



**NYC**  
Office of Chief  
Medical Examiner

Donna Patris, Director  
Records Management Department  
421 East 26<sup>th</sup> Street, New York, N.Y. 10016-6402  
Tel: (212) 323-1777 Fax: (212) 323-1960  
Official Website: <http://www.nyc.gov/ocme>

NAME: **Jordan Maurice Caine Neely**

M.E. #: **M/23/013065**

SENT TO DISTRICT ATTORNEY FOR COUNTY OF: **NEW YORK**

BY: **Amaryllis Spearman**  
Clerical Associate III

**DATE SENT: August 18, 2023**

	ITEM:		ITEM:
✓	AUTOPSY REPORT	✓	DEATH CERTIFICATE
✓	TOXICOLOGY REPORT	✓	INVESTIGATION REPORT
✓	NMS FINAL TESTING	✓	CASE NOTES
✓	NEUROPATHOLOGY REPORT	✓	NOTICE OF DEATH
✓	MOLECULAR GENETICS	✓	POLICE REPORT
✓	ANTHROPOLOGY REPORT	✓	MORTUARY RELEASE FORM
✓	CASE WORKSHEET	✓	FD BODY RELEASE DOCUMENTS
✓	FTOX REQUEST FORM	✓	2 CD WITH 295 PHOTOS 1 CD WITH 6 X-RAYS
✓	AUTOPSY NOTES/DIAGRAM		
✓	ADDITIONAL AUTOPSY NOTES		
✓	ANTHROPOLOGY NOTES/DIAGRAM		
✓	CONFIRMATION ID		

PHOTOGRAPHS, X-RAYS AND AUDIO FILE ARE NOT AUTOMATICALLY SUPPLIED AND MUST BE SEPERATELY REQUESTED. BACKUP LABORATORY DATA MUST SPECIFICALLY REQUEST AFTER A CASE CONFERENCE. MICROSCOPIC SLIDES AND RETAINED TISSUSES CAN BE REVIEWED AT THE OFFICE OF CHIEF MEDICAL EXAMINERS AS LONG AS APPROPRIATE AUTHORIZATION IS OBTAINED.

**OFFICE OF CHIEF MEDICAL EXAMINER  
OF THE CITY OF NEW YORK**

STATE OF NEW YORK     )  
                                   )     SS.:  
COUNTY OF NEW YORK    )

**CERTIFICATION AS A BUSINESS RECORD**

I have been delegated by Jason K. Graham, M.D., Chief Medical Examiner, to certify and authenticate records of the Office of Chief Medical Examiner of the City of New York ("OCME") pursuant to Rule 4518 of the New York Civil Practice Law and Rules.

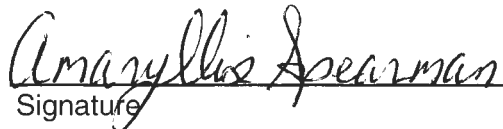
OCME has been ordered to produce certified copies of documents concerning decedent,  
**Jordan Maurice Caine Neely** **ME Case #: M-23-013065**

OCME is a governmental office organized under the New York City Charter § 557 and the New York City Administrative Code §§17-201 – 17-206. All records contained in its Records Department concerning this matter are maintained in OCME's regular course of business. OCME medical examiner files contain autopsy records generated by OCME staff in the regular course of their business, as well as documents received from other sources which are relevant to the particular case.

The copies provided here represent all the documents contained in the above-cited OCME medical examiner case file.

I have examined the original records maintained by OCME's Records Department and I have compared the copies provided here to the originals from which they were photocopied, and I attest that the records bearing this certification and authentication are a true and correct copy of the original records so described and are accurate and genuine.

I have affixed the official seal of the Office of Chief Medical Examiner of the City of New York to certify these copies as genuine and as business records of the Records Department of the Office of Chief Medical Examiner.

  
Signature

Amaryllis Spearman  
Print Name

Clerical Associate III  
Title

August 18, 2023  
Date



**OFFICE OF CHIEF MEDICAL EXAMINER**  
CITY OF NEW YORK



**REPORT OF AUTOPSY**

**Name of Decedent:** Jordan Maurice Caine Neely  
**Autopsy Performed by:** Cynthia Harris, M.D.

**M.E. Case #:** M-23-013065  
**Date of Autopsy:** 05/02/2023

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**FINAL DIAGNOSES**

- I. COMPRESSION OF NECK (CHOKEHOLD)
  - A. PETECHIAE OF PALPEBRAL CONJUNCTIVAE
  - B. CONTUSION AND ABRASIONS OF NECK
  - C. FASCIAL AND INTRAMUSCULAR HEMORRHAGES OF THE STRAP MUSCLES OF THE NECK
  - D. POSTERIOR PHARYNGEAL MUSCLE HEMORRHAGES
  - E. PETECHIAE OF THE EPIGLOTTIS AND THE HYPOPHARYNX
- II. BLUNT FORCE TRAUMA OF HEAD
  - A. ABRADED CONTUSION OF LEFT UPPER EYE
- III. BLUNT FORCE TRAUMA OF TORSO
  - A. CONTUSIONS OF BACK
  - B. FASCIAL AND INTRAMUSCULAR HEMORRHAGES OF CHEST AND BACK
- IV. BLUNT FORCE TRAUMA OF UPPER AND LOWER EXTREMITIES
  - A. ABRASIONS AND CONTUSION
  - B. INTRAMUSCULAR HEMORRHAGES OF UPPER EXTREMITIES
- V. SICKLE HEMOGLOBINOPATHY (SICKLE CELL TRAIT; SEE MOLECULAR GENETICS REPORT) WITH DIFFUSE INTRAVASCULAR SICKLING OF ERYTHROCYTES
- VI. ACUTE SYNTHETIC CANNABINOID (MDMB-4en-PINACA) INTOXICATION (SEE TOXICOLOGY REPORT)
- VII. STATUS POST RESUSCITATIVE EFFORTS

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CAUSE OF DEATH:

[REDACTED]

MANNER OF DEATH:

[REDACTED]

New York City Office of Chief Medical Examiner  
I certify the attached are true copies of  
document(s) in OCME's possession.

*Amaryllis Spearman* 8/18/2023  
Signed Date

**Amaryllis Spearman**

OFFICE OF CHIEF MEDICAL EXAMINER  
CITY OF NEW YORK

## REPORT OF AUTOPSY

CASE NO. M-23-013065

*I hereby certify that I, **Cynthia Harris, M.D.**, City Medical Examiner-I, have performed an autopsy on the body of **Jordan Maurice Caine Neely**, on the **2<sup>nd</sup> day of May, 2023**, starting at **9:00 AM** in the Manhattan Mortuary of the Office of Chief Medical Examiner of the City of New York. This autopsy was performed in the presence of Dr. Stuelpnagel.*

**EXTERNAL EXAMINATION:**

The body is received in the supine position in a plastic body bag, which is secured with a white plastic seal bearing the number 345066. A handwritten OCME tag encircles the right wrist. A digital hospital band encircles the right wrist. A digital hospital tag encircles the left first toe.

The body is that of a well-developed, well-nourished, average-framed, 6'1", 165 lb. (BMI: 21.8 kg/m<sup>2</sup>), medium-brown-skinned man, whose appearance is consistent with the reported age of 30 years.

The scalp has curly, black hair, which measures up to 1/2". There is a 1/2" mustache and 1/2" beard. There are no palpable facial fractures. The eyes have brown irides and slightly congested conjunctivae. The left earlobe is pierced once but is free of jewelry. The atraumatic oral cavity has natural teeth in good condition.

The anterior and posterior aspects of the torso are normally developed. The atraumatic external genitalia are those of a circumcised adult man. The testes are descended and free of palpable masses. The anus is atraumatic with soft brown stool soiling the perianal region and the buttocks.

The extremities are free of edema or linear scars overlying subcutaneous veins. There is a 1/2" hyperpigmented patch of skin on the volar right forearm. The atraumatic fingernails are ill-kempt with black-brown soiling beneath the nails. There are hyperpigmented calloused burns of the fingertips of the right first and second fingers. The distal right second finger has an adhesive bandage; the cuticle beneath is torn.

There are many crusted abrasions of the chest, upper back, shoulders, proximal arms, buttocks, and legs. These abrasions range in size from 1/16" to 1-1/2", range from punctate to irregularly oval to linear in shape, and appear in various stages of healing. Many have hypopigmented outer edges, consistent with early scarring, and they are

located within a background of many hypopigmented scars of similar size and shape to the crusted abrasions.

There are no tattoos.

**POSTMORTEM CHANGES:**

There is moderate, symmetric rigor mortis of the upper and lower extremities, neck, and jaw. Livor mortis is fixed and posterior, sparing pressure points. The body is cool to touch.

**THERAPEUTIC PROCEDURES:**

There is an endotracheal tube in place with a stabilizer. There is an intravenous catheter secured with a transparent adhesive dressing in the right antecubital fossa; internal examination reveals a 1" fascial hemorrhage of the right antecubital fossa. There is an intraosseous needle in the anterior left leg. There are focal, dried, pre-sternal, punctate to curvilinear abrasions measuring up to 1/2" in maximum dimension; internal examination reveals a broad 5" x 5" area of fascial hemorrhage of the substernal surface of the anterior chest wall, status post resuscitative efforts.

**CLOTHING:**

The body is received unclad, and clothing is not received.

**INJURIES:**

There are injuries from compression of neck, as well as blunt force injuries of the head, torso, and upper and lower extremities. These injuries will be described by modality and body region for organizational purposes.

**COMPRESSION OF NECK**

There are rare petechiae of the bilateral conjunctivae.

There is a faint 1/4" pink, linear, vertical contusion of the right side of the anterior neck. There is a 1/4" cluster of punctate abrasions at the angle of the right side of the mandible. There are three abrasions of the inferior right side of the anterior and lateral neck: a 3/16" abrasion of the inferior right side of the anterior neck, a 1/4" vaguely crescentic abrasion of the inferior right side of the anterolateral neck, and a 1/4" vaguely crescentic abrasion of the inferior right side of the lateral neck/shoulder (comment: these abrasions are in a background of numerous crusted abrasions in various stages of healing and scarring described in "EXTERNAL EXAMINATION"; the abrasions described under "COMPRESSION OF NECK" appear more recent than the background crusted abrasions).

Internal examination of the anterior neck reveals hemorrhages of the strap muscles of the neck. There is a 1/2" fascial and intramuscular hemorrhage of the anteromedial aspect of the inferior sternal head of the right sternocleidomastoid muscle (1" superior to the muscle's attachment to the sternum), a 1/16" fascial hemorrhage of the medial aspect of

the inferior sternal head of the right sternocleidomastoid muscle (2" superior to the muscle's attachment to the sternum), a 1/2" intramuscular hemorrhage of the anterior surface of the superolateral right sternocleidomastoid muscle, and a 1-1/4" intramuscular hemorrhage of the posterior surface of the superomedial right sternocleidomastoid muscle; at the level of the hemorrhages of the superior right sternocleidomastoid muscle, there is a small amount of gelatinous hemorrhage (approximately 1/4") surrounding a right-sided cervical lymph node. There is a 1/2" fascial hemorrhage of the anterior surface of the inferior right sternohyoid muscle, a 1/16" punctate fascial hemorrhage of the posterior surface of the mid right sternothyroid muscle, and a 3/16" linear, streaky intramuscular hemorrhage of the posterior surface of the superior left sternohyoid muscle.

The hyoid bone and tracheal and laryngeal cartilages are grossly intact and without fractures. They are submitted to Anthropology for further evaluation; a separate report will be issued.

There is a 1/2" hemorrhage of the right-sided posterior pharyngeal muscle near the base of the right superior horn of the thyroid cartilage and a 1/2" right-sided streaky posterior pharyngeal muscle hemorrhage approximately at the level of the cricoid cartilage. The epiglottis and the hypopharynx/superior esophageal mucosa have rare petechial hemorrhages.

#### **BLUNT FORCE TRAUMA OF HEAD**

There is a 2" pink, focally abraded, contusion of the left upper eyelid; the eyelid is swollen.

#### **BLUNT FORCE TRAUMA OF CHEST**

There are no discernible abrasions or contusions of the anterior torso (the dried, pre-sternal abrasion is described under "THERAPEUTIC PROCEDURES"). The posterior torso is remarkable for two faint linear, oblique, 1/2" pink contusions of the superolateral left side of the back and two faint 1/2" circular, pink contusions of the superior midline back.

