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By ________

Date ________

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials)	Age	Birth Date	Race	Sex
JILIAN DELORES KELLEY	39	6/3/1984	WHITE	F

HOME ADDRESS - No. - Street, City, State
1024 S VAN BUREN ST, HUGOTON, KS

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS)	DATE	TIME
OKLAHOMA STATE BUREAU OF INVESTIGATION, AGENT JOSH DEAN	4/10/2024	21:48

	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
INJURED OR BECAME ILL AT (ADDRESS): UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	Unknown	Unknown
LOCATION OF DEATH: 36.740016, -102.003840	TEXHOMA	TEXAS	FIELD	4/14/2024 FOUND	13:57 FOUND
BODY VIEWED BY MEDICAL EXAMINER: 921 NORTHEAST 23RD STREET	OKLAHOMA CITY	OKLAHOMA	AUTOPSY SUITE	4/17/2024	13:00

TRANSPORTATION INJURY ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

TYPE OF VEHICLE: ☐ AUTOMOBILE ☐ LIGHT TRUCK ☐ HEAVY TRUCK ☐ BICYCLE ☐ MOTORCYCLE ☐ OTHER: ________

DESCRIPTION OF BODY

EXTERNAL PHYSICAL EXAMINATION

RIGOR: Jaw ☐ Neck ☐ Arms ☐ Legs ☐ — Complete ☐ Absent ☐ Passing ☐ Passed ☐ Decomposed ☐

LIVOR: Color GREEN; Lateral ☑; Posterior ☐; Anterior ☐; Regional ________

EXTERNAL OBSERVATION: Beard ________ Hair BLONDE; Eyes: Color N/A; Mustache ________; Opacities ________; Pupils: R N/A L N/A; Body Length 70 "; Body Weight 173 LBS.

	NOSE	MOUTH	EARS
BLOOD	☐	☑	☐
OTHER	☑	☑	☐
DIRT			

Significant observations and injury documentations - (Please use space below)
SEE AUTOPSY REPORT

Probable Cause of Death:

MULTIPLE SHARP FORCE TRAUMA

Other significant conditions contributing to death (but not resulting in the underlying cause given)

Manner of Death:

Natural ☐ Accident ☐
Suicide ☐ Homicide ☑
Unknown ☐ Pending ☐
Not Assigned ☐

Case disposition:

Autopsy YES
Authorized by CELIA COBB M.D.
Pathologist CELIA COBB M.D.
Not a medical examiner case ☐

MEDICAL EXAMINER:
Name, and Address:

CELIA COBB M.D.
921 NE 23rd St.
Oklahoma City, OK 73105

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.

Signature of Medical Examiner CELIA COBB M.D.
Computer generated report

4/14/2024
Date Case Initiated

10/29/2024
Date Case Finalize

CME-1 (REV 7-19)

Board of Medicolegal Investigations
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CERTIFICATION
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By________________________

Date______________________

REPORT OF AUTOPSY

Decedent	Age	Birth Date	Race	Sex	Case No
JILIAN DELORES KELLEY	**39**	**6/3/1984**	**WH**	**F**	**2402312**

Means	ID By	Authority for Autopsy
ASSAULT WITH KNIFE	**CIRCUMSTANTIAL**	**CELIA COBB, M.D.**

FINDINGS

I. **Multiple sharp force trauma with a total of 16 sharp force injuries as follows:**
   A. Sharp force injuries to the head and neck:
      1. **Cluster of (9) sharp force injuries (7 stab wounds and 2 incised wounds) to the posterior head and posterior neck** with defects to the posterior scalp and neck skin, soft tissues, and muscles; tongue base; left internal jugular vein; posterior (occipital) skull; and cervical spine and spinal cord (with multiple fractured cervical vertebrae and multiple spinal cord injuries including a possible complete transection of the upper cervical spinal cord at its junction with the brainstem)
      2. **(1) stab wound to the right upper lateral cheek** with defects to the underlying muscles and soft tissues; right zygomatic arch; right basal temporal skull; and brain (right temporal lobe)
      3. **(1) incised wound to the left temple** with defects to the left temporal skin, soft tissues, muscles, and skull
      4. **(1) incised wound to the left lateral jaw** with defects to the skin and subcutaneous adipose tissue
   B. Sharp force injuries to the left shoulder:
      1. **(1) superficial incised wound to the top of the left shoulder** with defect to the skin
      2. **(1) stab wound to the posterior left shoulder** with defects to the underlying muscles and soft tissues
   C. Sharp force injuries to the bilateral hands:
      1. **(1) defensive-type incised wound to the left index finger** with defects to the underlying muscles, tendons, bone, and proximal interphalangeal joint
      2. **(1) defensive-type incised wound to the base of the right thumb** with defects to the underlying muscles, tendons, bone, and metacarpophalangeal joint.

