



Hamilton County Coroner

The Frank P. Cleveland, M.D. Institute of Forensic Medicine, Toxicology and Criminalistics
3159 Eden Avenue, Cincinnati, Ohio 45219 2299
Office: 513-946-8700 Fax: 513-946-8727



CLARENCE FRANKLIN RHODEN

CC16-01417

OPINION

Diagnoses:

- I. Multiple gunshot wounds to the head:
 - a. Gunshot wound #1 – single, indeterminate-distance, penetrating gunshot wound to the head:
 - 1) Entrance: Right cheek
 - 2) Path: Skin, soft tissue, right orbital plate (bone), brain, cerebellum, skull and subdural space
 - 3) Projectiles: Lead fragments recovered from left occipital subdural space and subgalea
 - 4) Direction of fire through body: Right to left, front to back.
 - b. Gunshot wound #2 – single, indeterminate-distance, penetrating gunshot wound to the head:
 - 1) Entrance: Left superior temple
 - 2) Path: Scalp, bone, brain, bone (possible subgaleal space)
 - 3) Projectile: Deformed lead bullets recovered from right temporal region (intracranial space or subgaleal space) - cannot be differentiated from bullet from Gunshot #3
 - 4) Direction of fire through the body: Left to right.
 - c. Gunshot wound #3 – single, indeterminate-distance, penetrating gunshot wound to the head:
 - 1) Entrance: Left inferior temple
 - 2) Path: Scalp, bone, brain, bone (possible subgaleal space)
 - 3) Projectile: Deformed lead bullets recovered from right temporal region (intracranial space or subgaleal space) - cannot be differentiated from bullet from Gunshot #2
 - 4) Direction of fire through the body: Left to right.
 - d. Periorbital swelling and hemorrhage, right subconjunctival hemorrhage
 - e. Subgaleal hemorrhages
 - f. Comminuted fractures of skull
 - g. Bilateral subdural hemorrhage, diffuse subarachnoid hemorrhage, scant intraventricular hemorrhage
 - h. Lacerations and perforations of the brain.

OPINION

Clarence Franklin Rhoden

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2. Postmortem toxicology:
 - a. Ethyl alcohol – 0.017 grams per 100 milliliters
 - b. Caffeine is present
 - c. No other drugs identified.

Cause of Death: It is my opinion, based on the autopsy findings and the information available to me at the time of the autopsy that the cause of death is multiple gunshot wounds to the head.



Karen Looman, D.O.
Chief Deputy Coroner, Forensic Pathologist
Hamilton County, Ohio

7/11/2016

Date

Scioto Valley
Guardian

**POSTMORTEM EXAMINATION
OF THE BODY OF
CLARENCE FRANKLIN RHODEN**

A postmortem examination of the body identified by Pike County Coroner's Office as "Clarence Rhoden" is performed at the Hamilton County Coroner's Office on Sunday, April 24, 2016 at 8:36 a.m. by Dr. Karen Looman. The morgue attendants are Tyrone Smith and John Hatfield. Agents Rich Ward and Seth Hargerty from BCI (the Ohio Bureau of Criminal Identification and Investigation) observed the autopsy.

HISTORY:

The decedent is a 20-year-old white male who was found deceased in his bed with gunshot wounds to the head.

EXTERNAL EXAMINATION

GENERAL:

The body is that of a normally developed, well-nourished, adult male who is 260 pounds, 74-inches in height, and appears appropriate for the stated age. The body mass index (BMI) is 33.4 kilograms per meter squared with the normal range between 18.5 and 24.9 kilograms per meter squared. The body is in a mild state of decomposition with skin discoloration and a mild amount of bloating. The body is cool to the touch due to refrigeration. Rigor mortis is passing. Livor mortis is red and in a posterior distribution and across the right side of the face, except over areas exposed to pressure. The right arm is flexed and above the head. The left is resting on the abdomen.

The scalp hair is short, shaved and medium brown. There is a light brown beard, scant mustache and stubble across the hair-bearing portions of the face. The sclera of the left eye is free of petechia, icterus or hemorrhage. The right eye has swollen, purple, subconjunctival hemorrhage that has dried. The irides are brown. There is mild acne across the cheeks. The mouth has native dentition. The chest has a normal anteroposterior diameter without costal margin flaring. There is a brown mole in the right axillary region. The abdomen is protuberant with striae around the waistline. The lower abdomen and pubic region is pale green with decomposition. The penis is circumcised. The spine is straight. The pelvis is stable to manipulation. The upper extremities are not edematous. There are brown paper bags covering the hands. The fingernails are short and to the quick. The lower extremities have no dysmorphic features. There is a tag with "Clarence Rhoden" and "BCI CS 0440" on the right great toe.

