



NAME Accredited Autopsy Service Facility

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LAURENS COUNTY CASE

Report of Findings

NAME:	MOSES, Kaden Thomas-Lee	AUTOPSY #:	A-23-830
AGE:	14	PRONOUNCED:	December 30 th , 2023 at 2315 hours.
RACE:	White	POST MORTEM:	December 31 st , 2023 at 1010 hours.
SEX:	Male	PHYSICIAN:	Claire E. Rose, M.D.

FINAL DIAGNOSES

- I. PERFORATING GUNSHOT WOUND OF THE HEAD, INTERMEDIATE RANGE.
 - A. Entrance: lateral left side of the head.
 - B. Path: skin and soft tissue of the left side of the head, left side of the skull, dura, brain, dura, right side of the skull, soft tissue and skin of the right side of the head.
 - C. Exit: top right side of the head.
 - D. No projectile is recovered.
 - E. Trajectory: front-to-back, left-to-right, and upwards.
- II. NO NATURAL DISEASE.
- III. TOXICOLOGY: NONE DETECTED; SEE SEPARATE NMS LABS TOXICOLOGY REPORT.

CAUSE OF DEATH: Gunshot wound of the head.

MANNER OF DEATH: Homicide.

CLAIRE E. ROSE, M.D./aqm-February 8, 2024
Medical Examiner

MICHAEL WARD, M.D./aqm-February 8, 2024
Chief Medical Examiner

PROTOCOL

An autopsy is performed on a body identified as that of Kaden Thomas-Lee Moses at the Greenville Memorial Hospital, Greenville County, South Carolina, on the 31st day of December 2023, commencing at 1010 hours. This autopsy is requested by Chief Deputy Coroner Patti Canupp, Lauren's County Coroner's Office.

HISTORY: The decedent was a 14-year-old male who was found unresponsive in his residence with an apparent gunshot wound to his head. He was located in his bedroom, sitting in a chair with a rifle reportedly lying on his left side. He was pronounced dead at the scene.

The body is received within a sealed body bag (seal #4161106).

WITNESSES: Personnel present during portions of the autopsy include: Special Agent Patrick Ward, South Carolina Law Enforcement Division (SLED) Crime Scene Division.

RADIOGRAPHS: Postmortem radiographs of the head show fractures of the skull. No retained radiopaque projectile is identified.

GENERAL EXTERNAL EXAMINATION:

The body is that of a well-developed, well-nourished (Body Mass Index of 20.2 kg/m²), adolescent, white male that weighs 141 pounds, is 70 inches in length, and appears compatible with the reported age of 14 years.

The body is received dressed in: a blue t-shirt; a pair of black athletic shorts; and a pair of black underpants (briefs). A black, elastic bra strap encircles the right wrist.

The body is cold (refrigerated). At the time of autopsy, rigor mortis is present (fully fixed). Fixed, purple-red livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure.

HEAD:

The head is normocephalic. The scalp hair is light blonde, straight, and short in length. EYES: The irides are blue. The pupils are round. The corneas are translucent. The sclerae are white, and the conjunctivae are clear. No petechial hemorrhages are identified on the sclerae or conjunctivae. NOSE: The nose is normally formed, and the septum is in the midline. MOUTH: The teeth are natural and in good condition. No petechial hemorrhages are on the oral mucosa. EARS: The ears are unremarkable. FACE: The decedent is clean-shaven. No petechial hemorrhages are on the facial skin.

TORSO:

NECK: The neck organs are in the normal midline position and appear unremarkable. CHEST: The thorax is well-developed and symmetrical. ABDOMEN: The abdomen is flat. GENITALIA: The external genitalia are those of a normal adolescent male and are unremarkable. The testes are bilaterally descended within the scrotum. BACK: The spine is normally formed, and the surface of the back is free of lesions. ANUS: The anus is free of lesions.

EXTREMITIES:

UPPER EXTREMITIES: The upper extremities are well-developed and symmetrical, without absence of digits. The hands have short, intact fingernails. LOWER EXTREMITIES: The lower extremities are well-developed and symmetrical, without absence of digits.

IDENTIFYING MARKS, SCARS, AND TATTOOS:

No identifying marks, scars or tattoos are readily apparent.