II. Possible stun gun marks to the back of the neck and posterior left shoulder

III. Early to moderate putrefactive decomposition changes

CAUSE OF DEATH: **MULTIPLE SHARP FORCE TRAUMA**

MANNER OF DEATH: **HOMICIDE**

The facts stated herein are true and correct to the best of my knowledge and belief.

CELIA COBB, M.D.		OCME Central Division	4/17/2024 1:00 PM
	Pathologist	Location of Autopsy	Date and Time of Autopsy

CASE SUMMARY

In my opinion, based on the circumstances surrounding death and the findings at autopsy, Jilian Kelley died as a result of multiple sharp force trauma consisting of nine (9) stab wounds and seven (7) incised wounds (16 total sharp force injuries). Two (2) of the incised wounds were consistent with Mrs. Kelley having attempted to defend herself with incised wounds to her left index finger and right thumb. Although possible stun gun marks were observed on the back on her neck and posterior left shoulder, the decomposed state of her body limited definitive gross and microscopic confirmation.

After having been fatally attacked, Jilian Kelley was then deliberately concealed inside a sealed freezer along with the body of Veronica Butler (OCME case 2402311). The freezer was then buried ~ 4 ½ to ~8 feet below ground and covered with a large concrete slab. Underneath the freezer were additionally buried clothing, a stun gun, a role of tape, and a knife, all of which were collected on scene as evidence by the Oklahoma State Bureau of Investigation (OSBI).

Given the nature of Mrs. Kelley's injuries, including a devastating upper cervical spinal cord injury, it is my opinion that her death was very rapid as she would have likely not only lost her ability to move her body below her head, but also her ability to breathe on her own. It is my opinion, therefore, that she was most likely deceased before she was placed inside the freezer.

The manner of death is homicide.

MEDICOLEGAL INVESTIGATION

Circumstances of Death: According to investigator and forensic anthropology reports, the decedent, Jilian Kelley, was a 39-year-old female who had been reported missing along with Veronica Butler since March 30, 2024. Both women were found on April 14, 2024, within a large, sealed freezer (54" long x 27" wide x 35" high) buried ~ 4 ½ to ~8 feet below ground in an area of recently disturbed soil consistent with a pit and associated ramp located in a rural pasture in Texas County, Oklahoma. The freezer was tilted backward somewhat on its posterior inferior edge and kept sealed with yellow ratchet straps. No longer adherent grey tape was additionally noted near the freezer door handle. A large slab of heavy concrete (92" x 60" x 8") was lying on top of the anterior aspect of the freezer, laying at an angle and partially supported by the ground. Underneath the freezer were found clothing and other evidentiary items, including a stun gun, a roll of tape, and a sheathed knife (all collected by OSBI). The freezer was briefly opened on scene to confirm the presence of two decedents (OCME 2402311 and 2402312) and packaged with proper chain of custody evidence for transport to the Oklahoma City Office of the Chief Medical Examiner on 4/15/2024.

Identification: Fingerprints, skin gloves, left hand, and blood samples on filter paper are obtained. The body is identified through circumstantial means and visual tattoo photographic comparison by Dr. Celia Cobb.

POSTMORTEM EXAMINATION

Circumstances of Examination: The postmortem examination of Jilian Kelley is performed by Dr. Celia Cobb at the Office of the Chief Medical Examiner, Central Division, Oklahoma City, Oklahoma, on 4/15-4/18/2024 with the autopsy exam itself commencing at 1300 hours on 4/17/2024. Assisting in the examination are OCME medicolegal investigators, Jodi Dillon and Ashley Welch, as well as autopsy technician Jason Parks.

