14-07742."

No jewelry is on the body. A catheter is adherent to the left buttock. The back of the right leg shows an adherent piece of plastic from an IV set up kit.

The body is that of a muscular black male adult appearing consistent with the stated age of 38 years. The body measures 74 inches in length and weighs 200 pounds.

Rigor mortis is generalized and postmortem lividity is reddish-purple and fixed on the posterior aspect of the body. The body is cool to touch.

The scalp hair has been shaved. A mustache and goatee-type beard are noted. Several gray hairs are present in a black goatee. The eyes are brown with the left congested. There is mild congestion and early drying of the right eye. There are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The teeth are natural and in good condition. The mouth is atraumatic. The nose is normal. The ears are unremarkable. The neck, chest, abdomen, back, and extremities show normal development. The external genitalia are those of a male adult. The testes are bilaterally descended and show no evidence of injury.

IDENTIFYING MARKS AND SCARS

There are two teardrop tattoos lateral to the left eye. There is a tattoo of a hand with the third finger extended of the anterior neck.

Numerous tattoos are present of the right arm that include examples of a cross, a syringe, a spiderweb, the name “HOOVER”, and skulls. Several tattoos are on the thighs.

There is a large vertically oriented scar of the right arm. A large scar is on the left forearm that consists of two vertical linear scars connected by a horizontally oriented linear scar. There is a small scar of the right ankle. There are two scars of the right knee.

EVIDENCE OF NEEDLE PUNCTURE MARKS

There are three needle puncture marks with two areas of underlying subcutaneous hemorrhage of the left subclavian region. There appears to be 3-4 needle puncture marks of the right jugular region. There is a needle mark with contusion of the right antecubital fossa region. There is a needle mark of the left wrist. Three needle marks are present of the left antecubital fossa. Two needle marks are present of the left upper arm. There are two needle puncture marks of the top of the right foot with surrounding contusion.

EVIDENCE OF PREVIOUS DISSECTIONS

Both arms show extensive dissections of the vasculature which are closed with string suture. Both inguinal regions show areas of incisions due to removal of puncture sites and vasculature which are closed with string suture. There is extensive hemorrhage of the soft tissue of the left inguinal region. A V-shaped incision is on the upper chest consistent with an initial autopsy incision.

EVIDENCE OF INJURY

Sharp force injuries:

There is a vertically oriented incised wound medial to the right antecubital fossa when the arm is placed in anatomic position. This incised wound measures 5/8 inch in length and involves only the skin and superficial fat.

There is a vertically oriented incised wound medial to the left antecubital fossa when the arm is placed in anatomic position. The incised wound measures 1/2 inch in length and involves only the skin and superficial fat.

Blunt force injuries of the extremities:

There are two abrasions of the left wrist. There is an abrasion above the left axilla with erythematous linear areas above this abrasion.

There are two abrasions of the left knee. Two abrasions are on the left ankle. There is an abrasion of the left lower leg/ankle region.

There are two linear abrasions of the anterior right thigh. A small abrasion is on the posterior right lower leg.

There is a faint contusion of the right wrist. There are two contusions of the right upper arm. There is a contusion of the right ankle. A contusion is present of the right foot.

EXAMINATION OF THE PREVIOUSLY REMOVED VASCULATURE:

This examination was performed under a dissecting microscope by Dr. Jeffrey Barnard, Chief Medical Examiner, Southwestern Institute of Forensic Sciences and Dr. Joni McClain, Deputy Chief Medical Examiner ,Southwestern Institute of Forensic Sciences.

Right arm vasculature: Two needle puncture marks are present with surrounding hemorrhage. Three areas of hemorrhage are present without visible intimal defect.

Left antecubital fossa percutaneous vascular puncture: No puncture site is visible of the skin surface. Hemorrhage surrounds the length of the vessel with no punctures of the vessel.

Right arm percutaneous vascular puncture site: No visible defect of the skin. No defect of the intimal surface of the vein visible. Hemorrhage surrounds the vessel.

