MEDICAL EXAMINER'S REPORT ME#18-092

BERRIEN COUNTY MICHIGAN

Decedent: WILLIAM, Michael Fitzgerald

Date of Birth: [redacted] **Age:** 48 **Sex:** M **Race:** Black **Occupation:** Disabled

Address: [redacted] E. Britain Avenue, Apt #1, Benton Harbor, MI 49022

Marital Status: Married **Next of Kin:** Patricia Johnson-Williams, wife

Death:

Date and Time of Death: 05/09/2018, On or After Unknown
Location of Death: 117 Tiscornia Park, St. Joseph, MI
Date and Time Pronounced: 05/28/2018 1144

Last Seen Alive (Or incident surrounding death):

Date and Time: 05/09/2018 Unknown AM
Location: Upton Drive/North Upton Drive, St. Joseph

Police Investigation: 18-3621

Date and Time: 05/10/2018 0739 05/28/2018 1040
Location: 1350 Fairplain #200, Benton Harbor 117 Tiscornia Park, St. Joseph
Police Investigator and Agency: D/Lt. Smit, Benton Township Police Department

View of Body by Medical Examiner:

Date and Time: 05/28/2018 1500
Location: Lakeland Medical Center Morgue, St. Joseph

Description of Body: The body is that of an adult, Black male measuring 71 inches and weighing approximately 300 lbs. The tongue of the decedent protrudes from the mouth. The abdomen is distended. The body is decomposed. SEE WMED AUTOPSY REPORT

Clothing and Valuables: Orange shirt, briefs, jeans, belt, shoes. SEE WMED AUTOPSY REPORT

Toxicology: SEE WMED AUTOPSY REPORT

Description of Incident Surrounding Death: According to the Benton Township Police Department, Mr. William was last seen alive by a friend who dropped him off at the intersection of Upton Drive and North Upton Drive in St. Joseph sometime after midnight on May 9, 2018. He called his friend about 15 minutes later to ask her to pick him back up at the same location. She declined to do so. His mother called police on the morning of May 10, 2018, to report him missing when she and her grandson, son the decedent, had not heard from him. Searches were initiated but his body was not recovered until May 28, when a boater saw his body floating in the lake.

See Police and Ambulance Records

Medical History: Chronic kidney disease, Bipolar disorder, Schizophrenic, Gout.

Smoking History: None

Autopsy: Authorized

Cause of Death:
1. Probable Drowning

Manner of Death: Indeterminate

7-9-18

Medical Examiner: Frederick Johansen, MD, MPH — DATE 06/07/2018
Investigator: Mary Baker, MEI — 07/02/2018

WESTERN MICHIGAN UNIVERSITY
Homer Stryker M.D.
SCHOOL OF MEDICINE

MEDICAL EXAMINER AND
FORENSIC SERVICES

Decedent: **Michael Williams**

Case: **W18-0480**
Sex: Male
Age: 48 years

Date Pronounced Dead:	5/28/2018
Date of Exam:	5/30/2018
County:	Berrien
Pathologist:	Theodore Brown, M.D.
Procedure:	Full Autopsy

Postmortem Examination Report

Investigative and Autopsy / Examination Findings:

- Body found in water
- 1.5 milliliters of fluid in the sphenoid sinus
- Right scleral hemorrhage
- Contusion of the right arm
- Wrinkled hands and feet
- Separation of the right greater horn of the hyoid bone from the right side of the body of the hyoid bone without associated hemorrhage
- Moderate state of putrefactive decomposition
- Cholelithiasis

Cause of Death:
I. Probable Drowning
Manner of Death:
Indeterminate

Western Michigan University Homer Stryker M.D. School of Medicine
Department of Pathology
300 Portage Street • Kalamazoo, MI • 49007
269.337.6173
med.wmich.edu

INVESTIGATION, FINDINGS, AND CONCLUSION: Michael Williams, a 48-year-old male, had a past medical history most significant for bipolar disorder with mixed features versus schizoaffective disorder, bipolar type, hypertension, chronic kidney disease, and gout. The decedent reportedly had a history of selling drugs. Of note, the decedent cannot swim. Prior to his death, the decedent had been staying at his parent's residence more often.

