

**HARRY J. BONNELL, M.D.**  
4n6Pathology, Inc.  
6910 Monte Verde Drive  
San Diego, California 92119-1511

Office/Fax: 619 698 6388

[www.4n6Pathology.com](http://www.4n6Pathology.com)

24 November 2004

Dan W. Duggan, Esquire  
Woodgate Crossing, Suite 11  
118 Service Drive  
Brandon, Mississippi 39042

Re: State v. Conlee, Rankin #14836

Dear Mr. Duggan:

I have reviewed:

- a. The Final Report of Autopsy on Jane DOE, AME#9-P2-02 with attached body diagram; and
- b. Ninety-two(92) scene and autopsy photos.

Based on this material, it is my understanding that the decedent was recovered from a rural site where her remains were covered with brush, and her remains were in an advanced stage of decomposition. A branch appears to enter into her remains through the crotch area. No toxicology examination was performed and the only microscopic examination reported was that of "neck tissue".

Based on the material reviewed, my training and experience, it is my opinion to a reasonable degree of medical certainty that:

- a. The Cause of Death as listed as "Changes consistent with Suffocation/Strangulation" is near-total speculation. The changes described in the autopsy report are consistent with almost *any* cause of death with few exceptions such as shotgun wound of head, decapitation, etc.;
- b. Failure to perform toxicology studies on remaining tissue is an egregious error as is the failure to describe the microscopic findings in lung and liver tissue;
- c. The reported finding of "Focal areas of hemorrhage are identified to involve the deep strap muscles of the right and left surfaces of the neck to include the right and left sternocleidomastoid muscles" is ludicrous when compared to the objective findings seen in the autopsy and scene photographs;
- d. The autopsy statement that "The scalp is reflected, and no evidence of cephalohematoma is appreciated" is equally ludicrous since photos obvious show post-mortem scavenging that exposes the entire skull. There is no scalp to reflect;
- e. Photographs numbered 19 through 21 were taken at a different time than photographs numbered 76 and 77. The thick limb covering the torso has been moved or manipulated between the times of the two sets of photographs; and

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24 November 2004

f. There is absolutely no evidence to establish the fact that the stick entering the crotch area of the remains was inserted before or any time near the time of death.

In summary, there is no documentation in the autopsy report or photographs that establishes the cause of death with any degree of certainty nor that the placement of the stick might represent anything more than mutilation of a corpse.

Please feel free to contact me if you have any questions in this matter.

Sincerely,

Harry J. Bonnell, M.D.

## FINAL REPORT OF AUTOPSY

AME# 9-P2-02

DECEDENT: Jane Doe (Rankin County) Authorized by: Jimmy Roberts, CMEI Rankin County

Type of Death:	Rigor	Livor
(X) Violent or Unnatural ( ) Unattended by physician	( ) Jaw ( ) Arms	Color:
( ) Sudden in apparent health	( ) Neck ( ) Chest	( ) Ant. ( ) Posterior
( ) Unusual/Suspicious ( ) Custody of Law	( ) Back ( ) Abdomen	( ) Lateral
( ) Possibly Drug Related ( ) Public Health	( ) Legs	Regional,

Body Identified by: Permit for autopsy by Jimmy Roberts, CMEI Rankin County

Persons present at autopsy: Jimmy Roberts, CMEI Rankin County; Tommy Powell, Morgue Attendant; the Prosecutor, Victor Beckley, Diener, DMEI Hinds County; and Chad Stewart and Greg Eklund, Rankin County Sheriff's Office

AGE: ? RACE: Caucasian SEX: Female LENGTH: 5'5" WEIGHT: ~120#

EYES: --- PUPILS: --- HAIR: --- BEARD: NA

MUSTACHE: NA CIRCUMCISED: NA BODY HEAT: Absent

SCARS &amp; TATTOOS: See Diagrams &amp; External Exam

CLOTHING: white shirt PERSONAL EFFECTS: None

Released to: Mississippi State Crime Lab

TRANSPORT INFO: Morgue# ? Driver: Zane Morrow, Mississippi Mortuary Services

Date of Transport: ? Time: ? (See Rankin County Morgue records)

EVIDENCE TO STATE CRIME LAB: None

TRACE EVIDENCE TO STATE CRIME LAB: Clothing

CAUSE OF DEATH: Changes consistent with Suffocation / Strangulation

UNDERLYING CAUSE OF DEATH:

MANNER OF DEATH: Changes consistent with Homicide

## Pathologic Diagnoses:

- 1.
- 2.
- 3.

