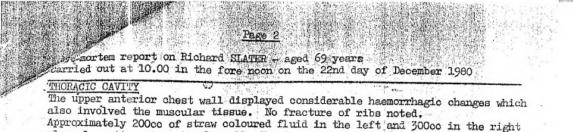
	Aedical report upon the examination of the dead body of
Ň	lame: Richard SLATER
1	Laszlo Julius Joseph BANATHY a legally qualified
m N	nedical practitioner, carrying on my profession at the Regional Forensic Pathology (City Morgue), ewcastle, in the state of New South Wales, do hereby certify as follow:
1.	At 10.00 in thefore noon, on the22nd day ofDecember, 19.80
at	Newcastle in the said State, I made aninternalexamination of the dead body of an
	aged man identified to me byGlen OAKLEY
	f
in	the State aforesaid, as that of
	I opened the three cavities of the body.
3. T	Upon such examination I found. he body was that of an aged man in good state of nutrition. The following
ST	ilateral periorbital haemorrhage with conjuctival haemorrhages and haemorrhages n the eyelids. ubcutaneous haemorrhages-contusions along the line of the lower jaw. hese were nearly confluent but showed definite separations as follows: in ront of right car, angle of right in the line of right car.
bi l c c u u a f f C B m u f c C u u a f f C B m u f f f N M C T	ruising-contusion left side of neck and over the left cheek bone. Contusion of eft ear sparing the rim of lobe. Shallow laceration (split) approximately 3cm ong next to the rim. Laceration with 5 sutures back of left ear lobe. Some ontusion left lower temporal region. Scattered contusions, which were practical onfluent of the upper anterior chest wall in a shape of a "V" from the 3rd rib pwards. No other injuries noted on the body. The aforementioned injuries were pproximately 2-3 days old. One small old abrasion on each shin. Old right ilias coss scar. Left hydrocele. IV needles (2) and endotracheal tube in-situ. <u>RANIAL CAVITY</u> ilateral subscalpular haemorrhages involving most of the temporal muscles ore pronounced on the left side. X-ray results showed a fracture of the floor of eft maxillary antrum and the floor of the left orbit. ost-mortem examination displayed fracture of both orbital roofs, this transverse o other fracture of the skull was seen.
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pleural cavity. Occasional small adhesions present. Heart, 515g, enlarged with a 15mm thickness of the left ventricular wall. Slightly increased amount of pericardial fluid. Practically the whole left ventricle wall, including the papillary muscles showed recent infarctive changes. The colour was slightly yellowish-beige and very little normal appearing muscle tissue was present. Close to the septum a large area of old infarction was noted. The coronary arteries displayed very severe arteriosclerotic-atheromatous changes, the lumen being reduced to a pinpoint opening. The systemic arteries showed moderate atheromatous changes and occasional atheromas were seen in the cerebral arteries. Lungs (L:545g, R:725g) showed pulmonary oedema of a marked degree with vascular congestion. The latter was more pronounced in the lower lobes. Some chronic obstructive airways disease was also noted. The airways contained some froth. ABDOMINAL CAVITY Approximately 150cc of frank blood present in the abdominal cavity, mostly in the pelvic region. No abnormalities in the gastro-intestinal tract. Appendix not present.

Liver, 1965g, nutmeg pattern, gallbladder and pancreas normal, bile ducts patent. Kidneys, 160g each, occasional small cysts, some cortical atrophy, ureters, bladder, prostate gland and right testis normal.

Some left sided retroperitoneal haemorrhage with appreciable left perirenal haemorrhage (between the renal capsule and fatty tissue).

Spleen, 325g, rather soft, 3 lacerations. These were superficial and were as follows: lateral edge, 2cm long, medial upper aspect 3cm long, basal aspect, 2cm long.

Adrenals and lymphnodes normal.

Blood was placed in a sealed container, fingernail clippings were taken, head hair wastaken and handed over to Detective Gary Clausen. Portions of organs were forwarded to the Division of Forensic Medicine for processing.

## OPINION

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imme into the death

Traumatic brain damage was the main cause of death. However, the deceased had pre-existing myocardial infarctive changes. It is assumed that the shock caused by the trauma precipitated another infarctive change which contributed to the death.

PLOUDI

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Dr. L.J. Banathy, Regional Forensic Pathologist. 28th January 1981