BOARD OF MEDICOLEGAL INVESTIGATIONS

OFFICE OF THE CHIEF MEDICAL EXAMINER

Central Office
921 N.E. 23rd St
Oklahoma City, OK 73105
(405) 239-7141 Phone - (405) 239-2430 Fax

Eastern Division
1627 Southwest Blvd.
Tulsa, Oklahoma 74107
(918) 295-3400 Phone - (918) 585-1549 Fax

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 _____

SUMMARY REPORT

DECEDENT First-Middle-Last Names (Please avoid use of initials)	Age	Birth Date	Race	Sex
VERONICA CLAIRE BUTLER	27	2/28/1997	WHITE	F

HOME ADDRESS - No. - Street, City, State
1109 SOUTH JEFFERSON STREET, HUGOTON, KS

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS)				DATE	TIME
OKLAHOMA STATE BUREAU OF INVESTIGATION, AGENT JOSH DEAN				4/10/2024	21:48
INJURED OR BECAME ILL AT (ADDRESS)	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	Unknown	Unknown
LOCATION OF DEATH	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
36.740016, -102.003840	TEXHOMA	TEXAS	FIELD	4/14/2024 FOUND	13:57 FOUND
BODY VIEWED BY MEDICAL EXAMINER	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
921 NORTHEAST 23RD STREET	OKLAHOMA CITY	OKLAHOMA	AUTOPSY SUITE	4/16/2024	8:30

TRANSPORTATION INJURY ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

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

DESCRIPTION OF BODY

EXTERNAL PHYSICAL EXAMINATION

	RIGOR		LIVOR	EXTERNAL OBSERVATION
Jaw	☐ Complete	☐	Color GREEN	Beard _____ Hair RED
Neck	☐ Absent	☐	Lateral ☐	Eyes: Color UNKNOWN Mustache _____
Arms	☐ Passing	☐	Posterior ☐	Opacities _____
Legs	☐ Passed	☐	Anterior ☑	Pupils: R _____ L _____
	Decomposed	☑	Regional _____	Body Length 65 " Body Weight 253 LBS.

	NOSE	MOUTH	EARS
BLOOD	☐	☑	☐
OTHER	☑	☑	☑
DIRT			

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

Probable Cause of Death:

MULTIPLE SHARP FORCE TRAUMA

Other significant conditions contributing to death (but not resulting in the underlying cause given)

Manner of Death:

Natural ☐ Accident ☐
Suicide ☐ Homicide ☑
Unknown ☐ Pending ☐
Not Assigned ☐

Case disposition:

Autopsy YES
Authorized by CELIA COBB M.D.
Pathologist CELIA COBB M.D.
Not a medical examiner case ☐

MEDICAL EXAMINER:
Name, and Address:

CELIA COBB M.D.
921 NE 23rd St.
Oklahoma City, OK 73105

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 CELIA COBB M.D.

Computer generated report

4/14/2024
Date Case Initiated

10/28/2024
Date Case Finalize

CME-1 (REV 7-19)