Clothing and Personal Effects: The body is received inside a sealed freezer, transported inside a sealed covered trailer belonging to the Guymon Fire Department (sealed by orange tag numbers 3443171 on the back door of the trailer and 3443172 on the side door of the trailer). Upon opening of the trailer, the freezer is noted to be wrapped in a clean red tarp and secured within the trailer by new yellow ratchet straps and lumber. The outer straps and red tarp are removed to reveal the freezer wrapped up for transportation by an inner clean blue tarp secured by two additional new yellow ratchet straps and duct tape (dated 4/14/24 and initialed by forensic anthropologist Sara Getz). Two OCME toe tags labeled with case numbers 2402311 and 2402312 along with an undisturbed OCME orange bag seal numbered 343984 are present on the ratchet strap hooks. After transportation from the trailer into the OCME autopsy lab, the tarp, straps, and duct tape are removed to reveal a partially dented, partially dirt covered, older model white freezer (54" long x 27" wide x 35" high), secured with a new yellow ratchet strap (placed for transportation). Four well worn, dirt covered, partially adherent strips of apparent old grey duct tape are present on the front aspect of the lid where the freezer door seal is partially detached. Patches and streaks of dried red-brown fluid are noted on the front and back of the freezer.

Upon opening of the freezer lid, the body of Veronica Butler, the female decedent from related OCME case 2402311, is noted to be lying on top of this decedent. Ms. Butler is removed and her examination is documented separately (see separate autopsy report for OCME case 2402311). Jilian Kelley's body is then observed to be lying on her right posterolateral side on the bottom of the freezer with her arms tucked in front of her chest, her hips flexed forward, and her knees bent. She is observed to be wearing soiled blue jean denim capris pants; a soiled, blood-stained blue and white plaid, long sleeve, unbuttoned flannel shirt with multiple defects; and soiled white sneakers and ankle socks. Of note, both bodies are noted to be in early to moderate stages of putrefactive decomposition. The interior walls and floors of the freezer are noted to be partially covered in copious dirt and hay admixed with blood and decomposition fluid. A pair of soiled shoes is additionally present on the freezer floor along with a soiled Apple watch and two soiled gloves (one leather, one cloth). These separate items at the bottom of the freezer are not removed from the freezer and are submitted along with the freezer to the OSBI.

After removal of the decedent from the freezer, she is further noted to be clad in a soiled, blood-stained red T-shirt with multiple defects, a soiled tan bra, and soiled black underwear with a soiled panty liner in place. A white earpod case with earpods enclosed is additionally found within the front left pocket of the decedent's flannel shirt. Additional personal effects present on her body include a metal earring stud with clear stone within the right earlobe, a metal nose ring stud with clear stone within the right nostril, a metal chain necklace around the neck with small clear stone pendant, a metal wedding band and engagement ring with clear stone on the left fourth finger, and four metal rings on the right fourth finger (each with separate names inscribed).

Collections: Blood samples on filter paper; clothing; personal effects; scalp and pubic hair samples; oral, vaginal, and rectal swabs; skin gloves of the bilateral hands; and left hand are collected and introduced as evidence. The left hand and skin gloves are analyzed by the OSBI and are returned prior to release of the body. The freezer containing a pair of shoes, Apple watch, and two gloves inside are submitted separately to the OSBI as soon as the bodies are removed from the freezer.

EXTERNAL EXAMINATION
(Exclusive of External Injuries)

Length: 70 inches
Body weight: 173 pounds
Body mass index (BMI): 24.8 kg/m²

Note: See the evidence of injury section below for a description of the external injuries.

The nude body is that of a well-developed, well-nourished female appearing consistent with the reported age of 39 years. The body is refrigerated and in early to moderate stages of putrefactive decomposition, characterized by extensive skin slipping, hair sluffing, bloating, red-brown to green-black skin discoloration, diffuse subcutaneous crepitations, partial liquefaction of subcutaneous adipose tissue, and a foul odor. Copious dirt and hay admixed with decomposition fluid covers the majority of the exposed bodily surfaces including the medium-length dark blonde scalp hair which is largely detached in a few matted clumps. Of note, this dirt and debris is most concentrated over the head and neck and is additionally admixed with blood within this region. No maggot or other insect activity is present. Rigor mortis is passed while livor mortis is right posterolateral and fixed.

The intact eyes have indeterminately colored irides and pupil size given the state of decomposition. No definitive conjunctival or facial petechiae are observed. Dirt admixed with decomposition fluid and blood is present within the external nares, mouth, and ear canals. Within the mouth, there is natural dentition in good condition. The lips and frenula are intact. The torso and extremities are all normally formed and symmetric. The pelvis and anogenital region are intact. The external genitalia are those of an adult female. The epidermal layer of skin on the bilateral hands are nearly completely degloved along with most of the fingernails. A single tattoo of a butterfly is present on the right medial arm, just above her elbow. No conspicuous scars are identified.