Internal examination of the anterior torso reveals a 6" x 4" region of patchy fascial and intramuscular hemorrhage of the right pectoralis muscle and a 3" x 2" region of patchy intramuscular hemorrhage of the left pectoralis muscle. The degree of hemorrhage is greater in the right pectoralis muscle compared to the left pectoralis muscle; there is relative sparing of the medial left pectoralis muscle compared to the right pectoralis muscle. The hemorrhages multifocally span the full thickness of the muscle bilaterally. There is a 2-1/2" x 1/2" region of patchy fascial and intramuscular hemorrhage on the right side of the lateral chest.

Internal examination of the posterior torso reveals a 4" x 2" region of patchy, streaky intramuscular hemorrhage of the superficial muscular layer of the superior right side of the back and a 6" x 3" region of patchy, streaky intramuscular hemorrhage of the superficial muscular layer of the superior left side of the back. There is a 2" x 1/2"

intramuscular hemorrhage of the deep muscular layer of the superior right side of back. There are intramuscular hemorrhages of the bilateral infraspinatus muscles (4" x 3" on the right and 1" x 1/2" on the left) and the subscapularis muscles (3" x 2" on the right and 2" x 2" on the left). The hemorrhages of the right infraspinatus and the subscapularis muscles are multifocally full-thickness.

#### **BLUNT FORCE TRAUMA OF UPPER EXTREMITIES**

On the right side, there are two dried, red-brown abrasions of the elbow (1/2" and 3/4"). Internally, there is a 1/8" soft tissue hemorrhage overlying the elbow joint and a 2" x 1" intramuscular hemorrhage of the medial distal arm.

On the left side, there is a 1" faint pink-brown contusion of the elbow. Internally, there are broad areas of intramuscular hemorrhage of the medial arm (2" x 2", 2" x 1/2", 2" x 1", and 1/2" x 1/2"; listed proximal to distal). The hemorrhages are diffusely full-thickness.

#### **BLUNT FORCE TRAUMA OF LOWER EXTREMITIES**

There is a 3/4" abrasion of the lateral left knee without underlying soft tissue hemorrhage.

*These injuries, having been described, will not be repeated.*

#### **INTERNAL EXAMINATION:**

**HEAD:** The scalp has no contusion. The skull has no fracture. There is no epidural, subdural, or subarachnoid hemorrhage. The brain weighs 1370 gm and is normal size and shape. The brain and dura are submitted to neuropathology for evaluation; a separate report will be issued.

**NECK:** See "INURIES". The cervical vertebrae have no trauma. The hyoid bone and tracheal and laryngeal cartilages are submitted to Anthropology for evaluation; a separate report will be issued. The upper airway is unobstructed. The tongue is unremarkable.

**BODY CAVITIES:** The organs are in their normal situs with neither fibrous adhesions nor abnormal fluid accumulations. The abdominal wall panniculus is 3/4" thick.

**CARDIOVASCULAR SYSTEM:** The aorta has no atherosclerosis. The venae cavae and pulmonary arteries have no thrombus or embolus.

The 410-gm heart has right-dominant coronary arteries without atherosclerotic stenosis. There are no recent thrombi. The coronary ostia are normal in location and morphology. The myocardium is homogeneous, dark red, firm, and free of discernible pallor, hemorrhage, softening, or fibrosis. The left and right ventricular walls are concentrically 1.2 cm and 0.2 cm in thickness, respectively. The endocardial surfaces and four cardiac valves are unremarkable and free of vegetations or thrombi.



**RESPIRATORY SYSTEM:** The right lung weighs 980 gm; the left lung weighs 970 gm. The pleural surfaces are dark purple and smooth. The parenchyma is moderately edematous and congested, but free of masses, hemorrhage, consolidation, or other focal lesions. The bronchial tree and vasculature are unremarkable and free of obstruction or thrombi.

**LIVER, GALLBLADDER, PANCREAS:** The liver weighs 2020 gm and has an intact capsule. The parenchyma is red-brown, soft, and free of focal lesions or nodularity. The gallbladder contains dark amber bile without gallstones. The pancreas is unremarkable in lobulation, color, and texture.

**HEMIC AND LYMPHATIC SYSTEMS:** The spleen weighs 160 gm and has an intact, smooth capsule; the parenchyma has a markedly speckled appearance. There is no lymphadenopathy.

**GENITOURINARY SYSTEM:** The right kidney weighs 210 gm; the left kidney weighs 240 gm. Each kidney has a smooth subcapsular surface and is maroon-brown with unremarkable architecture and vasculature. The ureters maintain uniform caliber into an unremarkable bladder containing 330 ml of clear, light yellow urine. The prostate gland is unremarkable and free of focal lesions. The testes are descended and unremarkable.

**ENDOCRINE SYSTEM:** The pituitary, thyroid, and adrenal glands are each normal color, size, and consistency.

**DIGESTIVE SYSTEM:** The esophagus and gastroesophageal junction are unremarkable. The stomach contains 50 ml of green-brown, viscid fluid without recognizable food fragments. The gastric mucosa, small and large intestine, and appendix are unremarkable.

**MUSCULOSKELETAL SYSTEM:** See "INJURIES". The vertebrae, clavicles, sternum, ribs, and pelvis have no fracture. The musculature is normal in distribution.

**MICROSCOPIC TISSUE EXAMINATION:**

Tissue or Organ (# = block number); HT23-02238

**LUNG (1-5):** There is red blood cell extravasation into intra-alveolar air spaces. There are increased intra-alveolar macrophages, many of which are pigment-laden. There are rare foci of polarizable foreign material within the intra-alveolar macrophages. The red blood cells have a marked, sickled appearance throughout the tissue sections.

**KIDNEY (6):** There are scattered sclerotic glomeruli and vascular congestion. The red blood cells have a marked, sickled appearance.

**LIVER (7):** There is sinusoidal congestion. Many of the red blood cells have a sickled appearance.

**SPLEEN (7):** There is marked vascular congestion. The red blood cells have a marked, sickled appearance diffusely.

**HEART (8):** Some of the red blood cells have a sickled appearance.

**TOXICOLOGY:**

Samples of blood, urine, and vitreous humor are submitted to the toxicology laboratory; a separate report will be issued.

**NEUROPATHOLOGY:**

The brain and dura are retained for neuropathologic consultation; a separate report will be issued.

**ANTHROPOLOGY:**

The hyoid bone and tracheal and laryngeal cartilages are retained for anthropology consultation; a separate report will be issued.

**MOLECULAR GENETICS:**

A sample of heart is submitted for molecular genetics studies; a separate report will be issued.

**FORENSIC BIOLOGY:**

A blood spot card, fingernail clippings, a disposable fingernail clipper, and swabs of the face, neck, and right and left hands are submitted to Forensic Biology.

**POSTMORTEM IMAGING:**

Digital photographs and radiographs are taken and retained.

*This report was reviewed by Dr. Jeremy Stuelpnagel, City Medical Examiner-II.*

Cynthia Harris, M.D.  
City Medical Examiner-I

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M-23-013065

JORDAN MAURICE CAINE NEELY

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*The information provided above is true and correct to the best of my knowledge and belief.*

*Electronically signed by Cynthia Harris on Aug 11, 2023 04:15:32 PM*



**FORENSIC TOXICOLOGY LABORATORY  
THE CITY OF NEW YORK  
OFFICE OF CHIEF MEDICAL EXAMINER  
520 FIRST AVE NEW YORK, NY 10016**



<b>Decedent Name :</b> Jordan Maurice Caine Neely	<b>Laboratory No :</b> FT23-02322	
<b>Medical Examiner :</b> Cynthia Harris	<b>ME Case No :</b> M-23-013065	<b>Examination Date :</b> 5/2/2023
<b>Specimen Type :</b> Blood(Femoral): FT23-02322-001, Blood(Femoral): FT23-02322-002, Blood(Heart): FT23-02322-003, Blood(Heart): FT23-02322-004, Urine: FT23-02322-005, Vitreous: FT23-02322-006		
<b>Received By :</b> Sarah Aliahmad	<b>Date Received :</b> 05/04/2023	

**Results**

**Blood(Femoral) : FT23-02322-001**

MDB-4en-PINACA	Detected	NMS	(1)
Naloxone	121 ng/mL	LC/MS/MS	
Morphine, 6-monoacetylmorphine, codeine, oxycodone, oxymorphone, hydrocodone, hydromorphone, methadone, tramadol, buprenorphine	Not Detected	LC/MS/MS	
Targeted Drug Screen	Not Detected	LC/MS/MS	
Ethanol	Not Detected	HSGC	

**Vitreous : FT23-02322-006**

Glucose	17.2 mg/dL	NMS	(2)
Urea Nitrogen	15.0 mg/dL	NMS	
Creatinine	0.652 mg/dL	NMS	
Sodium	150 mmol/L	NMS	
Potassium	9.38 mmol/L	NMS	
Chloride	127 mmol/L	NMS	
Ethanol	Not Detected	HSGC	

This Report has an associated Forensic Toxicology case file. Contact FTOX\_Mgrs@ocme.nyc.gov if you have questions relating to the content of this report. Definitions of terms used in this report can be located at <http://www1.nyc.gov/site/ocme/services/toxicology-technical-manuals.page>

**The information provided above is true and correct to the best of my knowledge and is electronically signed by:  
Sonia Cuevas, B.S., Criminalist IV, Laboratory Manager, Forensic Toxicology on 6/14/2023 12:03:30 PM**



**FORENSIC TOXICOLOGY LABORATORY  
THE CITY OF NEW YORK  
OFFICE OF CHIEF MEDICAL EXAMINER  
520 FIRST AVE NEW YORK, NY 10016**



<b>Decedent Name :</b> Jordan Maurice Caine Neely		<b>Laboratory No :</b> FT23-02322
<b>Medical Examiner :</b> Cynthia Harris	<b>ME Case No :</b> M-23-013065	<b>Examination Date :</b> 5/2/2023
<b>Specimen Type :</b> Blood(Femoral): FT23-02322-001, Blood(Femoral): FT23-02322-002, Blood(Heart): FT23-02322-003, Blood(Heart): FT23-02322-004, Urine: FT23-02322-005, Vitreous: FT23-02322-006		
<b>Received By :</b> Sarah Aliahmad		<b>Date Received :</b> 05/04/2023
<b>Results</b>		

**Notes:**

- (1) See attached copy of NMS Labs report
- (2) See attached copy of NMS Labs report

This Report has an associated Forensic Toxicology case file. Contact FTOX\_Mgrs@ocme.nyc.gov if you have questions relating to the content of this report. Definitions of terms used in this report can be located at <http://www1.nyc.gov/site/ocme/services/toxicology-technical-manuals.page>

**The information provided above is true and correct to the best of my knowledge and is electronically signed by:  
Sonia Cuevas, B.S., Criminalist IV, Laboratory Manager, Forensic Toxicology on 6/14/2023 12:03:30 PM**



**NMS Labs**

200 Welsh Road, Horsham, PA 19044-2208  
Phone: (215) 657-4900 Fax: (215) 657-2972  
e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

**CONFIDENTIAL**

**Toxicology Report**

Report Issued 05/30/2023 16:08

To: **10074**  
New York Office of Chief Medical Examiner  
Attn: Department of Toxicology  
520 First Avenue  
New York, NY 10016

**Patient Name** FT23-02322, M23-013065  
**Patient ID** Not Provided  
**Chain** 23183036  
**DOB** Not Given  
**Sex** Not Given  
**Workorder** 23183036

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**Positive Findings:**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
MDMB-4en-PINACA	Positive	ng/mL	001 - Femoral Blood

See Detailed Findings section for additional information

**Testing Requested:**

<u>Test</u>	<u>Test Name</u>
9560B	Synthetic Cannabinoids Screen, Blood

**Specimens Received:**

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Labeled As</u>
001	Red Stopper Glass Tube	5 mL	Not Given	Femoral Blood	FT23-02322-001

All sample volumes/weights are approximations.  
Specimens received on 05/12/2023.



CONFIDENTIAL

Workorder 23183036  
Chain 23183036  
Patient ID Not Provided

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**Detailed Findings:**

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
MDMB-4en-PINACA	Positive	ng/mL	0.10	001 - Femoral Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

**Reference Comments:**

1. MDMB-4en-PINACA - Femoral Blood:

MDMB-4en-PINACA is one of many synthetic cannabinoid drugs. The drug is typically sprayed on botanical material and smoked, although it can be ingested in liquid or powder form. It binds to and demonstrates functional activity at the same brain receptor as THC, the active component of marijuana.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

CERTIFICATION: Pursuant to New York Criminal Procedure Law Section 190.30(2), I certify that this report was made by me or is a true copy thereof for testing conducted at NMS Laboratories. I further certify that I am authorized by NMS Laboratories to make this certification.

For discovery information according to NY Article 245, please email the workorder number (upper right portion of this report) to ExpertServices@NMSLabs.com as soon as possible. Once collated, the information may be accessed via NMS Labs secure web portal.

