



# Autopsy.

“Kathleen Peterson”

## [Part One. Introduction.]

The suburbs.... Right away you're seeing pictures. Residential communities varying in sparseness. Escapes from the cities nearby where nuclear families expand exponentially. They're also the site of some of the most bizarre and horrific scenes true crime has to offer. Still, they are, by and large, far safer than the cities they surround. And while there is nothing exceptionally bizarre and disturbing in the case of Kathleen Peterson, the case still managed to capture the imagination of the local media, who in turn allowed several off-the-rail theories, one of which that is particularly inane, to flourish.

The place is northern North Carolina. It's December 9<sup>th</sup>, two-thousand-one. It's late autumn, but like many places in the southeast tend to be, the cold hasn't completely set in yet and the temperature this date never drops below freezing. We're in the wooded suburbs of the city of Durham. Like most suburbs, it's simultaneously welcoming and off-putting. A place for families and no place for strangers. The neighborhood is upper-class, but even so, the residence of Michael and Kathleen Peterson could conservatively be considered a mansion, sitting more recessed from the rest of the neighborhood, complete with its own private driveway.

It's very early morning and the sun hasn't yet risen, making the bright flashing lights of the ambulance in the driveway even more piercing and unnerving. Not long before, a 911 call was placed by Michael Peterson. In it, he tells the operator that his wife has had an accident; that she has fallen down the stairs. He says that she is still breathing but not conscious. He later clarifies that he thought she fell down the stairs, stating that he did not witness or hear the event, and that only some ten minutes or so before, they had been outside drinking and that he had last watched her as she had gone inside to turn in for the night.

Kathleen Peterson's body was discovered by EMT workers at the bottom of a staircase in the couple's home, with the stairs under and closest to the head covered in copious amounts of blood, and with large amounts of spatter on the lower walls that enclose those bottom stairs.

Her husband stated that he believes she must have fallen.... But did she? And, if she didn't, then what did happen...?

I'm Your Friendly Death Investigator. Let's do an Autopsy.



## [Part Two. External.]

“External description. Body condition: intact. Length: sixty-two inches. Weight: one-hundred-twenty pounds. Body heat: cool. Rigor: none. Livor: purple – posterior. Hair: dark brown. Eyes: grey-green. Teeth: adequate dentition; small chip of tooth number twenty-six. Facial hair: none.

“The body is that of an adult female appearing approximately the recorded age clad in a brown fleece sweatshirt and grey to white sweatpants. No decomposition changes are noted. The decedent is in good general condition with intact nail beds bilaterally. Evidence of medical intervention includes an EKG lead on the skin of the right lower abdomen.

“Evidence of injury. Hair is noted to be grasped in both the left and right hands and is collected and submitted as evidence. There is dried blood on the bottoms of the feet bilaterally with dried blood noted over the face. The nail beds are intact with crusted blood noted beneath them. No visible tissue is seen under the fingernails.”

For this examination, we actually have two pathologists undersigning the report: Dr. Natalie Depcik-Smith, MD, and Dr. Deborah L. Radisch, MD. So far, a very standard beginning for an autopsy report. As we’ll see, it very quickly jumps into detailing what the pathologists view as the most significant part of the exam.

But to begin with we note the hair grasped in both hands, which certainly sounds significant but it is never brought up again in the report and, based on available resources, it appears the hair belonged to Mrs. Peterson herself. Blood being on the bottom of both of her feet isn’t surprising given the amount of blood found on scene. And just to deviate for a moment, it **was** a very large amount of blood, something you rarely see with any alleged fall down the stairs, fatal or otherwise. The pathologists then bring up the fingernails and nail beds. Now, it should be noted that every autopsy ever performed is, to varying degrees, assessing anything that could be considered foul play. That is to say, ruling out foul play is a part of every single exam, no matter if it is a suspected homicide or an elderly person with stage four cancer. In this case, where foul play is suspected, a close examination is given to the fingernails. In cases where a victim is beaten, often times there are what is referred to as “defensive wounds.” And, often times, these types of wounds manifest on the hands and fingernails. Broken or cracked nails with blood or tissue underneath can usually indicate the victim attempted to fight off his or her attacker. In the case of Mrs. Peterson, while no broken or cracked fingernails were noted, she did have blood under her nails, but no tissue. Considering it was her own hair in her hands, the likely explanation is that the blood is also hers. It could be telling us the story of the victim laying helpless, barely conscious perhaps, grasping her head in pain. That, of course, is only a theory. An equally sound theory would be that she was grabbing at her head



while fighting off an attacker, perhaps attempting to stop them from slamming her head against the floor...