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

28 - 30 September 2002

TIME &amp; DATE OF AUTOPSY

STEVEN T. HAYNE, M.D.  
PATHOLOGIST

RECEIVED

BY *cc* DATE *4-23*

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**GENERAL:**

The post mortem examination is requested by Jimmy Roberts, CMEI Rankin County. The request for the post mortem examination is made in that the decedent, Jane Doe (Rankin County), died a violent death. The request for the post mortem examination is in compliance with the Coroner's Reorganization Act of 1986.

The post mortem examination is conducted at the Rankin County Morgue in Pearl, Mississippi 28 September, 2002 with completion on 30 September, 2002. The remains are identified as those of Jane Doe (Rankin County) by Jimmy Roberts, CMEI Rankin County. Individuals present and attending the post mortem examination are listed in detail on the front page of this report.

The decedent is a Caucasian female of unknown age. Clothing, valuables and jewelry are listed in detail on the front page of this report. The clothing, if present, is removed prior to the external and internal examinations and transferred to the custody of the attending Mississippi State Crime Lab. The jewelry, if present, is not removed and submitted with the remains. The height, weight, and the presence or absence of rigor mortis and livor mortis are listed in detail on the front page of this report.

**TOXICOLOGY:**

In light of the decomposition changes, no fluid toxicological specimens are retained.

**SEROLOGY:**

In light of the decomposition changes, no fluid serological specimens are retained.

**DNA STUDIES:**

In light of the decomposition changes, no fluid DNA specimens are retained.

**TRACE EVIDENCE:**

The clothing ( a white shirt) is submitted to the Mississippi State Crime Lab under chain of custody for analysis. The final report is pending.

**PHOTOGRAPHIC DOCUMENTATION:**

During the course of the post mortem examination, photographic documentation of the decedent is performed. The photographs are submitted to the District Attorney's Office with a copy of the post mortem protocol.

**NOTIFICATION OF THE CORONER:**

Upon completion of the external and internal examinations, Jimmy Roberts, CMEI Rankin County appraised as to the preliminary cause and manner of death.

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## BODY ORGANS:

Representative sections of major body organs are retained for microscopic analysis. The remainder and preponderance of the body tissues are returned to the body cavities.

## TRANSPORTATION OF THE REMAINS:

The remains are transported to and from the Rankin County Morgue by Zane Morrow, Mississippi Mortuary Services. See Rankin County Morgue records for further information as to transportation information.

## INTERNAL EXAMINATION:

The body is opened via the usual "Y" incision and subcutaneous adipose tissue over the chest wall is noted to measure to a depth of 1 cm and over the abdomen to a depth of 1 cm. The anterior right and left ribs are reflected en bloc with the sternum in the usual manner. A small amount of clear wetting fluid is present within the right and left pleural cavities. The right lung is noted to have a mass of 310 grams and the left lung is noted to have a mass of 280 grams. No viable tissue of the lungs is seen. Examination of the larynx, trachea, and main stem bronchi reveals an area of focal hemorrhage of the strap muscles measuring 0.5 cm.

*PIX = STERILIZED*

The pericardial sac is opened, and a small amount of clear wetting fluid is present within the luminal space. The take off of the great vessels is unremarkable. The heart is noted to have a mass of 210 grams and external examination of the heart reveals decomposition changes. The coronary arteries are within normal limits. The heart is serially cross-sectioned and the right ventricle measures up to 0.4 cm in thickness and the left ventricle measures up to 1.1 cm in thickness. Examination of the cross-sectioned segments of the heart fails to reveal evidence of abnormalities. The four cardiac valves are unremarkable. The aorta is examined through its entire course and reveals no abnormalities.