Workorder 23183036 was electronically signed on 05/30/2023 15:30 by:

Daniel S. Isenschmid, Ph.D., F-ABFT  
Forensic Toxicologist

**Analysis Summary and Reporting Limits:**

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Test 5970B - Synthetic Cannabinoids Confirmation (Qualitative), Blood - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
4-fluoro-BINACA 3,3-dimethylbutanoic acid	5.0 ng/mL	ADMB-CHMINACA	0.10 ng/mL
4-fluoro-MDMB-BINACA	0.10 ng/mL	ADMB-FUBINACA	1.0 ng/mL
5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA	0.10 ng/mL	APP-BINACA	0.10 ng/mL
5-fluoro-MDMB-PINACA / 5-fluoro-EMB-PINACA	0.20 ng/mL	FUBINACA 3,3-dimethylbutanoic acid	5.0 ng/mL
5-fluoro-PICA 3,3-dimethylbutanoic acid	5.0 ng/mL	FUBINACA 3-methylbutanoic acid	5.0 ng/mL
5-fluoro-PINACA 3,3-dimethylbutanoic acid	5.0 ng/mL	MDMB-4en-PINACA	0.10 ng/mL
5-fluoro-PINACA 3-methylbutanoic acid	5.0 ng/mL	MMB-FUBINACA	0.10 ng/mL



CONFIDENTIAL

Workorder 23183036  
Chain 23183036  
Patient ID Not Provided

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**Analysis Summary and Reporting Limits:**

Test 9560B - Synthetic Cannabinoids Screen, Blood - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
4-fluoro-BINACA 3,3-dimethylbutanoic acid	5.0 ng/mL	ADMB-CHMINACA	0.10 ng/mL
4-fluoro-MDMB-BINACA	0.10 ng/mL	ADMB-FUBINACA	1.0 ng/mL
5-fluoro-MDMB-PICA / 5-fluoro-EMB-PICA	0.10 ng/mL	APP-BINACA	0.10 ng/mL
5-fluoro-MDMB-PINACA / 5-fluoro-EMB-PINACA	0.20 ng/mL	FUBINACA 3,3-dimethylbutanoic acid	5.0 ng/mL
5-fluoro-PICA 3,3-dimethylbutanoic acid	5.0 ng/mL	FUBINACA 3-methylbutanoic acid	5.0 ng/mL
5-fluoro-PINACA 3,3-dimethylbutanoic acid	5.0 ng/mL	MDMB-4en-PINACA	0.10 ng/mL
5-fluoro-PINACA 3-methylbutanoic acid	5.0 ng/mL	MMB-FUBINACA	0.10 ng/mL





**NMS Labs**

200 Welsh Road, Horsham, PA 19044-2208  
Phone: (215) 657-4900 Fax: (215) 657-2972  
e-mail: nms@nmslabs.com  
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

**CONFIDENTIAL**

**Toxicology Report**

Report Issued 06/13/2023 18:53

To: **10074**  
New York Office of Chief Medical Examiner  
Attn: Department of Toxicology  
520 First Avenue  
New York, NY 10016

**Patient Name** Not Provided  
**Patient ID** FT23-02322-006; M23-013065  
**Chain** 23216024  
**DOB** Not Given  
**Sex** Not Given  
**Workorder** 23216024

Page 1 of 3

**Positive Findings:**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Creatinine (Vitreous Fluid)	0.652	mg/dL	001 - Vitreous Fluid
Sodium (Vitreous Fluid)	150	mmol/L	001 - Vitreous Fluid
Potassium (Vitreous Fluid)	9.38	mmol/L	001 - Vitreous Fluid
Chloride (Vitreous Fluid)	127	mmol/L	001 - Vitreous Fluid
Glucose (Vitreous Fluid)	17.2	mg/dL	001 - Vitreous Fluid
Urea Nitrogen (Vitreous Fluid)	15.0	mg/dL	001 - Vitreous Fluid

See Detailed Findings section for additional information

**Testing Requested:**

<u>Test</u>	<u>Test Name</u>
1919FL	Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)

**Specimens Received:**

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Labeled As</u>
001	Red Stopper Glass Tube	1 mL	Not Given	Vitreous Fluid	FT23-02322-006

All sample volumes/weights are approximations.  
Specimens received on 06/06/2023.



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Workorder 23216024  
Chain 23216024  
Patient ID FT23-02322-006; M23-013065

Page 2 of 3

**Detailed Findings:**

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Creatinine (Vitreous Fluid)	0.652	mg/dL	0.500	001 - Vitreous Fluid	Chemistry Analyzer
Sodium (Vitreous Fluid)	150	mmol/L	50.0	001 - Vitreous Fluid	Chemistry Analyzer
Potassium (Vitreous Fluid)	9.38	mmol/L	1.00	001 - Vitreous Fluid	Chemistry Analyzer
Chloride (Vitreous Fluid)	127	mmol/L	50.0	001 - Vitreous Fluid	Chemistry Analyzer
Glucose (Vitreous Fluid)	17.2	mg/dL	10.0	001 - Vitreous Fluid	Chemistry Analyzer
Urea Nitrogen (Vitreous Fluid)	15.0	mg/dL	2.00	001 - Vitreous Fluid	Chemistry Analyzer

**Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.**

**Reference Comments:**

1. Chloride (Vitreous Fluid) (Cl-) - Vitreous Fluid:  
Normal: 105 - 135 mmol/L
2. Creatinine (Vitreous Fluid) - Vitreous Fluid:  
Normal: 0.6 - 1.3 mg/dL
3. Glucose (Vitreous Fluid) (C<sub>6</sub>H<sub>12</sub>O<sub>6</sub>; D-glucose (biologically active); Dextrose; L-glucose) - Vitreous Fluid:  
Normal: <200 mg/dL  
  
Postmortem vitreous glucose concentrations >200 mg/dL are associated with hyperglycemia.  
  
Since postmortem vitreous glucose concentrations decline rapidly after death both in vivo and in vitro, care should be taken in the interpretation of results. Stability of vitreous glucose for up to 30 days has been noted by NMS Labs when specimens are maintained frozen (-20C).
4. Potassium (Vitreous Fluid) (K+) - Vitreous Fluid:  
Normal: <15 mmol/L  
Quantitative results for Potassium will be affected if performed on gray top tubes since these collection tubes contain potassium oxalate.
5. Sodium (Vitreous Fluid) (Na+) - Vitreous Fluid:  
Normal: 135 - 150 mmol/L  
Quantitative results for sodium will be affected if performed on gray top tubes since these collection tubes contain sodium fluoride.
6. Urea Nitrogen (Vitreous Fluid) (Carbamide; carbonyl diamide; carbonyldiamine) - Vitreous Fluid:  
Normal: 8 - 20 mg/dL



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Workorder 23216024  
Chain 23216024  
Patient ID FT23-02322-006; M23-013065

Page 3 of 3

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

CERTIFICATION: Pursuant to New York Criminal Procedure Law Section 190.30(2), I certify that this report was made by me or is a true copy thereof for testing conducted at NMS Laboratories. I further certify that I am authorized by NMS Laboratories to make this certification.

For discovery information according to NY Article 245, please email the workorder number (upper right portion of this report) to ExpertServices@NMSLabs.com as soon as possible. Once collated, the information may be accessed via NMS Labs secure web portal.

Workorder 23216024 was electronically signed on 06/13/2023 16:34 by:

Sherri L. Kacinko, Ph.D., F-ABFT  
Forensic Toxicologist

#### Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Test 1919FL - Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic) - Vitreous Fluid

-Analysis by Chemistry Analyzer for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Chloride (Vitreous Fluid)	50.0 mmol/L	Potassium (Vitreous Fluid)	1.00 mmol/L
Creatinine (Vitreous Fluid)	0.500 mg/dL	Sodium (Vitreous Fluid)	50.0 mmol/L
Glucose (Vitreous Fluid)	10.0 mg/dL	Urea Nitrogen (Vitreous Fluid)	2.00 mg/dL



THE CITY OF NEW YORK  
OFFICE OF CHIEF MEDICAL EXAMINER



**NEUROPATHOLOGY REPORT**  
**CASE NUMBER: M-23-013065**

NAME OF DECEDENT: NEELY, JORDAN MAURICE CAINE  
AUTOPSY PERFORMED BY DR. HARRIS ON 5/2/2023  
MACROSCOPIC EXAMINATION PERFORMED BY DR. FOLKERTH, WITH DR. HARRIS IN  
ATTENDANCE, ON 5/9/2023

---

**FINAL NEUROPATHOLOGIC DIAGNOSIS:**

**I. BRAIN, WITH NO SIGNIFICANT PATHOLOGIC CHANGES (SEE COMMENT)**

**COMMENT:** Flattened red blood cells are noted in blood vessels and perivascular spaces in multiple sections (see Autopsy Report).

**MACROSCOPIC EXAMINATION:**

The unfixed brain weighs 1370g (expected, 1200-1500g). Examination of the fixed brain shows normal leptomeninges overlying slightly dusky cerebral hemispheres, brainstem, and cerebellum. No contusions, stigmata of herniation, or other surface abnormalities are seen. External brainstem landmarks and cranial nerves are normal. Vessels at the base are distributed normally, and have no atherosclerosis. The cerebellum is normal.

Coronal sections of the cerebral hemispheres confirm the slightly dusky cortical ribbon, overlying normal white matter and deep gray nuclei. There is no midline shift. Hippocampi are symmetrical and of normal volume. Ventricles are normal in size and appearance.

Axial sections of the brainstem and cerebellum *en bloc* show no focal abnormalities. The substantia nigra and locus ceruleus are well-pigmented. The aqueduct and fourth ventricle are normal.

Cranial dura from the convexities, tentorium, and base is normal. The venous sinuses and tributary (bridging) veins are patent.

**PHOTOGRAPHS: YES**

**MICROSCOPIC EXAMINATION: YES** (H&E-stained sections)

1. Superior frontal gyrus and leptomeninges
2. Hypothalamus / floor of 3rd ventricle and leptomeninges
3. Hippocampus at lateral geniculate nucleus and leptomeninges
4. Basal ganglia, thalamus, ventricle
5. Midbrain
6. Pons
7. Medulla
8. Cerebellar folia and dentate

All sections show moderate to marked vascular congestion, and focal extravasation of red blood cells, some with a flattened, crescentic shape (e.g., blocks 2, 4, 5). There are loose microglial aggregates in right inferior olivary nucleus, and one focus of perivascular mononuclear infiltration in lateral medulla (block 7).

---

REBECCA FOLKERTH, MD

*The information provided above is true and correct to the best of my knowledge and belief.*

*Electronically signed by Rebecca Folkerth on Jun 01, 2023 10:23:20 AM*



**MOLECULAR GENETICS LABORATORY**  
**OFFICE OF CHIEF MEDICAL EXAMINER**  
Yingying Tang, MD, PhD, DABMG, Director  
421 East 26<sup>th</sup> Street, New York, NY 10016  
Tel: 212.323.1340; Fax: 212.323.1540  
Email: ytang@ocme.nyc.gov  
Official Website: www.nyc.gov/ocme



**MOLECULAR GENETIC TESTING REPORT**

**DATE OF REPORT:** June 6, 2023

**MEDICAL EXAMINER:** Dr. Cynthia Harris

**SAMPLE TYPE:** postmortem heart

**M.E. CASE NO:** M23-013065

**SAMPLE COLLECTED:** 5/2/2023

**LAB NO:** 23MG0252

**SAMPLE RECEIVED:** 5/2/2023

**NAME OF DECEDENT:** Jordan Maurice Caine Neely

**TEST REQUESTED:** 5/19/2023

**TEST REQUESTED\*:** Sickle Cell Disease Molecular Analysis

**RESULTS:**

Variants Tested	HGVS Nucleotide	HGVS Protein (Legacy nomenclature)	Genotype Result
Hemoglobin S (HbS)	NM_000518.5:c.20A>T	NP_000509.1:p.(Glu7Val) (E6V)	hemoglobin S heterozygote
Hemoglobin C (HbC)	NM_000518.5:c.19G>A	NP_000509.1:p.(Glu7Lys) (E6K)	No pathogenic variant detected

**INTERPRETATION:**

DNA extracted from the postmortem heart sample from Jordan Maurice Caine Neely has been tested for the hemoglobin S and C variants<sup>1</sup> of Sickle Cell Disease. The test results are summarized in the table above. Jordan Maurice Caine Neely was a sickle cell carrier.