Before we continue on, there is also one other brief, but very noteworthy piece of evidence that the doctors note in their “Additional Procedures” section of the report:

“Small wood splinter found in the posterior scalp hair.”

A splinter of wood in her hair on the back of her head, an area we’ll soon find to be full of trauma. A solid indicator that whatever the trauma is, it was likely a result of Mrs. Peterson’s head striking the wooden stairs. More on that later...

“There are three contusions over the right eyelid, each measures one-quarter inch by one-quarter inch. There is a right ear contusion, one-quarter inch by one-quarter inch, on the right helix. There is a right neck linear vertical abrasion measuring one-quarter inch. There are three linear horizontal abrasions, the first measuring three-eighths inch, the next measuring five-sixteenths inch, next measuring three-sixteenths over the left eyebrow. A linear one-eighth inch abrasion is noted on the right side of the nose. There is a half-inch by five-sixteenth inch horizontal contusion over the bridge of the nose. There is a skip area and then there is a one-inch by half-inch vertical contusion over the dorsum of the nose. There is a small three-sixteenths inch by three-sixteenths inch abrasion over the lip, inferior to the left eye are two small linear horizontal abrasions, each measuring one-eighth inch by one-eighth inch.”

This is a thorough description of the various injuries to the head. Kathleen Peterson was reportedly discovered at the bottom of a staircase. Her husband claimed he found her there and stated that he believed she must have fallen. It’s not impossible, but so far we have noted multiple impact sites without having even started on the back of her head. And yes, a fall down the stairs can be deadly, but deadly in very specific, concise ways: a broken neck or spine or fractured skull, usually the result of a direct, single fall and landing. Multiple impacts of trauma is, at the very least, a little suspicious...

“External. Head. There are at least seven distinct lacerations on the posterior scalp. Several lacerations are complex, creating avulsions with full-thickness lacerations through to the underlying skull. These will be described from right to left. There is a tri-pronged linear laceration measuring three inches vertically, with the upper lateral prong measuring three-quarters inch, upper medial prong one and three-eighths inch, and lower prong one and five-eighths inch. The greatest width of the laceration is one inch. Two and one half inches medial to the first laceration is another tri-pronged laceration with avulsion. This laceration measures two and one-half inches horizontally and four and one-eighth inches vertically. Reflection of the scalp reveals contusions associated with full thickness lacerations as described. There are no skull fractures.”

So the posterior scalp, that is the back of her head, has seven distinct lacerations. Keep in mind that her face had multiple contusions on the eyes, ears, and nose. And all trauma is noted as blunt force injury – none of the injuries indicate any stabbing or slicing that would be consistent with sharp force injuries. And keep in mind that the staircase itself has just seventeen steps. To receive the amount of blunt force injuries noted, Mrs. Peterson's head would have been, almost literally, a human pinball, dinging step after step until she reached the bottom. Again, nothing is impossible...

Now, I would be remiss if I didn't at least mention the "tri-pronged laceration" noted by the doctors. Much has been said and made of it in the ether of the Internet and court system. All I'll really say is that the lacerations are, again, described as blunt force trauma, not sharp force. In fact, the term "laceration" always refers to blunt force trauma. Sharp force injuries would be noted with terms such as "stab" or "incise" wounds. And if they were anything else specific, the pathologists would have noted them to be so. They did not and have not. The wounds are likely from separate impacts, though it is understandable to suggest they appear as a pattern. Anything more than that is simply conjecture.

Something else we'll touch on more later is the fact that there are no skull fractures. Considering the amount of head trauma and the amount of blood on scene, one would almost expect some level of fracture or crack. But Mrs. Peterson's case is nothing if not unique.

"At the base of the vertex closer to the right side of the scalp there are two lacerations which are horizontal over the occipital ridge. The medial laceration measures one and one-half inches, and the lateral laceration measures one inch, with three-eighths of scalp between the two. Immediately superior to these lacerations there is a contusion measuring two and one-half inches by two and one-half inches. Continuing on the left posterior scalp, there is a laceration measuring four inches from vertical occiput to the posterior neck. There is an additional two and one-half inches by one and seven-eighths inches contusion at the base of this laceration. The previous laceration nearly intersects a vertical laceration with a deeply undermined edge, measuring five inches by one inch. In addition there is a one-inch flap of skin which is removed from this vertical avulsion near the left side. There is a one and one-eighths inch vertical laceration which is superior and medial to the aforementioned laceration."