EVIDENCE OF INJURY

The body bears a total of **16 sharp force injuries,** including **9 stab wounds** to the posterior head (1), posterior neck (6), right upper cheek (1), and posterior left shoulder (1); **5 incised wounds** to the posterior head (1), posterior neck (1), left temple (1), left lateral jaw (1), and superior left shoulder (1); and **2 defensive-type incised wounds** to the left index finger (1) and right thumb (1).

Note: The injuries are assigned numbers in the order they are examined and are not meant to indicate the sequence of injury. The sharp force wounds are classified as a stab wound if they are deeper than they are long on the skin surface and an incised wound if they are longer on the skin surface than they are deep. The term "angles" is used to describe the ends of the sharp force wounds on the skin surface and the term "margins" is used to describe the edges of the sharp force wounds on the skin surface. Skin decomposition changes limit some interpretation of the sharp force injury angle and margin classifications (blunt vs. sharp angle, smooth vs. serrated margins, respectively). If not specifically provided, the angles and margins are otherwise indeterminant. All wound track directions provided are based on the body being referenced to the standard anatomical position, that is, the body standing upright and facing forward, with the arms hanging down on either side and the palms facing forward.

MULTIPLE SHARP FORCE INJURIES:

SHARP FORCE INJURIES TO THE HEAD AND NECK:

(9) sharp force wounds to the posterior head and neck (wounds #1-9):
There is a cluster of 9 sharp force injuries to the base of the posterior head and posterior neck, (labeled **"#1-9"** in exam photos). Some of these wounds can be separated into definitive tracks with separate injuries; however, given their proximity, a few have overlapping tracks and with shared injuries to the underlying neck soft tissues, muscles, vertebrae, and spinal cord with fractures and knife markings noted on cervical vertebrae #s 1-5. All 9 wound tracks have a general back to front direction with some of the more complex and/or subcutaneously connected wounds having multiple combined trajectories that makes definitively delineating the other plane directions difficult. The 9 wounds are further characterized as follows:

Wound #1 Horizontal incised wound to posterior lower head:

- Center of wound located 10 cm below top of the head on posterior midline.
- Measures 7 cm long and ~3 cm deep, striking bone.
- Smooth margins and at least one sharp angle favored.
- Somewhat complex wound with sharp-angled skin flap noted on central aspect of inferior margin, consistent with the knife blade having likely been partially pulled out and reinserted into the same wound track.
- Injuries to the posterior lower occipital scalp, muscles, soft tissues, and skull with associated hemorrhage.
    - Three separate knife markings present on the lower occipital skull with chipped bone noted (penetrates through the outer surface layer of the bone only, not its full thickness).
- Direction is back to front and slightly downward.

Wound #2 Complex, gaping, predominately horizontal stab wound to posterior lower head:

- Center of wound located 13 cm below top of the head on posterior midline.
- Measures 8 cm long, 3 cm wide, and ~8 cm deep, striking bone.
- Complex wound with predominantly smooth margins and multiple angles, consistent with the knife blade having been twisted and at least partially pulled out and reinserted within the same wound track multiple times.
- Injuries to the posterior lower occipital scalp and upper posterior neck skin, muscles, soft tissues, occipitoatlantal spinal cord (junction of brainstem with upper cervical spinal cord), and 1st cervical (and possibly 2nd) cervical vertebra(e) with associated hemorrhage.
    - Horizontal knife marking with fracture through right aspect of the 1st cervical vertebra involving the right superior lateral mass, transverse process, and anterior arch.
    - **Note:** see description of combined cervical vertebrae injuries below for 2nd cervical vertebra injuries possibly inflicted by this complex stab wound.
    - Interpretation of the upper cervical spinal cord injury is limited given the extent of decomposition causing liquefaction of the brain and spinal cord; that said, at least partial if not complete spinal cord transection is favored.

Wound #3 Tangential stab wound to left upper posterior neck:

- Center of wound located 14.5 cm below top of the head and 1.5 cm left of posterior midline.
- Measures 3.5 cm long and ~3.5 cm deep, striking bone.
- Smooth margins and at least one sharp angle favored.
- Lateral angle more superior, medial angle more inferior.
- Injuries to the left posterior upper neck skin, muscles, soft tissues, and cervical vertebra(e) with associated hemorrhage.
    - **Note:** see description of combined cervical vertebrae injuries below.
- Direction is back to front and slightly downward.