CLOTHING:

The body is dressed in a pair of light blue underwear that is thin with worn areas.

SCARS/TATTOOS:

There is a single round scar on the right upper chest. A small scar is above the umbilicus. There are multiple round hyperpigmented scars in the pubic region. The right lower lateral back has linear scars. The right arm has multiple linear scars along its length. The back of the left hand has multiple scars. There is an oblique linear scar on the right shin and a pink scar on the left shin.

There are no tattoos present.

MARKS OF THERAPY:

None.

EVIDENCE OF INJURY:

There are multiple gunshot wounds to the head, three, with five lead fragments recovered. The gunshot wounds are numbered for convenience and do not indicate the order in which they were inflicted.

Gunshot wound #1 is a single, indeterminate-distance, penetrating gunshot wound to the head. Entrance: Right cheek, consisting of a 1/8-inch round defect with a concentric abrasion collar that is dried and black along the 2 to 9 o'clock margin and without soot or stippling on the skin, located 6-1/2-inches from the top of the head, 2-3/4-inches right of midline and 2-inches posterior to the glabella. Path: Skin, soft tissue, right orbital plate, brain, cerebellum, skull and subdural space. Projectiles: Deformed lead bullet fragments are recovered from the left occipital subdural space and left occipital subgalea. Direction of fire through the body: Right to left, front to back.

Gunshot wound #2 is a single, indeterminate-distance, penetrating gunshot wound to the head. Entrance: Left superior temple, consisting of a 1/8-inch round defect with a dried, black, concentric abrasion collar and no soot or stippling on the skin, located 3-1/2-inches from the top of the head, 3-inches left of midline and 3-inches posterior to the glabella. There is a 1/4-inch wide red contusion along the 6 to 12 o'clock margin of the defect. Path: Scalp, bone, brain and bone (and possibly subgaleal space). Projectile: Two deformed lead bullets in the right temporal region are in close proximity and the paths of gunshot wounds #2 and 3 cannot be distinguished. See Projectile description of gunshot wound #3. Direction of fire through the body: Left to right.

Gunshot wound #3 is a single, indeterminate-distance, penetrating gunshot wound to the head. Entrance: Left inferior temple, consisting of a 1/8-inch round defect with a dried, black, concentric abrasion collar and no soot or stippling on the skin, located 4-1/4-inches from the top of the head, 3-1/2-inches left of midline and 3-inches posterior to the glabella. Path: Skin, bone, brain and bone (and possibly subgaleal space). Projectile: There is a deformed lead bullet recovered from within the pieces of fractured right temporal bone. A second deformed lead fragment is recovered from within the subgaleal space of the fractured right temporal bone. Direction of fire through the body: Left or right.

There are swollen periorbital, red-purple contusions. The right subconjunctival hemorrhage is previously described. The left 3rd, 4th and 5th fingers have thin, superficial, linear abrasions ranging from 1/8-inch up to 3/8-inch.

X-RAYS:

Films of the head and upper chest are taken.

INTERNAL EXAMINATION**SEROUS CAVITIES:**

There are no fluid collections or adhesions within the pleura, peritoneum or pericardium.

NECK ORGANS:

There are no injuries to the strap muscles, hyoid bone or thyroid cartilage. The thyroid gland is tan, homogeneous and free of lesions. There is a thymic remnant in the anterior mediastinum.

HEART:

The heart is 485 grams. The expected weight based on a lean body weight of 197 pounds is 446 grams. The coronary arteries arise normally and are right-sided dominant. There is no coronary artery disease. The myocardium is red and soft due to decomposition. There are no scars or other focal lesions. Both ventricular chambers are mildly dilated. The foramen ovale is probe patent. The valves are thin, delicate, and unremarkable.

AORTA:

The aorta is free of fatty streaks plaques or calcifications. The intima has red-purple hemolytic staining along its length.

LUNGS:

The right lung is 660 grams, and the left lung is 550 grams. The mucosa of the tracheobronchial tree is stained deep red-purple. The lumen is free of fluid, foam or obstruction. Both lungs are dark purple with congestion and atelectasis. Upon sectioning, there is no edema or focal lesions.

LIVER AND GALLBLADDER:

The liver is 1,610 grams. The capsule is intact and covers a dark purple parenchyma. Upon sectioning, there are no focal lesions. The gallbladder contains 5 milliliters of green-yellow bile. There are no stones in the lumen.

SPLEEN:

The spleen is 240 grams. The capsule is intact and covers partially liquefied, dark red parenchyma. The white pulp is not visualized. There are no focal lesions.