More meticulous documentation to the blunt force injuries of the back of the head. "Occipital" is a word that will likely come up again in future episodes, so just for clarification, it refers to the bottom half of the back of the skull where the bone curves down towards the neck. This is also a good point to go into a bit more detail on the term "lacerations." Lacerations are when the skin is broken through, causing bleeding. Blunt force lacerations show signs of tearing and are often imperfect and jagged.



“Trunk. On the back there is a large three-inch by three-inch contusion with central pressure mark over the left scapula. Extremities. On the left elbow there are three contusions around the elbow, one measuring half-inch by half-inch, one measuring one inch by half-inch and one measuring one and one-eighth inches by seven-eighths inches. All these contusions are more vertical than horizontal. There are two linear short abrasions over the base of the index finger, both of which measures one-eighth inches by one-eighth inches. Over the left thumb there is a contusion measuring half-inch by half-inch. There is a left hand contusion measuring three-eighth inch by three-eighth inch over the first digit. There is a lateral left wrist contusion measuring half-inch by half-inch. There is a left wrist contusion distal to the aforementioned contusion that measures half-inch by half-inch. In addition there is a left hand first metacarpal three-eighth inch by three-eighth inch contusion. All blunt force injuries are on the posterior surface of the hand and arm.”

The external exam continues here by annotating injuries to the rest of the body, starting with the trunk, that is, the torso, then moving on to the extremities, or, arms. There are no more mentions of lacerations, so no breaks of the skin. There are, however, many contusions and abrasions, that is, bruising and scrapes. These are all curiously noted posteriorly, that is the backside of the body and arms. If the blunt force injuries to the back and front of the head are to be believed to have occurred as a result of a fall down the stairs, it's curious then that in the random nature of such a fall, no contusions, lacerations, or abrasions occurred on the front side of the torso as well. The external examination concludes with the following...

“The right upper extremity shows two one-inch by one-inch contusions distal to the elbow approximately two inches from the elbow. There is a half-inch by half-inch blue contusion/abrasion which is approximately one-inch proximal to the elbow. There is a lateral right wrist contusion measuring three-eighth inch by three-eighth inch. There is a right hand dorsum contusion measuring one and a half inches by quarter inch and there are two pine needles which are stuck to the dorsum of the right hand.”

More contusions noted... and two pine needles on the right hand. Certainly something could be made of that, but considering the Peterson's home is surrounded by woods and brush, it's hard to look into it as anything more than random.

### **[Part Three. Internal.]**

“Head. Internal examination reveals slight subarachnoid hemorrhage primarily over the left parietal and occipital lobes of the brain. No subdural hemorrhage is present. There are no contusions of the brain. There are no other abnormalities of



the brain. No skull fractures are present. The neck is dissected anteriorly and posteriorly. No cervical spine fractures are present.”

So we've got bleeding inside the skull now. It is noted on the left, mid-to-rear area of the brain. To break down how deep the hemorrhage goes, let's start by layer, with the skull bone itself being the outer most layer. When we move past the skull, we find the dura mater, a protective membrane that completely surrounds the brain. When we move past this, we come to the brain itself. The visible, outermost area of the brain is the arachnoid, and just beneath that, the subarachnoid space. Hemorrhage can occur on the dura mater both on the outside near the skull, and the inside near the brain; referred to, respectively as epidural and subdural hemorrhage. They can exist exclusively as well: an epidural hemorrhage without a subdural, and a subdural hemorrhage without an epidural. In this case, the pathologists simply note that there is no subdural hemorrhage. There are no fractures inside the skull or bruising on the brain. There is, however, slight hemorrhage to the subarachnoid area. This can all be clearly viewed without having to dissect into the brain.

This is why, in addition to the standard autopsy performed by the pathologists, a more thorough neuropathology report was requested and made. Reports such as these are requested at the discretion of the doctor working the case. It was requested in this case due to the suspicious nature of the death as well as the subarachnoid findings. More on that in a bit...

“Neck. There is no hemorrhage into the strap muscles. The thyroid cartilage is intact medially. There is a fracture with associate hemorrhage of the superior cornu of the left thyroid cartilage. The thyroid gland is of the usual size and configuration. The larynx is clear.”