The liver assumes its usual right upper quadrant abdominal location and is noted to have a mass of 910 grams. Decomposition changes are identified involving the liver.

The spleen assumes its usual left upper quadrant abdominal location and is noted to have a mass of 100 grams. The spleen is in a semi-liquid phase with decomposition changes. Perihilar lymphadenopathy is appreciated and the individual lymph nodes measure up to 1.1 cm. The lymph nodes are serially cross-sectioned and reveal reactive lymphoid hyperplasia with moderate anthracotic pigment deposition.

The right and left kidneys assume the usual retroperitoneal location and each is noted to have a mass of 100 grams. The kidneys are serially cross-sectioned and reveal no arteriolonephrosclerosis. Autolytic changes of the kidneys are present. The calyces are unremarkable. The ureters are single bilaterally and patent to the urinary bladder. No urine is found within the luminal space of the urinary bladder and the mucosal surface of the urinary bladder is unremarkable.

The esophagus is examined and no abnormalities are identified. The stomach contains no particulate food matter or other material and the mucosal surface of the stomach is unremarkable. The small bowel, vermiform appendix and large bowel are examined and post mortem gas production is identified



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within the large and small bowel. The vermiform appendix is unremarkable. Well-formed stool is found within the luminal space of the small bowel and large bowel.

The pancreas assumes its usual retroperitoneal location and is noted to have a mass of 60 grams. Advanced decomposition changes are identified involving the pancreas. The right and left adrenal glands assume the usual suprarenal location and each is noted to have a mass of 5 grams. The structures are serially cross-sectioned and no abnormalities are identified. Scant thyroid gland tissue is identified.

*Skeletonized !!!*

The scalp is reflected, and no evidence of a cephalohematoma is appreciated. The calvarium is removed and no evidence of an epidural, subdural, and/or subarachnoid hemorrhage is seen. The brain is noted to have a mass of 1150 grams and is gray-green in color and in a semi-liquid phase. The Circle of Willis and supportive vascular structures are unremarkable. The brain is serially cross-sectioned and advanced decomposition changes are identified. The dura is stripped and no evidence of fracture to involve the calvarium or base of the skull is seen.

#### EXTERNAL EXAMINATION:

Determination of hair color, eye color or pupil diameter is no longer possible secondary to the advanced decomposition changes including skeletonization focally. ~~A small amount of blood is present in the vaginal area.~~ Focal excessive maggot infiltration is identified about the buttocks as well as the vaginal area. The toenails are painted lavender/white. Palpable breast implants are identified. Skeletonization focally is identified over the head and neck area. Focal post mortem animal predation is identified. A bar containing two green stones are identified about the umbilicus. A tattoo is identified over the superior right side of the back and a tattoo is identified over the inferior mid-back and a tattoo is identified over the lateral left abdominal wall. A silver ring with a clear stone is identified over the proximal aspect of the 4<sup>th</sup> digit of the left hand. The left thumbnail is painted with white and lavender fingernail polish.

No evidence of acute medical intervention is appreciated.

Focal areas of hemorrhage are identified to involve the deep strap muscles of the right and left surfaces of the neck to include the right and left sternocleidomastoid muscles. *skeletonized*

#### MICROSCOPIC ANALYSES:

Tissue taken from the neck area reveals advanced decomposition changes as well as changes consistent with focal acute hemorrhage.