Wound #4 Tangential stab wound to left upper posterior neck:

- Center of wound located 15.5 cm below top of the head and 3 cm left of posterior midline.
- Measures 2.8 cm long.
- The wound tracks of wounds 4, 5, and 6 all connect subcutaneously with greatest depth up to ~8 cm, striking multiple regions of bone.
- Smooth margins and sharp angles favored.
- Lateral angle more superior, medial angle more inferior.
- Injuries to the left upper posterior neck skin, as well as upper and mid left posterolateral neck muscles and soft tissues, multiple cervical vertebrae, and possible cervical spinal cord with associated hemorrhage.
    - **Note:** see description of combined cervical vertebrae injuries below.

Wound #5 Tangential stab wound to left upper posterior neck:

- Center of wound located 16.5 cm below top of the head and 4 cm left of posterior midline.
- Measures 3.5 cm long.
- The wound tracks of wounds 4, 5, and 6 all connect subcutaneously with greatest depth up to ~8 cm, striking multiple regions of bone.
- Smooth margins and sharp angles favored.
- Lateral angle more superior, medial angle more inferior.
- Injuries to the left upper posterior neck skin, as well as upper and mid left posterolateral neck muscles and soft tissues, multiple cervical vertebrae, and possible cervical spinal cord with associated hemorrhage.
    - **Note:** see description of combined cervical vertebrae injuries below.

Wound #6 Complex, gaping stab wound to left posterior mid neck:

- Center of wound located ~17 cm below top of the head and ~5 cm left of posterior midline.
- Measures ~8 x 4 cm in greatest surface dimensions with a depth of up to ~8 cm, striking multiple regions of bone.
- Complex wound with predominantly smooth margins and multiple angles, consistent with the knife blade having been twisted and pulled out (or at least partially pulled out) and reinserted multiple times at different tangential angles forming a complex, overlapping wound track with one shared, irregular, gaping skin opening that further connects subcutaneously to the wound tracks of wounds 4 and 5.
- Injuries to the left posterolateral neck skin, muscles, and soft tissues; multiple cervical vertebrae; and cervical spinal cord with associated hemorrhage. There are additional injuries likely inflicted by this complex wound involving the left inferolateral oral floor and adjacent upper neck muscles and soft tissues with defects noted to the left tongue base and left internal jugular vein. Significant associated hemorrhage is observed.
    - **Note:** see description of combined cervical vertebrae injuries below.

Wound #7 Horizontal, slightly gaping, diamond-shaped incised wound to right posterior mid neck:

- Center of wound located ~18 cm below top of the head and ~ 5 cm right of posterior midline.
- Measures 7 cm long, up to ~2 cm wide, and up to ~1.2 cm deep.
- Predominantly smooth margins and sharp angles favored with some complexity noted (diamond-pattern), suggestive of possible twisting and/or reinsertion of the blade.
- Injuries to right mid posterior neck skin, muscles, and soft tissues only with associated hemorrhage.
- Direction is back to front.

Wound #8 Horizontal, slightly gaping stab wound to posterior lower neck:

- Center of wound located 20 cm below top of the head on posterior midline.
- Measures 3 cm long, up to ~2.5 cm wide, and 3.5 cm deep, striking bone.
- Smooth margins and at least one sharp angle favored.
- Injuries to the central lower posterior neck skin, lower and mid posterior neck muscles and soft tissues, and cervical vertebra(e) with associated hemorrhage.
    - **Note:** see description of combined cervical vertebrae injuries below.
- Direction is back to front and slightly upward.

Wound #9 Tangential, slightly gaping stab wound to left posterior lower neck:

- Center of wound located 22 cm below top of the head and 3 cm left of posterior midline.
- Measures 6 cm long, up to ~2.5 cm wide, and up to ~7.5 cm deep, striking bone.
- Smooth margins and at least one sharp angle favored.
- Injuries to left lower posterior neck skin, lower and mid posterolateral neck muscles and soft tissues, and cervical vertebra(e) with associated hemorrhage.
  - **Note:** see description of combined cervical vertebrae injuries below.
- Direction is back to front, slightly upward, and slightly left to right.