Strap muscles are a complex series of muscles in your neck, surrounding the throat area. Hemorrhage to this area can indicate strangulation, but not always. As noted here, there is no hemorrhage. The hyoid bone is not noted on and is thus inferred to be unremarkable. Thyroid cartilage is a fairly pliable piece of bone on the front of the neck organs below the hyoid. Superior cornu are two arms that extend off the thyroid cartilage on both the left and right sides, and extend back and up, eventually connecting to the rear arms of the hyoid. As noted, the superior cornu on the left side is fractured with surrounding bleeding. So, was she strangled? It's not impossible. In fact, it could even be likely. The injury could just be related to blunt force trauma from the incident, but on the other hand, that area of the neck is a somewhat protected structure not usually prone to blunt impact forces. It's one of those occasions where the pathologists cannot necessarily prove one way or another. And so they simply document it and leave it at that.

“Cardiovascular system. The coronary arteries have a usual right dominant distribution with thin delicate walls. No obvious atherosclerotic plaque is noted.



Opening the chambers reveals normal openings and valves. The foramen ovale (forAmen OvAlley) is not patent. The myocardium is without focal abnormality. The thoracic and abdominal aorta is unremarkable. Respiratory system. The pleural surfaces are smooth and glistening. They are compressible. The major bronchi contain no foreign material. The lungs are normally formed and sectioning reveals no consolidation. The pulmonary arteries are free of premortem clot.”

To put all that briefly: Kathleen Peterson’s heart and cardiovascular health were in fine working order.

“Gastrointestinal tract. The stomach mucosa is unremarkable and not hyperemic. The small bowel, colon and appendix are intact. Liver. The liver capsule is smooth and intact. Sectioning reveals homogenous soft brown tissue. The gallbladder contains liquid green bile and extrahepatic biliary system is patent. Pancreas. Usual size, shape, and consistency. Spleen. The splenic capsule is smooth and reddish-purple. Sectioning reveals no abnormality. Adrenal glands. Unremarkable.”

And from there everything else in the abdominal cavity continues being unremarkable. The urinary system, the reproductive organs and tract, all negative. The musculoskeletal system shows no fractures, though a bulging cervical disk on the right side of the neck is noted. And so finally we move on to the brain itself..

“Brain. It is not swollen. The leptomeninges are transparent but have slight to moderate subarachnoid hemorrhage. The vessels of the circle of Willis are thin walled. No contusions.”

And...that’s it. Or, more specifically, that’s where the pathologists chose as a stopping point. By all rights they could’ve continued and dissected into the brain, but instead they chose a more thorough look. Pathologists look at each case comprehensively and make their decisions from empirical data and evidence. With that in mind, let’s quickly summarize what we know so far.

Externally, injuries to Kathleen Peterson’s body sans her head have not been particularly significant. The trauma to her head is moderate, but not necessarily severe. The trauma is blunt force and there is pretty clear evidence that someone beat on her. But again, the trauma to her head was not critical enough to cause fractures.

Now consider the internal examination. Again, from the neck down, there are no significant findings – everything observed in this area is consistent with an otherwise healthy woman of her age. Inside her head, she has mild to moderate subarachnoid hemorrhage, but it doesn’t appear to extend any deeper into the

brain beyond the subarachnoid. People can and have suffered subarachnoid hemorrhages and survived. They have also suffered them, and died.

All of that to say, she has significant head trauma, but none of it could be classified as severe or viewed as a clear cause of death. Yet the answer must be in the brain because it's the only place providing any evidence of an issue. Thus the pathologists make the decision for a more thorough exam via the neuropathology report. To do this, the brain and the dura are carefully removed from the skull, taking caution to not make any dramatic manipulations. From there, the brain and dura are placed in a bucket of formalin, a chemical which in essence freezes everything in place, preventing further breakdown and decomposition for a prolonged length of time. This is necessary as decomposition destroys a pathologist's ability to search for significant evidence. Thus the brain remains in the formalin until it becomes what is referred to as "fixed". From there, it is transferred over to the neuropathologists for a comprehensive review.

Full disclosure: Autopsy reports are well within my wheelhouse for interpretation. Neuropathology reports, not so much. Regardless, though, we'll power through it and I'll simply provide a summation at the end. Thankfully, the neuropathologists give fairly clear diagnoses in their conclusion.