In the evening on 5/8/2018, a female friend of the decedent received a phone call from the decedent asking her to drive him to St. Joseph, MI. The decedent's friend subsequently picked him up from his parent's residence. Per the decedent's family, the decedent had approximately $900 with him when he left the residence. The decedent informed his friend that he needed to pick something up in St. Joseph, MI and that the person(s) he was meeting were going to bring him home. The decedent was dropped off by his friend in the late hours of 5/8/2018 or early hours of 5/9/2018, and upon exiting his friend's vehicle, he made a statement referring to a missing person investigation in the area. Approximately 15 minutes after being dropped off, the decedent called his friend and asked her to come pick him up, informing her that this was a "set-up." However, the decedent's friend did not return to pick up the decedent. The decedent was last known alive on 5/9/2018 based on his cell phone data.

On 5/28/2018, the decedent was found dead in Lake Michigan approximately 200 yards out from the shore. The distance between the shore to where the decedent was dropped off on 5/8/2018 was less than 200 yards. The US Coast Guard conveyed the decedent to the local US Coast Guard Station. The decedent was clothed in the same clothes described when he had been reported missing. In the pockets of his clothes, the decedent had $877.26, wallet with identification cards and miscellaneous items, cell phone, and small piece of metal. A substantial amount of sand was noted in his clothes.

The examination of the body revealed a body in a moderate state of putrefactive decomposition, 1.5 milliliters of fluid in the sphenoid sinus, right scleral hemorrhage, contusion of the right arm, wrinkled hands and feet, and separation of the right greater horn of the hyoid bone from the right side of the body of the hyoid bone without associated hemorrhage. The decedent was positively identified by comparative medical radiography. Toxicology studies performed on cavity blood was positive for chlorpromazine (concentration of 131 ng/mL). In addition, ethanol was detected in the cavity blood and vitreous fluid at concentrations of 0.05 percent and 0.041 percent, respectively. The ethanol is likely due to the presence of decomposition.

Drowning is largely a diagnosis of exclusion. Based on the circumstances of death and the autopsy examination findings where there was insufficient trauma and/or natural disease to explain death, the death is likely related to drowning. Of note, there is a separation of the right greater horn of the hyoid bone from the right side of the body of the hyoid bone. While there is no definitive fracture and no definitive evidence of soft tissue or muscle hemorrhage of the neck, the decedent's state of decomposition precludes optimal evaluation.

Based on all information available to me at this time, the death of Michael Williams was caused by probable drowning. Given the circumstances as currently known, the manner of death is indeterminate.

If additional information becomes available regarding the circumstances of the decedent's death, the case may be re-visited and amended.

GENERAL EXTERNAL EXAMINATION

A seal securing the zippers on the transport pouch bears the number "1790741."

The remains are received wearing and with:

- Orange t-shirt
- Denim shorts down below the knees
- Black belt
- Camo boxer briefs
- White socks
- Gray athletic shoes
- Three white sheets

The body is that of an adult male with the reported age of 48-years. The remains are 72 inches long and weigh 272 pounds. The body mass index is 37 kilograms per meter squared.

Postmortem changes:

The unembalmed body is cool to the touch from refrigeration. Rigor mortis is passed. The left sclera has Tache noire. The body is in a moderate state of putrefactive decomposition. The body is bloated, the tongue protrudes from the mouth, and the skin has generalized areas of green-brown discoloration, slippage, and marbling. Internal manifestation of decomposition includes softening of solid and muscular organs, discoloration and softening of mucosal surfaces, gaseous distention of the gastrointestinal tract, and absence of blood in the vascular system.

Head: The scalp has short black and gray hair. Facial hair consists of a short black and gray mustache and beard.

Eyes: The irides are dark. There is right periorbital edema. There are no petechiae of the left palpebral or bulbar conjunctiva.

Ears: The ears are unremarkable.

Nose: The septum is midline.

Mouth: The oral cavity is edentulous.

Neck: The neck organs are in the normal midline position. The thyroid gland is not palpable. The skin of the neck has no trauma.

Chest: The chest has an increased antero-posterior dimension with prominent breast tissue. There are no palpable masses.

Abdomen: The abdomen is soft and distended.

Genitalia: The external genitalia are those of an adult male.

Anus: The anus is within normal limits.

Upper and lower extremities: The upper and lower extremities are well-developed and symmetrical. The wrists have no scars. The right and left hands and feet are wrinkled.

Back: The back and sacrum are within normal limits.

Evidence of therapeutic intervention:
None.

Tattoos:
The inscriptions "BiG" and "MiKE" are on the right and left forearms, respectively.

