



Autopsy.

“Russell Dermond”

[Part One. Introduction.]

A large, plush home in a quiet, gated community. The kind of place where if a stranger were to wander through, it wouldn't take long before someone would notice and ask their business. But this also isn't a neighborhood with houses stacked on houses. Each residence in Great Waters on Lake Oconee reserves a fair amount of privacy. Parking areas with long walkways up to residences. As tight-knit as the community is, it's not as though every nook and cranny is visible at all times. That being said, until two-thousand-fourteen, the idea of someone being murdered or, really, feeling unsafe to any degree, was unheard of in Great Waters.

The location is middle Georgia. It's May 6th and the temperature tops out at ninety-one degrees, making it one of the hottest days of the month. The residence we find ourselves at inside this community is, both outside and in, immaculate and undisturbed. And if you found yourself standing just inside the front door of the spacious home on this humid spring day, your first thought would not be that something was amiss. Everything appears to be in order and in its proper place, and if one were to guess, they might assume the homeowners had simply stepped out for a moment and would shortly be returning.

Upon entering the garage, however, a much more sinister story begins to unfold. A story that is equal parts horrifying, fascinating, and baffling.

In this premiere two-part episode, we'll explore both the autopsies as well as the curious circumstances surrounding the tragic deaths of an elderly husband and wife whose case remains unsolved, and all leads gone cold. And as we'll find, the unique facts found during the autopsy of Russell Dermond seem only to raise more questions than answers.

Along the way we'll encounter plenty of big medical terms and ideas, and while I am in no way a walking medical dictionary, I am also not one to rewrite what others have written. Therefore, communicating the ideas themselves will always be my goal for you.

I'm simply your guide through this plane of pathology, and someone who believes that in death, everybody has a final tale.

I am Your Friendly Death Investigator.... Lets do an Autopsy.

[Part Two. External.]

“Date, time, and location of examination. Under the provisions of the Georgia Death Investigation Act, a complete autopsy was performed on the body of Russell Dermond in the morgue of the Georgia Bureau of Investigation, Division of Forensic Sciences in Decatur, Georgia on May 8th, two-thousand-fourteen at ten-hundred hours.

“Date of death: May 6th, two-thousand-fourteen. The decedent, an eighty-eight-year-old white male, was found deceased in his garage. Body identified by fingerprint comparison. Marks of therapy: none. Clothing and personal effects: the body is received clad in a red short-sleeved shirt and a pair of striped shorts. Both items appear to be free of defect.”

Here marks the beginning of Dr. Sandra Thomas’ external examination of Russell Dermond. The introduction with the date, time, et cetera, is self-explanatory. The date of death: May 6th, two-thousand-fourteen is actually the date Mr. Dermond was pronounced dead; it is likely not the actual date he died. As you’ll find in future episodes, this is standard practice. Despite what many people believe based on film and television, narrowing down an exact date and time of death is, even given current technology and resources, next to impossible. And so when a pathologist annotates a date and time of death in their report, what they’re really saying is that it is the date someone who is authorized to pronounce deaths, such as a coroner, a doctor, or a medicolegal death investigator, was able to lay eyes on the decedent and record that they were, indeed, deceased.

What comes next is a foreshadow: “body identified by fingerprint comparison.” More on that in just a little bit. The doctor notes no marks of therapy – “therapy” here meaning intervention by emergency medical technicians. There was no need. Mr. Dermond was long deceased when his body was discovered. The doctor then notes clothing and personal effect items on the body, and then further notes they are free of defect. “Defect” in this case is taken to mean any rips, tears, or holes that have disturbed the fabric. There are none. The doctor continues.

“The acephalic body is that of a well-developed, well-nourished, white male in a mild state of decomposition. Postmortem decapitation occurred at the base of the neck. In this cross-section of the neck, subcutaneous adipose tissue are visible as well as the superior edge of the thyroid cartilage, the trachea, a clean cut through the C-5 vertebral body, and the spinal cord. The muscle is dark red and dry; the soft tissues have a slight green discoloration. The chest and back are symmetrical. The abdomen is slightly protuberant. The external male genitalia are normal and without injury. The extremities are symmetrical, except for the previously noted injury to the left hand. The skin of the neck shows green to green-red discoloration. Marbling of the shoulders is present. Skin slippage is noted on the back and buttocks.”

Right off the bat, a picture forms of how Mr. Dermond met his end. Or, so we think, anyway. But let's go back to the subject of identification. Most identification is made by a visual facial ID from family or, often, a driver's license photo comparison. And often that is more than enough. Mr. Dermond, however, was received to this morgue decapitated.