"This neuropathologic specimen is examined at the UNC Hospital Morgue on December 17<sup>th</sup>, two-thousand-one with Dr. Deborah Radisch, Dr. Thomas Bouldin and Dr. Diane Armao (Ar-Mal). It consists of a formalin fixed brain accompanied by the dura mater. Examination of the dura mater reveals no evidence of recent or remote hemorrhage. Over the left and right cerebral convexities in the parasagittal front, parietal, and occipital regions is a roughly oval shaped area of mild to moderate acute subarachnoid hemorrhage. The leptomeninges are otherwise unremarkable. Cerebral blood vessels are unremarkable and form a normal circle of Willis. Cranial nerves One through Eight are intact; remaining cranial nerves are difficult to assess secondary to brain removal artifact. Cerebral hemispheres are symmetric with a normal gyral pattern. There are no signs of uncal (uncle) or tonsillar herniation. The cerebellum and brainstem show a normal configuration. Intact dura mater covers the cervical, thoracic and lumbar portions of the spinal cord. A small point four centimeter discrete focus of acute epidural hemorrhage is noted at the rostral extremity (cervical aspect) of the spinal cord; this change is consistent with focal disruption secondary to spinal cord removal at autopsy. Spinal leptomeninges are unremarkable. The spinal cord shows no lesions.

"The cerebrum, cerebellum and brainstem are sectioned. The cerebral hemispheric gray and white matter are intact. There is no evidence of contusional injury. The ventricles are normally formed and of normal size. Central white matter, corpus callosum (callOsum) and deep gray nuclei of the thalamus, hypothalamus and basal ganglia are without gross abnormality. Serial transverse sections of spinal cord are unremarkable.



“Microscopic description. Sections of cerebellum reveal rare red neurons in the Purkinje (Pur-kin-gee) cell layer. The red neurons are consistent with early acute ischemic necrosis. The red neurons display pyknotic (pic-notic) nuclei and bright pink cytoplasm. Similar, but less well developed changes of the acute neuronal injury are identified in rare neurons within the cerebral neocortex. In one area these acutely injured neurons show a laminar distribution in the cerebral neocortex. Sections from parasagittal cerebral cortex show a mild to moderate degree of acute subarachnoid hemorrhage. Scattered cells containing brown pigment within areas of acute hemorrhage are iron-negative with special stains. There is no evidence of contusional injury. Sections of corpus callosum, deep white matter and pons are histologically unremarkable.

“Diagnosis: One: Acute neuronal injury, cerebellum and cerebral neocortex, consistent with early acute ischemic neuronal necrosis. Two: Mild to moderate acute subarachnoid hemorrhage, right and left parasagittal cerebral convexities, consistent with head trauma. Comment: In this case, rare red neurons, consistent with acute ischemic neuronal necrosis, are present in cerebrum and cerebellum. These findings are consistent with the decedent having a significant episode of widespread brain ischemia at least a few hours prior to death.”

#### **[Part Four. Opinion.]**

The big takeaway here is brain ischemia. The subarachnoid hemorrhage, we already knew about, and is linked directly with Mrs. Peterson’s head trauma. Ischemia is the result of restricted blood flow. And so in this case, with no oxygen-rich blood being able to reach necessary parts of the brain, over a prolonged length of time, this caused death and necrosis of brain neurons. Ipso facto: blunt force head trauma caused a subarachnoid hemorrhage as well as blood loss, which thus caused brain ischemia and eventual death.

It’s a lot of information to process. And while an overall summary of findings is, in many ways, why I’m here, in this case, for the most part, there is no need. The pathologists were kind enough to write out their summary and interpretation so as to be absolutely clear in their due diligence:

“The decedent was a forty-eight-year-old white woman who was found at the bottom of a back staircase in her home. Initial indications were that the death was due to a fall down the stairs. However, due to the unusual and suspicious scene and nature of death, Dr. Kenneth Snell, Durham County Medical Examiner, assumed jurisdiction of the body and authorized an autopsy.

“Autopsy examination showed multiple bruises of the arms, wrists, hands, and back with small abrasions and contusions of the face. The posterior scalp showed multiple (at least seven) deep complex lacerations, some forming avulsions. No skull fractures were present, and there was a slight to moderate degree of

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subarachnoid hemorrhage over the brain. The brain did not show any contusions or subdural hemorrhage. There was early acute ischemic neuronal necrosis. The neck showed no fractures. There was also a fracture with associated hemorrhage of the left superior cornu of the thyroid cartilage in the neck.