EVIDENCE OF INJURY
The right sclera is hemorrhagic. The anterior aspect of the right arm has a contusion.

GENERAL INTERNAL EXAMINATION
BODY ORGANS
Heart 460 grams
Right Lung 440 grams
Left Lung 440 grams
Liver 1770 grams
Spleen 160 grams
Right Kidney 150 grams
Left Kidney 170 grams
Brain 1220 grams

The body is opened with a routine thoracoabdominal incision. The skeletal muscle has a dark brown-red color.

Body cavities: The ribs are intact and without fracture. The pericardial sac is smooth and contains minimal serous fluid. The pleural cavities are smooth. The right and left pleural cavities have 100 milliliters and 25 milliliters of dark purple fluid, respectively. The right pleural cavity has few, thin

adhesions from the visceral to the parietal pleura. There are no hemorrhages. The diaphragm is intact. The peritoneal surfaces are smooth. There are no adhesions, effusions, or hemorrhages.

Heart: The heart has the normal configuration. The epicardial surfaces are within normal limits. The coronary ostia have a normal configuration and are patent. The coronary arteries have a normal distribution. On serial coronal sectioning, there are no areas of atherosclerosis, calcification, or thrombosis. The valve leaflets are thin, pliable and competent, and free of vegetations. The left ventricle is 1.5 centimeters, the interventricular septum is 1.5 centimeters, and the right ventricle is 0.3 centimeter in thickness measured 1 centimeter below the respective atrioventricular valve annulus. The endocardial surface is free of fibrosis. The trabeculae carne and papillary muscles are within normal limits. The myocardium has a red-brown color. There are no areas of fibrosis or scarring.

Aorta: The aorta has a normal configuration without aneurysmal dilatation. The intimal surface is free of atherosclerosis.

Lungs: The visceral pleura is purple-red. On cut surface, the parenchyma is congested. There are no areas of consolidation, masses, or abscesses. The trachea and mainstem bronchi appear normal without foreign bodies, masses, or mucus. The hilar lymph nodes are not enlarged. The pulmonary arteries are free of thrombi.

Liver and biliary tract: The liver capsule is intact and smooth. The parenchyma has red-brown color and soft texture. There are no nodules, masses, or hemorrhages. A thin-walled gallbladder is present and contains thick, viscous bile. There are multiple, less than 0.1 centimeter, black gallstones.

Pancreas: The pancreas has a normal size, shape, and tan-dark brown, softened, vaguely lobular appearance.

Adrenal glands: The adrenal glands have normal cut surfaces with yellow cortices and gray medullae. There are no nodules.

Spleen: The spleen has a smooth intact capsule with softened red-brown parenchyma. There are no infarcts, nodules, scars, or cysts.

Alimentary and Gastrointestinal tract:
Tongue: The tongue has the normal configuration and is without masses or hemorrhages.
Esophagus: The esophagus has a gray-white smooth mucosal surface. The gastroesophageal junction is within normal limits.
Stomach: The gastric mucosa is smooth and the lumen contains approximately 250 milliliters of partially-digested food material, which included likely chewed pieces of fruit. There are no pill fragments noted.

Small and large intestines: The serosal surfaces of the small and large intestines are smooth. There are no diverticula or masses. A vermiform appendix is present.

Genitourinary tract:
Kidneys: The right and left kidneys have the normal placement and configuration. The cortical surfaces have a red-dark brown color and granular texture. There are no infarcts, nodules, scars, or cysts.
Bladder: The bladder contains scant urine. The bladder mucosa is gray-tan and smooth.
Prostate: The prostate has a normal size. There are no dominant nodules or areas of discoloration.
Testes: The testes have the normal size and shape. There are no masses.

Musculoskeletal: The cervical spine is stable. The sixth cervical vertebra has a bony prominence. The thoracolumbar spine has the normal configuration. There are no acute fractures.

Neck: There are no hemorrhages within the neck musculature. The large vessels of the neck, retropharyngeal and retropharyngeal and prevertebral soft tissues have no gross hemorrhage or abnormalities. The right greater horn of the hyoid bone is separated from the right side of the body of the hyoid bone and is without associated hemorrhage. The thyroid cartilage is intact and is without fracture or hemorrhage. The laryngeal mucosa is within normal limits. The thyroid gland has a normal position, red-brown color, and texture. There are no cysts or nodules.

