

MISSISSIPPI STATE MEDICAL EXAMINERS OFFICE
1700 E. WOODROW WILSON AVENUE
JACKSON, MS 39216

CASE: SME08-1653

County: GEORGE

AUTOPSY REPORT

NAME OF DECEDENT: JOHNSON, BILLY JOE, JR. RACE: B SEX: M AGE: 17

LOCATION OF DEATH: Highway 26, Bendale Carpet, Lucedale, MS

DATE AND TIME OF DEATH: December 8, 2008 at 5:45 a.m.

DATE AND TIME OF AUTOPSY: December 9, 2008 at 9:00 a.m.

FORENSIC PATHOLOGIST: Adele M. Lewis, M.D.

PATHOLOGIC DIAGNOSES

1. Shotgun wound to head:
 - A. Close range entrance wound to left side of head.
 - B. Injuries of scalp, skull, brain, face, and mouth.
 - C. Projectiles recovered from subgaleal space.
 - D. Hemoaspiration.

CAUSE OF DEATH: Shotgun wound to head

MANNER OF DEATH: Undetermined

IDENTIFICATION: The right ankle bears an orange plastic identification band which reads "Billy Joe Johnson, Jr.; George County; 08-1653".

MARKS AND SCARS: The medial surface of the left knee has a roughly triangular scar of approximately 1 inch in diameter.

RECENT MEDICAL INTERVENTION: None.

CLOTHING: The body is first viewed fully clothed.

SCENE INVESTIGATION: Photographs of the death scene provided by the Office of the District Attorney for Mississippi's 19th Judicial District are reviewed.

INJURIES:

SHOTGUN WOUND TO HEAD:

Located on the left side of the head and centered 5 inches below the top of the head and 7 inches to the left of midline is a shotgun entrance wound with a 1 inch x 1-1/2 inch central defect. Marginal lacerations of 3 inches in length extend from the 11 o'clock position, and of 2 inches in length from the 7 o'clock position. The 12 o'clock to 6 o'clock aspect of the central defect has a 1/8 inch in diameter marginal abrasion with slightly irregular edges. Located 1 inch from the 3 o'clock position of the wound is a 1/4 inch in length curvilinear laceration. The left ear is absent. There is no soot deposition or stippling visible in the wound or wound edges.

After perforating the scalp of the left side of the head and amputating the left ear, the projectile(s) entered the cranial cavity, causing multiple comminuted fractures of the mandible, maxilla, left zygoma, sphenoid bone, left temporal and parietal bones, and the occipital bone. Next, the projectile(s) injured the inferior surface of the left temporal lobe of the brain and the left parietal lobe of the brain.

Deformed lead projectile fragments are recovered from the subgaleal space of the left posterior parietal portion of the scalp. They are photographed and submitted as evidence (see firearms report issued by Mississippi Crime Laboratory dated December 17, 2008).

The overall path of the projectile is upward, from front to back, and from left to right.

The left lateral surface of the tongue has a large ragged ballistic defect. There is heavy soot deposition on the surface of the tongue. The left nostril contains bloody liquid. Both orbitofrontal surfaces and the inferior surface of the left temporal lobe of the brain have contusions. Both lobes of the cerebellum have contusions of their inferior surfaces. There are multiple linear hemorrhages within the pons.

The bronchi and bronchioles contain bloody mucus.

The above injuries, having once been described, will not be referred to below.

EXTERNAL EXAMINATION

The body is that of a 221.5 pound, 70 inch in length adult black male. The body is normally developed, of athletic build, and appears somewhat older than the reported age of 17 years. Rigor mortis is full and symmetric, and livor mortis is red-purple and blanching with a symmetric posterior distribution. Facial hair consists of a mustache and thin beard. The black scalp hair is less than 1/8 inch in length. The corneas are clear. The irides are brown with equal pupils. The conjunctivae are without petechiae. The sclerae are anicteric. Except for the injuries described above, the nose, right ear, and mouth are unremarkable. The neck is without deformity or palpable masses. The anterior torso and back are symmetric, with scattered white-tan striae over the anterior surfaces of both shoulders. The abdomen is not distended. The extremities are symmetric. The external genitalia, anorectal region, and perineum are unremarkable.