NOTE: Given the close proximity and complexity of the aforementioned stab wounds to the lower posterior head and posterior neck, it is difficult to definitively separate which of the cervical spinal injuries involving cervical vertebrae #s 2-5 are caused by each stab wound. Additionally, the state of decomposition (causing liquefaction of the brain and spinal cord), limits the assessment of the extent of the cervical spinal cord injuries. The injuries to the cervical spine and spinal cord are therefore best classified together as follows:

- 2nd cervical vertebra (C2) and spinal cord:
  - Single tangential knife marking on the outer left aspect of C2 (left interarticular part, superior articular facet, and transverse process).
  - Separate knife marking to the left inferior aspect of the C2 spinous process with chipped off bone.
  - Likely spinal cord injury at this level with dural defect noted.
- 3rd cervical vertebra (C3):
  - Multiple knife markings to C3 spinous process, left lamina, and left inferior and superior articular process with multiple separate bone fragments.
  - Possible spinal cord injury at this level.
- 4th cervical vertebra (C4) and spinal cord:
  - Multiple knife markings to C4 spinous process, bilateral laminae, left inferior articular process, and left pedicle with multiple separate bone fragments.
  - Associated adjacent cervical spinal cord injury with dural defects noted (favor incomplete transection).
- 5th cervical vertebra (C5):
  - Separate knife markings on the superior aspect of C5 spinous process and lateral aspect of the left superior articular process.

(1) stab wound to the right upper lateral cheek (wound # 14):

A single, tangentially oriented stab wound, (labeled **"#14"** in exam photos), is located on the right upper lateral cheek (junction of the right temporal and zygomatic regions), just inferior and lateral to the right eye, with the center of the wound located 11 cm below the top of the head and ~ 7 cm to the right of the anterior midline. The stab wound measures 5 cm in length, has smooth margins, a sharp angle on its superomedial aspect, and an apparent blunt angle on its inferolateral aspect. It probes to a depth of ~7.5 cm, penetrating the underlying muscles and soft tissues, right zygomatic arch, right basal temporal skull, and right temporal lobe of the brain. Radiating skull fractures to the right lateral orbit, right maxillary sinus, and right maxilla are additionally observed on CT imaging. The extent of the brain injury is difficult to estimate given decomposition associated brain liquefaction. However, the liquified brain is a grey to red-brown color, indicative of admixed intracranial hemorrhage. The direction of the wound is right to left and very slightly backward.

(1) incised wound to the left temple (wound #15):
A single, vertically oriented, incised wound, (labeled **"#15"** in exam photos), is located on the left temporal scalp within the hairline, with the center of the wound located ~1.5 cm above and ~3 cm anterior to the top of the left ear. The incised wound measures 1.6 cm in length, has smooth margins, and apparent sharp angles. It probes to a depth of ~1 cm, passing through the left temporal scalp and underlying temporal muscle, striking, but not penetrating the temporal skull. No obvious hemorrhage is associated with the wound. The direction of the wound is left to right.

(1) incised wound to the left lateral jaw (wound #16):
A single, horizontally oriented, small, slightly gaping, shallow incised wound, (labeled **"#16"** in exam photos), is located on the left lateral left jawline, ~ 1 cm below the bottom of the left earlobe. It measures 0.9 cm in length, has smooth margins, and at least 1 sharp angle. It probes to a depth of ~0.3 cm, into the skin and subcutaneous adipose tissue only. No obvious hemorrhage is associated with the wound.

SHARP FORCE INJURIES TO THE LEFT SHOULDER:

(1) superficial incised wound to the top of the left shoulder (wound #10):
A single, horizontally oriented, superficial, minor, incised wound, (labeled **"#10"** in exam photos), is located on the superior aspect of the left shoulder/supraclavicular region, ~12 cm left of the posterior midline. The wound measures 1.5 cm long and has predominantly smooth margins and sharp angles with minor dermal lacerations radiated outward from each angle. It penetrates the superficial dermis only, ~ 0.1 cm deep. No hemorrhage is associated with the wound.

(1) stab wound to the posterior left shoulder (wound #11):
A single, tangentially oriented stab wound, (labeled **"#11"** in exam photos), is located on the posterior aspect of the left shoulder, 4.5 cm below the top of the left shoulder and 22 cm left of the posterior midline. The wound measures 3.5 cm long, has smooth margins, a sharp angle on its superolateral aspect, and a blunt angle on its inferomedial aspect. It probes to a depth of 4 cm, penetrating the underlying muscles and soft tissues only. The direction of the wound is back to front and slightly left to right. Minimal hemorrhage is associated with the wound.

