

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

Central Office
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Oklahoma City, Oklahoma 73117
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Eastern Division
1115 West 17th
Tulsa, Oklahoma 74107
(918) 295-3400 Fax (918) 585-1549

OFFICE USE ONLY

Re _____ Co _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) CHARLES WARNER	Age 47	Birth Date 7/20/1967	Race BLACK	Sex M
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HOME ADDRESS - No. - Street, City, State
CORNER OF WEST AND STONEWALL, MCALESTER, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) AGENT KATHY MORDECAI @ DEPARTMENT OF CORRECTIONS	DATE 1/15/2015	TIME 20:45
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INJURED OR BECAME ILL AT (ADDRESS)	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
OKLAHOMA STATE PENITENTIARY	MCALESTER	PITTSBURG	PENITENTIARY	1/15/2015	Unknown
LOCATION OF DEATH	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
OKLAHOMA STATE PENITENTIARY	MCALESTER	PITTSBURG	PENITENTIARY	1/15/2015	19:28
BODY VIEWED BY MEDICAL EXAMINER	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
1115 WEST 17TH STREET	TULSA	TULSA	MORGUE	1/16/2015	11:02

IF MOTOR VEHICLE ACCIDENT: DRIVER PASSENGER PEDESTRIAN

TYPE OF VEHICLE: AUTOMOBILE LIGHT TRUCK HEAVY TRUCK BICYCLE MOTORCYCLE OTHER: _____

DESCRIPTION OF BODY EXAMINATION	RIGOR	LIVOR	EXTERNAL OBSERVATION	NOSE MOUTH EARS		
				BLOOD	OTHER	
Jaw <input checked="" type="checkbox"/> Complete <input checked="" type="checkbox"/>	Color PURPLE	Beard GREY	Hair GREY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck <input checked="" type="checkbox"/> Absent <input type="checkbox"/>	Lateral <input type="checkbox"/>	Eyes: Color BROWN	Mustache GREY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arms <input checked="" type="checkbox"/> Passing <input type="checkbox"/>	Posterior <input checked="" type="checkbox"/>	Opacities _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legs <input checked="" type="checkbox"/> Passed <input type="checkbox"/>	Anterior <input type="checkbox"/>	Pupils: R 4MM L 4MM				
Decomposed <input type="checkbox"/>	Regional _____	Body Length 67 INCHES	Body Weight 186 LBS			

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

*** SEE AUTOPSY PROTOCOL ***

Probable Cause of Death:

JUDICIAL EXECUTION BY LETHAL INJECTION

Manner of Death:

Natural Accident
Suicide Homicide
Unknown Pending

Case disposition:

Autopsy **YES**
Authorized by **JOSHUA LANTER M.D.**
Pathologist **JOSHUA LANTER M.D.**
Not a medical examiner case

Other Significant Medical Conditions:

MEDICAL EXAMINER:

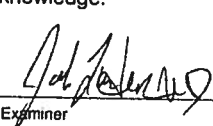
Name, Address and Telephone No.

JOSHUA LANTER M.D.
1115 W. 17TH
TULSA, OK 74107

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

Computer generated report



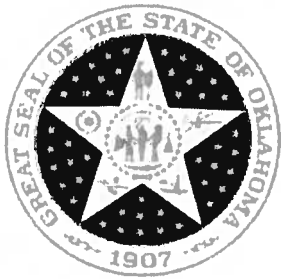
JOSHUA LANTER M.D.

Date Signed

1/16/2015

Date Generated

1500255



Board of Medicolegal Investigations
 Office of the Chief Medical Examiner
 1115 West 17th Street
 Tulsa, Oklahoma 74107-1800
 918-295-3400 Voice
 918-585-1549 Fax

CERTIFICATION
 I hereby certify that this document is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.
 By _____
 Date _____

REPORT OF AUTOPSY

Decedent CHARLES WARNER	Age 47	Birth Date 7/20/1967	Race BL	Sex M	Case No 1500255
Type of Death WHILE IN PENAL INCARCERATION	ID By VISUAL RECOGNITION		Authority for Autopsy JOSHUA LANTER, M.D.		
Present at Autopsy GARRETT ROSSER, KYLA JORGENSON, APRIL SHELTON, JOSHUA LANTER, M.D.					

PATHOLOGIC DIAGNOSES

- I. Judicial execution by lethal injection
 - A. Execution protocol medications included midazolam, rocuronium bromide, and potassium chloride
 - B. Intravenous access with attached intravenous apparatuses/catheters of right antecubital fossa and left posterior hand
 - C. Two recent needle puncture marks of right posterior hand
- II. Cardiovascular system
 - A. Cardiomegaly (480 grams) with concentric left ventricular hypertrophy; consistent with hypertensive cardiomyopathy
 - B. Myocardial bridging involving left anterior descending coronary artery

CAUSE OF DEATH: JUDICIAL EXECUTION BY LETHAL INJECTION

MANNER OF DEATH: HOMICIDE

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

OCME, Eastern Division

1/16/2015 11:02 AM

JOSHUA LANTER, M.D.

Forensic Pathologist

Location of Autopsy

Date and Time of Autopsy

MEDICOLEGAL INVESTIGATION

I. CIRCUMSTANCES OF DEATH:

This 47 year old male (DOB: 7/20/1967) reportedly died secondary to a judicial execution.

II. AUTHORIZATION:

The postmortem examination is performed under the authorization of the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma.

III. IDENTIFICATION:

The body is identified by Agent Kathy Mordecai. Digital photographs and radiographs of the deceased are taken.

POSTMORTEM EXAMINATION

I. CIRCUMSTANCES OF THE EXAMINATION:

The postmortem examination of Charles Warner is performed at the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma, on 1/16/2015 commencing at 1102 hours. Assisting in the examination are Garrett Rosser, Kyla Jorgenson and April Shelton.

II. CLOTHING AND PERSONAL EFFECTS:

Worn on body includes a gray shirt, gray pants, gray boxer shorts and black shoes. Written on the back of the pants over the left buttock is "LB". Submitted with the body includes:

1. 3 empty 60 mL syringes labelled "60 mL Heparin\saline" and "3B", "250 mg Midazolam" and "2B", "250 mg Midazolam" and "1B".
2. 3 empty 60 mL syringes with attached white tape labelled "120 mEq Potassium Chloride" and "7B", "120 mEq Potassium Chloride" and "8B", "60 mL Heparin\saline" and "9B".
3. 3 empty 60 mL syringes labelled "50mg Rocuronium Bromide" and "4B", "50 mg Rocuronium Bromide" and "5B", "60 mL Heparin\saline" and "6B".
4. Fluid bag with attached intravenous apparatus labelled "0.9% Sodium Chloride Injection USP 1000 mL" with approximately 500 mL of liquid within bag.
5. Fluid bag with attached intravenous apparatus labelled "0.9% Sodium Chloride Injection USP 1000mL" with approximately 500 mL of liquid within bag.
6. White box containing 12 empty vials labelled "20 mL single dose Potassium Acetate Injection, USP 40 mEq\2 mEq\mL", insert labelled "Heparin Lock Flush Solution, USP", pill bottle containing 2 empty vials labelled " Rocuronium Bromide Injection 100 mg\10 mL", 9 red vial caps, 1 yellow vial cap and 1 green vial cap.
7. Cardboard box containing 2 empty containers labelled "Midazolam Injection, USP 50 mg\10mL", 1 vial approximately $\frac{3}{4}$ full labelled "2% Lidocaine HCl Injection, USP 20 mg\mL" and "50 mL", "Midazolam Injection, USP" insert, infusion apparatus, empty 10