Sickle cell disease is an autosomal recessive blood disorder that affects the structure and function of the oxygen carrying protein in red blood cells, hemoglobin. For most genes in our bodies, we have two copies (i.e. variants). This test detects the two most common pathogenic variants in hemoglobin-beta (*HBB*), hemoglobin S and hemoglobin C. Sickle cell disease is the result of one hemoglobin S variant combined with another *HBB* variant (i.e. homozygote or compound heterozygote). An individual may have additional pathogenic *HBB* variants undetected by this test, or in rare instances, an individual with one Hemoglobin S or C variant (i.e. heterozygote) may experience symptoms. The test does not detect thalassemia variant(s).

**METHODOLOGY:**

The test methods were designed and validated for two hemoglobin variants, hemoglobin S (HbS) and hemoglobin C (HbC), using SureSelectQXT target enrichment workflow (Agilent Technologies) and pair-end sequencing by NextSeq 500 DNA sequencer (Illumina). NGS data analysis is performed using NextGENe v2.4.2.3 (SOFTGENETICS®) and Geneticist Assistant v1.8.4 (SOFTGENETICS®). The test does not analyze DNA base composition at any other position of the tested gene. The presence of a normal sequence variation (polymorphism) within the enrichment probe binding site may affect genotyping accuracy. Furthermore, suboptimal sample quality due to postmortem changes or recent transfusion when dry bloodstain cards were tested may cause negative results.

Yingying Tang, MD, PhD, DABMGG

\* This test was developed and its performance characteristics determined by the Molecular Genetics Laboratory in the City of New York Office of Chief Medical Examiner, a CAP-accredited laboratory. It has not been cleared or approved by the FDA.

**Reference:**

1. Bender MA. Sickle Cell Disease. 2003 Sep 15 [Updated 2021 Jan 28]. In: Adam MP, Ardinger HH, Pagon RA, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2022.



**OFFICE OF CHIEF MEDICAL EXAMINER**

520 First Avenue, New York, NY 10016

Jason K. Graham, MD, Chief Medical Examiner

**M-23-13065**  
**ANTHROPOLOGY**

Department of Forensic Pathology

*Forensic Anthropology Unit*

(212) 447-2760

anthropology@ocme.nyc.gov

**BACKGROUND:**

On 2 May 2023, the Forensic Anthropology Unit received a hyoid and larynx that were removed by Dr. Cynthia Harris during the autopsy of a 30-year-old male and were submitted for a trauma analysis. The hyoid was cleaned in warm water and detergents to facilitate skeletal examination. The larynx was partially cleaned in warm water and detergent and then the soft tissues of the thyroid and cricoid cartilages were manually removed to facilitate examination. The specimens were examined radiographically, macroscopically, and microscopically.

**FINDINGS:**

*Hyoid*

The right and left greater horns are fused to the hyoid body. No skeletal trauma is noted on the hyoid.

*Larynx*

The thyroid and cricoid cartilages are minimally ossified. No trauma is noted to the thyroid or cricoid.

Date: 8 May 23

Bradley Adams, PhD, D-ABFA  
Director, Forensic Anthropology

# CASE WORKSHEET

M.E. CASE #:  
**M-23-013065**



M23013065

JFS

NAME OF DECEDENT: <b>Neely, Jordan</b>	AGE <b>30 Years</b>	RACE <b>Black or African American</b>
SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Undetermined	SEX AT BIRTH: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Undetermined	
MEDICAL EXAMINER <b>DR. Harris, Cynthia</b>	DATE <b>05/02/2023</b>	TIME <b>9:00</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		<input checked="" type="checkbox"/> AUTOPSY <input type="checkbox"/> NO AUTOPSY (Exam) <input type="checkbox"/> PURSUANT TO LAW

<b>PART I: DEATH WAS CAUSED BY:</b>	<input checked="" type="checkbox"/> Pending Further Studies
a. Immediate cause	
b. Due to or as a consequence of	
c. Due to or as a consequence of	
<b>PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in part 1:</b>	
d.	
<b>MANNER OF DEATH:</b>	
<input checked="" type="checkbox"/> PENDING STUDIES <input type="checkbox"/> NATURAL <input type="checkbox"/> THERAPEUTIC COMPLICATION <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED	

<b>PLACE OF DEATH:</b> (Name of hospital, facility or street address) <b>Lenox Health Greenwich Village, 30 7TH Avenue, New York, NY 10011, United States</b>	Any Hospice care in last 30 days <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<b>TYPE OF PLACE:</b> <input type="checkbox"/> Hospital in-patient <input type="checkbox"/> Nursing home/long term care <input checked="" type="checkbox"/> Hospital ED / outpatient <input type="checkbox"/> Hospice facility <input type="checkbox"/> Hosp DOA <input type="checkbox"/> Decedent's residence <input type="checkbox"/> Other, specify: _____
<b>DATE AND HOUR OF DEATH:</b> <b>05/01/2023 3:39 PM</b>		

<b>INJURY:</b> Date:    Time:    AM/PM	<b>AT WORK:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>TYPE OF PLACE:</b> (Home, Street, etc.)
<b>LOCATION:</b>		
<b>HOW INJURY OCCURRED:</b>		
<b>IF TRANSPORTATION INJURY:</b> <input type="checkbox"/> DRIVER/OPERATOR <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER, SPECIFY _____		

<b>IF FEMALE:</b> <input type="checkbox"/> Not pregnant within one year of death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant at time of death, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant at time of death, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within one year of death	If within one year of death, outcome of pregnancy <input type="checkbox"/> Live birth <input type="checkbox"/> Spontaneous termination <input type="checkbox"/> Induced termination <input type="checkbox"/> None	Date of outcome mm/dd/yyyy / /
---	---	--------------------------------------

<b>Did tobacco use contribute to death?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk.	<b>For infant under 1 year: Name and address of hospital or other place of birth</b>
--	--



NAME OF DECEDENT: Neely, Jordan

M.E. CASE #: M-23-013065

MEDICAL EXAMINER: DR. Harris, Cynthia

DATE OF DEATH: 05/01/2023

HOMICIDE  PRISONER  MVA (Driver/Operator)  OTHER RUSH \_\_\_\_\_

TODAY'S DATE: 05/02/2023

COMPONENTS OF MEDICOLEGAL CASE RECORD NEEDED	FOR CERTIFICATION	FOR FILE COMPLETION
TOXICOLOGY REPORT	<input checked="" type="checkbox"/>	
HISTOLOGY SLIDES	<input checked="" type="checkbox"/>	
NEUROPATHOLOGY OR <del>CARDIAC</del> PATHOLOGY	<input checked="" type="checkbox"/>	
REPORT(S): <input checked="" type="checkbox"/> POLICE <input type="checkbox"/> FIRE MARSHAL <input type="checkbox"/> MLI	<input checked="" type="checkbox"/>	
CULTURES: <input type="checkbox"/> BLOOD <input type="checkbox"/> TB <input type="checkbox"/> OTHER: _____		
CONSULTANTS <input checked="" type="checkbox"/> ANTHRO <input type="checkbox"/> RADIOLOGY <input type="checkbox"/> OTHER: _____	<input checked="" type="checkbox"/>	
HOSPITAL OR MEDICAL RECORDS		
INFANT DEATH SCENE INVESTIGATION		
OTHER: _____		

For Pediatric Cases: Is there suspicion of abuse at this time?  YES  NO  
If yes, Call 1 (800) 635-1522

**AUTOPSY INVENTORY**

CONSULT SERVICE	<input checked="" type="checkbox"/> BRAIN <input type="checkbox"/> HEART <input type="checkbox"/> ANTHRO	X-RAYS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
HISTOLOGY:	STOCK JAR(S): 1 <u>2</u> 3 4	BOTTLE(S) REQUESTING SLIDES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>1</u> 2 3	
MICROBIOLOGY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SPECIMEN SOURCE	OTHER STUDIES:
EVIDENCE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CLOTHING <input type="checkbox"/> BALLISTICS X _____ (#)	<input type="checkbox"/> PERSONAL PROPERTY	<input type="checkbox"/> OTHER: _____
FBIO	<input checked="" type="checkbox"/> BLOOD <input type="checkbox"/> HAIR SCALP-PUBIC <input type="checkbox"/> SWABS O-A-V <input checked="" type="checkbox"/> RNA LATER (heart) <input type="checkbox"/> BONE <input checked="" type="checkbox"/> FINGERNAILS + CLIPPED	<input checked="" type="checkbox"/> OTHER swabs of face, neck, left & right hand's	
FBIO SEXUAL ASSAULT KIT	ORAL SWABS/SMEAR	BUCCAL SPECIMEN	TRACE EVIDENCE
	DRIED SECRECTIONS AND/OR BITE MARKS	FINGERNAIL SCRAPINGS/CLIPPINGS	PULLED HEAD HAIRS
	PERIANAL AND ANAL SWABS AND SMEAR	VULVAR OR PENILE SWABS AND SMEAR	VAGINAL SWABS AND SMEAR
			CLOTHING/UNDERWEAR
			PUBIC HAIR COMBINGS
			PULLED PUBIC HAIRS
			CERVICAL SWABS AND SMEAR
			OTHER

SIGNATURE: \_\_\_\_\_

Harris, Cynthia



**NYC**  
Office of Chief  
Medical Examiner

FORENSIC TOXICOLOGY REQUEST FORM

**FT23-02322-001**

Type: Bld  
Source: Femoral

M.E. CASE #: <b>M-23-013065</b>		05/01/2023 3:39 PM	
NAME OF DECEDENT: <b>Neely, Jordan</b>		AGE <b>30 Years</b>	RACE <b>Black or African American</b>
SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Undetermined		SEX AT BIRTH: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Undetermined	
MEDICAL EXAMINER: <b>Dr. Harris, Cynthia</b>		ME EXAM DATE: <b>05/02/2023</b>	
INDICATED: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <b>BASIC</b> <input type="checkbox"/> YES <b>COMPREHENSIVE</b>		<input checked="" type="checkbox"/> AUTOPSY <input type="checkbox"/> NO AUTOPSY (Exam) <input type="checkbox"/> PURSUANT TO LAW	

**MANNER OF DEATH**  HOMICIDE  SUICIDE  ACCIDENT  NATURAL  THERAPEUTIC COMPLICATION  UNDETERMINED  PENDING

SAMPLES SUBMITTED:

<b>BLOOD</b>	<input checked="" type="checkbox"/> FEMORAL	<input checked="" type="checkbox"/> HEART	<input type="checkbox"/> CAVITY	<input type="checkbox"/> SUBDURAL	<input type="checkbox"/> OTHER
	001 - 12g 002 - 11g	003 - 11g 004 - 11g			
<input type="checkbox"/> BILE	<input checked="" type="checkbox"/> URINE	<input type="checkbox"/> GASTRIC CONTENTS	<input type="checkbox"/> BRAIN	<input type="checkbox"/> LIVER	<input type="checkbox"/> DECOMP FLUID
	6g				
<input checked="" type="checkbox"/> VITREOUS	<input checked="" type="checkbox"/> CHEMISTRY REQUEST				
~ 5ml w/ membrane	Na	K	Cl	VUN/Cr	Glucose

BRIEF CASE DETAILS

30yo man, erratic behavior on subway, placed in chokehold by bystander

- PRISONER
- MOTOR VEHICLE COLLISION DRIVER

**DECOMP**

E.T OK 05/04/2023 SA

DURATION OF HOSPITALIZATION: \_\_\_\_\_

SUSPECTED DRUGS/MEDICATIONS:

SIGNATURE: Harris, Cynthia



OFFICE OF CHIEF MEDICAL EXAMINER  
THE CITY OF NEW YORK



AUTOPSY NOTES 1/2

NAME OF DECEDENT: Neely, Jordan

M.E.# M-23-013065

SEX: M SKIN COLOR: pigm. W/DWN.:  HEIGHT: 6 FT 1 IN WEIGHT: 165 LB AGE:           

HAIR: TXTR wavy CLR black 1/2 IN M 1/2 IN B 1/2 IN EYES: IRISES brown CONJ conj. TEETH/ORAL not good

TORSO: ANT            POST            GENITALIA: +1 - unc. EXTREMITIES: UPPER            LOWER           

RIGOR MORTIS: mod LIVOR MORTIS: F/NF post TEMPERATURE: cool.