To this date, the head has not been recovered.

Even more fascinating, and one of the things that makes Mr. Dermond's case extraordinarily unique, are the details of the wound area itself. In the world of forensic pathology and death investigations, decapitations, though rare, are nothing shocking to the people who work these kinds of cases for a living.

The doctor wrote, "Postmortem decapitation occurred at the base of the neck." Meaning: Mr. Dermond was decapitated after he was already deceased. In her Pathologic Diagnoses section, the doctor further notes the following:

"Circumferential sharp force injury of the skin of the neck without hemorrhage. Transection of the subcutaneous and soft tissues of the neck. Transection of the pharynx with absence of the epiglottis and hyoid bone. The thyroid cartilage is intact. Transection of the vertebral body of C5. Transection of the spinal cord. Associated postmortem abrasions: a two and three-quarter inch by one-fourth inch discontinuous yellow-green postmortem abrasion is on the anterior surface of the neck, and is continuous with the circumferential sharp force injury of the skin. A three and one-half inch by one-sixteenth inch yellow-green postmortem abrasion is obliquely oriented on the left side of the neck. The anterior end is continuous with the circumferential sharp force injury of the skin. A one and one-fourth by three-sixteenth inch dark green, curved, postmortem abrasion is on the top of the left shoulder."

Postmortem. A term we will become all too familiar with in time. It is used to annotate injuries and artifacts that occur after death. Converse with the term antemortem: injuries and traces that occur before death. If someone was to cut you, as long as you are alive and your heart is beating, your body will respond to the wound. There will be bleeding, as the tissue attempts repairing itself as quickly as it can. These blood hemorrhages provide a trace that pathologists can identify. If you are dead and someone was to cut you, there may or may not be some degree of blood flow from the wound, but as your heart is no longer beating, there certainly will not be any processes of repair. That is, no hemorrhaging in the tissue.

So when the doctor notes that there is no hemorrhage around the decapitation wounds, this is to underline her interpretation of how she came to the conclusion that the injury occurred postmortem. More plainly: the body did not appear to

respond and repair the injuries; therefore it was no longer alive. All of this to say: the decapitation itself was not the cause of death.

So what, then, was the cause? The manner of death is more easily apparent. Whatever happened to Mr. Dermond was likely not accidental. It was likely not suicidal. It was likely not natural, though as we'll discover, his cardiovascular system was in poor, deteriorating health. "Undetermined" is a manner of death used seldom and is a discussion for another time. The fifth option then is homicide, which is what the doctor chose in this case. But finding manner of death is its own beast and requires more than simply narrowing options. And while the cause of death is something a pathologist determines based on the findings of the autopsy, manner of death takes into account more external factors. Namely, a suspicious death, a missing wife - briefly missing, anyway - and a crime scene that does not fit traditional standards in the realm of murder.

Russell Dermond's death was signed out and peer-reviewed to be the manner of homicide, with the listed cause being craniocerebral trauma. That is, head trauma.

To be slightly more specific, going back to her Pathologic Diagnoses, Dr. Thomas writes, "Craniocerebral trauma, not otherwise specified."

"Not otherwise specified." A qualifier indicating no further information. There is no head, therefore there is no evidence, therefore no further information is available. We know the decapitation occurred after death and was thus not the immediate cause. How do we then know that head trauma was the cause? The answer will become more apparent...

The external examination, that is the outside of the body, concludes with only one other significant finding:

"Hemorrhagic crush injury of left index finger with lacerations of the palmar and dorsal surfaces of the finger. Laceration through the left index finger that extends from the palmar surface of the finger onto the volar surface passing medial to the fingernail and disrupts the distal interphalangeal joint. Separation of the distal interphalangeal joint. The fingernail is disrupted by a Y-shaped laceration."

That is, the left index finger was crushed and the top joint leading to the tip of the finger was separated from the bone below. The wound was hemorrhagic and so we infer that the injury occurred prior to death. A defensive wound, maybe? Or perhaps simply a collateral injury during the incident? For now, we can only speculate.

[Part Three. Internal.]