PANCREAS:

The pancreas has autolytic changes present. The gland has an orange-yellow lobulated architecture without focal lesions.

ADRENAL GLANDS:

The glands have autolytic changes present. The glands have yellow cortices and friable orange-tan medullae without focal lesions.

GASTROINTESTINAL TRACT:

The tongue is atraumatic. The esophagus is patent and has signs of decomposition. The gastroesophageal junction and gastric mucosa are autolytic. There are no rugal folds present. The stomach contains 500 milliliters of light tan fluid. The small and large intestines are distended with gas. The appendix is surgically absent. There are staples on the cecum wall.

KIDNEYS:

The right kidney is 200 grams, and the left kidney is 170 grams. Both capsules strip with ease from each smooth cortical surface. Upon bisection, the calyces are patent and free of stones or hydronephrosis.

BLADDER:

The bladder contains 150 milliliters of clear, yellow urine. The mucosa is light tan and unremarkable.

GENITALIA:

The penis is circumcised. The prostate and testicles are not examined.

BRAIN AND MENINGES:

The brain is 1,460 grams and is soft with mild decomposition. The brain has a generalized red-gray appearance. There is no epidural hemorrhage. There are thin films of purple subdural hemorrhage adherent to the dura along both parieto-occipital hemispheres. The brain is diffusely red with subarachnoid hemorrhage and congestion. The brain has been perforated from the left lateral temporal lobe to the right lateral frontal lobe. A second perforation is from the right superior frontal lobe to the inferior medial right frontal lobe and through the vermis and midline of the cerebellum. The leptomeninges have been perforated by the bullets but are thin and free of purulent exudate. The cranial nerves and vessels are easily torn. Upon sectioning, the cortical ribbon is thin and even. There are extensive cortical and white matter lacerations across the right frontal and left frontotemporal lobes. Scant intraventricular hemorrhage is present. The caudate nuclei are lacerated, worse on the left. There are no other lesions within the white matter or deep gray nuclei. The brain stem and cerebellum are congested and red but free of purple hemorrhage. There is a bullet perforation through the vermis of the cerebellum creating midline lacerations. No other lesions are identified.

SKULL AND SUBGALEA:

There are bullet entrance defects with internal beveling and gray discoloration consistent with bullet wipe along the bone margins in the left temporoparietal bones. The right temporal bone has two adjacent exit defects within comminuted fractures. The orbital plates and cribriform plate have linear fractures. A bullet entrance defect into the calvarium is along the ridge of the lesser wing of the right sphenoid bone. The associated exit defect is within the comminuted fractures of the left lateral parieto-occipital skull. A bullet fragment is recovered within the pieces as previously described. Linear fractures are across both middle cranial fossae and the right posterior cranial fossae.

There are purple subgaleal hemorrhages around the right and left frontotemporal scalp and the left occipital region, surrounding the bullet defects.

RIBS/STERNUM:

The ribs and sternum are atraumatic and within normal limits.

VERTEBRAE:

The vertebrae are atraumatic and within normal limits.

PELVIS:

The pelvis is atraumatic and within normal limits.

EXTREMITIES:

The extremities have scars and abrasions as previously described.

MICROSCOPIC EXAMINATION

Not performed.

LABORATORY EXAMINATION

Laboratory examinations were ordered, and the results are attached.

07/07/2016 njb

Scioto Valley
Guardian



TOXICOLOGY REPORT

SUBJECT NAME(S): Rhoden, Clarence
 SUBMITTING AGENCY: Pike County Coroner

FILE #: CC16-01417
 DATE REPORTED: 05/20/2016

RESULTS:

Headspace Gas Chromatography:

Item #	Specimen	Results	Concentration
1-1	Peripheral blood - A	Ethyl Alcohol	0.017 g/100 mL

Immunoassay Screen (ELISA) **Presumptive:**

ELISA Screen: Amphetamine, Barbiturates, Benzodiazepines, Cannabinoids, Carisoprodol, Cocaine/Metabolites, Fentanyl, Methadone, Methamphetamine, Opiates, Oxycodone, Tramadol, Tricyclic Antidepressants, Zolpidem.

Item #	Specimen	Results	Concentration
1-2	Peripheral blood - B	Negative	

General Drug Screen (GCMS*):

Item #	Specimen	Results	Concentration
1-2	Peripheral blood - B	Caffeine	PRESENT

* Gas Chromatography / Mass Spectrometry

The Caffeine result for Item #1-2 is qualitatively PRESENT, but has not been confirmed by an alternate analytical method.

Rachel M Hamilton

Rachel M. Hamilton
 Toxicologist