Scars:

Tattoos:

Clothing:

Therapeutic Procedures:

Injuries:

Head  
Brain 1370 gm

Neck

Cavities           

Vessels

Heart 410 gm

L.V. 1.2 cm

R-Lung 980 gm

L-Lung 970 gm

Liver 2020 gm

Bile =            ml

Pancreas           

Spleen 160 gm

Lymph nodes

Thymus: Y/N

R-Kidney 20 gm

L-Kidney 24 gm

Urine = 330 ml

Gonads

Endocrine

Digestive Tract

Gastric = 50 ml

App: Y/N

Musc-Skel           

DIAGNOSES:           

1. RVL

2 RML

3 RLL

4 LVL

5 LLV

6 kidneys

7 spleen + liver

8. RUS + LV

Brain + dura to NP

mod edem.

speckled.

green-brown

see other page for internal

post rib cage w/ gelatinous hem.

s/p resus.

ref on (F) lat; pxt (L) medi

Examined by: Harris, Cynthia

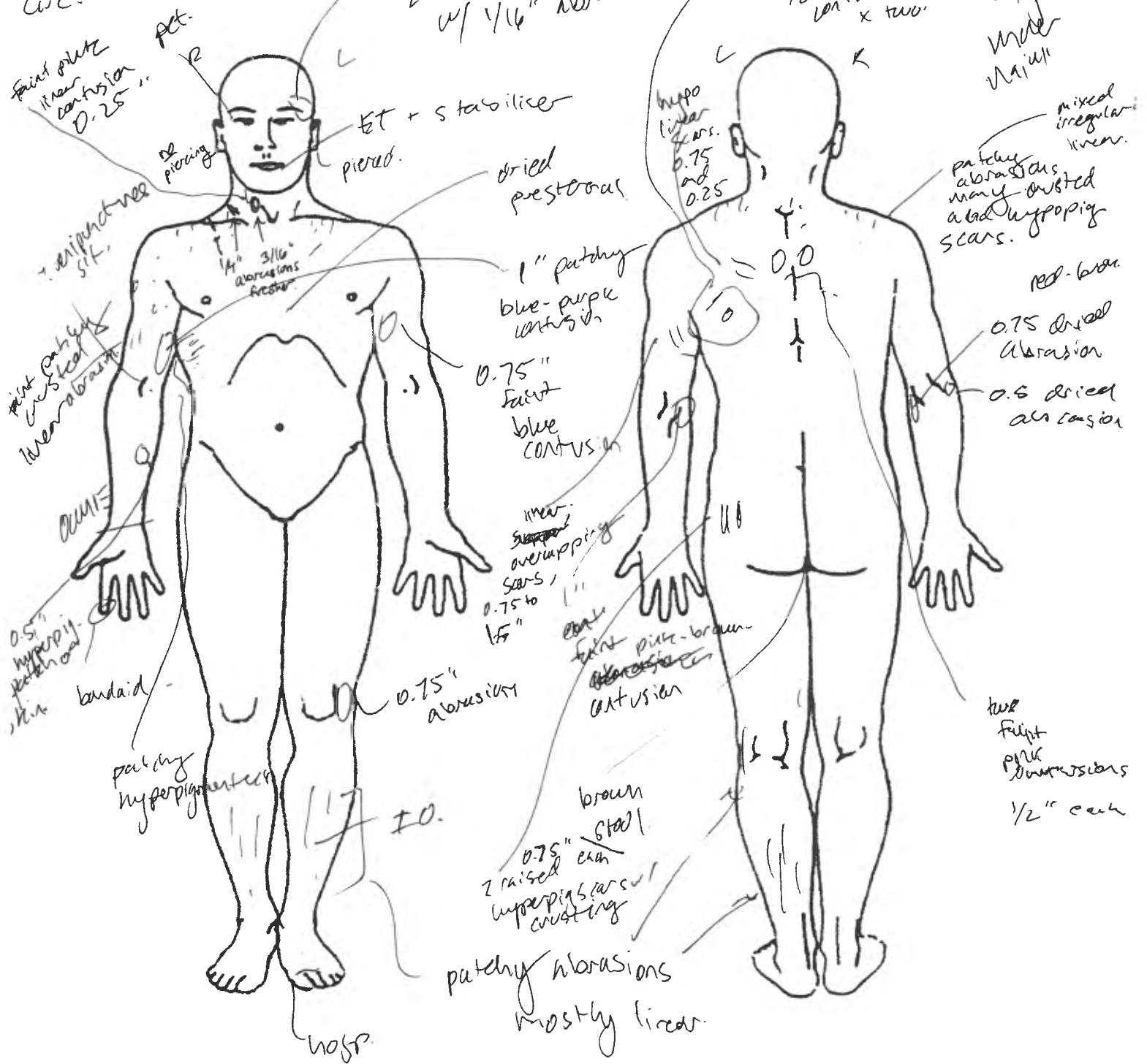
M-23-013065

Exam: 05/02/2023  
ME: Harris, Cynthia  
Decedent: Neely, Jordan



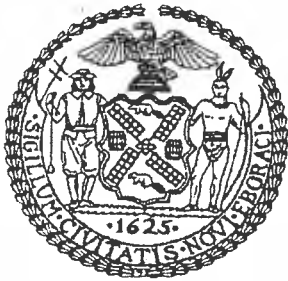
2 thumbs & forefinger w/ burrs/callous  
 (R) 2nd finger w/ torn atide.

Circ.



NAME OF DECEDENT: Neely, Jordan  
 EXAMINED BY: Harris, Cynthia

M.E.#: M-23-013065  
 DATE:



**OFFICE OF  
CHIEF MEDICAL EXAMINER  
CITY OF NEW YORK**

**ADDITIONAL AUTOPSY NOTES**



242

NAME OF DECEDENT: \_\_\_\_\_

M.E. CASE **M-23-013065**  
Exam: 05/02/2023  
ME: Harris, Cynthia  
Decedent: Neely, Jordan



*chest wall:  
R > L  
sup > inf.*

~~Neck:~~ Neck: Ant.

*height 6'10"*

*1/2" f.i.m. hem of (R) SCM near att. to clavicle  
1/16" f. hem (R) SCM slightly above.  
1-1/4" I.M. hem of inner surf. of (R) SCM, very proximal/superior  
1/2" I.M. hem (R) SCM same level as (-1/4") lymph w/ surrounding hem.*

*1/2" fas. hem of (R) sternohyoid  
3/16" un, streaky t.m. (L) sternohyoid under surface.*

*⇒ 1/2" post pharyngeal muscle hem. (R)  
1/2" post/sup pharyngeal muscle hem at base of (R) horn of thyroid cartilage.*

*post neck ⊕*

Torso:

*ant: R > L; sup. distrib.*

*6 x 4" (R) pectoralis; I.M. f.as. hem } both full thickness hem focally/multifocally  
3 x 2" (L) pectoralis.*

*2 x 2.5" (R) lat chest wall, patchy, vertical arrangement.*



EXAMINED BY DR. \_\_\_\_\_

DATE \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

④ 1/8 ST hum at elbow.  
 → 1.5 x 0.5 hum at antecub. fossa → venipuncture site  
 2 x 1" hum I.M. med. dist. hum

⑤ 2x2, 2x1/2, 2x1/2, 2x1/2 (prox to distal)  
 upper ext.:

legs/thighs: → aversion of ⑤ brace; no ST hum.

muscle w/te scapula ribs:  
 ⑥: 2 x 2" → FT.  
 ⑦: 3 x 2" → FT w/ area of gl. hum.

muscle on top of scapula:  
 ⑧: 1 x 0.5 → wot FT.  
 ⑨: 4 x 3" → FT

2 x 0.5" → ⑩ deep muscular layer; superior back

post torso:  
 ⑪ 4 x 3" → sternum side sup.; I.M. hum.  
 ⑫ 4 x 2" → axilla on ⑬  
 if scapula region.



**NYC OFFICE OF CHIEF MEDICAL EXAMINER  
FORENSIC ANTHROPOLOGY UNIT  
FORENSIC ANTHROPOLOGY RELEASE FORM**

CASE: M-23-13065

**RELEASE OF SKELETAL REMAINS (Check all that apply):**

- Released to Evidence (For Histology Laboratory)
- Released to Mortuary
- Other: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF REMAINS TO BE RELEASED:**

No.	Description
1	One specimen for urine liquid & larvae
2	<i>Not of interest</i>
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

Compared to Inventory Photo?  YES  NO

Evidence container(s) sealed  Date sealed: 15 May 2023

Date Released: 8 June 2023

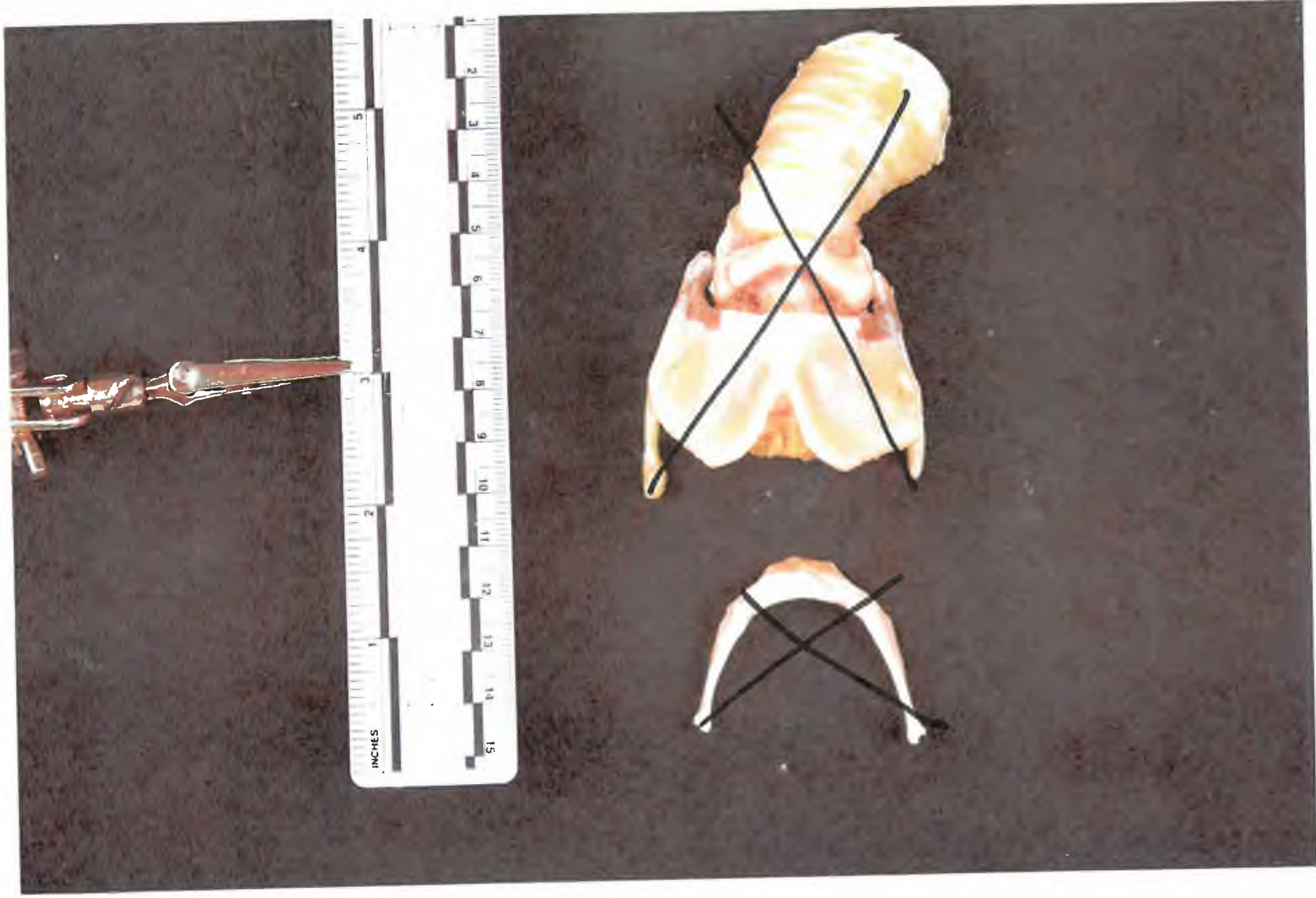
Released From: [Signature] (signature)

Released To: [Signature] (signature)

M-23-13065

~~X~~  
packaged by JZ Galvin  
on 15 May 2023

Belcar  
2 of 2







**NYC**  
**Office of Chief  
Medical Examiner**

Jason K. Graham, MD  
Chief Medical Examiner  
New York, New York 10016  
Telephone: (212) 447-2030  
Official Website: [www.nyc.gov/ocme](http://www.nyc.gov/ocme)

## CONFIRMATION OF IDENTIFICATION

Date: May 02, 2023

The death of Jordan Neely  
which occurred on May 01, 2023, was investigated by the  
New York City Office of Chief Medical Examiner and assigned Medical Examiner Case Number  
M-23-013065

The identification of the above referenced decedent was confirmed on  
May 02, 2023 by way of postmortem fingerprint submission to  
The New York State Department of Criminal Justice (DCJS).