SHARP FORCE INJURIES TO THE BILATERAL HANDS:

(1) defensive-type incised wound to the left index finger (wound #12):
A single, vertically oriented, incised wound, (labeled **"#12"** in exam photos), is located on the proximal left index finger, extending from the base of the finger to just distal to the proximal interphalangeal joint. The wound measures 6.5 cm long, has smooth margins, and at least one sharp angle. It perforates the entire thickness of the left index finger, passing longitudinally along the length of the finger through both the palmer and dorsal surfaces on its more lateral aspect (side closest to thumb) where it is observed to strike bone (disarticulating the proximal interphalangeal joint) and slice through the muscles and tendons. Minimal hemorrhage is associated with the wound. Given the full thickness perforating nature of the wound, its direction, (whether front to back or back to front), cannot be ascertained.

(1) defensive-type incised wound to the base of the right thumb (wound #13):
A single, tangentially oriented, slightly irregular, incised wound, (labeled **"#13"** in exam photos), is located on the dorsal aspect of the proximal right thumb, overlying the metacarpophalangeal joint. The wound measures 2.1 cm long, has predominantly smooth margins, a sharp angle on its more proximal aspect, and an irregular scalloped angle with skin flap noted on its more distal aspect, consistent with the blade or hand having twisted when in contact. The wound probes to a depth of ~0.7 cm deep, passing through muscles and tendons before striking the metacarpophalangeal joint and surrounding bone. The direction of the wound is back to front and slightly right to left. Minimal hemorrhage is associated with the wound.

ADDITIONAL FINDINGS:
There are two clustered groups of three to four, circular to ovoid, dark red-brown markings (each ~ 0.2 - 0. 3 cm in diameter) located on the lower posterior neck (just above and lateral to stab wound #8) and on the left posterior shoulder (just above and medial to stab wound #11). The markings are located ~1.5 to 2 cm from each other within each cluster group. Although there are similar discolored markings associated with decomposition changes located all over the body, those markings appear to be haphazard and irregular rather than patterned. See the microscopic review section for additional details.

INTERNAL EXAMINATION
(Exclusive of Internal Injuries)

Note: Unless specifically mentioned, the following internal exam is exclusive of the aforementioned internal injuries. See the evidence of injury section above for a description of the internal injuries.

The body is opened through the customary "Y" shaped thoracoabdominal incision and the sternum is removed in the usual fashion. The organs of the chest, abdomen, and pelvis are in their relatively normal anatomic positions. Manifestations of internal decomposition are present and are characterized by organ and soft tissue discoloration, softening, autolysis, gaseous distention, and partial liquefaction; discoloration of mucosal surfaces; yellow oily decomposition fluid accumulation within the bodily cavities; and a foul odor. The diaphragm is normally formed and intact.

NECK

All neck structures are normally formed and present. No gross natural disease processes are observed. See the evidence of injury section above for a description of the numerous neck injuries. Of note, the right anterior neck muscles, bilateral carotid arteries, right jugular vein, thyroid gland, larynx, trachea, and hyoid bone are all intact and uninjured.

CARDIOVASCULAR SYSTEM

Heart weight: 201 grams

The pericardium is smooth and intact. The coronary ostia are normally located. The coronary arteries distribute normally and show no significant atherosclerosis. The atrial and ventricular chambers are normally configured. The softened, discolored myocardium appears absent of gross lesions and fibrosis. The left ventricle, interventricular septum, and right ventricle measure 1.0 cm, 1.2 cm, and 0.2 cm in thickness, respectively. The valves are normally formed and absent of vegetations or calcifications. The endocardium is smooth and transparent. The aorta and vena cava are intact and widely patent.

RESPIRATORY SYSTEM

Right lung weight: 313 grams

Left lung weight: 240 grams

The bilateral lungs are intact and normally configured with the right lung showing more prominent dependent congestion due to lividity. The upper and lower airways are intact and are lined by a grey discolored mucosal surface. No obvious hemoaspiration (inhalation of blood) is observed. There is no evidence of consolidation, granulomatous, or neoplastic disease. The pulmonary arterial tree is free of emboli or thrombi.

CENTRAL NERVOUS SYSTEM

Brain weight: 962 grams

The inner aspect of the calvarium and left basal skull is intact and free of injury or gross natural disease. The dura mater surrounding the cerebral convexities is intact. The brain and spinal cord are completely liquified and discolored grey and red-brown, suggestive of copious hemorrhage admixed with the decomposing neural tissue. See the evidence of injury section above for a description of the scalp, skull, and cervical spinal cord injuries detected.