Right groin percutaneous catheter site with catheter: Hemorrhage surrounds the vessel wall. An irregular area is present of the intimal surface.

INTERNAL EXAMINATION

BODY CAVITIES: The thoracic and abdominal organs are in their normal anatomic positions. The body cavities contain no adhesions or abnormal collections of fluid.

HEAD: The scalp, subscalpular area, and skull are unremarkable. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with an unremarkable gyral pattern. The cranial nerves and blood vessels are unremarkable. Sections through the cerebral hemispheres, brainstem, and cerebellum are unremarkable. There are no hemorrhages in the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The spinal cord, as viewed from the cranial cavity, is unremarkable.

NECK: The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed. There are no injuries of the larynx. The larynx is saved.

CARDIOVASCULAR SYSTEM: The intimal surface of the abdominal aorta shows slight atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. There are no thrombi in the atria or ventricles. The atrial and ventricular septa are intact. The myocardium is dark red-brown with no focal abnormalities. The heart is placed in formalin and is examined by Dr. Candace Schoppe. The cardiac pathology report is incorporated into the autopsy report (see below).

RESPIRATORY SYSTEM: The upper airway is unobstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma. There is pulmonary edema.

HEPATOBILIARY SYSTEM: The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 7 mL of dark green bile, with no calculi.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 5 mL of pink fluid. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are externally unremarkable. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

GENITOURINARY SYSTEM: The capsules of both kidneys strip with ease to reveal a minimally granular cortical surface. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 30 mL of clear yellow urine. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable externally and upon sectioning. The testes are

examined and show no hemorrhage within the parenchyma or externally.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are unremarkable externally and upon sectioning.

LYMPHORETICULAR SYSTEM: The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are unremarkable.

MUSCULOSKELETAL SYSTEM: The clavicles, ribs, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact.

CARDIAC PATHOLOGY CONSULTATION

Received in formalin is the 480 gm (pre-fixation), partially dissected heart of an adult. The heart is normally shaped. The epicardial surfaces are smooth and unremarkable. The coronary arteries are right-dominant, of normal caliber, and are without atherosclerotic stenosis. There is no recent thrombus. The myocardium is homogeneous, dark red and firm without pallor, hemorrhage, softening or fibrosis. The left ventricle wall is 1.5 cm, the right ventricle wall is 0.3 cm thick, and the interventricular septum is 1.8 cm thick. The foramen ovale is closed. The fossa ovalis is slightly dilated. The endocardial surfaces show slight tan-white to tan-yellow discoloration of the septal surface of the left ventricular outflow track. The tricuspid valve shows slight myxomatous degeneration. The mitral valve has rare, fine, yellow granular excrescences on the atrial surface of the leaflets and the chordae tendineae partially inserted on the ventricular surface of the leaflets. There is no significant shortening or fibrosis of the chordae tendinea, which insert onto unremarkable papillary muscles in the normal fashion. The aorta and pulmonary arteries arise normally. No gross hemorrhage or fibrosis is seen in the regions of the sinoatrial or atrioventricular nodes.

MICROSCOPIC EXAMINATION:

H&E stained sections:

A. Adrenal gland
B. Kidney
C. Lung
D. Spleen, liver
E. Pancreas
F. Coronary artery
G. Heart
H. Heart
I. Heart
J. Brain (cerebellum and hippocampal region)

A1. SQ tissue left lateral wrist
B1. SQ tissue hemorrhage and percutaneous puncture site of right groin
C1. SQ soft tissue hemorrhage and percutaneous puncture site of right groin
D1. SQ soft tissue hemorrhage left groin

H1. Left ventricle, anterior; left anterior descending coronary artery
H2. Left ventricle, lateral
H3. Left ventricle, posterior
H4. Interventricular septum

H5. Right ventricle; right coronary artery
H6. Sinoatrial node
H7-9. Atrioventricular node
I0-I1. Atrioventricular node
I2. Mitral valve

Heart: Sections show slight to moderate enlargement of the myocytes which occasionally have moderately enlarged, rectangular nuclei. There is a slight increase in interstitial and perivascular fibrosis, which is greatest in the subendocardial region. No acute ischemic or inflammatory changes are identified. The epicardial coronary arteries show slight, concentric intimal proliferation. The mitral valve has no significant histopathologic abnormalities.