“The serous cavities are smooth with no evidence of adhesions or abnormal collections of fluid. The organs are in their usual anatomic locations except for the gallbladder, which is absent. The size and shape of the heart are unremarkable. The coronary arteries arise in the usual fashion and follow the usual distribution. The left anterior descending artery exhibits eighty percent atherosclerotic narrowing with calcification, the left circumflex artery exhibits seventy percent atherosclerotic narrowing with calcification, and the right coronary artery exhibits fifty percent atherosclerotic narrowing with calcification. The left ventricular wall is one point one centimeters thick, and the right ventricular wall is zero point three centimeters thick. The atrial and ventricular septae are intact. The valves are within normal limits. The aortic valve exhibits calcification of the valve cusps and the annulus. The aorta and its major branches arise normally. The aorta exhibits severe atherosclerosis from the root of the aorta to the bifurcation. All major vascular ostia are probe patent.”

To put it shortly, the arteries of the heart and the branches of the aorta and cardiovascular system, while within ranges for consistent living, were getting dangerously close to levels that could lead to a coronary event. That is, a heart attack.

“The hyoid bone is absent. The epiglottis is absent. The thyroid cartilage is intact. The thyroid gland is unremarkable.”

Here we have the neck organ area with the doctor noting that the decapitation was low enough to include the hyoid bone and epiglottis in the head’s removal. Everything else in the neck area is present and without injury.

“The upper airway is free of foreign material. The pulmonary arteries are patent without thrombus or embolus.”

That is, the lungs and pulmonary system are in working order. In fact, everything else is noted as unremarkable: the liver, the pancreas, the spleen, the kidneys, the adrenal glands, the GI tract, the appendix, the bladder, and the genitalia.

All normal. All consistent with continual life. Blood and urine samples are ran for toxicology and all come back negative. No drugs; no poisons.

Like the external examination before, the internal examination yields no definitive answers. Indeed, aside from the missing head – a funny statement to have to make, to be sure – the body of Mr. Dermond was in fair working order for a man of his age.

All of this leads us back to the question of how we know that the cause of death was head trauma.

[Part Four. Opinion.]

The evidence on both the inside and outside of Russell Dermond's body left us with no conclusive diagnoses. And by all rights the doctor could have simply gone with "undetermined" as the listed cause of death. For the astute listeners, yes: "undetermined" can be listed for both the cause and manner of death. In point of fact, some pathologists may have opted for that in such a bizarre case as this, especially when they cannot physically lay eyes on the evidence itself. But there's something to be said of the confidence pathologists must take when they follow their evidence.

Russell Dermond had no conclusively fatal injuries internally or externally. His torso, arms, legs, and what was left of his neck showed no signs of significant trauma. His toxicology was clean. And the decapitation wound was free of hemorrhage; the body did not respond to the injury at all.

Mr. Dermond was deceased before the removal of his head and, in the absence of a cause of death to the rest of his body, it can only logically be inferred that the cause of death was linked directly to the head itself. And whatever those injuries may have been, remain to be seen.

Thus: Craniocerebral trauma. Report date, August 16th, two-thousand-fourteen.
Signed, Sandra Thomas, MD.

[Part Five. Postmortem]

The story doesn't end here, however. As previously noted, when the body of Mr. Dermond was discovered, his wife was nowhere to be found. But as already alluded to, the second part of this two-parter will involve the autopsy of his wife, Shirley Dermond, and an elaboration on why all leads to the case have dissipated.

A final word, though, before we conclude. Nowhere on the grounds inside or outside the residence was a murder weapon located. Like the head of Mr. Dermond, it has yet to be recovered. Nor is there any conclusive speculation on what the weapon could have been. The doctor understandably chose not to speculate at all. She did, however, make one very intriguing note.

Early in the report, postmortem abrasions were noted around the neck. Given the decapitation, the implication is that it may have been a prior attempt at the injury, with a duller blade before something much sharper was used.

You see, whatever was eventually used to remove Russell Dermond's head - whatever sliced through the skin, the tissue below, and the muscle, wasn't just

some sharp blade, or even some moderately sharp weapon or tool for that matter. The cervical vertebral body is, save for the delicate spinal cord within, a very solid, thick bone. And even the best autopsy saw with the most seasoned doctor or technician behind it is going to leave behind more than just a single cut. And yet whatever the weapon in this heinous crime was, did just that. As the doctor wrote in her report:

“The skin of the base of the neck showed postmortem injuries characterized by the lack of hemorrhage within the tissues. A single clean cut transected the cervical vertebral body.”

A Single. Clean. Cut.

Autopsy is an educational program. All information is culled from actual autopsy reports, and read as written out of respect for both the deceased, and the living who speak for them. Opinions and assessments of these reports are solely those of the reader.

The End.