[Seal of the Office of the Chief Medical Examiner]  
(Not official unless imprinted with OCME seal)

New  
 Corr/Amend  
 Replacement

DOHMH  
USE ONLY

1. DECEDENT'S LEGAL NAME **JORDAN MAURICE CAINE NEELY**  
(First, Middle, Last, Suffix)

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BOR
INST
MANNER
RESIDENCE
CODE
BP
LDIS
H
ANC
NH
ANC
ICD
AUT

Place Of Death	2a. New York City	2c. Type of Place	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility	2d. Any Hospice care in last 30 days	2e. Name of hospital or other facility (if not facility, street address)		
	2b. Borough <b>Manhattan</b>	1 <input type="checkbox"/> Hospital Inpatient 2 <input checked="" type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown		Lenox Health Greenwich Village	
Date and Time of Death or Found Dead	3a. (Month) <b>May</b>	(Day) <b>01</b>	(Year-yyyy) <b>2023</b>	3b. Time <b>3:39</b>	4. Sex <b>Male</b>	5. OCME Case No. <b>M23013065</b>	
6. CAUSE OF DEATH (To be filled in by the OCME)	PART I	a. Immediate cause <b>Compression Of Neck (Chokehold)</b>				APPROXIMATE INTERNAL ONSET TO DEATH	
		b. Due to or as a consequence of					
		c. Due to or as a consequence of					
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Include operation information.							
7a. Injury Date (mm dd yyyy)	7b. Time	7c. At Work	7d. Place of Injury – At home, factory, street, etc.				
<b>05 01 2023</b>	<b>Unk</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> No	<b>Subway car</b>				
7e. Location <b>Broadway And Lafayette Subway Station , New York, NY 10012</b>							
7f. How Injury Occurred <b>See above</b>							
7g. If Transportation Injury Specify	8. Manner of Death		9. Autopsy	10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated			
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other Specify	<input type="checkbox"/> Pending further study <input type="checkbox"/> Natural <b>Unknown</b> <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Pursuant to Law <input type="checkbox"/> No Autopsy	Certifier Signature <b>Cynthia Harris</b> D.O. Date <b>MAY-3-2023</b> Signature Electronically Authenticated Certifier Name (Print) <b>CYNTHIA HARRIS</b> Medical Examiner (Medical Investigator) (Deputy Chief) (Chief) (Medical Examiner)			
11a. Usual Residence State	11b. County	11c. City or Town	11d. Street and Number	Apt. No.	ZIP Code	11e. Inside City Limits?	
<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>		<b>***</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
12. Date of Birth (Month) (Day) (Year-yyyy)	13. Age at last birthday (years)		Under 1 Year		Under 1 Day		14. Social Security No.
<b>December 18 1992</b>	<b>30</b>		Months 2 ***	Days 3 ***	Hours 4 ***	Minutes 5 ***	<b>*** ** *</b>
15a. Usual Occupation (Type of work done during most of working life. Do not use "retired")	15b. Kind of business or industry	16. Aliases or AKAs					
<b>Unknown</b>	<b>Unknown</b>	<b>*** ** *</b>					
17. Birthplace (City & State or Foreign Country)	18. Education (Check the box that best describes the highest degree or level of school completed at the time of death)						
<b>Unknown</b>	<b>Unknown</b>						
19. Ever in U.S. Armed Forces?	20. Marital/Partnership Status at time of death			21. Surviving Spouse's/Partner's Name (prior to first marriage)(First, Middle, Last)			
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify			8 <input checked="" type="checkbox"/> Unknown			
22. Father/Parent Name (Prior to first marriage) (First, Middle, Last)			23. Mother/Parent Name (Prior to first marriage) (First, Middle, Last)				
<b>Unknown Unknown</b>			<b>Unknown Unknown</b>				
24a. Informant's Name		24b. Relationship to Decedent	24c. Address (Street and Number Apt. No. City & State ZIP Code)				
<b>Unknown Unknown</b>		<b>Unknown</b>	<b>Unknown ,Unknown, Unknown</b>				
25a. Method of Disposition			25b. Place of Disposition (Name of cemetery, crematory, other place)				
1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input checked="" type="checkbox"/> Other Specify <b>Interim</b>			<b>Office of Chief Medical Examiner</b>				
25c. Location of Disposition (City & State or Foreign Country)				25d. Date of Disposition	mm dd yyyy		
<b>New York, NY</b>				<b>05 02 2023</b>			
26a. Funeral Establishment			26b. Address (Street and Number City & State ZIP Code)				
<b>OCME Morgue</b>			<b>520 1st Ave New York, NY 10016-6419</b>				
Changes approved for filling by the Commissioner of Health. Formerly: Decedent Middle Name - Blank; approved by Deputy City Registrar J. Hicks on May-05-2023; Formerly: Place of Death Street Number and Name - 30 7th Ave; Place of Death Zip - 10011-6629; Certifier Intern Or Resident - Blank; approved by Deputy City Registrar J. Hicks on May-03-2023. No further entry beyond this point.***							

VR 16 (Rev. 01/20)

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
**MEDICAL EXAMINER'S SUPPLEMENTARY REPORT**

VR 16 (Rev. 01/20)

Certificate No.

To be filled in by FUNERAL DIRECTOR or, in case of City Burial, by OCME			Certificate No.		
27. Ancestry (Check one box and specify)		28. Race as defined by the U.S. Census (Check one or more to indicate what the decedent considered himself or herself to be)			
<input type="checkbox"/> Hispanic/Latino (Mexican, Puerto Rican, Cuban, Dominican, etc.) Specify _____		01 <input type="checkbox"/> White 02 <input checked="" type="checkbox"/> Black or African American 03 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____ 04 <input type="checkbox"/> Asian Indian 05 <input type="checkbox"/> Chinese 06 <input type="checkbox"/> Filipino 07 <input type="checkbox"/> Japanese 08 <input type="checkbox"/> Korean 09 <input type="checkbox"/> Vietnamese 10 <input type="checkbox"/> Other Asian-Specify _____ 11 <input type="checkbox"/> Native Hawaiian 12 <input type="checkbox"/> Guamanian or Chamorro 13 <input type="checkbox"/> Samoan 14 <input type="checkbox"/> Other Pacific Islander-Specify _____ 15 <input type="checkbox"/> Other-Specify <b>***</b>			
29a. If Female		29b. If pregnant within one year of death, outcome of pregnancy		29c. Date of Outcome	
1 <input type="checkbox"/> Not pregnant within 1 year of death 2 <input type="checkbox"/> Pregnant at time of death 3 <input type="checkbox"/> Not pregnant at death, but pregnant within 42 days of death 4 <input type="checkbox"/> Not pregnant at death, but pregnant 43 days to 1 year before death 5 <input type="checkbox"/> Unknown if pregnant within 1 year of death		1 <input type="checkbox"/> Live Birth 2 <input type="checkbox"/> Spontaneous Termination / Ectopic Pregnancy 3 <input type="checkbox"/> Induced Termination 4 <input type="checkbox"/> None		mm dd yyyy <b>** ** *</b>	
30. Did tobacco use contribute to death?			31. For infant under one year: Name and address of hospital or other place of birth		
1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Probably 4 <input type="checkbox"/> Unknown			<b>***</b>		

**JORDAN MAURICE CAINE NEELY**  
**DECEDENT'S LEGAL NAME** (Type or Print)

**Cleared For Cremation  
If Family Requests**

I certify that I personally examined the body on  
May-02-2023 at Office of Chief Medical Examiner - Manhattan  
(Date) (Location)

SIGNATURE: Cynthia Harris  
(Medical Investigator) (Deputy Chief) (Chief) (Medical Examiner)

I did not personally examine the body after death.

SIGNATURE: \_\_\_\_\_  
(Deputy Chief) (Chief) (Medical Examiner)

Cynthia Harris  
M.E. Signature

41  
21641651



**NYC**  
**Office of Chief  
Medical Examiner**

Jason K. Graham, MD  
Chief Medical Examiner

Adrienne Grande  
Medico-Legal Investigations  
[agrande@ocme.nyc.gov](mailto:agrande@ocme.nyc.gov)  
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New York, New York 10016  
Fax: (646) 500-6281  
Office: (212) 323-1330  
Cellular: (917) 710-7286

## Investigation Report

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Name of Decedent:	Neely, Jordan	Case No:	M-23-013065
Report Date & Time:	May 02, 2023 00:25	Disposition:	ME Case
Place of Death:	30 7TH Avenue, West 13 Street/West 12 Str, New York, NY, 10011	Date & Time of Death:	May 01, 2023 15:39

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### Case Synopsis

The decedent is a 30 y/o Black male with unknown PMHx who was witnessed to be acting erratically on the Broadway/Lafayette St. subway platform (TD 4) and was placed in a chokehold by a civilian bystander and was pronounced dead in the ED on 5/1/23 at 15:39 hours after resuscitative efforts. The perpetrator is in custody.

### Subjective Findings

As per Dr. Bharati with limited information: The decedent was on the Broadway/Lafayette St. subway platform on the afternoon of 5/1/23 when he was witnessed to become erratic and threatening to bystanders. A bystander (unknown name, but in custody) placed the decedent in a chokehold and the decedent lost consciousness. EMS arrived shortly thereafter and initiated CPR, administered Narcan x 1 without response, and inserted a King tube. They administered epinephrine x 2 without ROSC and transported him to the ED. He arrived pulseless to the ED at ~1530 hours, where the King tube was replaced with an ETT, Narcan 2mg was administered without response and 2 rounds of ACLS were given without ROSC. The decedent was pronounced dead at 15:39 hours. Dr. Bharati reports no obvious trauma to the neck or other areas of the body. No drug stigmata, illicit drugs or Rx found on the decedent.

### Additional Information

- No blood specimens drawn, no imaging studies performed, no therapeutic Fentanyl administered.
- The decedent was identified by NYPD.
- It is unknown if he was homeless.
- Unknown NOK.

- 
- The undersigned called Transit District 4 and was informed that Det. Eric Amato ([REDACTED]) is assigned to the case. A VM was left for Det. Amato. No return call.
  - Evidence Request email sent for ACR, medical records.

The information provided above is true and correct to the best of my knowledge and belief.  
Electronically signed by Adrienne Grande on May 02, 2023 00:25.



# Case Notes

Office of Chief Medical Examiner, New York City



**Case No:** M-23-013065    **Decedent:** Neely, Jordan Maurice Caine  
**Report Date:** 05/01/2023    **Report Time:** 17:36    **Borough:** Manhattan

**Note Type:** ME Supplemental Note    **Department:** Pathology    **DateTime:** 05/23/2023 09:19    **Entered By:** Cynthia Harris

**Notes:**

After reviewing the histology, I requested molecular genetic analysis be performed for sickle cell disease analysis. The heart tissue submitted at time of autopsy will be tested with a target turnaround date of 7/14/23. Discussed with Drs. Graham and Slone.

**Note Type:** Status Management    **Department:** Mortuary    **DateTime:** 05/10/2023 10:15    **Entered By:** Elizabeth Lugo

**Notes:** M2313065H119 - Neuro-Brain Stock 1

**Note Type:** Status Management    **Department:** Mortuary    **DateTime:** 05/10/2023 10:15    **Entered By:** Elizabeth Lugo

**Notes:** M2313065H120 - Neuro Slide Req No 1

**Note Type:** Status Management    **Department:** Mortuary    **DateTime:** 05/10/2023 10:15    **Entered By:** Elizabeth Lugo

**Notes:** M2313065H122 - Neuro-Brain Stock 2

**Note Type:** Status Management    **Department:** Mortuary    **DateTime:** 05/09/2023 14:27    **Entered By:** Wendell Davidson

**Notes:** M2313065H119 - Neuro-Brain Stock 1

**Note Type:** Status Management    **Department:** Mortuary    **DateTime:** 05/09/2023 14:27    **Entered By:** Wendell Davidson

**Notes:** M2313065H120 - Neuro Slide Req No 1

**Note Type:** Status Management    **Department:** Mortuary    **DateTime:** 05/09/2023 14:27    **Entered By:** Wendell Davidson

**Notes:** M2313065H122 - Neuro-Brain Stock 2

**Note Type:** Outgoing Call    **Department:** Identifications    **DateTime:** 05/09/2023 10:06    **Entered By:** Christina Stark

**Notes:**

Call received from father, Andre Zachary at [REDACTED], he wanted to come in and view the deceased, I informed him that Mr. Neely has left our care and that he can be viewed at the FH. Family was upset and I offered to send a photo, Mr. Zachary provided the following email address: [REDACTED]. Email initiated by IDI Supervisor A. Sharplin. Number to Manhattan ID provided family had no further questions.