EVIDENCE OF MEDICAL INTERVENTION:

Evidence of medical intervention includes: two electrocardiograph patches attached to the lower chest; one electrocardiograph patch attached to the lateral right upper arm; and one electrocardiograph patch attached to the lateral left upper arm.

EVIDENCE OF INJURY:

GUNSHOT WOUND OF THE HEAD, INTERMEDIATE RANGE:

ENTRANCE: On the lateral left side of the head, at the temple region, centered 4-1/2 inches below the top of the head and 2-3/4 inches left of the anterior midline, is an entrance gunshot wound consisting of a 1/4 inch round defect with a circumferential, 1/8 inch in width, dark red marginal abrasion. On the skin surrounding the entrance gunshot wound to include the left side of the face and lateral left side of the neck, is an 8-1/2 x 6-1/2 inch area of sparse gunpowder stippling. There is an additional 26 x 4 inch area of sparse gunpowder stippling on the lateral aspects of the left upper arm, left forearm, and posterior left hand. No muzzle mark, soot or unburned gunpowder particles are seen on the skin surrounding the entrance gunshot wound.

PATH: The hemorrhagic wound track sequentially perforates the skin and soft tissue of the lateral left side of the head (temple region), the lateral aspect of the left side of the skull (left temporal bone), the dura, the lateral aspect of the left cerebral hemisphere, the right cerebral hemisphere, the dura, the right side of the skull (right parietal bone), and the soft tissue and skin of the right side of the head (right parietal scalp).

ASSOCIATED FINDINGS: Small fragments of brain parenchyma are seen on the head. The right periorbital skin has a 1 x 1/2 inch, blue-purple ecchymosis. The left periorbital skin has a 2 x 1-1/4 inch, purple-blue ecchymosis. There is extensive deep scalp and subgaleal hemorrhage involving the majority of the head. There are many fractures of the calvarium and the base of the skull with marked disruption of the left side of the skull. The dura is lacerated and severely disrupted. Diffuse subarachnoid hemorrhage overlies the brain. A thin layer of subdural hemorrhage overlies both sides of the brain and the contents of the cranial fossae. The brain is perforated with severe to marked parenchymal disruption along the wound track. There are scattered petechial hemorrhages within the brainstem parenchyma. The pituitary gland is traumatically absent. The cut sections of the lungs reveal mild to moderate red-purple hemoaspiration.

EXIT: On the top right side of the head (right parietal scalp), centered 1 inch below the top of the head and 3-3/4 inches right of the anterior midline, is an exit gunshot wound consisting of a 1-1/2 inch long, irregular laceration.

PROJECTILE: No projectile is recovered.

TRAJECTORY: The trajectory is from the decedent's front-to-back, left-to-right, and upwards.

HANDS: No soot is seen on visual examination of the hands.

BLUNT FORCE INJURIES:

UPPER EXTREMITIES: On the proximal posterior right forearm is a 2-1/2 inch, linear, red abrasion. On the distal lateral left forearm is a 3-1/2 inch, linear, abraded, red contusion.

GENERAL INTERNAL EXAMINATION:

The body is opened with a routine thoracoabdominal incision. The skeletal muscle has a dark red-brown color and a normal smooth texture.

BODY CAVITIES:

No adhesions or abnormal collections of fluid are in the pleural or peritoneal cavities. All body organs occupy the usual anatomic positions. The serous surfaces are smooth and glistening.

HEAD:

See "Evidence of Injury" section. The skull is of normal thickness. **BRAIN:** The brain weighs 1350 grams. The dura mater and falx cerebri are intact, and not adherent to the brain. The leptomeninges are thin and transparent. There is no epidural hemorrhage. The cerebral hemispheres are symmetrical, with a normal gyral pattern. The structures at the base of the brain, including cranial nerves and blood vessels, are free of abnormality. Other than injury, sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The cerebral ventricles are of normal size and configuration. Other than injury, sections through the brainstem and cerebellum reveal no lesions.

NECK:

Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and thyroid cartilage are intact. The laryngeal mucosa is unremarkable. The tongue is unremarkable.