“A blood ethanol concentration of blood obtained at the time of autopsy was point zero seven percent, and a urine ethanol concentration was point eleven percent. Trace amounts of chlorpheniramine, cyclobenzaprine, and nicotine were detected in the same blood specimen. Diazepam was present in a concentration of point fifteen milligrams per liter. No opiates or other organic bases were detected in the same blood specimen.

“In my opinion, the cause of death in this case was due to severe concussive injury of the brain caused by multiple blunt force impacts of the head. Blood loss from the deep scalp lacerations may have also played a role in her death. The number, severity, locations, and orientation of these injuries are inconsistent with a fall down stairs; instead, they are indicative of multiple impacts received as a result of beating.”

Cause of death: multiple blunt force impacts of back of the head due to beating. Manner: homicide. Report date, February 18<sup>th</sup>, two-thousand-two. Signed, Natalie Depcik-Smith, MD; Deborah L. Radisch, MD.

### **[Part Five. Postmortem.]**

Kathleen Peterson died slowly, and possibly very painfully – though it is also possible she was simply unconscious during most of the time when she was bleeding out. Depending on dosage, the alcohol and Valium could’ve been numbing, but without any degree of certainty of what her tolerance level may have been, it’s hard to say. At any rate, it’s a poor excuse for comfort. She had alcohol in her system, but she was not legally drunk. Some theories have used this information to suggest that Kathleen’s fall was, indeed, accidental, and in her impaired state she attempted to stand and then slipped in her own blood and fell back down again. Insinuating that the amount of blood loss was already so severe from the initial fall that she was simultaneously able to actually stand up straight, only to then slip in the profuse amounts of the blood.

There again, the doctors make no qualms: the amount of head trauma sustained is not consistent with a fall down the stairs. Mrs. Peterson was beaten in the head. Given there were no skull fractures and only a small amount of bleeding inside the head, you could certainly make the interpretation that whoever did beat on her was not a particularly strong person.

If you’re simply trying to check all the necessary boxes, one scenario that’s fairly encompassing would be that Mrs. Peterson, being intoxicated, was pushed down the stairs in an attempt to take advantage of her inebriated state with hopes that



the fall would be fatal. Instead it left Kathleen with only minor injuries and very much alive, albeit in a very vulnerable state. Not only intoxicated, but also disoriented and in pain. The suspect was then forced to take additional steps. And with Mrs. Peterson unable to put up much of a fight, an attempt at strangulation could've been made, which eventually leads to the suspect grabbing and slamming the back of her head against the wooden stairs, and even to the side against the wooden frame of the entranceway. She likely would've grabbed at her head in pain or protection. Again and again and again. Each time causing more spatter and profuse blood loss, until the body became unconscious and limp. A blunt-ended weapon could've been used at this point as well. There was speculation about a missing fireplace blow-poke that has never been recovered, but this is actually a bit of a stretch. A blow-poke doesn't make for a solid weapon and likely would've broken on first impact – it also has arguably a few too many sharp edges to be a likely cause for blunt force trauma. At any rate, afterwards, it was here she was left to die. The brain ischemia suggests at least two to three hours, unconscious or otherwise....

It's all just speculation, trying to connect all the dots in the simplest ways. Occam's Razor, as it were. Michael Peterson was found guilty of the crime but has never confessed. In 2017, he entered what is known as an Alford Plea, essentially still maintaining his innocence though asserting that sufficient evidence exists for conviction. His plea was accepted...and he was released...

In the years since Mrs. Peterson's murder, various theories emerged, some given more credence and attention than they have any right to – the "Owl theory" is one of special amusement that I won't give any credit to here, suffice to say that the theory as a whole lends itself to sharp force injuries, none of which were found on the victim. Thus the quote/unquote "popularity" of this theory is more likely due to poor journalism and a complete lack of understanding of what the autopsy reports. After all, in the absence of media speculation, the autopsy itself does not mix words and paints a very clear picture.

Like so many true crime cases, though, some questions will likely never have answers.

And some suburban communities will always have their dark secrets.

And anything beyond what we've already discussed would be, given our source, just more conjecture.

Because this, after all, is just an autopsy.

*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*

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*who speak for them. Opinions and interpretations of these reports are solely those of the reader.*

**The End.**