**Note Type:** Status Management    **Department:** Mortuary    **DateTime:** 05/08/2023 11:40    **Entered By:** Wendell Davidson

**Notes:** M2313065H015 - Neuro-Brain

**Note Type:** General    **Department:** Fingerprints    **DateTime:** 05/08/2023 08:30    **Entered By:** Cynthia Bocanegra

**Notes:**

PM print card was printed for Det. Sprague

**Note Type:** Status Management    **Department:** Pathology    **DateTime:** 05/05/2023 16:50    **Entered By:** Edrs Service

**Notes:** 21641651\_UPDATE\_20230505\_164524.pdf

**Note Type:** Status Management    **Department:** Pathology    **DateTime:** 05/05/2023 16:50    **Entered By:** Cms System

**Notes:** AMENDED DC

**Note Type:** Status Management    **Department:** Mortuary    **DateTime:** 05/05/2023 15:09    **Entered By:** David Singh

**Notes:** Check-Out Borough: Manhattan

**Note Type:** FQS Time out    **Department:** Quality Assurance    **DateTime:** 05/05/2023 15:04    **Entered By:** Joel Mudd

**Notes:** Timeout completed. Documentation, photos and tags were reviewed. ME tags updated to match confirmed ID name. Release was authorized.

**Note Type:** Status Management    **Department:** Pathology    **DateTime:** 05/05/2023 07:40    **Entered By:** Cms System

**Notes:** AMENDED DC

**Note Type:** Status Management    **Department:** Pathology    **DateTime:** 05/05/2023 07:39    **Entered By:** Cms System

**Notes:** DC Amendment/Correction Started

**Note Type:** Status Management    **Department:** Family Outreach    **DateTime:** 05/04/2023 15:14    **Entered By:** Davee Tafoya



# Case Notes

Office of Chief Medical Examiner, New York City



**Case No:** M-23-013065    **Decedent:** Neely, Jordan Maurice Caine  
**Report Date:** 05/01/2023    **Report Time:** 17:36    **Borough:** Manhattan

**Notes:** FHA have been finalized with Greenwich Village FH.

**Note Type:** Outgoing Call    **Department:** Identifications    **DateTime:** 05/04/2023 15:07    **Entered By:** Davee Tafoya

**Notes:**

OB call to decedent's aunt, Caroline Neely [REDACTED] to confirm she received the identification document and did not have any questions on completing it. She informed me that she responded to IDI Pate. I provided the email address for Manhattan ID and she forwarded the response. FHA have been finalized with Greenwich Village FH.

**Note Type:** ME Supplemental Note    **Department:** Pathology    **DateTime:** 05/04/2023 10:41    **Entered By:** Cynthia Harris

**Notes:**

I received a call from ADA Joshua Steinglass. We discussed the autopsy findings. I explained that only the DC would be available until all studies were completed.

**Note Type:** Outgoing Call    **Department:** Pathology    **DateTime:** 05/04/2023 10:20    **Entered By:** Mishah Jahangir

**Notes:**

Returned a call to decedent's aunt, Caroline Neely [REDACTED], on behalf of the ME, and read out the COD/MOD as they appear on the DC. She was also advised how to request a copy of the DC. She was appreciative of the call.

**Note Type:** Status Management    **Department:** Investigations    **DateTime:** 05/04/2023 07:13    **Entered By:** Justin Champion

**Notes:** Case was made high profile and locked down in CMS at the request of Deputy Director Schultz.

**Note Type:** Status Management    **Department:** Pathology    **DateTime:** 05/03/2023 19:05    **Entered By:** Edrs Service

**Notes:** 21641651\_UPDATE\_20230503\_190109.pdf

**Note Type:** Status Management    **Department:** Pathology    **DateTime:** 05/03/2023 19:05    **Entered By:** Cms System

**Notes:** AMENDED DC

**Note Type:** Status Management    **Department:** Pathology    **DateTime:** 05/03/2023 17:49    **Entered By:** Cms System

**Notes:** AMENDED DC

**Note Type:** Status Management    **Department:** RRU    **DateTime:** 05/03/2023 17:49    **Entered By:** Cms System

**Notes:** Requester Type: DA & NYPD

**Note Type:** ME Supplemental Note    **Department:** Pathology    **DateTime:** 05/03/2023 17:30    **Entered By:** Cynthia Harris

**Notes:**

This case was presented at the 3pm consensus conference on 5/3/23. The consensus was unanimous on the COD and MOD.

**Note Type:** Status Management    **Department:** Pathology    **DateTime:** 05/03/2023 16:55    **Entered By:** Cms System

**Notes:** DC Amendment/Correction Started

**Note Type:** ID Event    **Department:** Identifications    **DateTime:** 05/03/2023 16:54    **Entered By:** Danielle Pate

**Notes:**

reply received from aunt- visual id form sent to the email address provided.

**Note Type:** Incoming Call    **Department:** Identifications    **DateTime:** 05/03/2023 16:35    **Entered By:** Danielle Pate

**Notes:**

IC call received from Aunt, Carolyn Neely [REDACTED] [residing at [REDACTED]] to go over the next steps for her loved one. Aunt stated she saw her loved one on the news and then contacted NYPD, and spoke with Homicide det. Brian McCartney from the 5th precinct, who provided her the office number. Aunt was informed that her loved one is scheduled for an autopsy and she expressed understanding. Aunt confirmed the following information:

Correct Spelling- Jordan Maurice Caine Neely

DOB: 12/18/1992

Address: Unknown (aunt knows he was staying with friends, but did not know the address)

Race: Black

Sex: Male

Aunt was informed the ID was confirmed via FP and family can proceed with FHA. Aunt stated family just found out- no FHA yet. Provided her with the 14-day policy and the number to outreach if more time is needed after 05/17, she expressed understanding. Aunt then asked if she would be able to confirm the ID. She was informed that ID confirmation can be done via email. Aunt provided her email address as:

[REDACTED] Test email sent to the address provided.

**Note Type:** Incoming Call    **Department:** Pathology    **DateTime:** 05/03/2023 16:30    **Entered By:** Fransheska Olivares Perez



# Case Notes

Office of Chief Medical Examiner, New York City



**Case No:** M-23-013065    **Decedent:** Neely, Jordan Maurice Caine  
**Report Date:** 05/01/2023    **Report Time:** 17:36    **Borough:** Manhattan

**Notes:**

Received a VM from the decedent's aunt, Caroline Neely (██████████). They are inquiring about autopsy findings. The case is currently pending further studies. Emailed the ME.

**Note Type:** Outgoing Call    **Department:** Family Outreach    **DateTime:** 05/03/2023 10:15    **Entered By:** Caitlin Munsell

**Notes:**

Spoke with NYPD MP Det. Negron who states she will pass the NOK information from DHS to the assigned case detective for follow up and notification attempts.

**Note Type:** Reporting    **Department:** X-Ray    **DateTime:** 05/03/2023 09:52    **Entered By:** Marc Adorno

**Notes:**

Additional X-Rays completed for Anthropology.

**Note Type:** SPOT REPORT    **Department:** Pathology    **DateTime:** 05/03/2023 09:33    **Entered By:** Matthew Leung

**Notes:**

SPOT REPORT

**Note Type:** Status Management    **Department:** Pathology    **DateTime:** 05/02/2023 18:40    **Entered By:** Edrs Service

**Notes:** 21641651\_UPDATE\_20230502\_183638.pdf

**Note Type:** Status Management    **Department:** Pathology    **DateTime:** 05/02/2023 18:40    **Entered By:** Cms System

**Notes:** NEW DC

**Note Type:** Status Management    **Department:** Pathology    **DateTime:** 05/02/2023 16:49    **Entered By:** Cms System

**Notes:** NEW DC

**Note Type:** Status Management    **Department:** Pathology    **DateTime:** 05/02/2023 16:44    **Entered By:** Cms System

**Notes:** Exam: AutopsyExam Completed By: Cynthia Harris

**Note Type:** ME Supplemental Note    **Department:** Pathology    **DateTime:** 05/02/2023 16:42    **Entered By:** Cynthia Harris

**Notes:**

I spoke to Atalanta C. Mihas Assistant District Attorney at ██████████ and provided information about the autopsy findings.

**Note Type:** Status Management    **Department:** Mortuary    **DateTime:** 05/02/2023 15:08    **Entered By:** Cms System

**Notes:** From: 520&#47;Freezer A  
To: 520&#47;Freezer B

**Note Type:** General    **Department:** Identifications    **DateTime:** 05/02/2023 13:04    **Entered By:** Sofia Randazzo

**Notes:**

NYPD was provided contact info for NOK from DHS, via email.

**Note Type:** General    **Department:** Identifications    **DateTime:** 05/02/2023 12:59    **Entered By:** Sofia Randazzo

**Notes:**

DHS RESPONSE: "Jordan Neely was known to DHS as a Safe Haven client at time of death."

They provided NOK for a Clara Neely (unk: ██████████), and a SSC. This is a suspected homicide so the number will not be attempted till NYPD has made contact.

**Note Type:** Status Management    **Department:** Mortuary    **DateTime:** 05/02/2023 12:34    **Entered By:** Agnieszka Wasek

**Notes:** M2313065H015 - Neuro-Brain

**Note Type:** General    **Department:** Identifications    **DateTime:** 05/02/2023 11:27    **Entered By:** Sofia Randazzo

**Notes:**

NYPD INQUIRY SENT

**Note Type:** Status Management    **Department:** Identifications    **DateTime:** 05/02/2023 11:25    **Entered By:** Cms System

**Notes:** ID confirmed with the information provided by informant: DCJS, DCJS

**Note Type:** ID Event    **Department:** Identifications    **DateTime:** 05/02/2023 11:22    **Entered By:** Sofia Randazzo



# Case Notes

Office of Chief Medical Examiner, New York City



**Case No:** M-23-013065    **Decedent:** Neely, Jordan Maurice Caine  
**Report Date:** 05/01/2023    **Report Time:** 17:36    **Borough:** Manhattan

**Notes:**

Located within CMS are the results of OCME fingerprint submissions to the New York State Department of Criminal Justice Services (DCJS). The DCJS report indicates a match to records for " JORDAN NEELY " (DOB: 12/18/1992 ; NYSID: 03280221Q; FBI #/UCN: 566745HD6). There are spelling variations on the name in the report, however, no true aliases. The report offers no aliases or alternate DOBs.

An HHS search produced a birth certificate and social security card which further supports the identification. This information is consistent with what was reported to OCME and has since been verified by the IDI. The DCJS report has been selected as the preferred informant in CMS for the name and DOB to appear on the DC as " JORDAN NEELY " (DOB: 12/18/1992 ).

**Note Type:** ID Event    **Department:** Identifications    **DateTime:** 05/02/2023 11:12    **Entered By:** Sofia Randazzo

**Notes:**

HHS—Ran using "NEELY ; DOB: 12/18/1992" and produced a result for JORDAN NEELY, Gender: Male, Address: [REDACTED]. There is a SSC in the file listed for JORDAN MAURICE CAINE NEELY, [REDACTED]. There is a BC issued by NYC for Jordan Maurice Cine Neely, 12/18/1992. There is a variation in spelling of the middle name as either Cine or Caine. Vital documents were available and uploaded into CMS (SSN and BC).

**Note Type:** Outgoing Call    **Department:** Identifications    **DateTime:** 05/02/2023 11:09    **Entered By:** Sofia Randazzo

**Notes:**

A call went to the number listed in the HHS file for Clara Neely (646-248-8173), the VMB was full. NO VM was able to be left.

**Note Type:** Incoming Call    **Department:** Communications    **DateTime:** 05/02/2023 11:03    **Entered By:** Rajina Afrin

**Notes:**

Janice from LONY, 646-291-4499, called to release this case - they are no longer pursuing this case. Email sent to TC, CC AOD and CS.

