

North Carolina Department of Health and Human Services
Office of the Chief Medical Examiner

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REPORT OF AUTOPSY EXAMINATION

DECEDENT

Document Identifier B201604022
Autopsy Type ME Autopsy
Name Erica Lynn Parsons
Age 18 yrs
Race White
Sex F

AUTHORIZATION

Authorized By Julie Ann Hull MD **Received From** SOUTH CAROLINA

ENVIRONMENT

Date of Exam 09/28/2016 **Time of Exam** 10:00
Autopsy Facility Office of the Chief Medical Examiner **Persons Present** Clyde Gibbs (Medical Investigator), Dr. Lauren Scott; Detective Chad Moose of the Rowan County Sheriff's Office

CERTIFICATION

Cause of Death

HOMICIDAL VIOLENCE OF UNDETERMINED MEANS

The facts stated herein are correct to the best of my knowledge and belief.

Digitally signed by

Julie Ann Hull MD 03 January 2018 13:47
Lauren C. Scott MD 03 January 2018 21:40

DIAGNOSES

I. Nearly complete skeletal remains

A. Fractures in various stages of healing

1. Antemortem fractures - nasal bones, right maxillary lateral incisor, left mandible, bilateral scapulae, six fractures of left ribs #7, 9, 10, & 11, nine fractures of ribs #9, 10, & 11, fracture between 4th & 5th sacral segments, right humerus, right proximal phalanx, and left tibia
2. Perimortem fractures - spinous processes of C7, T1, L4, and L5

B. Low bone density

C. Growth deficit

II. Identification confirmed by dental radiographs and DNA analysis

IDENTIFICATION

Body Identified By

Radiographs

EXTERNAL DESCRIPTION

Received is an unlabeled zipped body bag containing 9 paper bags labeled "skull", "misc. sml. bones" (x2), "arms & shoulders", "sml bones", "ribs", "pelvis", "vertebra", and "leg(s)" and 2 paper envelopes labeled "teeth" and "hair". Remains are received directly from Detective Chad Moose of the Rowan County Sheriff's Office.

The bags and envelopes contain the near total remains of a fully skeletonized adolescent child.

No personal effects are received with the body.

DISPOSITION OF PERSONAL EFFECTS AND EVIDENCE

The following items are released with the body

None. Following complete autopsy examination, the remains are released to Detective Chad Moose of the Rowan County Sheriff's Office as evidence on 2/21/2017.

PROCEDURES

Identification

Comparison of antemortem dental radiographs and records to postmortem dental radiographs is performed in consultation with Richard M. Scanlon, DMD, NamUs Forensic Odontologist at the UNT Health Science Center. There were no inconsistencies, and several points of concordance. Of note, the left maxillary central incisor (tooth #9) was absent, there was a restoration of the mandibular left lateral incisor (tooth #23), and remnants of cement on several teeth.

Identifications is also supported by DNA analysis performed by Lisa Sansom, Forensic Analyst/CODIS analyst, at the UNT Center for Human ID.

Special Evidence Collection

The skeletal remains are submitted to Dr. Ann Ross, Ph.D., Professor of Anthropology at North Carolina State University for anthropological trauma examination.

INTERNAL EXAMINATION

Body Cavities

As the remains are skeletonized, no organs or tissue remain for examination.

SKELETAL EXAMINATION

Survey

The following bones are absent from the skeletal survey:

- hyoid bone
- thyroid cartilage
- xyphoid
- coccyx
- right trapezium
- left trapezoid
- 3 phalanges of the feet

EVIDENCE OF ANTEMORTEM INJURY

HEAD

The nasal bones show healed fractures. The right maxillary lateral incisor (tooth #7) is fractured. The left maxillary central incisor (tooth #9) shows complete alveolar resorption indicative of antemortem loss. The left side of the mandible shows new bone growth.

TORSO

The bilateral scapulae show fractures with and multiple areas of extensive new bone growth.