CARDIOVASCULAR SYSTEM:

HEART: The heart weighs 340 grams. The pericardial sac is free of significant fluid or adhesions. The pericardial surfaces are smooth and glistening. The coronary arteries arise normally and follow the distribution of a left dominant pattern with no significant atherosclerosis. The coronary ostia are patent. The chambers are not dilated. The chambers and valves are proportionate. The valves are normally formed, thin and pliable, and free of vegetations and degenerative changes. The myocardium is dark red-brown, firm, and free of fibrosis, erythema, pallor, and softening. The atrial and ventricular septa are intact, and the septum and free walls are free of muscular bulges. The foramen ovale is probe patent. The left ventricle measures 1.0 cm and the right ventricle measures 0.3 cm in thickness as measured 1.0 cm below the respective atrioventricular valve annulus. The interventricular septum measures 1.0 cm in thickness. **BLOOD VESSELS:** The aorta and its major branches arise normally and follow the usual course, with no significant atherosclerosis. The orifices of the major aortic vascular

branches are patent. The venae cavae and major tributaries are patent and return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM:

The right and left lungs weigh 410 and 400 grams, respectively. The upper and lower airways are unobstructed. The mucosal surfaces are smooth and yellow-tan, without erythema. The pleural surfaces are smooth, glistening, and unremarkable. The pulmonary parenchyma is light-pink, and the cut surfaces exude mild amounts of blood and frothy fluid. The pulmonary arteries are normally developed and unremarkable. There are no thromboemboli within the pulmonary vasculature.

LIVER AND BILIARY SYSTEM:

LIVER: The liver weighs 1520 grams. The hepatic capsule is smooth, glistening, and intact, covering a red-brown parenchyma. GALLBLADDER: The thin-walled gallbladder contains yellow, viscid bile without stones. The mucosa is unremarkable.

GASTROINTESTINAL TRACT:

ESOPHAGUS: The esophagus is lined by a gray-white, smooth mucosa. STOMACH: The gastroesophageal junction is unremarkable. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains pink fluid admixed with partially digested food fragments. SMALL AND LARGE INTESTINES: The small intestine has uniform dimension and appears unremarkable. The appendix is present. The colon has uniform dimension and appears unremarkable. There are no diverticula or externally obvious masses.

PANCREAS:

The pancreas has a normal size, shape, position, and tan lobulated appearance.

GENITOURINARY TRACT:

KIDNEYS: The right and left kidneys weigh 130 and 140 grams, respectively. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, red-brown, firm, cortical surfaces. The cortices are of normal thickness and delineated from the medullary pyramids. The calyces, pelves, and ureters are non-dilated and free of stones. URINARY BLADDER: The urinary bladder is empty. The bladder mucosa is tan and trabeculated. MALE INTERNAL GENITALIA: The prostate has a tan cut surface and is not enlarged. The testes are unremarkable.

RETICULOENDOTHELIAL SYSTEM:

SPLEEN: The spleen weighs 250 grams and has a smooth, intact capsule covering a red-purple, moderately firm parenchyma. The splenic white pulp is grossly visible. LYMPH NODES: The regional lymph nodes are unremarkable.

ENDOCRINE SYSTEM:

PITUITARY GLAND: The pituitary gland is unremarkable. THYROID GLAND: The thyroid gland is of normal position, size, and texture. ADRENAL GLANDS: The adrenal glands have normal cut surfaces with yellow cortices and brown medullae with the expected corticomedullary ratio.

MUSCULOSKELETAL SYSTEM:

The cervical spinal column is stable on internal palpation. The bony framework, supporting musculature, and soft tissues are not unusual.

SPECIMENS:

At the time of autopsy, vitreous fluid, cardiac blood, a blood spot card, and tissue samples are retained.

MICROSCOPIC EXAMINATION

SLIDE INDEX:

Slide #1	Heart
Slide #2	Left Lung
Slide #3	Right Lung
Slide #4	Liver, Left Kidney

MICROSCOPIC DESCRIPTION:

HEART, LIVER, LEFT KIDNEY: No significant histopathologic abnormalities.

LUNGS: Sections show vascular congestion; patchy pulmonary edema; and foci of intra-alveolar red blood cells.

OPINION

This 14-year-old white male, Kaden Thomas-Lee Moses, died as the result of a gunshot wound of the head.

The manner of death is homicide.