#### CAUSES OF DEATH AND PATHOLOGIC FINDINGS:

- A. Immediate Cause of Death: Changes consistent with suffocation / strangulation.
- B. Other Pathologic Findings:
  - (1) Advanced decomposition changes to include putrefaction and autolysis and focal skeletonization.
  - (2) ~~Significant acute myocardial infarction involving the anterior wall.~~



Decedent's  
Height \_\_\_\_\_ inches

Name John Doe  
LA ADMIN



## Duggan & Coxwell, PLLC

*Attorneys at Law*

Woodgate Crossing, Suite 11  
118 Service Dr.  
Brandon, MS 39042

Dan W. Duggan, Jr.  
Mel Coxwell

Office: 601-825-8090  
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March 14, 2005

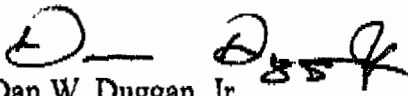
Dr. Harry Bonnell  
6910 Monte Verde Drive  
San Diego, CA 92119-1511

In re: State v. Conlee, Rankin # 14836

Dear Dr. Bonnell:

Attached is a copy of the order Judge Richardson signed for payment in your case. Thanks once again for your assistance. We could not have obtained the manslaughter without it. I sent the order to the Board of Supervisors for payment. They normally get these things paid within the month. Should you have any problems, let me know.

Sincerely,

  
Dan W. Duggan, Jr.  
DWD/mrp

## IN THE CIRCUIT COURT OF RANKIN COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

VS.

NO. 14836

WALTER CONLEE

**ORDER TO PAY EXPERT'S EXPENSES**

THIS DAY, this court was presented with a statement filed by the defendant's attorney requesting that the court appointed pathologist for the defendant, Dr. Harry J. Bonnell, 6910 Monte Verde Drive, San Diego, CA 92119-1511, 619-698-6388, after reviewing Dr. Steven Hayne's autopsy report and also having reviewed 92 scene and autopsy photographs and having prepared a report to assist defense counsel in preparation for trial in this cause of action should be paid for his services. Additionally, Dr. Bonnell made travel reservations and reviewed the file in preparations to testify for trial on March 11, 2005. This court has determined that the actual submitted expenses incurred by Dr. Bonnell in preparation for trial are reasonable and should be paid in the amount of FIVE HUNDRED SEVENTY DOLLARS (\$570.00).

IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED, that Dr. Harry J. Bonnell be paid the sum of FIVE HUNDRED SEVENTY DOLLARS (\$570.00) for services rendered in this cause of action. Payment is ordered to be sent to 2533 N. Carson Street, Suite 5170, Carson City, NV 89706.

SO ORDERED, this the 14<sup>th</sup> day of March, 2005.

  
CIRCUIT JUDGE



# FAX COVER SHEET

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<b>SEND TO</b> Company name	<b>From</b> Harry J. Bonnell, M.D.
Attention <i>RADLEY BALLO</i>	Date
Office location	Office location
Fax number <i>703 836 9489</i>	Phone number

- Urgent   
 Reply ASAP   
 Please comment   
 Please review   
 For your information

Total pages, including cover: 13

### COMMENTS

*includes one GROSS photo*

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30 October 2003

Dear Mr. Conlee:

I have reviewed the autopsy report you provided to me. In my opinion, the quality of this report is pathetic and the failure to obtain specimens and perform toxicology testing in this type of death borders on criminal negligence. Your attorney really needs to speak with me unless the charges against you are dropped.

Sincerely,

Harry J. Bonnell, M.D.

**HARRY J. BONNELL, M.D.**  
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18 September 2003

Dear Mr Conlee:

In response to your letter, the autopsy findings you describe do not justify a diagnosis of suffocation or strangulation. The failure to do toxicology studies in such a case is grossly negligent in my opinion.

For me to be of any true assistance to you, I should be in touch with the attorney representing you to determine if there is other information I should know. I also need to get a copy of the autopsy report, investigative report and toxicology report (they must have tested something). All this information should have been released to your defense attorney under the rules of discovery.

I also have to be sure that the information I review is the official report, not just your letter/description. No offense, but I can only comment on reports, not personal views.

I hope to be able to render my objective opinion to you, or your attorney, after reviewing these documents.

Sincerely,

Harry J. Bonnell, M.D.

*14-71 command  
76-77*