There are six fractures of left ribs #7, 9, 10, and 11 (two on ribs #9 and 10 and one each on ribs #7 and 11), all of which show new bone growth.

There are three fractures of the right ribs #9, 10, and 11 (one on each rib). The left 10th rib shows callus formation. The right 9th and 11th ribs show new bone growth.

EXTREMITIES

The distal shaft of the of the right humerus shows a healed fracture with callous formation and bowing.

A healed fracture with bowing is seen in the right proximal phalanx of the middle finger.

EVIDENCE OF PERIMORTEM/POSTMORTEM INJURY

The spinous processes of C7, T1, L4, and L5 have unhealed fractures. There is an unhealed fracture of the left anterior tubercle of C7.

There is an unhealed fracture of the left 6th rib.

OTHER FINDINGS

There is evidence of spina bifida occulta.

SUMMARY AND INTERPRETATION

According to the information received from the Rowan County Sheriff's Office, Erica Lynn Parsons, was reported missing by a juvenile family member on 7/30/2013 who stated she had been missing since December 2011 when she was reportedly sent to live with her grandmother. Erica would have been 13 years old at the time the report was filed.

An investigation was opened and attempts to locate the grandmother and child were unsuccessful. Additionally, several family members reported that Erica was subjected to longstanding physical and emotional abuse by her adoptive parents with whom she and several of her siblings lived. These reports include accounts of beatings with a belt buckle that broke the skin, episodes of being choked and thrown to the ground, her hand being slammed in a door, repeated episodes of her fingers being bent all the way back, one episode in which a tooth was knocked out, being forced to sleep in a closet, being forced to eat dog food, and being deprived of food and malnourished. During another episode, one arm was reportedly fractured and a homemade cast was applied to avoid seeking medical attention. Several family members report that arm never healed properly. There were other children in the home, but none of the other children were subjected to this treatment. Some family members had made reports to the Department of Child Protective Services. A review of medical records revealed her last visit to a pediatrician was when she was 6 years old (9/3/14). At that time, the physician expressed concern for her poor growth.

In the week prior to her 2011 disappearance, siblings described her as looking grey with sunken eyes, smelling bad with open, oozing cuts, very weak and complaining of not being able to breathe. The investigation ultimately led to the recovery of a buried fully skeletonized body.

The autopsy documented the skeletonized remains of an adolescent girl with fractures of the nasal bones, mandible, bilateral scapulae, 7 ribs (9 fractures total), right humerus, right proximal phalanx, and 4 vertebra all in various stages of healing. Additional evidence of injury included evidence of antemortem loss of the left maxillary central incisor. A bone density test revealed a bone mineral density that is low for chronologic age. Additionally, the lower limb long bone length showed a pronounced growth deficit.

The level of decomposition and time interval between disappearance and recovery limit our ability to determine a definitive proximate cause of death. However, the fractures documented at autopsy are consistent with multiple blunt force injuries over a prolonged period, and the growth deficit and low bone density are consistent with malnourishment. The description of the decedent just prior to her disappearance suggests she may have been suffering from untreated infection/sepsis, rhabdomyolysis, renal failure, or poisoning at that time, all of which could have caused her death. Given the history of physical abuse, and signs of physical abuse present at autopsy, we cannot exclude the possibility of a terminal blunt force injury, suffocation or strangulation. Based on the information received, autopsy findings, and circumstances surrounding the death, as currently understood, it is our opinion that the cause of death is homicidal violence of undetermined means.

DIAGRAMS

1. Body Diagram: Skeleton (Front/Back)

B16-4022
presumed trica
PWSMS

JUVENILE SKELETON VISUAL RECORDING FORM

a. CHILD ANTERIOR VIEW

Series/Burial/Skeleton B16-4022

Observer/Date 9/28/16 JH

No hyoid

Rt hum
fracture w/
callus

@ rib fractures
9+10

② Mandible
fracture

① Rib fractures
9, 10, 11
(x2) (x2) (x2) more ant
1 ant
1 post