**Note Type:** Status Management    **Department:** Fingerprints    **DateTime:** 05/02/2023 10:36    **Entered By:** Fingerprint Service

**Notes:** FingerPrint RAP Sheet Processed. TransactionID: 38195297

**Note Type:** Status Management    **Department:** Fingerprints    **DateTime:** 05/02/2023 10:36    **Entered By:** Fingerprint Service

**Notes:** Finger Print Response from DCJS – Hit. NYSID : 03280221Q

**Note Type:** Status Management    **Department:** Fingerprints    **DateTime:** 05/02/2023 10:00    **Entered By:** Fingerprint Service

**Notes:** Finger Prints Submission Acknowledged by DCJS

**Note Type:** Status Management    **Department:** Fingerprints    **DateTime:** 05/02/2023 09:58    **Entered By:** Fingerprint Service

**Notes:** Finger Print submitted to DCJS. Fingerprint Acquired By : JCASILLAS(via Livescan). TCN: NYCMEDSM3969

**Note Type:** Status Management    **Department:** Fingerprints    **DateTime:** 05/02/2023 09:58    **Entered By:** Fingerprint Service

**Notes:** Fingerprint Acquired By JCASILLAS(via Livescan)

**Note Type:** General    **Department:** Quality Assurance    **DateTime:** 05/02/2023 08:57    **Entered By:** Melissa Shionarain

**Notes:**

METT Scene Photo Review: HCF tags/wristband lists decedent as "Critical, Eastchester." MRN consistent with CMS

**Note Type:** Status Management    **Department:** Pathology    **DateTime:** 05/02/2023 08:29    **Entered By:** Cms System

**Notes:** Exam: Autopsy

**Note Type:** Status Management    **Department:** Pathology    **DateTime:** 05/02/2023 08:25    **Entered By:** Cms System

**Notes:** Exam: Autopsy

**Note Type:** Status Management    **Department:** Family Outreach    **DateTime:** 05/02/2023 07:52    **Entered By:** Amanda Hernandez

**Notes:** NOK unknown

**Note Type:** Reporting    **Department:** X-Ray    **DateTime:** 05/02/2023 06:39    **Entered By:** Marc Adorno

**Notes:**

X-Rays of the Head and Chest completed. SEAL WAS BREACHED by X-Ray Technician Marc Adorno.

**Note Type:** Status Management    **Department:** Mortuary    **DateTime:** 05/02/2023 06:02    **Entered By:** Eva Gallimore

**Notes:** Check-In Borough: Manhattan

**Note Type:** Status Management    **Department:** Transportation    **DateTime:** 05/02/2023 05:17    **Entered By:** Eva Gallimore

**Notes:** Custody of Body





# Case Notes

Office of Chief Medical Examiner, New York City



**Case No:** M-23-013065    **Decedent:** Neely, Jordan Maurice Caine  
**Report Date:** 05/01/2023    **Report Time:** 17:36    **Borough:** Manhattan

**Note Type:** Status Management    **Department:** Transportation    **DateTime:** 05/02/2023 04:50    **Entered By:** Eva Gallimore  
**Notes:** Transportation: Transportation At Scene

**Note Type:** Status Management    **Department:** Transportation    **DateTime:** 05/02/2023 04:39    **Entered By:** Eva Gallimore  
**Notes:** Transportation: Transportation En Route

**Note Type:** Outgoing Call    **Department:** Communications    **DateTime:** 05/01/2023 22:50    **Entered By:** Kiai Brooks

**Notes:**  
646-665-6910 (ER) Notified Dr. on call of missing documentation - Dr. advised that HCF does not have Discharge Summary. Dr. indicated that "Doctors here write the summary on the ME CSS". HCF does not have H&P they just have the chart. Dr. will look into availability of EMS PCR

**Note Type:** General    **Department:** Communications    **DateTime:** 05/01/2023 22:49    **Entered By:** Kiai Brooks

**Notes:**  
INCOMPLETE ME P/W RECEIVED AND UPLOADED - MISSING EMS PCR AND DISCHARGE SUMMARY/H&P

**Note Type:** General    **Department:** Communications    **DateTime:** 05/01/2023 20:12    **Entered By:** Kiai Brooks

**Notes:**  
AWAITING REQUIRED ME P/W

**Note Type:** Incoming Call    **Department:** Communications    **DateTime:** 05/01/2023 19:09    **Entered By:** Lilan Mai

**Notes:**  
-- LONY Post Autopsy Request --  
Incoming Calls from LONY (POST AUTOPSY REQUESTS) - 646-291-4499

OCME Case #  
M-23-013065  
Caller's Name  
Erica

Has consent/authorization been submitted?  
No

REMINDERS:  
Do not incise the legs  
Do not obtain vitreous humor (leave eyes intact)  
Save extra blood tubes (2 red and 1 purple top tubes)  
Additional Requests?

**Note Type:** General    **Department:** Communications    **DateTime:** 05/01/2023 17:37    **Entered By:** Lilan Mai

**Notes:**  
Pending for MLI assignment

**Note Type:** Incoming Call    **Department:** Communications    **DateTime:** 05/01/2023 17:30    **Entered By:** Lilan Mai

**Notes:**  
Dr answered "Possible" - [REDACTED]  
Decedent was brought in via EMS from the train station due to cardiac arrest (no visible trauma to the body)  
Unknown PHMx  
Pronounced in ER and the body in the morgue



# Notice of Death



Borough: **Manhattan**

Report Date: **05/01/2023** Time: **17:36**

**M-23-013065**

### Decedent Information:

Name: **Neely, Jordan Maurice Caine**

Age: **30 Years**

Sex: **Male**

Veteran: **No**

Date of Birth: **12/18/1992**

Race: **Black or African American**

Marital Status: **Unknown**

Place of Death: **30 7TH Avenue, West 13 Street/West 12 Str, New York, NY 10011**

Tel Place of Death:

Cross Street: **West 13 Street/West 12 Str**

Current Location of Decedent:

Residence: **Unknown, Unknown, UN, Unknown**

### Reporter Information:

From: **Medical Facility**

Facility: **Lenox Health Greenwich Village**

Caller Name: **Dr Bharati, Angali**

Shield :

Tel: **(646) 665-6910**

Sixty-One No:

Aided No:

Chart No: **6428855**

### Circumstances of Death:

App. Manner: **Undetermined**

### Hospital and Physician Information:

Facility: **Lenox Health Greenwich Village**

Date: **05/01/2023**

Time: **00:00**

Pronounced By:

Date: **05/01/2023**

Time: **15:39**

Physician:

Tel:

Address:

### NOK

Name	Relation	Nok Contact Details
<b>Neely, Carolyn</b>	<b>Aunt</b>	<b>( )</b>
<b>DCJS, DCJS</b>	<b>other</b>	

### MLI Contact, Scene and Disposition:

Name	Date Time	Activity
<b>Grande, Adrienne ((212) 323-1330, (917) 710-7286)</b>	<b>05/01/2023 18:09</b>	<b>Assigned</b>
<b>Parker, Elyse</b>	<b>05/01/2023 18:09</b>	<b>Text Service Completed</b>
<b>Grande, Adrienne</b>	<b>05/01/2023 18:10</b>	<b>Accepted</b>
<b>Grande, Adrienne</b>	<b>05/01/2023 18:35</b>	<b>Scene Visit Not Required</b>
<b>Grande, Adrienne</b>	<b>05/01/2023 18:35</b>	<b>ME Case</b>
<b>Grande, Adrienne</b>	<b>05/02/2023 00:25</b>	<b>MLI Completed Report Generated</b>
<b>Campion, Justin</b>	<b>05/04/2023 07:09</b>	<b>Make the Case High Profile</b>

Scene Investigation: **No**

Case Disposition: **ME Case (Singh, David)**

Date: **05/01/2023** Time: **18:35**

### Case Notes:

Department	Date Time	Entered By
<b>Communications</b>	<b>05/02/2023 11:03</b>	<b>Rajina Afrin</b>
<b>Notes:</b>		
<b>Janice from LONY, 646-291-4499, called to release this case - they are no longer pursuing this case. Email sent to TC, CC AOD and CS.</b>		
<b>Communications</b>	<b>05/01/2023 22:50</b>	<b>Kiai Brooks</b>

*Notes:*

646-665-6910 (ER) Notified Dr. on call of missing documentation - Dr. advised that HCF does not have Discharge Summary. Dr. indicated that "Doctors here write the summary on the ME CSS". HCF does not have H&P they just have the chart. Dr. will look into availability of EMS PCR

Communications	05/01/2023 22:49	Kiai Brooks
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*Notes:*

INCOMPLETE ME P/W RECEIVED AND UPLOADED - MISSING EMS PCR AND DISCHARGE SUMMARY/H&P

Communications	05/01/2023 20:12	Kiai Brooks
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*Notes:*

AWAITING REQUIRED ME P/W

Communications	05/01/2023 19:09	Lilan Mai
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*Notes:*

-- LONY Post Autopsy Request --  
Incoming Calls from LONY (POST AUTOPSY REQUESTS) – 646-291-4499

OCME Case #

M-23-013065

Caller's Name

Erica

Has consent/authorization been submitted?

No

**REMINDERS:**

Do not incise the legs

Do not obtain vitreous humor (leave eyes intact)

Save extra blood tubes (2 red and 1 purple top tubes)

Additional Requests?

Communications	05/01/2023 17:37	Lilan Mai
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*Notes:*

Pending for MLI assignment

Communications	05/01/2023 17:30	Lilan Mai
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*Notes:*

Dr answered "Possible" - [REDACTED]

Decedent was brought in via EMS from the train station due to cardiac arrest (no visible trauma to the body)

Unknown PHMx

Pronounced in ER and the body in the morgue



DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF CHIEF MEDICAL EXAMINER

**Jason K. Graham, MD**  
**Chief Medical Examiner**  
520 First Avenue, New York, New York 10016  
Telephone: (212) 447-2030  
Official Website: [www.nyc.gov/ocme](http://www.nyc.gov/ocme)

## Mortuary Release Document

Case No: M-23-013065

Time of release: 15:08

Date of release: 05/05/2023

I, Dolores A Glussi (14445), representing the firm of Greenwich Village Funeral Home, located at 199 Bleeker Street, New York, New York, 10012, Telephone No. (212) 674-8055, hereby certify that I have received from the Office of Chief Medical Examiner the body of Neely, Jordan who died at Lenox Health Greenwich Village. I have been duly authorized to receive the same by the aunt of the decedent, Neely, Carolyn, who resides at 210 S Massey Street, Watertown, New York, 13601.

I have checked the identifying wristband, toe tags, photo and verified that they correspond with the decedent that I have been authorized to remove.

Released By:

Singh, David

(Mortuary Technician)

Released To:

Glussi, Dolores A

(Funeral Director)

14445

(License No.)

Verified by:

Mudd, Joel

(Forensic Quality Specialist)


**FUNERAL DIRECTOR'S STATEMENT OF AUTHORITY**

This statement is made for the purpose of inducing the hospital or health care facility to release the death certificate and/or the remains of the deceased below-named and with the knowledge that the hospital or health care facility will rely on the truth of the statements made herein.

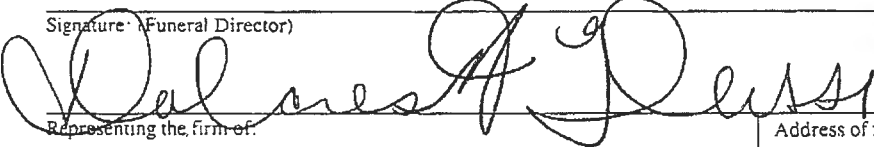
**THE CITY OF NEW YORK  
DEPARTMENT OF HOSPITALS**

No death certificate and/or body will be released by the hospital to a funeral director until a copy of this form, properly executed, is on file.

IT IS HEREBY CERTIFIED THAT THE UNDERSIGNED HAS BEEN AUTHORIZED TO TAKE CHARGE OF:

The remains of: (Name of deceased) <b>JORDAN NEELY</b>	who died at <b>GREENWICH LENOX HOSPITAL</b>	on: (date) <b>5-1-03</b>
by: (Name of person granting authority) <b>CAROLYN NEELY</b>	whose address is: 	and who is the (relationship) <b>AUNT</b>
Remains to be removed from: (Name of hospital, health care facility or mortuary) <b>OCME</b>	to: (Name of residence, funeral chapel or cemetery) <b>FH GREENWICH VILLAGE</b>	at: (address) <b>199 BLEECKER ST</b>

THIS AUTHORIZATION HAS NOT BEEN THE RESULT OF ANY SOLICITATION BY OR IN BEHALF OF THE UNDERSIGNED

Signature: (Funeral Director) 	New York State Funeral Director's Lic. No. <b>14445</b>
Representing the firm of:	Address of firm

**STATE OF NEW YORK**

**DEPARTMENT OF HEALTH  
BUREAU OF FUNERAL DIRECTING  
CORNING TOWER  
ALBANY, N.Y. 12237  
CERTIFICATE OF REGISTRATION**

PHOTO IDENTIFICATION  
REQUIRED

REGISTRATION NO.  
14445

Funeral Director  
DOLORES A. GLUSSI

JUNE 30, 2024  
EXPIRATION DATE

SIGNATURE

*Dolores A. Glussi*  
THIS IS TO CERTIFY THAT THE PERSON NAMED ON THIS CARD IS LICENSED  
AND REGISTERED PURSUANT TO THE PUBLIC HEALTH LAW.

DIRECTOR *[Signature]*  
Bureau of Funeral Directing