INTERNAL EXAMINATION

The viscera are present in their normal anatomic positions. The pleural, pericardial, and peritoneal cavities contain no abnormal fluid collections, adhesions, or masses.

HEAD: The brain weighs 1260 grams. The dura and leptomeninges are smooth and glistening. The cranial nerves and vessels of the circle of Willis arise and distribute normally. The transverse and sagittal sinuses are free of thrombosis. Except as described above, the cerebral hemispheres are symmetric with the usual gyral pattern. The ventricles are symmetric and are not dilated. Except for the injuries described above, the cerebellum and brainstem are unremarkable.

NECK: The larynx and trachea are normally formed and patent with unremarkable mucosa. The hyoid bone and thyroid cartilage are intact. The soft tissues of the neck are free of hemorrhage. The cervical vertebrae are palpably intact.

CARDIOVASCULAR SYSTEM: The heart weighs 440 grams. It has the usual conical configuration. The right dominant coronary arteries arise and distribute normally with no significant atherosclerosis or thrombosis. There are no atrial or ventricular septal defects. The left and right ventricular free wall thicknesses are 1.8 cm and 0.6 cm, respectively. The mitral and tricuspid valve annular circumferences are 11.0 cm and 12.0 cm, respectively. The myocardium is an unremarkable homogenous brown. The papillary muscles and chordae tendineae are intact. The great vessels are classically formed with no significant aortic atherosclerosis.

RESPIRATORY SYSTEM: The right lung weighs 380 grams and the left lung, 340 grams. The lobar configurations are unremarkable. The bronchi and bronchioles contain no occlusive material. The pulmonary arterial tree is free of thromboemboli. The lung parenchyma is slightly congested.

DIGESTIVE SYSTEM AND LIVER: The esophagus has an unremarkable mucosa and patent lumen. The stomach is of the usual configuration and is lined by intact mucosa with an unremarkable wall and serosa. The stomach contains scant tan liquid. The duodenum is patent with an unremarkable mucosa. The remainder of the small bowel and colon are unremarkable. The appendix is unremarkable.

The liver weighs 1240 grams. The tan parenchyma shows no focal lesions, fatty change, or cirrhosis.

The gallbladder lies in its usual location and contains 12 mL of viscid bile. The adjacent biliary tree is patent without focal lesions, calculi, or ductal dilatation.

The pancreas is pink-tan and characteristically lobulated. There are no gross lesions in the pancreas and no ductal dilatation.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 120 grams and has an unremarkable soft maroon parenchyma. The thymus gland has an unremarkable gray-tan parenchyma. The lymph nodes throughout the body are not enlarged.

GENITOURINARY SYSTEM: The right kidney weighs 120 grams and the left kidney, 160 grams. Both are normally formed and have smooth subcapsular surfaces. The cortices and medullae are unremarkable. The pelvicaliceal systems, ureters, and blood vessels are patent and unremarkable. The urinary bladder is unremarkable.

The prostate gland is not enlarged and has no focal lesions. The seminal vesicles, testes, and epididymides are unremarkable.

ENDOCRINE SYSTEM: The thyroid gland is symmetric without focal lesions. The parathyroid glands are inconspicuous. The adrenal glands lie in their usual locations and have yellow cortices and brown medullae without masses or hemorrhage.

MUSCULOSKELETAL SYSTEM: Except for the injuries described above, the exposed axial and appendicular skeleton is unremarkable.


TOXICOLOGY: Blood, vitreous humor, urine, and hair are submitted for toxicologic analysis (see separate report). Steroid testing results will be released separately.

SUMMARY OF CASE

The decedent was a 17-year-old black male who was stopped by the George County Sheriff's Department for a traffic violation. According to police reports, the decedent got out of his vehicle and shot himself with his own shotgun while the police officer was in his police car. He was pronounced dead at the scene. The George County Coroner ordered an autopsy.

Pertinent findings at autopsy include a close range shotgun wound to the left side of the head, with injuries of the scalp, skull, brain, face, and mouth.

The shotgun used in this shooting was not able to be fully evaluated in terms of its functionality (see separate report issued by the Mississippi Crime Laboratory dated December 23, 2008). As such, it is not possible to determine whether the decedent discharged the weapon accidentally or intentionally. Therefore, the manner of death is best left undetermined at this time.


Adele Lewis, M.D.

Date: 12/30/08

AL/pc
12/15/08