Adrenal gland: No significant histopathologic abnormalities.

Kidney: No significant histopathologic abnormalities.

Liver: No significant histopathologic abnormalities.

Spleen: No significant histopathologic abnormalities.

Cerebellum and hippocampus: No significant histopathologic abnormalities.

Lung: Pulmonary edema and congestion.

Pancreas: Autolysis; no significant histopathologic abnormalities.

Contusion and subcutaneous tissue of the left lateral wrist: Focal microscopic area of hemorrhage.

Percutaneous puncture site of the right groin: Focal microscopic areas of hemorrhage.

Percutaneous puncture site of the right groin and subcutaneous soft tissue hemorrhage: Focal microscopic area of hemorrhage.

Subcutaneous soft tissue from the right groin: Extensive subcutaneous hemorrhage.

TOXICOLOGY:

Evidence Submitted:

The following items were received by the Laboratory from Forensic Pathology:

005: Biohazard Bag
005-001: Blood, femoral - gray top tube
005-002: Blood, femoral - gray top tube
005-003: Blood, femoral - gray top tube
005-004: Blood, femoral - gray top tube
005-005: Blood, femoral - red top tube
005-006: Urine - red top tube
005-007: Vitreous - red top tube
005-008: Skeletal muscle - plastic tube
005-009: Liver - plastic tube
005-010: Brain - plastic tube
005-011: Blood, heart - red top tube
005-012: Blood, heart - red top tube
005-013: kidney
005-014: lung

The following items were received by the Laboratory from Forensic Pathology:

006: Biohazard Bag
006-001: Blood, femoral - red top tube
006-002: Blood, femoral-red top tube

The following items were received by the Laboratory from Forensic Pathology:

007: Biohazard Bag
007-001: soft tissue right AC fossa
007-002: soft tissue left AC fossa

The following items were received by the Laboratory from Forensic Pathology:

008: Biohazard Bag
008-001: soft tissue right groin
008-002: soft tissue left groin

The following items were received by the Laboratory from Forensic Pathology:

009: Biohazard Bag
009-001: fat, abdominal
009-002: spinal fluid

The following items were received by the Laboratory from Forensic Pathology:

019: Biohazard Bag
019-001: Heart - plastic tube

Blood, postmortem

Acid/Neutral Screen (GC/MS)
negative (Item# 005-002)

Alcohols/Acetone (GC)
negative (Item# 005-003)

Alkaline Quantitation (GC/FID)
hydroxyzine: 0.63 mg/L (Item# 005-003)
midazolam: 0.12 mg/L (Item# 005-003)

Alkaline Screen (GC/MS)
lidocaine detected (005-002)

Skeletal muscle

Acid/Neutral Screen (GC/MS)
negative (Item# 005-008)

Alkaline Screen (GC/MS)
hydroxyzine detected (005-008)
midazolam detected (005-008)
lidocaine detected (005-008)

soft tissue left AC fossa

Acid/Neutral Screen (GC/MS)
negative (Item# 007-002)

Alkaline Screen (GC/MS)
midazolam detected (007-002)
hydroxyzine detected (007-002)
lidocaine detected (007-002)

soft tissue left groin

Acid/Neutral Screen (GC/MS)
negative (Item# 008-002)

Alkaline Screen (GC/MS)
hydroxyzine detected (008-002)
midazolam detected (008-002)
lidocaine detected (008-002)

soft tissue right AC fossa

Acid/Neutral Screen (GC/MS)
negative (Item# 007-001)