Central nervous system:
Reflection of the scalp reveals no subgaleal hemorrhages. The skull is intact with a normal thickness; there are no fractures. The dura is intact. There are no epidural, subdural, or subarachnoid hemorrhages.
Brain: The brain is extremely softened and partially liquefied. The sphenoid sinus has 1.5 milliliters of red, serous fluid.

TOXICOLOGY – CAVITY BLOOD

Analyte Name	Result	Concentration	Units
Ethanol	POSITIVE		
Ethanol, Quant		0.050	% (w/v)
Chlorpromazine	POSITIVE		
Chlorpromazine, Quant		131	ng/mL

In addition, vitreous fluid was positive for ethanol [concentration of 0.041 % (w/v)].

EVIDENCE RECOVERED
Fingernail clippings from the right and left hands.

MICROSCOPIC EXAMINATION

Microscopic slide index:

A. Heart
B. Heart
C. Left lung
D. Right lung
E. Liver
F. Kidneys

Microscopic description:

HEART: Autolytic changes of the cardiac parenchyma.

LUNGS: Autolytic changes of the pulmonary parenchyma.

LIVER: Autolysis of the hepatic parenchyma.

KIDNEYS: Increased sclerotic glomeruli and autolytic changes of the renal parenchyma.

ADDITIONAL PROCEDURES

- Photographs for identification and documentation purposes are obtained.
- Tissue samples are retained in formalin.
- Tissue samples are placed in cassettes for processing to slides for microscopic examination.
- Cavity fluid is submitted for a postmortem drug screen.
- Vitreous fluid is obtained for analysis.
- Liver is obtained for analysis, if indicated.
- Cavity fluid is placed on a DNA card and is retained for analysis, if indicated.
- X-rays are completed.

Theodore Brown, M.D.
6/28/2018

WESTERN MICHIGAN UNIVERSITY
Homer Stryker M.D.
SCHOOL OF MEDICINE

MEDICAL EXAMINER AND
FORENSIC SERVICES

FORENSIC ANTHROPOLOGY REPORT

WMed Case #: W18-0480
Forensic Pathologist: THEODORE BROWN, M.D.
Decedent: WILLIAMS, MICHAEL F. (DOB: 04/23/1970)

On 30 May 2018 I examined the decomposing remains of an adult male recovered from Lake Michigan in Berrien County, Michigan. The purpose of my examination was to facilitate a scientific identification based on comparative medical radiography. The examination took place at Western Michigan University Homer Stryker M.D. School of Medicine (WMed) Department of Pathology.

Antemortem radiographs and CT scout images were available from Lakeland Medical Center of St. Joseph, Michigan. One PA chest radiograph dated 12/17/2017 and one lateral radiograph of the right foot dated 04/21/2015, both labeled **Williams, Michael F.** were selected for comparison with postmortem Lodox scans taken at autopsy of the unidentified remains designated W18-0480.

Results of Comparative Medical Radiography

There is good correspondence between the antemortem radiograph of the chest and right foot, labeled **Williams, Michael F.** and the postmortem Lodox scans of the unidentified male in the above cited case for the following radiographic features:

1) The morphology of spinous processes of cervical vertebrae 6 and 7, and thoracic vertebrae 1 through 4;
2) The morphology of the centra of thoracic vertebrae 8 through 12;
3) The morphology of the right pedicles of thoracic vertebrae 3 through 6;
4) The morphology of the left pedicles of thoracic vertebrae 3 through 5 and 10-12;
5) The morphology of the calcaneus, talus, and navicular of the right foot;
6) The morphology of the distal right tibia and fibula.

Furthermore, there are no radiographic inconsistencies between the submitted chest and right foot radiograph and the postmortem Lodox scans of the unidentified male in the above cited case (W18-0480), which cannot be accounted for by differences in radiographic angulation, or normal changes through time.

Western Michigan University Homer Stryker M.D. School of Medicine
Department of Pathology
300 Portage Street • Kalamazoo, MI • 49007
269.337.6173
med.wmich.edu

WMed Case #: W18-0480
Decedent: WILLIAMS, Michael

It is my professional opinion, based on the above findings, that the remains designated unidentified male (W18-0480) and the person known as **Michael WILLIAMS** on the submitted images from Lakeland Medical Center of St. Joseph, Michigan, are the same individual.

Carolyn V. Isaac

Carolyn V. Isaac, Ph.D.
Forensic Anthropologist
Date Reported: 06/14/2018