GASTROINTESTINAL SYSTEM

The esophagus is absent of injury or gross natural disease. The stomach is lined by an intact mucosa and contains approximately 40 ml of viscous pink-tan liquid. There is no evidence of pill residue. The small and large intestines are grossly within normal limits save for pallor caused by blood loss. The appendix is present.

HEPATOBILIARY AND PANCREAS

Liver weight: 803 grams

The liver capsule is intact; its parenchyma is pale brown and free of focal lesions or fibrosis. The gallbladder contains liquid bile and no calculi. The extrahepatic biliary tree is patent with no evidence of neoplasm or calculi. The pancreas is normally configured, yellow, and characteristically lobulated.

URINARY SYSTEM

Right kidney weight: 92 grams

Left kidney weight: 98 grams

The kidney capsules strip with ease and the subcapsular surfaces are smooth. The renal architecture is normally configured. The ureters and blood vessels are intact and patent. The urinary bladder contains approximately 20 ml of cloudy yellow urine. The urothelial surface is free of focal lesions.

REPRODUCTIVE SYSTEM

The mucosal surface of the vagina is free of injury or gross natural disease. The uterus and bilateral fallopian tubes are surgically absent. The bilateral ovaries are within normal limits for age.

ENDOCRINE SYSTEM

The thyroid gland and bilateral adrenal glands are free of injury or gross natural disease.

IMMUNOLOGIC AND HEMATOPOEITIC SYSTEMS

Spleen weight: 139 grams

The splenic capsule is smooth and intact; its parenchyma is soft and discolored dark maroon to black. There is no gross lymphadenopathy. No significant thymic tissue is identified. The portions of exposed bone marrow show no visible lesions.

MUSCULOSKELETAL SYSTEM

The musculature throughout the chest and abdomen is rubbery, pale red-pink, and shows no gross natural disease processes. Outside of the aforementioned skeletal injuries to the skull, cervical vertebrae, left index finger, and right thumb, the skeleton is otherwise normally formed and intact.

ANCILLARY STUDIES

Toxicology: Postmortem specimens are submitted to toxicology for storage. No toxicological analysis ordered.

Histology: Representative tissue sections are stored in formalin as well as submitted for microscopic examination. See the microscopic examination below.

Photography: Digital photographs of the examination are retained.

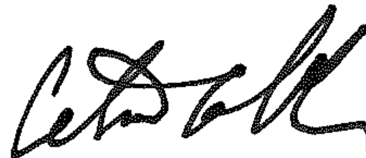
Radiology: Full body x-ray and computed tomography scans are performed and analyzed extensively. 3D skeletal models are rendered with CT software and reviewed along with multiplanar analysis.

Other studies: None.

MICROSCOPIC EXAMINATION (H&E)

CASSETTE KEY
1.-2. Skin from posterior lower neck with three red circular to ovoid markings:
3.-4. Skin from posterior left shoulder with four red circular to ovoid markings:

The submitted skin sections reveal dermal and subcutaneous adipose tissue with advanced autolysis changes, severely limiting microscopic interpretation. Postmortem fungal and bacterial overgrowth is present. No definitive thermal artifact changes are seen. Multiple levels are reviewed.



October 28, 2024
CC/kg

CELIA COBB, M.D.

BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER

921 N.E. 23rd St
Oklahoma City, OK 73105

REPORT OF LABORATORY ANALYSIS

OFFICE USE ONLY

Re. _____ Co. _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bear im-print by the office seal.

By ____________________

Date ____________________

ME CASE NUMBER: 2402312

LABORATORY NUMBER: 241833

DECEDENT'S NAME: JILIAN DELORES KELLEY

DATE RECEIVED: 4/19/2024

MATERIAL SUBMITTED: BLOOD, URINE, LIVER, BRAIN

HOLD STATUS: 5 YEARS

SUBMITTED BY: JASON ROBERT PARKS

MEDICAL EXAMINER: CELIA COBB M.D.

NOTES: NO TOXICOLOGICAL ANALYSIS REQUESTED

ETHYL ALCOHOL:

Blood:

Vitreous:

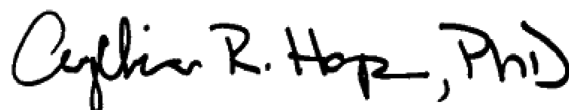
Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

RESULTS:



04/22/2024
DATE

ANGELICA HARPER, PhD., Forensic Toxicologist