Alkaline Screen (GC/MS)
hydroxyzine detected (007-001)
midazolam detected (007-001)
lidocaine detected (007-001)

soft tissue right groin

Acid/Neutral Screen (GC/MS)
negative (Item# 008-001)

Alkaline Screen (GC/MS)
lidocaine detected (008-001)
midazolam detected (008-001)
hydroxyzine detected (008-001)

Vitreous

Electrolytes (Analyzer)

sodium: 134 mEq/L (Item# 005-007)
potassium: 14.3 mEq/L (Item# 005-007)
chloride: 117 mEq/L (Item# 005-007)
glucose: 28 mg/dL (Item# 005-007)
urea nitrogen: 18 mg/dL (Item# 005-007)

REFERRAL TOXICOLOGY:

		Performing Laboratory
lidocaine	<10 mcg/g	NMS
Item 005-008: skeletal muscle		
lidocaine	<10 mcg/g	NMS
Item 005-010: brain		
lidocaine	<10 mcg/mL	NMS
Item 007-001: soft tissue right AC fossa		
lidocaine	<10 mcg/mL	NMS
Item 007-002: soft tissue left AC fossa		
lidocaine	<10 mcg/mL	NMS
Item 008-001: soft tissue right groin		
lidocaine	<10 mcg/mL	NMS
Item 008-002: soft tissue left groin		
midazolam	370 ng/g	NMS
Item 005-008: skeletal muscle		
midazolam	1400 ng/g	NMS
Item 005-010: brain		
midazolam	360 ng/mL	NMS
Item 007-001: soft tissue right AC fossa		
midazolam	310 ng/mL	NMS
Item 007-002: soft tissue left AC fossa		
midazolam	2100 ng/mL	NMS
Item 008-001: soft tissue right groin		
midazolam	500 ng/mL	NMS
Item 008-002: soft tissue left groin		
hydroxyzine	6100 ng/g	NMS
Item 005-008: skeletal muscle		
hydroxyzine	4700 ng/g	NMS
Item 005-010: brain		
hydroxyzine	1000 ng/mL	NMS
Item 007-001: soft tissue right AC fossa		
hydroxyzine	770 ng/mL	NMS
Item 007-002: soft tissue left AC fossa		
hydroxyzine	810 ng/mL	NMS
Item 008-001: soft tissue right groin		
hydroxyzine	720 ng/mL	NMS
Item 008-002: soft tissue left groin		
potassium	45 mEq/L	NMS
Item 005-005: blood, femoral red top tube		
vecuronium	460 ng/mL	NMS
Item 005-004: blood, femoral gray top tube		
vecuronium	92 ng/g	NMS
Item 005-008: skeletal muscle		

FINDINGS:

1. Judicial execution with:

   a. Execution protocol medications used: midazolam, vecuronium and potassium chloride.
   b. History of difficulty finding intravenous access sites resulting in numerous attempts to start an IV.
   c. Attempts in both antecubital fossa, both inguinal regions, left subclavian region, right foot, and right jugular region.

2. Superficial incised wounds of the upper extremities consistent with history of self- inflicted incised wounds with a safety razor.

3. Contusions and abrasions of extremities.

4. Cardiac hypertrophy (480 grams).

5. Mild coronary artery atherosclerosis.

6. Hydroxyzine detected (see toxicology).

7. No evidence of dehydration.

8. No taser marks on the body.

CONCLUSIONS:

It is our opinion that Clayton Derrell Lockett, a 38-year-old black male, died as the result of judicial execution by lethal injection.

MANNER OF DEATH: Judicially ordered execution

Joni L. McClain MD

08/28/2014

Joni McClain, M.D.

Deputy Chief Medical Examiner

08/28/2014

Reade A Quinton, M.D.

Deputy Chief Medical Examiner

08/28/2014

Jeffrey Barnard, M.D.
Director and Chief Medical Examiner